
TEENAGE PREGNANCY AND EARLY MARRIAGE IN TIMOR-LESTE

Research on the Decision-Making Pathways of Young Women in the Municipalities of Covalima, Aileu and Dili



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EXECUTIVE SUMMARY

The research clearly shows that teenage pregnancies and early marriage have consequences for many aspects of young people's lives.

With 19% of young women (20-24) married before 18 and 24% already with a child by the time they turn 20, the Secretariat of State for Youth and Sports, UNFPA and Plan International decided at the request of the Female Parliamentarians of Timor-Leste Group (GMPTL) to investigate the decision-making pathways and experiences that lead to teenage pregnancy and early marriage in Timor-Leste. The issue is of importance since in Timor-Leste teenagers are twice as likely to die in childbirth as older women. The research was qualitative, comprising mainly in-depth interviews with teenage mothers, together with some secondary in-depth interviews and FGDs. The objective was to investigate the root causes of pregnancies in adolescence and early marriages, as well as to collect information on possible ways to prevent them. Fieldwork was conducted in the Municipalities of Aileu, Covalima and Dili.

Even though the research identified respondents with very varied profiles, there were no clear discernible differences that were found in decision-making pathways for early pregnancies and teenage marriage based on cultural group, sources/level of income, or living location.

In terms of the social context in which teenage pregnancies and early marriages happen, it was found that in the majority of cases, young women fell pregnant first and then proceeded to get married. Almost all of them did get married, unless they were abandoned by the father of the child, in case of rapes or if the man was already married. In the few cases where marriage happened before pregnancy, it was the result of traditionally arranged marriages or being pushed by parents who saw their daughter with a boyfriend. In summary, the causes of

early marriages were found to be (in order of importance): (1) pregnancy; (2) arranged marriages; (3) marriages pushed by parents because young people were in a relationship; and (4) because young women wanted to, mainly to escape a dire situation at home. Importantly, while marriage is commonly seen as a way to 'fix' the problem of pregnancy out of wedlock, this does not mean that early marriage is considered a positive social norm: many parents, community leaders and stakeholder regret seeing it so prevalent.

For young people, many of the issues they raised revolved around the difficulties in navigating sexual decision-making in a community context that does not allow them to speak of it openly, does not give them useful advice on how to make the right decisions or empower them to face difficult challenges. With community emphasis of total abstinence from romantic involvement by young people as long as they are in school, and therefore considered children, youth relationships are conducted clandestinely. This prevents young people from asking questions they may have, accessing the information and services that they need and seeking any help or advice they require.

This report focuses first on young people's access to sexual and reproductive health education. It finds that young women and men alike know very little about their own bodies but nearly all had heard of sex. They just didn't know what would put them at risk of pregnancy, HIV or STIs, how their reproductive system worked or what were signs of pregnancy. Young people and parents alike seemed to be unaware of the health risks associated with teenage pregnancies.

Two young mothers are picking-up cucumbers in Aileu District.



The report then considers young people's access to contraception. Contraception is clearly out of unmarried young people's reach. For young married women, it is also rarely used: they are under pressure to produce more children quickly and believe in numerous negative consequences for their health if they use contraception. Condoms are clearly seen as a license to immoral sexual activity. As a result, many more teenage pregnancies happen after marriage, this time without any community effort to prevent it, and with considerable pressure placed on the young woman to continue getting pregnant.

The report finally examines the lack of power or control young women have in exercising sexual decision-making. This proved to be the main cause of teenage pregnancy: with or without sexual education or contraception, the fact is that young women have very little agency in the decision to engage in sexual relationships. General attitudes tend to place the responsibility for ensuring abstinence on the young woman, putting the reasons for early pregnancy down to the girl being too free, wanting to enjoy herself too much, and not controlling herself. But the reality is that none of the respondents initiated sex or talked about desiring it. In all of the cases,

the boys wanted it, initiated it and put pressure on the girls to comply. In talking about why they complied with their boyfriend's request for sex, many young women talked about 'male needs', needing to prove one's love, and relied on boys' promises to 'take responsibility for his actions' by marrying her if she became pregnant..

For others, they described various degrees of coercion and control. Most typically, this was in the form of threatening to leave her, but there were also a number of cases of violence, rape and predatory behaviour. Some young women were raped in their own houses, sometimes by married men. Even in such clear cases of abuse, young women tend to be blamed for the sexual encounter.

As traumatizing as rape is, being abandoned by the man and left to live in the community as a single mother turned out to be the biggest wound of all for the young women. In the case of a young woman forced to have intercourse under threats of being killed, but then having the man marrying her when she fell pregnant, she did not consider it rape. Rape is colloquially explained to community members using the Tetum phrase '*estraga fetu*'. However, this is misleading, as *estraga fetu* refers to an offense against

the women's position in society and 'good name' rather than a criminal offence against her personal integrity. From this perspective, many community members consider that a case of rape can be 'fixed' by the rapist marrying the victim. This failure to distinguish the criminal act of rape from the attack against one's social position weakens the position of victims and her protection from the justice system.

After falling pregnant, all young women stopped school, giving up on their future dreams.

Considering issues of decision-making agency more generally, an important factor that appears to undermine teenage girls' capacity to withstand her boyfriend's request for sex is the very limited understanding of consent in sexual decision-making. Absence of consent as a veto to sexual relations is not internalized by young women and men. Rather, young men and women see the decision to engage in sexual relationships as a negotiation where both need to agree—but in the context of unequal power relations between inexperienced dutiful teenage girls and more assertive boys and men, the negotiation can look more like an imposition of one's desires over the other.

Mapping out the causality of teenage pregnancy, the research found mainly three scenarios: (1) young women who got pregnant because they had a boyfriend and him asking for sex and them obliging; (2) those who got pregnant because they were forced (whether or not they considered it rape), those who were deceived into having an exploitative relationship with a more powerful man, or so young that an older man took advantage of them; and (3) those who got pregnant because they were married already and therefore produced children soon after marriage and frequently.

After falling pregnant, all young women stopped school, giving up on their future dreams. Very few went back to finish their schooling, and only when they had secured their husband's support.

Even if many expressed the wish to go back to school, very few could, falling pregnant again very soon after their first child, with parents, in-laws or husbands opposing the idea or simply feeling that school was no longer a place for them, now that they were mothers.

The research clearly shows that teenage pregnancies and early marriage have consequences for many aspects of young people's lives—their health, education employment opportunities and overall general well-being. Given its complexity, many sectors and actors have a role to play in preventing it: the health and education sectors, parents and communities at large, gender advocates and policy makers, and young people themselves.



A young mother and her child, Timor-Leste.



Young people are walking to school, Aileu District.

INTRODUCTION

[Teenage pregnancy] has serious consequences for young people in terms of their education, health and future prospects.

This research was conducted by the Secretariat of State for Youth and Sports, UNFPA and Plan International, at the request of the Female Parliamentarians of Timor-Leste Group (GMPTL) who in the 2016 National Conference on the Sexual and Reproductive Health and Rights asked that the decision-making pathways and experiences that lead to teenage pregnancy and early marriage be investigated. In Timor-Leste, data indicates that 19% of young women (20-24) are married before 18 and 24% already have a child by the time they turn 20.¹ Census data also shows that, of all 15-19 year old women with children, half of these young women already have more than one child.² By understanding the factors that lead to teenage girls becoming pregnant, it is hoped that we can gather practical lessons and information to improve and/or develop effective policies, programs and communication and education campaigns that may be applied to reduce the prevalence of teenage pregnancy and early marriage.

Defined as having a child within the adolescent years (10-19 years old), teenage pregnancy is a global public health issue of massive importance. Childbirth at an early age is associated with increased health risks for both the mother and the baby. According to the World Health Organization, complications linked to pregnancy and childbirth comprise the second cause of death for 15-19-year-old girls globally³. In addition, the mortality rate for children born to teenage girls is much

higher, with babies more likely to have a low birth weight, and facing a greater risk of malnourishment and under-development.⁴ These results are also reflected in data from Timor-Leste, which shows that teenage mothers aged 15-19 years die nearly twice as much as mothers aged 20-24 years (1,037/100,000 vs. 534/100,000).⁵ As a result, the World Health Organization recommends avoiding pregnancies before the age of 20.⁶ Socially, the cost is also very high for young women as, according to social norms, it is not considered acceptable to get pregnant “early”.⁷ Further, data shows that young women who are married early are often subject to more control, violence and exploitation:⁸ the younger and the less educated, the less agency they have. Different to child marriage (marriage or union before the age of adult majority, i.e. 17 years old in Timor-Leste), early marriage is defined as the marriage of anyone

1 National Statistics Directorate and ICF Macro (2010), *Timor-Leste Demographic and Health Survey 2009-10*, Dili, Timor-Leste: NSD and ICF Macro

2 National Statistics Directorate (2010), *Timor-Leste Population and Housing Census*. Dili, Timor-Leste: NSD

3 World Health Organization (2014), *Health for the World's Adolescents- A second chance in the second decade*, Geneva

4 World Health Organization (2011), *WHO Guidelines on Preventing Early Pregnancy and Poor Reproductive Outcomes Among Adolescents in Developing Countries*. ISBN 978 92 4 150221 4

5 National Statistics Directorate and UNFPA (2010), *Mortality Monograph: 2010 Timor-Leste Population and Housing census*, Table C-1 p.56

6 WHO (2017), *Global Accelerated Action for the Health of Adolescents (AA-HA!) - Guidance to Support Country Implementation*, Geneva

7 In Tetum, the term “early pregnancy” (or isin rua sedu) is used to describe the case of a young woman falling pregnant out of wedlock while still in secondary school. It refers less to her age than to the phase of her life where she should not have been sexually active and falling pregnant. As a result, the concepts of teenage pregnancy and early pregnancy do not always match: for example a teenager of 18 years of age who has finished high school and is married can fall pregnant without her community's disapproval while an 18 year-old girl who is still at school and unmarried will be criticized for have fallen pregnant “early”.

8 The Asia Foundation (2016), *Understanding violence against women and children in Timor-Leste: findings from the NABILAN baseline study*, Dili.

before the age of 18.⁹ The Timor-Leste Civil Code states that 17 is the minimal age for marriage (16 with parental consent), and this rule applies to civil, catholic and traditional bride-price (kaben adat) marriages.¹⁰

Because of its public health ramifications, the primary focus of this research was on the incidence of teenage pregnancy, with early marriage as a secondary focus—with the focus on understanding the causal links between the two. Research was conducted in the Municipalities of Dili, Aileu and Covalima to allow comparative analysis between different cultural groups, including matrilineal and patrilineal clans, and to capture different experiences according to different sources of income, including labour intensive coffee-growing areas in Aileu, where it was initially hypothesised there may be more economic pressure on farming families to have larger families to work the coffee plantations. In addition, research was split across Municipal centres and more isolated rural areas, to analyse the possible impacts of greater access to school and public health services. While results were disaggregated and analysed in order to pick up these possible differences, there were no clear discernible differences that were found in decision-making pathways for early pregnancies and teenage marriage based on cultural group, sources of income, or accessibility of services.

The research was entirely qualitative in order to investigate the causes of teenage pregnancy and early marriage. It was primarily conducted through in-depth interviews with twenty-four young mothers who had fallen pregnant before turning 20 (see Annex 2 for the de-identified list of participants). Some secondary respondents were also interviewed (husbands, parents, health staff, and civil society representatives), a Focus Group Discussion organized in the way of a Prevention Workshop as well as a one-day workshop with representatives from the Government, the Church, and civil society, to develop recommendations to address the incidence of teenage pregnancy and early marriage in Timor-Leste (see Annex 1 on methodology for more details).

The present report presents the research findings as well as some options for moving forward a prevention agenda. It first presents the social context for teenage pregnancy and early marriage in Timor-Leste. It then investigates three possible causes of teenage pregnancies: the lack of access to sexual and reproductive health education, the lack of access to contraceptive and the lack of power or control over one's body. It finally articulates the opportunities for young women following teenage pregnancies.

9 OHCHR (December 2013), *Sexual Rights Initiative & Women for Women's Human Rights – New Ways submission regarding preventing and eliminating child, early and forced marriage*, https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=6&cad=rja&uact=8&ved=0ahUKewjFtljHzc3TAhXLwl8KHUsQFghHMAU&url=http%3A%2F%2Fwww.ohchr.org%2FDocuments%2FIssues%2FWomen%2FWRGS%2FForcedMarriage%2FNGO%2F%2FSRI_WWHR.doc&usq=AFQjCNEj-WEz80YPVGwDCYqnyah_0azaxw

10 Timor-Leste Civil Code, articles 1485, 1490 and 1500,

A young woman is carrying her child, Covalima district.



DEFINITIONS

Teenage pregnancy

The fact of falling pregnant during the adolescent years (10-19 years of age).

“Early pregnancy”:

In Timor-Leste, the fact of falling pregnant out of wedlock while still in secondary school.

Recommended age for first pregnancy:

20 years of age, according to WHO.

Child marriage:

A marriage or union before the age of adult majority, i.e. 17 years old in Timor-Leste.

Early marriage:

A marriage or union before the age of 18.

Legal age to marry:

17 years of age (or 16 with parental consent) as per Timor-Leste law.

SOCIAL CONTEXT

Early Marriage & Teenage Pregnancy

In Timor-Leste, where there is both traditional marriage (kaben adat) and marriage in the church (kaben igreja), marriage is a more fluid concept than in many other contexts. At its most basic level, traditional marriage involves the two families coming together, agreeing to the union between the two families and agreeing on the bride-price (barlake) and other cultural requirements, depending on the traditional law of that clan. Once agreement is reached, the couple are free to live together as husband and wife. Seventeen of the twenty-four teenage mothers who participated in the research had been married traditionally, one had gone on to have a church wedding. Two who lived in Dili were living with their boyfriends, but had not yet gotten married. Four were unmarried single mothers.

A major question for this research related to the causality between early marriage and teenage pregnancy in Timorese communities: whether teenage girls become pregnant and then go on to marry, or whether they get married first as teenagers and then become pregnant. Research results clearly indicate that in the majority of cases it is the former: in thirteen of the eighteen cases of teenage pregnancy that were investigated for this research and resulted in marriage, the young women first became pregnant, and then went on to get married. There was no discernable difference in these findings between young women from urban and rural areas, or from matrilineal and patrilineal clans.

Nonetheless, there were some cases of teenage girls getting married first and then becoming pregnant. The first three cases were of arranged marriage - one when the girl was aged 16,¹¹ and the other two when the girl was aged 15, even though the law in Timor-Leste clearly states that 17 is the minimal age for marriage

¹¹ Woman respondent No.6, Covalima Municipality, 14 Nov 2016

(16 with parental consent).¹² The teenage girls who were subject to arranged marriage had no real power in the situation: as one of these young women explained, “you know, we are in the mountains, away from the city, so if our parents make this decision then the man has the power and the right to do whatever he wants”.¹³ The other two marriages were also orchestrated by the families, however they were not in the form of traditional arranged marriages. One was because the teenage girl’s mother simply decided it was time to formalise the girlfriend-boyfriend relationship, taking her daughter out of school in order to prepare her for marriage. As the young woman’s now-husband explained, “her mother said it is good if we become husband and wife soon, so she prepared a room for us and we slept together and had sex, to prove the strength of our relationship”.¹⁴ The final case was one of entrapment, with the girlfriend’s family locking the two of them in a bedroom for two days, following which they told them they must get married because they had been in the same room and un-chaperoned for the entire time. The young man and his mother were not happy with the situation, but because of the ‘immorality’ of having been together in the same bedroom for such a long time, they felt they had no choice but to agree with the other family’s wishes.¹⁵

There were also four cases of single mothers, in which the teenage girl was abandoned by the man who got her pregnant. In one case, the boyfriend’s family did not approve of her and

¹² Woman respondent No. 7, Dili Municipality, 24 Jan 2017; Woman respondent No. 8, Dili Municipality, 24 Jan 2017

¹³ Woman respondent No.6, Covalima Municipality, 14 Nov 2016

¹⁴ Husband of primary respondent No.1, Aileu Municipality, 25 Oct 2016

¹⁵ Husband of primary respondent No.3, Covalima Municipality, 9 Nov 2016; Mother in law of primary respondent No.3, Covalima Municipality, 9 Nov 2016



threatened to kill him if he married her: “they said that I’m a poor girl, and that [his brothers] would kill him if he married me”.¹⁶ In another case, the girl was convinced by her foster-mother at age 14 to do whatever her much-older boyfriend wanted because he was a government employee and had money and power – a clear case of sexual abuse as per article 178 of the Penal Code that punishes an adult for taking advantage on an inexperienced adolescent below the age of 17. He now simply visits whenever he wishes to have sex with her.¹⁷ She has since been pregnant four times, but only two of the children have survived. The other two cases were of rape. In the first case, the victim and her mother explained that her rapist could not marry her because he was already married.¹⁸ In the second case, her rapist was initially forced by family pressure to marry her when she was five months pregnant, but he then abandoned her when her daughter was ten months old.¹⁹

16 Woman respondent No.7, Aileu Municipality 24 Oct 2016

17 Woman respondent No.1, Dili Municipality, 15 Oct 2016

18 Mother of primary respondent No.4, Aileu Municipality, 25 Oct 2016

19 Woman respondent No.5, Aileu Municipality, 25 Oct

In the clear majority of cases, the young couple first had sex and then got married when she became pregnant. Given the conservative attitudes towards teenage relationships in Timorese communities, there are strong incentives for young people and their families to hide the shame of teenage pregnancy by quietly ‘fixing’ it through marriage before their neighbours find out what has happened. However, this can result in major issues with their families, who feel forced into giving their agreement. One young woman respondent explained that when her aunts and female cousins first found out she was pregnant, they beat and stoned her almost to death in an attempt to force her to miscarry because they did not want her to marry her husband.²⁰ Another young woman respondent related that in marrying her, her husband had gone against an arranged marriage. She is now forced to live with the family of her husband, suffering daily abuse from her mother-in-law who does not approve of her, and is unable to leave because her mother-in-law has threatened to take her child away from her.²¹

While marriage is commonly used to ‘fix’ the problem of unwed pregnancy, this does not mean that early marriage is considered a positive social norm. As many parents interviewed for this research made clear, this was not what they wanted for their daughter, with many explaining that they wanted their daughter to finish school first.²² For community members also, when asked to speak about the issue of teenage pregnancy, they often referred to teenage girls who become pregnant before marriage as having “destroyed their future”. Finishing school is an important social marker, with the main focus being put on their status as schoolgirls rather than their specific age; if a teenage girl had already dropped out of school, then it was more likely that she be considered eligible to get married.

2016

20 Woman respondent No.2, Covalima Municipality, 13 Nov 2016

21 Woman respondent No.2, Aileu Municipality, 24 Oct 2016

22 Mother of primary respondent No. 5, Covalima Municipality, 11 Oct 2016; Father of primary respondent No. 2, Aileu Municipality, 24 Oct 2016; Mother of primary respondent No. 7, Aileu Municipality, 24 Oct 2016

Community Approaches to Teenage Pregnancy

While many parents and other community members recognised that teenage pregnancy was a problem in their community, they were at a loss when asked how they can go about addressing this issue. The primary method that parents use to try and protect their daughters from teenage pregnancy is to control their movements. One young woman respondent described how her parents were very restrictive: “[they told me] meeting outside home would destroy my life, and that I should not give my body to men”.²³ Similarly, another young woman respondent described how her father was very strict and did not allow her to go outside the house unless there was a clear reason.²⁴ However, these measures did not prevent these two teenage girls becoming pregnant outside of wedlock.

Such restrictive measures become even more ineffective in dealing with situations where, for example, the teenage girl needs to go elsewhere in order to pursue her studies. One father described how difficult it was for him to control his daughter, because she studied in Dili and he remained in his village in Aileu. While he tried to give her good advice about avoiding pregnancy, he had no way of controlling the situation when she and her husband met each other in Dili.²⁵ Similarly, the director of a local NGO described how some parents have decided to not send their daughters to Dili to pursue her studies because, “some girls had the opportunity to study in Dili, but they did not complete their study because they became pregnant.”²⁶

The question of ‘modern’ influences, in particular the greater access to the internet through smartphones which allows young people to access pornography, was also raised in the research. Interestingly, however, while this was spoken of as an issue by people engaged in policy and

program development,²⁷ this did not emerge organically during discussions with young people in the communities. Only when specifically asked did the young male participants of the Prevention Workshop acknowledge that increased access to the internet might play some role, as it “brings the entire world to us, with different influences from different cultures.”²⁸ The internet and pornography was not specifically named by young people who participated in the research as a causal factor for teenage pregnancy.

Many of the issues that young people raised revolved around the difficulties in navigating sexual decision-making in a community context that does not allow them to speak of it openly.

Rather, many of the issues that young people raised revolved around the difficulties in navigating sexual decision-making in a community context that does not allow them to speak of it openly. Across the communities where this research was conducted, respondents explained that the message that is typically reinforced with young people is that they should not engage in any physical romantic relationship until they are married and ready to form a family. The structure of community life is clear: children go to school and engage in childlike activities; adults form a family of their own by getting married, having children, and taking on the various responsibilities that come with that. Young people are taught that if they have children of their own, they must take on the role and responsibilities that come with that. A young man must be prepared to ‘take responsibility for his act’ by marrying his girlfriend and financially providing for her and

²³ Woman respondent No.2, Dili Municipality 16 Oct 2016

²⁴ Woman respondent No.4, Covalima Municipality, 15 Nov 2016

²⁵ Father of primary respondent No.2, Aileu Municipality, 24 Oct 2016

²⁶ Director Centru Comunidade Covalima (CCC), Covalima Municipality, 10 Nov 2016

²⁷ Director Centru Comunidade Covalima (CCC), Covalima Municipality, 10 Nov 2016; National Consultation Workshop, Dili, 4 April 2017

²⁸ Prevention Workshop, Aileu, 22 March 2017

Family with their three children, Aileu District.



their children. A young woman must be prepared to stop school, become a housewife and mother, possibly also taking on some work outside the home if she and her husband agree to this.

For teenagers who are not yet ready to move onto the 'adult' phase of their life, sex is often treated as a taboo topic, with the expectation that they should not engage in any sexual activities whatsoever. As discussed above, the age at which forming a family is considered acceptable varies from one case to the next, with some arranged marriages of teenagers still taking place. However, it appears in many situations that the social marker for being ready to form a family is when they finish school. For community members and parents alike, there is strong discouragement of school students having any type of romantic relationship, coupled with the hope that they will finish school before moving onto the next stage of their lives.

While young people are still at school, communities discourage teenage pregnancy by insisting on total abstinence—a complete absence of any sexual touching between girlfriend and boyfriend, including kissing. There is very little information shared with young people when it comes to sex, different types of sexual acts, and their possible consequences of pregnancy or sexually transmitted infection (STI) transmission. As

one midwife put it, from her perspective the only appropriate option for young unmarried people should be with “love with words and attitudes” rather than physical love:

To show love is not only through sex... If they feel that they are really in a relationship then there are many ways. For example contact him or her and ask: have you had lunch? This shows their concern to him or her. Just to hear his or her voice is enough.²⁹

This message of complete abstinence is also reinforced by other members of the community, who are often extremely judgmental of young people who have any romantic involvement with each other. As young men and women participants in the Prevention Workshop explained, if the community found out about anyone was romantically involved, it would likely result in some community members swearing at them, spitting on them, and even threatening or becoming violent with them.³⁰ Because of this, they went on to explain, it is normal for young people to keep their relationships secret—sometimes not even letting their close friends know that they have a boyfriend or girlfriend.³¹ Similarly, the director of a local NGO in Covalima explained:

²⁹ Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

³⁰ Prevention Workshop, Aileu, 22 March 2017

³¹ Prevention Workshop, Aileu, 22 March 2017

many community members still have a strong [moral] attitude, talking badly about students and even spitting on those students who are in a relationship. Because of these issues, their parents also feel ashamed and the students do not feel confident in public, [so they] stop going to school.³²

As he went on to explain, his organisation had recently been supporting a teenage girl who was at the centre of a major conflict because a pornographic photo of her with her boyfriend was ‘accidentally’ posted on Facebook. This conflict between the families had escalated such that it was taken to court, and also involved her school who were initially not allowing her to continue her studies. It was only following the intervention of staff from this NGO that the families agreed to resolve the issue, with the young people required to marry each other, but the school allowing both of them to continue their schooling.³³

When teenage girls become pregnant they simply drop out of school, with very little hope in being able to return.

This focus on complete abstinence, and the strength of community judgment if a teenager is found to not abide by these norms, means that when teenage girls become pregnant they simply drop out of school, with very little hope in being able to return. Out of the twenty-four young woman respondents who participated in this research, sixteen dropped out of school when they discovered they were pregnant. Three had already dropped out of school prior to getting pregnant. Two women had never been to school. Three had already completed high school prior to getting pregnant.

There were a number of reasons that the young women respondents offered for giving up school. For some, they simply explained that beginning to have sex meant the end of their study: “I already slept with my husband, so I did

not feel comfortable going to school”.³⁴ For another, she dropped out of school because she was frightened that men and boys would ‘bother her’ because she is a single mother.³⁵ Another dropped out more because of her circumstances: her parents were dead and she could no longer afford to pay for schooling, so she took up her boyfriend’s offer to marry her.³⁶ For yet others, they dropped out of school because their husbands forced them to do so, with one woman explaining, “my husband did not want me to continue my study so I just followed what he wanted.”³⁷ Another young woman stated, “my husband forced me to stop my studies before people knew that I was pregnant.”³⁸



Young school girl, Aileu District.

32 Director Centru Comunidade Covalima (CCC), Covalima Municipality, 10 Nov 2016

33 Director Centru Comunidade Covalima (CCC), Covalima Municipality, 10 Nov 2016

34 Woman respondent No.4, Covalima Municipality, 15 Nov 2016

35 Woman respondent No.1, Dili Municipality, 15 Oct 2016

36 Woman respondent No. 6, Covalima Municipality, 14 Nov 2016

37 Woman respondent No.4, Covalima Municipality, 15 Nov 2016

38 Woman respondent No.5, Covalima Municipality, 10 Nov 2016

Young people are attending vocational training, Dili.



While some of the young women respondents who participated in the research appeared to be fairly happy in their role now as mothers and wives, the majority expressed sadness at the missed opportunities from dropping out of school early. One young woman stated “I feel so heart-broken” when relating how her then-boyfriend raped her, leading her to drop out of her school in Dili when they discovered she was pregnant and return to their remote village to get married. As she went on to explain, “my husband does not allow me to work, and I don’t think I could get a job anyway because of my lack of education”.³⁹ Similarly, other young women who participated in the research explained how sad they were in giving up on their dreams of becoming a midwife,⁴⁰ or a teacher,⁴¹ or a policewoman,⁴² or a nun.⁴³

Regardless of whether teenage pregnancy happens within marriage or out of wedlock, it has serious consequences for young people in terms of their education, health and future pros-

pects. For these reasons, the research investigated the causes for these teenage pregnancies, especially looking into the role of sexual and reproductive health education, access and use of contraceptives as well as young women’s power and control over their own bodies.

39 Woman respondent No.5, Covalima Municipality, 10 Nov 2016

40 Woman respondent No.6, Covalima Municipality, 14 Nov 2016

41 Woman respondent No.3, Covalima Municipality, 11 Nov 2016

42 Woman respondent No.4, Covalima Municipality, 15 Nov 2016

43 Woman respondent No.1, Aileu Municipality, 25 Oct 2016

SEXUAL EDUCATION FOR YOUNG PEOPLE

During discussions with the twenty-four young women respondents, twenty reported that they had some level of (mostly informal) education about sex prior to their first sexual experience. Four of the young women had never heard the word sex, or received any formal or informal sexual education prior to their first sexual experience. The age at which the young women learned about sex for the first time varied between the ages of 12 and 17 years.

Of those young women who had received some information on sexual and reproductive health, in most cases the education they received was informal and partial. Most of the young women respondents explained that prior to their first pregnancy, the only education they received was from parents or other older family members, who tended to put a strong focus on abstinence—telling them in various ways of the “dangers of allowing men to touch their bodies.” There was not much else in terms of teaching. This lack of quality sexual education also had an impact on their decision-making: as they were often too afraid to tell their parents they were in a relationship, there was no real opportunity for them to ask advice about the challenges they were facing, and the decisions they needed to make in a new relationship. As young women participants in the Prevention Workshop explained, the tendency towards having ‘secret relationships’ because of fear of community backlash means that teenage girls can generally only speak to their boyfriend about these issues.⁴⁴ Because it is the boyfriend who invariably initiates sexual relations, this makes it extremely difficult for them to think through the implications of what they are doing.

Similarly to the young women respondents, young men who participated in the research explained that they had received very little information about sex. While most had heard the

word ‘sex’ when they were young teenagers, they did not receive much education beyond this. Young men participants in the Prevention Workshop explained that because sex is treated as a taboo topic for unmarried teenagers, they got most of their information from friends who were equally poorly-informed.⁴⁵

There was no real explanation of the possible consequences of different sexual acts and ways to avoid pregnancy during sex.

For young men and young women alike, they did not receive information about sex and different sexual acts, there was no real explanation of the possible consequences of different sexual acts and ways to avoid pregnancy during sex. While many had heard of HIV/AIDS, their limited understanding of sex also meant that they did not know what types of activities carried the risk of STI transmission.

Only four of the twenty-four young women respondents recounted receiving some level of formal sexual education. This was either through INGOs such as Marie Stopes, Red Cross or Plan International, or at school.⁴⁶ The sexual education that was given at school was in Suai, where the presenter gave a session to students aged 14, teaching about their bodies, menstruation, the risks and consequences of having sex, HIV/AIDS, and (using a mannequin) how to put on a condom.⁴⁷

⁴⁴ Prevention Workshop, Aileu, 22 March 2017

⁴⁵ Prevention Workshop, Aileu, 22 March 2017

⁴⁶ Woman respondent No.6, Aileu Municipality, 25 Oct 2016

⁴⁷ Woman respondent No.1, No. 2, Covalima Municipality; Woman respondent No.6, Covalima Municipality, 14 Nov 2016

Young people
laugh together,
Aileu District.



Six young women respondents had never heard of sex prior to their first sexual experience. One young woman simply explained that while she had a boyfriend, she had never heard the word 'sex' or knew what it was about until her then-boyfriend demonstrated it to her at age 16.⁴⁸ The three young women whose marriages were arranged by their parents also did not know what sex was, with one describing how shocked she was at age 16 on her wedding night, when her husband explained to her what sex was, and what it entailed. As she explained, she only agreed because her husband convinced her that the parents from both sides of the family had decided that they should be husband and wife, and that she therefore needed to have sex with him.⁴⁹ For the other two women, their first sexual experience was of rape. Both young women rarely left the house as they were responsible for taking care of the housework, and neither had received any information about sex prior to being raped.⁵⁰ As the mother of one of these victims described, she had never told her daughter about sex, because her daughter still lived in the family home with limited opportunities to meet young men, so she thought there was no need.⁵¹

48 Woman respondent No. 4, Dili Municipality, 16 Oct 2016

49 Woman respondent No.6, Covalima Municipality, 14 Nov 2016

50 Woman respondent No. 5, Aileu Municipality, 26 Oct 2016; Woman respondent No. 4 Aileu Municipality, 25 Oct 2016

51 Mother of primary respondent No.4, Aileu Municipality, 25 Oct 2016

Some young women in fact did not realise they were pregnant until many months in.

Because of the lack of quality sexual education, some young women in fact did not realise they were pregnant until many months in. One young woman respondent explained that while she was aware that sex could lead to pregnancy, she did not realise she was pregnant until she reached her seventh month because she was not aware that stopping menstruation was a key indicator for pregnancy: "I just started to notice when I was seven months pregnant, when I felt something moving inside my tummy."⁵² For her, she only knew what she had observed in older women in her family: that pregnancy was associated with nausea, headaches, tiredness and other such symptoms. Because her symptoms were limited to dizziness and the occasional fainting, it simply did not occur to her that she might be pregnant. Similarly, the husband of a respondent in Aileu recounted how he and his wife only realised that she was pregnant with her first baby when she was seven months pregnant.⁵³

Stories such as these demonstrate the limited knowledge that young men and women have of their bodies, of sex, and of pregnancy. As such,

52 Woman respondent No.7, Aileu Municipality, 24 Oct 2016

53 Husband of woman respondent No.6, Aileu Municipality, 25 Oct 2016

there was an unsurprisingly very limited understanding amongst all of the research respondents of the health risks of pregnancy for teenage girls aged less than 20 years. While a number of research respondents were aware that very early pregnancies were dangerous, their concerns tended to focus on younger teenagers aged 14 or 15 years, with one young woman recounting how angry the nurses and doctors were with her boyfriend, and how difficult her labour had been, when she gave birth to her first child at age 15. A number of young women respondents recounted experiencing health problems during and after pregnancy, but they tended to put those down to a weakness in their own bodies rather than issues with their age. They were often surprised to learn about the increased health risks for pregnant women aged less than 20 years, and sometimes disbelieving, having seen other young women give birth at a young age. As one young woman respondent explained, “because I have seen friends delivering at 15 or 16, I felt confident I could easily do it at 17 myself”.⁵⁴

Young people do not have sufficient information about sex, risks, or alternatives that might empower them to make better choices for themselves.

Both young men and women participants in the Prevention Workshop forcefully stated that young unmarried people need better sexual education, including teaching them about their bodies, about sex, and about the different contraceptive options. When discussing who in the community might offer such support, they preferred that this information be provided through Community Health Centres, because they could trust that the information would be correct.⁵⁵ While midwives who work at Community Health Centres are a highly-valued source of sexual health information in the community, they currently only extends these services to already-married couples, not to young unmarried people.

Many respondents considered education and capacity building of parents to be important.

In a community context in which sex before marriage is contrary to cultural values, including the influence of the Catholic faith, it is clear that sexual education needs to be provided in a culturally-sensitive manner. However the current insistence on total abstinence, without providing acceptable alternatives for young unmarried teenagers, fails to recognise the desire or romantic feelings of young people, and does not offer much assistance to them in dealing with new and confusing emotions as a teenager. In addition, the tendency to treat sex as a taboo topic means that young people do not have sufficient information about sex, risks, or alternatives that might empower them to make better choices for themselves—and are too frightened to ask other, more experienced adults for advice. As such, an insistence on total abstinence has a tendency to backfire, driving teenage sexual activity underground, and meaning that all forms of romantic or sexual activity are treated as equally ‘wrong’—thereby failing to distinguish between activities that carry the risk of early pregnancy or of STIs, and activities that do not carry these risks.

As well as sexual and reproductive health information for young people, many respondents considered education and capacity building of parents to be important, so that they could be supported in how they deal with their teenage children. In addition, it was recommended that other important sectors of the community, including teachers, health personnel, community leaders, the clergy, and others undergo a mentality shift whereby it would be considered acceptable and desirable by everyone to provide sexual education to young people.

⁵⁴ Woman respondent No.1, Covalima Municipality, 17 Nov 2016

⁵⁵ Prevention Workshop, Aileu, 22 March 2017

CONTRACEPTIVES

Accessing Contraceptives

Physical accessibility of contraceptives in Timorese villages does not appear to be a major issue. Once she had had her first child, every young woman respondent was able to explain the different contraceptive options available to her, and where she could go in order to access contraception. This was the case regardless of whether she lived in an urban or rural area. A number of respondents approvingly noted that contraceptives are provided for free in the Community Health Centres, making it very easy for people to access. Others recounted a program a few years ago, in which health workers distributed free condoms in their village.



A village in Covalima District, Timor-Leste.

However, this easy accessibility is not the same for young unmarried people, who are unable to make use of these services because of moral and religious considerations. While Family Planning is as per the Family Planning Policy⁵⁶ available to “all couples and individuals” (i.e. married or unmarried) and is theoretically distributed via midwives based in Community Health Centres in every posto⁵⁷ in the country, the reality is that young unmarried couples and also sometimes married women who are unaccompanied by their husbands are unable to access these services.

Respondents explained that the reason they could access contraceptives now was because they had already started a family. They were surprised and often shocked at the idea that community health workers might offer condoms or other contraceptives to young unmarried people. The ‘gatekeeper’ role exercised by Community Health Centres was also confirmed by midwives who participated in the research, with one midwife explaining that “the policy controlling health workers is to only give contraceptives to already married couples.”⁵⁸ As she went on to explain,

We want to be flexible and allow them to use contraceptives so they can continue their study, but our religion does not allow this. In the past 10 years, the Ministry of Health has given out boxes of condoms, but to this day we have not used the boxes because this is against our religion... Young unmarried people never come to us to ask for contraceptives... we in the clinic do not make it public that anyone can come to access condoms.⁵⁹

56 Ministry of Health (2004), National Family Planning Policy, Dili-Timor-Leste

57 Posto: the administrative level below Municipality. There are 65 Posto in Timor-Leste

58 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

59 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

She explained that this policy came from training that she received via the Ministry of Health, which she is responsible for implementing and cannot deviate from.⁶⁰ Similarly, another midwife explained how her Centre decided to not implement a program designed to reduce the incidence of HIV/AIDS:

We had a program called ‘Sex free from HIV/AIDS’, and we put condoms in the toilet. But ... because of religious beliefs we stopped this. We can only provide condoms to married couples. To give to other [non-married couples] maybe we need a different program.⁶¹

In addition to their gatekeeper role in providing moral advice on abstinence to young unmarried people, midwives sometimes also act as gatekeepers for married women, making it difficult for them to access contraceptives unless they are accompanied by their husband. As one midwife explained,

If she hasn’t asked permission from her husband, then we will ask her to go back and ask him. Many times, we always ask if their husband knew about them coming to get a contraceptive. If they say their husbands don’t know, then we will not respond to them because we don’t want their husband to come and create a problem for us. For those who come with their husband we bring the two of them in together and explain [the options] to them, and both of them will decide together.⁶²

The gatekeeper role that is exercised by midwives makes it difficult for young, unmarried people to gain access to condoms or other forms of contraceptives—particularly in the rural areas, where condoms are not available in the shops. As the husband of one of the young woman respondents recounted, the reason he and his then-girlfriend didn’t use condoms when they first started having sex was because it was too difficult to obtain. As he explained, “if we ask for condoms then the Ministry of Health staff will ask why we are asking for condoms... they will say that single men who ask for con-

doms will use them to destroy a girl’s life... they want us to explain everything in detail”.⁶³ As he described, this is a “real dilemma” for young unmarried men who want to have a relationship but who are too nervous to ask for contraceptives from the Community Health Centre, worrying that they will be exposed to community gossip and judgment. As he explained, the result is that most young men will simply go on to have unprotected sex, which “can bring disaster for the woman.”⁶⁴

Young people are simply too worried about the social impact in the community if it becomes known that they asked for contraceptives.

Similar points were also made by the young men and women participants in the Prevention Workshop. As they explained, young people are simply too worried about the social impact in the community if it becomes known that they asked for contraceptives. However, many of the participants agreed that if condoms were made available to young unmarried people in a confidential manner, many would use them. It was noted, however, that most teenage girls would still be too embarrassed to ask, expecting their boyfriends to ask for them.⁶⁵

Using Contraceptives

Despite the easy accessibility of contraceptives to married couples, research results indicated that they are still rarely used and often viewed with suspicion. Only seven out of the twenty-four young women respondents who participated in this research reported ever using contraceptives. None of the respondents had used contraceptives prior to their first pregnancy.

60 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

61 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

62 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

63 Husband of woman respondent No.6, Aileu Municipality, 25 Oct 2016

64 Husband of woman respondent No.6, Aileu Municipality, 25 Oct 2016

65 Prevention Workshop, Aileu, 22 March 2017



A young woman walking with her two children, Covalima district.

Of those who chose to use contraceptives, they did so for various reasons—some to stop having children permanently, and others as a temporary measure. One started taking the contraceptive pill following her second pregnancy arising from rape, with her mother explaining that she was vulnerable because of her deafness and mental disability, and therefore needed to prevent any further pregnancies should she be raped again in the future.⁶⁶ A second woman aged 20 explained that she had met the agreed-upon number of children and did not want any more, stating “we already have four children, so I now get the injection”⁶⁷. Another young woman took the pill for three months to give herself time to recover from surgery.⁶⁸ Three young women took the implant to provide spacing between children, allowing them to return to school.⁶⁹ And a final young woman took the injection, ignoring her husband’s wishes to the contrary, because of her fears that he might abandon her and her children, stating, “men don’t know anything about women’s suffering”.⁷⁰ As she went on to

explain, while she initially took the contraceptive injection without his approval, her husband went on to change his mind, telling her that it was her right to take this decision. Once she became settled in the relationship she stopped using the injection, and is now pregnant with her third child.

Of the seventeen young women who had never used contraceptives, there were a variety of reasons that were given. One woman explained that babies were “God-given”, and that it was therefore “not right” to prevent pregnancy.⁷¹ Others were worried about some perceived health risks of different types of contraceptives while being seemingly unaware of the very real health risks of not using any, leading to early and frequent pregnancies.⁷² Yet others were concerned more with the potential of abandonment rather than the problems of early pregnancy, so were satisfied when the man said that he would take care of her and any children, with one young woman explaining, “I never used condoms, because my husband said he would take responsibility for his act.”⁷³ Other respondents were simply disinterested, saying that they had “no

66 Woman respondent No. 5, Aileu Municipality, 26 Oct 2016

67 Woman respondent No.8, Dili Municipality, 24 Jan 2017

68 Woman respondent No.4, Covalima Municipal, 15 Nov 2016

69 Woman respondent No.7, Dili Municipality, 23 Jan 2017; Woman respondent No.6, Aileu Municipality, 25 Oct 2016; Woman respondent No.3, Covalima Municipality, 11 Nov 2016

70 Woman respondent No.8, Covalima Municipality, 11 Nov 2016

71 Woman respondent No.2, Dili Municipality, 16 Oct 2016

72 Eg. Woman respondent No.3, Aileu Municipality, 27 Oct 2016; Woman respondent No.1, Dili Municipality, 15 Oct 2016; Woman respondent No.1, Aileu Municipality, 25 Oct 2016

73 Woman respondent No.2, Dili Municipality, 16 Oct 2016

interest” or “no time” to visit the clinic.⁷⁴ As an alternative to contraceptive devices, a number of young women respondents reported using the calendar method, which is taught throughout all of the Community Health Centres.⁷⁵ One young woman respondent said she had heard withdrawal was an acceptable alternative to contraceptives, but she had not tried it herself.⁷⁶ Another said she had heard of traditional herbal contraceptives, but had never used it and could not explain what that entailed.⁷⁷

“If they want to get condoms to have a sex relationship, this shows that he or she has immoral thinking”

- Midwife, Dili.

In terms of attitudes to various contraceptive devices, many respondents considered condoms to be immoral, facilitating sexual freedom and allowing people to engage in extramarital affairs. One young woman respondent explained that using condoms actually increased the risk of STIs because they facilitated free sex, and therefore increased the likelihood of infection: “women will use condoms to have sex with other men, and [she will] bring sexual diseases to her husband at home, destroying his life.”⁷⁸ Similarly, a midwife explained, “if they want to get condoms to have a sex relationship, this shows that he or she has immoral thinking.”⁷⁹ This attitude was common across all three Municipalities, repeated in different ways by both men and women.

In addition to their moral implications, there

74 Eg. Woman respondent No.3, Dili Municipality, 15 Oct 2016

75 Eg. Women respondent No.4, Dili Municipality, 16 Oct 2016; Woman respondent No.8, Covalima Municipality, 11 Nov 2016; Woman respondent No.1, Aileu Municipality, 25 Oct 2016; Woman respondent No.4, Covalima Municipality, 15 Nov 2016

76 Woman respondent No.1, Covalima Municipality, 17 Nov 2016

77 Woman respondent No.3, Dili Municipality, 15 Oct 2016

78 Woman respondent No.2, Dili Municipality, 16 Oct 2017

79 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

were also some health concerns raised about condoms, with one young woman worried that if an old condom broke inside her it would stay inside and make her sick.⁸⁰ Another young woman respondent was worried about its long-term impact on her fertility: “I’m afraid to use condoms, because it will stop me from having a baby.”⁸¹ Across all three Municipalities there appeared to be limited understanding of condoms’ use in preventing the spread of STIs—an impression confirmed by the director of a local NGO in Covalima, who strongly urged that there be more focus on STI prevention campaigns.⁸²

Other forms of contraception—including the contraceptive pill, IUDs, injection, or implant—did not appear to carry the same moral implications of facilitating free sex. However, these options were often viewed as something fairly drastic, a final, permanent step when it comes time to stop having children altogether. For example, one young woman respondent explained,

I heard information from one of my sisters that the injection is good for women aged over 20 years because the medicine can dry out a women’s ovaries, stopping her from having babies. I will wait until I turn 20 to 22, then I will get the injection.⁸³

Similarly, another young woman respondent explained that she had just reached the point where she could use a contraceptive, because had successfully borne four children, and did not plan to have any more.⁸⁴

In addition to concerns about the long-term impact of different contraceptive options on a woman’s fertility, there were many myths shared about the health implications of hormonal contraceptives. For example, one young woman respondent believed using contraceptives caused abnormalities for the baby if she got pregnant and also carried the risk of hemorrhaging, explaining, “my sister used contraceptives, and she nearly died when her baby was delivered,

80 Prevention Workshop, Aileu, 22 March 2017

81 Woman respondent No.6, Dili Municipality, 23 Jan 2017

82 Director Centru Comunidade Covalima (CCC), Covalima Municipality, 10 Nov 2016

83 Woman respondent No.4, Covalima Municipal, 15 Nov 2016

84 Woman respondent No.8, Dili Municipality, 24 Jan 2017



Girls are taking part in an activity to challenge gender stereotypes, Aileu District.

because of hemorrhaging, because she had a cesarean.”⁸⁵ Another young woman respondent explained that her aunt had died because she had used an implant: “she used the IUD for more than five years and forgot to replace the new one, so the needle went into her uterus and caused her to die.”⁸⁶ Similar horror stories were recounted by other participants—generally fuelled by stories from other family members or friends, rather than personal experience or advice from the midwives. Only one young woman respondent explained that she had personally experienced negative side-effects: “In the past I used the injection, but I stopped because I got sick, I always had a headache. Now I feel much better after stopping the injection.”⁸⁷

It is clear that there is a strong role for midwives in helping women to find a contraceptive that doesn’t result in unpleasant side-effects. This may require further training on the specific medical impacts of different contraceptives on a woman’s body, as conversations with midwives also revealed some beliefs that had no basis in medical fact—for example, that injections should be discontinued after three years because otherwise they would “cause a woman’s ovaries to become dry or very small.”⁸⁸ Research results

clearly indicated that midwives provide a much-needed and highly-regarded service in the community, with participants in the Prevention Workshop clearly identifying them as the preferred source of sexual and reproductive health information.⁸⁹ This was echoed by the mother-in-law of one young woman respondent who noted that CARE’s program in Covalima on reproductive health is very popular because of the education they provide, with many women (including herself) successfully using the contraceptive pill to allow spacing between children.⁹⁰ Providing further training to midwives to ensure they provide quality education and services to community members would therefore be a worthwhile investment.

It is not only women who need to be better informed about the contraceptive options that are available to them.

It is not only women who need to be better informed about the contraceptive options that are available to them. Perhaps even more importantly, many men need to be better educated in this regard. As noted previously, some midwives refuse to give contraceptives to married women unless they have the husband’s approval—

85 Woman respondent No.1, Dili Municipality, 15 Oct 2016

86 Woman respondent No.1, Aileu Municipality, 25 Oct 2016

87 Woman respondent No.3, Aileu Municipality, 27 Oct 2016

88 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

89 Prevention Workshop, Aileu, 22 March 2017

90 Mother in law of primary respondent No.3, Covalima Municipality, 9 Nov 2016

mainly because of their fear over how husbands might react if they later found out and blamed the midwives.⁹¹ However, research results also clearly indicate that many men have extremely limited understanding of family planning, contraceptive options and the negative impact of early and frequent pregnancy for women. Some men explained they had never received any information about contraceptives, and wanted to find out more.⁹²

It is clear that young people, whether married or unmarried, need better information on contraception choices and their usefulness to prevent early and frequent pregnancies.

One of the main obstacles to providing information on contraceptives to men is that they consider it a “woman’s problem.”⁹³ As young women participating in the Prevention Workshop noted, even if husbands accompany their wives to the Community Health Centre (which itself is relatively rare), they prefer to wait outside rather than going into the consultation room.⁹⁴ This general male disinterest was also noted by a midwife, who explained that when she tried to contact the husband to check if his wife was allowed to use a contraceptive, they often said they were working or too busy to come into the clinic.⁹⁵ However, as she went on to explain, they continue to exercise their male prerogative to disallow their wives to use contraceptives, stating “some men don’t want their wife to use a contraceptive even though they have over five children.”⁹⁶

When a husband is educated about sexual and reproductive health, contraceptive options, risks

91 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

92 Eg. Husband of primary respondent No.3, Covalima Municipality, 11 Nov 2016; Husband of primary respondent No.1, Aileu Municipality, 25 Oct 2016

93 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

94 Prevention Workshop, Aileu, 22 March 2017

95 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

96 Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017.

of pregnancy and how to minimise those risks, it can be transformative. Husbands who are poorly informed or misinformed may stop their wives from accessing contraceptives simply because they don’t understand. For example, one woman respondent explained her husband did not give her permission to use contraceptives because “his friend told him... using contraception will cause a woman to always act rudely to her husband, always raising her voice, always getting angry, so that there is no love in the family.”⁹⁷ However, when speaking with the husband directly he could not explain what contraceptive she wanted. After guessing a few times, he simply stated: “she went to hospital but I don’t know what type of contraceptive [she wanted to get].”⁹⁸ By contrast, however, those young women who were successfully implementing contraceptive strategies that were allowing them to return to school were able to do so because their husbands were fully informed and supportive.⁹⁹ In two of these situations, their husbands were employed by NGOs, and were therefore was more exposed to different ideas and was better informed of the options.¹⁰⁰

It is clear that young people, whether married or unmarried, need better information on contraception choices and their usefulness to prevent early and frequent pregnancies. Since boyfriends and husband have such a decisive role in deciding whether or not to use contraception, their education in these matters is of paramount importance. The specific risk of contracting STIs including HIV also needs to be specifically highlighted and prevention campaigns that mention condoms needs to be strengthened.

Beyond information and education however, health services need to be made “youth-friendly” if we want to ensure young people use the services. The stigma around unmarried people seeking medical help needs to be addressed so that barriers to service use are reduced.

97 Woman respondent No.1, Aileu Municipality, 25 Oct 2016

98 Husband of primary respondent No.1, Aileu Municipality, 25 Oct 2016

99 Husband of primary respondent No.6, Aileu Municipality, 25 Oct 2016; Woman respondent No.7, Aileu Municipality, 24 Oct 2017

100 Husband of primary respondent No.6, Aileu Municipality 25 Oct 2016; Woman respondent No.3, Covalima Municipality, 11 Nov 2016

POWER AND CONTROL

Sexual Decision-Making

General attitudes tend to place the responsibility for ensuring abstinence on the young woman, putting the reasons for early pregnancy down to the girl being too free, wanting to enjoy herself too much, and not controlling herself. As one midwife explained: “most importantly, it depends on the girl to control herself. For example if she already knows the negative impact [of sex] she should not do it... We have religion.”¹⁰¹ This was echoed by another midwife, who explained:

They hadn't planned to have the baby, but because of their freedom they forgot to control themselves... One girl come to me and asked [for help in dealing with her unwanted pregnancy]... but I advised her to continue her pregnancy. Because it was her own happiness that made her forget to control herself.¹⁰²

However, the stories as told by the young women respondents who participated in this research painted a more complex reality. In all cases, they explained that it was the boyfriend who initiated sex, and they complied. When asked why they complied with their boyfriend's request, none of the young women mentioned their own sexual desire, or forgetting to control herself, as is commonly presumed. Rather, the focus was on the boyfriend, on what he described as his 'male needs' and how she should respond to his sexual desire. When asked if they were aware of the risks in having unprotected sex, the vast majority explained that while they were aware they might get pregnant, they were nonetheless convinced and in some instances forced to have sex.

In talking about why they complied with their boyfriend's request for sex, some spoke of their

desire to get married. Sometimes this was an active desire to get married; other times she simply felt it was ok to take the risk because he had told her he would 'take responsibility'. One explained that she decided to get married in order to leave her abusive family home, saying: “[at that time] whoever wanted to marry me, I would accept him.”¹⁰³ Another spoke of wanting to escape the pressures of her family home, as she lived with an elderly grandmother because both of her parents were dead.¹⁰⁴ Even for those who spoke of love and getting swept up in the moment, this was generally combined with the explanation of getting married, as was the case with another young woman: “I felt like all his words were very sweet so I agreed to have sex with him, but it was also because I loved him so much and he wanted to marry me.”¹⁰⁵ As the young women respondents recounted their stories, it was clear that many of them believed that by marrying a man, their lives would be better in the future—despite the fact that most of the young women's husbands had not in fact completed secondary education and did not have paid employment. The belief that marriage would improve the quality of their lives, even at such an early age, meant that it was relatively easy to convince them when the boyfriend promised to 'take responsibility for his act'.

[Young women] believed that by marrying a man, their lives would be better in the future.

¹⁰¹ Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

¹⁰² Midwife, Community Health Centre (CHC), Dili Municipality, 9 Feb 2017

¹⁰³ Woman respondent No.3, Covalima Municipality, 11 Nov 2016

¹⁰⁴ Woman respondent No.6, Covalima Municipality, 14 Nov 2016

¹⁰⁵ Woman respondent No.1, Covalima Municipality, 17 Nov 2016



“I tried selling vegetables in front of the main road once, but I stopped because he was very angry with me.”

- Young woman, Dili.

For others, they described various degrees of coercion and control. Most typically, this was in the form of arguing and saying he would leave her if she said no, but there were also a number of cases of violence, rape and predatory behaviour. In one case, a 14 year old school girl was lured into a relationship with an older, more powerful man. She related her mother's advice at the time, that she should simply give her much older boyfriend what he wanted, because he had money and a good job - and this represented a good opportunity for her. As she explained, however, it turned out that this older man was already married with children, but had hidden this fact from her. This situation has now been going on for five years, and she simply accepts that he will visit as and when he pleases, and she will have sex with him during those visits. He is also extremely controlling of her movements: while he continues to live with his own family and only irregularly provides money to care for her and her children, he still insists that she should not leave the house to earn money for the household. She is afraid that if she goes out to work he will abandon her and her children,

explaining: “I tried selling vegetables in front of the main road once, but I stopped because he was very angry with me.”¹⁰⁶ Her mother however continues to exercise control over her, forbidding her to use contraceptives in order to stop having more children.

Three others explained that they were violently forced to have sex during their first sexual experience—but importantly, only two of these three women considered themselves to have been the victim of a rape. In one rape case, the victim was a disabled woman, suffering from deafness and mental disability. Because of her disability, she stopped school at a young age and was kept at home, responsible for doing housework, cooking, washing and looking after the children. She was the victim of two different rapists at different times—both of them her cousins—and now has children from each of these two men.¹⁰⁷ Because of her obvious vulnerability in the community, her mother has now put her on the contraceptive pill in order to prevent any further unwanted pregnancies if she is raped again in the future.¹⁰⁸ In a second rape case, the young woman explained that a man she had never met before came to her house while she was alone, giving her a false name and telling her

106 Woman respondent No.1, Dili Municipality, 15 Oct 2016

107 Woman respondent No.5, Aileu Vila, Aileu Municipality, 26 Oct 2016

108 Mother of primary respondent No.5, Aileu Municipality, 26 Oct 2016

he was single, and then violently raping her.¹⁰⁹ Both of these young women were raped during the day in their own home. Because neither of these young women had received any education about sex prior to the rape, they were very confused, asking him why he was doing this to her—and in both cases, the rapists told their victims that he had decided that they would now be girlfriend and boyfriend, and that he would marry her.

In a third rape case, a young woman recounted her first sexual experience with her now-husband when they were both unmarried students in Dili. As she described it, he took her into the bedroom, locking the door: “he said if you don’t have sex with me you will die, I will beat you to death... if you don’t have sex with me now, you will not leave this room alive.”¹¹⁰ However, as she went on to explain, while he threatened her, he also loved her, and over the space of two days she came to accept the situation: “I didn’t want it, he forced me, but then as the days went on, we both came to like it.”¹¹¹ When she became pregnant, they both dropped out of school in Dili and returned to their village to get married. However, while she was unhappy with her situation and having to give up her dreams for the future, because they had gone on to get married this young woman did not consider herself a victim of rape.

Despite the threat of male coercion or violence, there appears to be an expectation that teenage girls should withstand their boyfriends’ advances and refuse to have sex, meaning that victims of rape tend to be blamed and punished for immoral behaviour. In one rape case, the mother and sister of the rapist visited the pregnant young woman when they learned what had happened, blaming and insulting her, asking “are you blind, why didn’t you know that he was a married man?”¹¹² In a second case, when the victim returned to her village because she was pregnant, her uncle beat her severely with a buffalo whip, only stopping when her mother

intervened.¹¹³

It can be extremely difficult for the teenage girl to withstand her boyfriend’s advances.

This attitude of blaming the victim is partially an attempt on the part of family members to instill in girls the need to be ‘brave’ in withstanding male sexual desire, because it is understood that the she will ultimately suffer the consequences of early pregnancy. As a woman whose daughter became pregnant at the age of 15 explained, the key to preventing teenage pregnancy lies with the girl: “in the family we educate them, but often they are not brave enough. The key is with us [women], and if we give in to the man, then he will take as he wishes...”¹¹⁴ However, as she also acknowledged, it can be extremely difficult for the teenage girl to withstand her boyfriend’s advances: when questioned on the reality of power relations between young men and women, she explained that in many circumstances the man may beat or threaten to kill the woman if she fails to comply with his wishes—violence that she simply described as “a significant opportunity that men use.”¹¹⁵

Estraga Feto

A key issue that emerged in the research revolved around how the crime of rape is translated at the local level, often described to community members using the terminology ‘*violasaun seksual*,’¹¹⁶ or more typically, ‘*estrage feto*.’¹¹⁷ As discussed in the previous section, while there were three young woman respondents who, on the facts of the case, described having been raped during their first sexual intercourse, only two of these women described the situation

109 Woman respondent No.4, Aileu Municipality, 25 Oct 2016

110 Woman respondent No.5, Covalima Municipality, 10 Oct 2016

111 Woman respondent No.5, Covalima Municipality, 10 Oct 2016

112 Mother of primary respondent No.4, Aileu Municipality, 26 Oct 2016

113 Woman respondent No.5, Covalima Municipality, 10 Nov 2016

114 Mother of primary respondent No.6, Covalima Municipality, 14 Nov 2016

115 Mother of primary respondent No.6, Covalima Municipality, 14 Nov 2016

116 Meaning sexual violation

117 Meaning to ‘damage a woman’

as *violasaun* or *estraga fetu*; the third did not recognise her situation as such.

Estraga fetu, or destroying of a girl's social status, is a serious wrongdoing which is not only shaming but also carries practical implications for the future.

While rape is legally treated as a criminal offence against the personal integrity of the victim, possibly leading to incarceration, the wrongdoing of *estraga fetu* is better understood as an offence against the woman's position in the social order by having unmarried sex, and possibly also becoming an unmarried mother. This difference in focus can also be seen in the longer phrases that are sometimes used in place of *estraga fetu*, such as '*estraga fetu nia naran*'¹¹⁸ or '*estraga fetu nia familia nia naran*'¹¹⁹. *Estraga fetu*, or destroying of a girl's social status, is a serious wrongdoing which is not only shaming but also carries practical implications for the future, as it effectively removes her from accepted social structures in the community, limiting the opportunities that are made available for her and her child in the community. Given this difference in focus, local dispute resolution procedures typically force the man to 'take responsibility' for his actions by marrying her and looking after the children, thus restoring her place in the social order.

Estraga fetu is conceptually very different, and should not be used to describe the crime of rape. The current tendency to use these two terms interchangeably has implications for how community members understand the crime, and for how they consider that the wrongdoing should be properly redressed. The level of emotion that cases of *estraga fetu* bring up in a community also underlines how difficult life becomes for an abandoned woman because of the social and practical consequences of single motherhood.

During discussions with the first two rape vic-

118 Meaning to 'damage a woman's name'

119 Meaning to 'damage a woman's family's name'

tims, it became clear that both of these young women respondents considered abandonment of her and her child to be a more serious wrongdoing than the violent forcing of sexual relations. In the first case following the discovery that she was pregnant, her family and the family of the rapist resolved the issue traditionally, requiring the two to marry and live together, starting from when she was five months pregnant. However, he only stayed until the baby was ten months old, and then abandoned them. When she was telling her story, she did not complain about being required to marry her rapist, but rather was concerned with the fact that he had abandoned her, repeating many times over: "but he said he loved me and would marry me."¹²⁰ In the case of the second rape victim, because her rapist was already married the families attempted to resolve the case by taking it to the *xefe suku* for resolution. Her family wanted him to pay \$10,000, but he agreed to pay \$2,500. However as she went on to explain, he has not paid any of this money or contributed to the raising of the child. As a result, the young woman has taken the case to the police, saying "I want to send him to jail."¹²¹

In the third case of rape in which the boyfriend locked his girlfriend in his bedroom, threatening to beat and kill her if she didn't agree to have sex with him, the young woman and her mother did not consider this to be a case of *estraga fetu*. This was because he 'took responsibility' by marrying her, and they now live together with their child. This typical focus on abandonment as the primary wrongdoing, rather than forced sexual relations, was also reflected in another case in which the young woman who was abandoned when she became pregnant also explained that she had been a victim of abuse or "*rayuan*."¹²² However, when telling her story, she was clear that she had not been forced to have sex.

Amongst participants in this research, it was clear that there was major confusion around the difference between cases of *estraga fetu* and cases of rape. Until this basic misunderstanding of what constitutes the crime of rape is clarified,

120 Woman respondent No.5, Aileu Municipality, 26 Oct 2016

121 Woman respondent No.4, Aileu Municipality, 25 Oct 2016

122 Woman respondent No.7, Aileu Municipality, 24 Oct 2016



there will be confusion for both victims and defendants during prosecution on what part of the wrongdoing actually constituted a crime, and any mobilisation or other campaigns to prevent or reduce the incidence of rape in communities will be less than effective.

Consent

An important factor that appears to undermine teenage girls' capacity to withstand her boyfriend's request for sex is the very limited understanding of consent in sexual decision-making, among both men and women. In some other legal contexts, lack of consent is used as the legal feature that defines rape, essentially operating as a 'veto' in sexual decision-making. This means that both the man and the woman must actively say yes (give consent) to sex in order for it to legally go ahead; if either of the parties says no, then sex should not take place. However in the Timor-Leste Penal Code, rape is defined differently, with the emphasis on whether a person was violently forced to have sex, rather than whether or not both parties actively gave

their consent.

In terms of sexual decision-making, this approach means that the desires of the boyfriend and girlfriend are essentially placed at an equal level, with the expectation that they will figure it out between the two of them. While this may make sense in a culture that places high value on consensus decision-making (with the expectation that they will come to a mutually-agreed solution), this approach fails to recognise the very real power discrepancies that may exist between them—particularly for teenage girls who have little information on what constitutes sex, and are inexperienced in navigating issues related to sex. In relationships where there is a power imbalance between the girlfriend and boyfriend, for example where he is older, wealthier, or if she is frightened of him becoming violent with her, this can open the door to various forms of coercion and control.

Lacking the concept of consent as a form of veto in sexual decision-making also makes expectations unclear for young men who wish to engage respectfully with women. This was clear during discussions with the young male participants in the Prevention Workshop. As noted previously,

participants in the Workshop were specifically chosen as ‘positive deviants’, representing the next generation of leaders in their community. A number of them were NGO employees. However, when given a scenario in which the boyfriend wanted to have sex but the girlfriend wanted to wait, they were unable to analyse sexual decision-making in terms of whether both parties had given their consent. While they were clearly very respectful of girls and women, they kept looking for positive reasons that the girl should provide that would weigh up against the boyfriend’s “male needs”: speaking of the need for teenage girls to complete their education, and for both boyfriend and girlfriend to “respect each other” and “listen to each other.” The process through which the boyfriend and girlfriend would come to a solution if the two of them continued to disagree was unclear. None of the Prevention Workshop participants—male or female— noted that if a girl says no, her wishes should automatically be respected.



Young mother expecting her second child, Aileu District.

While it is common for community pressure to place responsibility on the teenage girl to withstand her boyfriend’s advances, this is only useful as a preventative measure if she has the capacity to make an alternative choice.

Contrary to the common presumption that she did not control her own desires, it was clear in all 24 cases of teenage pregnancy that the real question was not about her own self-control, but rather about the power relationship between her and her boyfriend, and her capacity to withstand her boyfriend’s (sometimes pushy, coercive or violent) request for sex. Factors such as those discussed already, ranging from poverty and lack of opportunity, a belief that marriage would make her life better regardless of the young man’s position in life, arranged marriage, and sexual assault, reveal that there is a much more complicated story to tell around the real driving factors for teenage pregnancy in Timor-Leste.

As such, it is useful to reorient the question away from whether a teenage girl ‘decides’ to have sex and then to get pregnant, to consider the various factors that shape her decision-making agency. Decisions are made in context. And an individual’s agency is shaped or limited by a variety of factors that determine what decisions a person can and can’t take, in their particular context. A young woman’s youth and inexperience, combined with her limited sexual and reproductive health knowledge, and possible coercive factors such as family pressures, economic concerns, and the threat or actual use of violence can mean that her sexual decision-making agency may in fact be fairly limited.

While it is common for community pressure to place responsibility on the teenage girl to withstand her boyfriend’s advances, this is only useful as a preventative measure if she has the capacity to make an alternative choice. In this context, empowerment activities that provide teenage girls with the necessary information



Young mother and her son, Timor-Leste.

and life skills to make good decisions for herself and her future may be useful in helping her to analyse what she wants for herself, and whether marriage will in fact make her life better. However, this will not deal with the reality of male coercion and violence. It is therefore worthwhile considering how prevention activities can open up a discussion around the sexual decision-making of men and boys. It is also worthwhile considering how legal and other responses to male sexual violence can be improved, including targeted legal and social advocacy to introduce the concept of consent, and legally clarifying the rights of teenage girls and women to make decisions over their own bodies.

A closer look at gender norms is required for communities to reflect on how girls and boys are raised and socialized.

All in all, a closer look at gender norms is required for communities to reflect on how girls and boys are raised and socialized, identifying the behaviors and attitudes towards each of them that are reinforced through the cultural context—but that lead to favoring power imbalances and putting girls at a disadvantage when negotiating within their relationships. The law makes young men

and women equals and protects victims of sexual coercion and rape: it should be more widely used to address the crimes perpetrated against young women. The law should also incorporate the concept of consent, the absence of which should define rape. Teenage pregnancies are as much—if not more—the result of the boys' doing as it is of the girls'. Just as they have equal rights, young men and women should face equal responsibilities and be made equally accountable for their sexual behavior. Deciding to be sexually active and consenting to sexual interaction are mature decisions that young men and women need to learn how to take with full respect for their partner's decision-making agency.

OPPORTUNITIES FOLLOWING TEENAGE PREGNANCY

While as noted previously the incidence of teenage pregnancy is generally not considered an acceptable social norm amongst community members, the opposite applies once the young couple is married, with strong pressures placed on young women to go on to have more children fairly quickly—even if the young woman is still quite young. There is also a clear expectation that sexual decision-making lies with the husband, with all of the young married women who participated in the research explaining that she always tries to respond positively to her husband's request for sex, regardless of her own wishes. Amongst teenage mothers and the community more generally, there is limited understanding of the health risks of early and frequent pregnancies for teenage girls whose bodies have not yet fully developed. The presumption is that if she successfully gave birth to her first child, then her body will be “strong enough” to withstand the rigors of pregnancy and childbirth a second, third or fourth time. Nearly all of the young women respondents had more than one child, and one 20 year old already had four children.¹²³

After her first pregnancy, there is a strong expectation that the young woman will continue to have the agreed-upon number of children.

Once the young woman is married, and in patrilineal areas has entered into the husband's family, her decision-making is no longer an indi-

¹²³ Woman respondent No.8, Dili Municipality, 24 Jan 2017

vidual choice. After her first pregnancy, there is a strong expectation that the young woman will continue to have the agreed-upon number of children, with this number being decided by her and her husband, together with her husband's family. Unless this is specifically negotiated with the husband and his family, there is also a strong expectation that there will be minimal spacing in between children until she reaches the agreed-upon number.

Because of her youth and dependency on her husband and his family, the young woman often has limited negotiating power to make her own decisions on these issues. The mother-in-law wields significant influence, giving moral guidance to the young woman and her husband as they make decisions about forming their family. As one young woman respondent explained, “I just followed what my mother-in-law said because I am too young [to decide myself].”¹²⁴ This extends to many areas of family life, with the parents-in-law also exercising significant influence over the children who are already born into the family. For example, in the case of one young woman respondent who suffers daily abuse from her mother-in-law, when she tried to return to her natal home to escape the abuse, her mother-in-law did not give her permission to take her baby with her. She could leave but her baby could not.¹²⁵ Her parents backed up this position, explaining that while they felt sad for their daughter, they could not help her because she had entered her husband's family and was now subject to their authority.¹²⁶

¹²⁴ Woman respondent No.8, Aileu Municipality, 26 Oct 2016

¹²⁵ Woman respondent No.2, Aileu Municipality, 24 Oct 2016

¹²⁶ Father of primary respondent No.2, Aileu Municipality, 24 Oct 2016



Women and girls take part in Domestic Violence Training, Aileu District.

However, while it was common to experience pressure from their mothers-in-law, in most situations it appears that it is the husband who had the final word. As one young woman explained, she felt she could safely ignore her parents-in-law's wishes because she had her husband's support: "my parents-in-law said we should have many children, but my husband and I decided to wait another five years."¹²⁷

"(...) my husband said if we don't have [more] children, people would say I am fetomanas"

Young woman, Dili.

In some cases, the husband clearly preferred that his wife stay in the traditional role of housewife and mother, and have more children quickly. For example, one young woman related how her husband had threatened to divorce her if she didn't quickly go on to have more children, explaining "at that time I felt very sad, and was worried that if I get a second chance to marry another man would he love me because I had already lived together with my husband?"¹²⁸ Similarly, another young woman respondent spoke of pressure from her husband to have a

second child: "my husband said if we don't have [more] children, people would say I am fetomanas (a slut)."¹²⁹ This level of control also extended to working outside the home. One young woman explained that she is very sad that her husband does not allow her to go out to work, and is simply waiting for him to go to Ireland for work, following which she hopes her life will become less restricted.¹³⁰ Another young woman explained that while she had organised for her parents to look after the children to allow her to work, her husband does not support this, simply saying, "women should not earn money."¹³¹ As she went on to explain,

I think his idea is not good because we have a big family, we have many children. But if the man wants it this way then what can I do? I can only follow what he wants.¹³²

A third woman explained that when she tried to earn some money for the family, he became angry with her leaving the house in order to work: "he told me that as long as he has 10 fingers, he can still afford to feed me and my children."¹³³

¹²⁷ Woman respondent No.6, Aileu Municipality, 25 Oct 2016

¹²⁸ Woman respondent No.1, Aileu Municipality, 25 Oct 2016

¹²⁹ 'Fetomanas' literally translated as 'hot woman'. Women respondent No.2, Dili Municipality, 16 Oct 2016

¹³⁰ Woman respondent No.5, Covalima Municipality, 10 Nov 2016

¹³¹ Woman respondent No.1, Aileu Municipality, 17 Nov 2016

¹³² Woman respondent No.1, Aileu Municipality, 17 Nov 2016

¹³³ Woman respondent No.1 Dili Municipality, 15 Oct 2016

Despite these stories of restriction and control, there were also a number of positive examples in which young women respondents spoke about their dreams (and in one case, the reality) of completing their education. One young woman aged 18 with two children described how she successfully returned to complete middle school and then high school: “I was very happy that I could complete my high school.”¹³⁴ Another young woman and her husband described the steps they were taking to enable her to study at university.¹³⁵ Seven other young women respondents said that they “planned” to return to school. While it was clear in some cases that the young women were extremely keen to return to school, others simply spoke of their desire to go back, making it unclear if for them this was more of a dream than an actionable plan.



Young people walk to school, Timor-Leste.

For those who did seem determined to make their plan a reality, a number of young couples spoke about the positive steps they were taking to make it work: in particular, using family planning to provide sufficient spacing between children that would allow the young woman to pursue her dreams. For example, one young husband explained, “my wife has used the implant contraceptive for five years, because we agreed for her to continue her studies next year.”¹³⁶ Similarly, another young woman respondent who had her first baby when she was in middle school, told how she used the contra-

ceptive injection for three years in order to finish her high school education.¹³⁷ Some husbands also looked for other practical ways to support their wives in pursuing their dreams, with husband of one young woman respondent in Covalima describing how he is looking for practical ways to support his wife to study at university in Dili.¹³⁸ Another young woman respondent described how her husband paid for her transport to and from school—but that she herself chose to drop out so she could look after her elderly father.¹³⁹

Back-to-school campaigns will need to proactively pull young women back into schools, making them feel just as welcomed as any other student.

It is clear that there are many difficulties that young women face if they wish to return to school. There are the challenges of arranging childcare, problems if parents or parents-in-law don't approve, and difficulties in dealing with social stigma if community members or school teachers make them feel too ashamed to return to school. However, varying from one case to the next, these issues seem to be surmountable if she has a husband who supports her in this goal. As such, any school re-entry policy or other vocational training offered to expand opportunities for young mothers should put a strong focus on encouraging husbands to support their wives in pursuing their dreams—possibly emphasising the overall benefits this would bring to their family's wellbeing. Engaging with community leaders and school administrations, back-to-school campaigns will need to proactively pull young women back into schools, making them feel just as welcomed as any other student, as well as pushing their immediate family environment to be more supportive to her right to education.

134 Woman respondent No.6, Dili Municipality, 23 Jan 2017

135 Woman respondent No.2, Covalima Municipality, 13 Nov 2016; Husband of primary respondent No.2, Covalima Municipality, 13 Nov 2016

136 Husband of primary respondent No.6, Aileu Municipality, 25 Oct 2016

137 Woman respondent No.1, Dili Municipality, 23 Jan 2017

138 Husband of primary respondent No.2, Covalima Municipality, 13 Nov 2016

139 Woman respondent No.1, Covalima Municipality, 11 Nov 2016

CONCLUSION

Current community approaches to preventing teenagers from having sex are actually having the opposite impact.

It is clear that there are many interrelated factors that contribute to the incidence of teenage pregnancy and early marriage in Timor-Leste. While in most cases teenage pregnancy occurs prior to early marriage, the research brought to light various scenarios, each with a specific decision-making pathway.

Mapping out the causality of teenage pregnancy, the research found several scenarios: in a first scenario, young unmarried women fell pregnant because they had a boyfriend, he asked for sex and they obliged; in a second scenario, young women fell pregnant because they were already married, producing children soon after marriage and frequently; in a third scenario, young women fell pregnant because they were forced, coerced, raped, or deceived into having an exploitative relationship; and in a fourth scenario, the young women fell pregnant because they wanted a child and the marriage that came with it.

Mapping out the causality of early marriage, the causes of early marriage were found to be: (1) pregnancy; (2) arranged marriage; (3) marriage pushed by parents because young people were in a relationship; and (4) because young women wanted to, mainly to escape an unhappy situation at home.

While for some young women, getting pregnant and/or married early was intentional and their decision, the research also found many cases in which the young women suffered from the consequences of a pregnancy, and following that, marriage, that was unplanned.

Although many community members acknowledged that teenage pregnancy is a problem in

their community, community leaders and parents are at a loss as to how to prevent it, only giving young women advice that they should not 'destroy their future', unsuccessfully trying to control their movements and keeping them at home in a state of relative innocence. However, this focus on protecting teenage girls by keeping them innocent and controlling their movements fails to take into account many of the real driving factors leading to teenage pregnancy. Very importantly, it does not consider the reality of gender relations that teenage girls are learning about and attempting to navigate as they start to enter into relationships with boys and older men.

It appears that current community approaches to preventing teenagers from having sex are actually having the opposite impact. While community members attempt to dissuade young unmarried people from having sex by insisting on total abstinence, this has a tendency to backfire because it means that all sexual activities, even kissing, are treated as equally 'wrong.' Young people are ill-equipped to make good sexual choices, because this focus on total abstinence makes no distinction between those activities that carry a risk of pregnancy or STI transmission, and those that do not. This is further compounded by the lack of quality sexual education for young people, who have very little understanding about their bodies, about sex, and about pregnancy. Finally, for young unmarried people who are educated about sex and ways of preventing pregnancy through various contraceptive devices, they are unable to access them in the Community Health Centres, because midwives only extend these services to already-married couples. Because of this approach, they cannot try to protect themselves



Rice fields in
Aileu District.

against HIV and STIs, a situation that may become very dangerous if HIV/AIDS prevalence were to increase in Timor-Leste.

Further, because sex is treated as a taboo topic, this drives the reality of teenage sexual relations underground, with young unmarried people engaging in ‘secret’ relationships. Teenage boys often get their information and advice about sex from their friends who are equally ill-informed. Teenage girls, in turn, often get their information and advice about sex from their boyfriends, who if they are of a similar age and also unmarried, may be only slightly more informed than they are. Teenage girls are unable to ask questions of more experienced adults who might be able to assist them in making good decisions, speaking only to their boyfriends about these issues. And given that it is their boyfriends who want sexual relations in the first place, teenage girls are unlikely to get a balanced perspective that might allow them to weigh up different options and make good decisions for their future.

This approach towards teenage sexuality is certainly understandable as parents are simply doing the same things that their parents did. Parents often have little education themselves about the details of sexual and reproductive health, and are frightened for their teenage daughters’ future so do their best to keep her away from anything that may expose her to sex, and sexual relationships. This, however, is dis-

empowering for teenage girls who must learn to navigate the complicated world of gender relations, as they begin to enter into new relationships. Given the harsh consequences imposed on young people found to be engaging in relationships, which forces these relationships to become clandestine, it is worth considering community-led responses that may serve to moderate community attitudes and behaviour. For example, instituting *tara bandu* to prohibit the use of spitting and physical violence against young people engaging in relationships may be useful.

Most teenage girls don’t themselves ‘decide’ to have sex, but rather comply with their boyfriends’ decision to have sex.

While broader social norms place responsibility for ensuring abstinence on teenage girls—with serious social and other consequences if they fail to live up to these expectations—the reality is that most teenage girls don’t themselves ‘decide’ to have sex, but rather comply with their boyfriends’ decision to have sex. Teenage girls’ youth and inexperience, limited knowledge about sexual and reproductive health, broader family pressures or economic concerns, a social

tendency to conform to male decision-making, and the threat or actual use of violence combine to seriously limit her decision-making agency. Rather than punishing teenage girls for failing to live up to expectations of abstinence (even in cases of rape), prevention initiatives to deal with teenage pregnancy needs to start addressing the decisions, attitudes and behaviour of men and boys. This includes addressing the current legal and social environment that does not value consent as a veto to sexual decision-making.

However, while there are clearly many challenges, there are also some clear strengths in Timorese communities that can serve as the foundation for prevention initiatives to reduce the incidence of teenage pregnancy. The most important of these is that unlike many other countries around the world, early marriage and teenage pregnancy are generally not considered positive social norms in Timorese communities. This means that communities in general do not need to be convinced of the negative consequences of early marriage and teenage pregnancy—but rather, need assistance in developing new strategies to deal with the reality of teenage sex. While arranged marriages continue to take place in many parts of the country, the marriage of many teenage girls is not actively desired by the families, but rather happens in order to ‘fix’ the problem of unwed pregnancy. School rather than age is the social marker that indicates whether or not a teenage girl is ready or eligible to get married; students who have not yet finished their studies are still considered children and therefore not ready to form a family. Girls who leave school early, perhaps because the family is unable to pay school fees or for other reasons, are generally considered eligible to get married, regardless of their age. In this context, various measures to encourage teenage girls to stay at school may provide an important protective mechanism.

In addition, and as already stated, young people need to have more access to a comprehensive form of healthy and respectful relationship education, including sexual and reproductive health topics, to help them make the right decisions for themselves and their partners. Looking at traditional gender norms, many obstacles that undermine young women’s capacity to feel in control of their bodies and lives need to be addressed

by communities and young people themselves. Advocacy for young people’s access to youth-friendly health services is required so that stigma lifted and services become accessible to all. Parents, the health sector and the community at large need to be on board: this mentality shift would allow youth’s secret relationships to come out of their clandestine state.

Teenage girls who are already married are often under significant pressure to continue to have more children.

Finally, there is the issue of teenage girls less than 20 years of age having their second, third, or even fourth child, which also carries many health risks. In contrast to the expectations put on unwed teenage girls to avoid sexual relations, teenage girls who are already married are often under significant pressure to continue to have more children. As a married woman, and in patrilineal areas having entered into her husband’s family, this pressure tends to come from her husband and her parents-in-law (in particular, her mother-in-law.) This means that any public health initiatives designed to educate people of the health risks of early and frequent pregnancies, and of the contraceptives options that are available to help provide spacing between children, should also have a strong focus on educating men and mothers-in-law in order to gain their support. Back to school campaigns may also have a protective element in this regard, providing a positive incentive for young couples to ensure better spacing between children that will allow her the practical opportunity to complete her schooling, and that will also protect her from the health risks of teenage pregnancy.

ANNEX 1

TEENAGE PREGNANCY AND EARLY MARRIAGE: OVERVIEW OF CAUSES AND DECISION-MAKING PATHWAYS

TEENAGE GIRLS FELL PREGNANT BECAUSE...

Their boyfriend asked for sex and they obliged

WHY?

Because they were unable to withstand pressure by boyfriend to have sex, they had little information about SRH and pregnancy risks, because he said he would "take responsibility", because they didn't use contraception.

They were forced to have sex

WHY?

Because some men have a sense of sexual entitlement, there is some impunity against sexual violence, there is no understanding of consent, because of gender norms.

They were married already and so had a child

WHY?

Because the family pressures them to have children soon and frequently, there are negative attitudes towards contraception, there is limited knowledge of pregnancy risks.

They wanted a child at that time

WHY?

Because they had finished school and wanted to marry their boyfriend, because they didn't know about pregnancy risks, because they wanted out of an abusive home.

TEENAGE GIRLS GOT MARRIED BECAUSE...

They fell pregnant

WHY?

Because their boyfriend asked for sex and they obliged, because they were forced/raped, because they wanted a child at that time.

Their parents arranged for their marriage

WHY?

Because of parents' traditional views, because they and/or parents didn't know about the legal age of marriage and pregnancy risks.

The parents pushed for marriage as they had a boyfriend

WHY?

Because the family wanted to avoid a pregnancy out-of-wedlock, because they didn't know about pregnancy risks.

They wanted to

WHY?

Because they were ready, wanted to escape a difficult situation at home, because the law on age of marriage is not always applied.

ANNEX 2

BACKGROUND INFORMATION ON METHODOLOGICAL ASPECTS

Analytical Framework

Research was designed and analysed according to the following conceptual areas:

Cultural and Social Factors. This included exploring perceptions amongst family and community members in support of, and mitigating against, teenage pregnancy. Questions included: what are the social norms relating to teenage sexuality? What are the social norms relating to teenage pregnancy and/or early marriage? What are the social and other consequences for teenage girls who become pregnant before marriage, and after marriage?

Sexual Education. This included existing provision and uptake (or lack thereof) of sexual education and family planning information from family members, schools, youth centres, government and non-government programs and others. Questions included: to what extent has lack of information contributed to teenage pregnancy? In particular, what information is missing? Why is the information missing, who are the main gatekeepers, and how influential are they on decision-making? Are there potential ways forward/positive case studies of managing cultural taboos and providing this information?

Contraceptives. This included the physical accessibility of contraceptive devices for teenagers, and enabling and constraining factors leading to their uptake and use. Questions included: are contraceptives available to young people if they wish to access it? Who are the main gatekeepers to providing such services, and what is their general approach in providing these services? If contraceptives were freely available to young people, what would be the constraining factors to young people accessing these services and how can these factors be overcome? Are there any positive case studies in effectively providing contraception? Are contraceptives ever used but then discontinued – and if so, why?

Power and Control. This included any power discrepancy between the teenage mother and the father in choosing to have sex, and in choosing to use contraception. Questions included: what impact do gender norms have on sexual decision-making? Is there an age difference between mother and father and what impact did this have (if any)? Was there any coercion/forcing of sexual relations? Did the young woman feel like she had a choice—and if so, what were the major reasons for her choosing to have unprotected sex?

Opportunities for Teenage Mothers. This included the social and other consequences for teenage mothers, following their first child. Questions included: what opportunities are there for teenage mothers to return to school, following birth of their child? What opportunities are there for teenage mothers to work outside of home, following their first child? What are the factors leading to teenage mothers below the age of 20 having more than one child?

Research instruments are included in Annex 3 of this report.

Methodology

The research team comprised Dr Deborah Cummins, and Ms Zulmira Fonseca, and the research process was overseen by a Technical Research Reference Group who included representatives of SSYS, UNFPA, GDS, PLAN International, CARE, YWCA, and UNTL. In addition, project partners, PLAN International, CARE and YWCA, provided invaluable support in the field, identifying young women respondents in each of the three Municipalities of Aileu, Covalima and Dili, and providing logistical and other support to the fieldwork team.

Fieldwork was wholly qualitative, with the research team using primarily open-ended interview techniques. It is intended that this research provide a qualitative complement to the quantitative analysis on the same set of issues that is currently being undertaken on data collected through the Timor-Leste Demographics and Health Survey, conducted in 2016.

The research team explored the experiences of teenage mothers during three main stages: (i) options and decision-making leading to unprotected sexual activity, (ii) options and decision-making during pregnancy, (iii) and options and decision-making following the birth of a child. Using a purposive sampling approach, a total 24 young women who had their first child as teenagers were selected as primary respondents. 13 secondary respondents were also interviewed to give their perspective, which included 3 husbands, 7 parents, 2 midwives and 1 civil society representative. While the research team endeavoured to interview more husbands for the research in order to capture their perspective and experiences, this was curtailed because the men were often not interested, explaining they had to work or otherwise had no time.

Following collection and analysis of primary data, the research team then conducted a Prevention Workshop, conducted in Aileu with 19 young men and women, to test the results and gain young people's opinions on potential preventative measures that might be taken to reduce the incidence of teenage pregnancy in their community. These young men and women were chosen as 'positive deviants', selected by PLAN International based on their participation in community activities and their status as future leaders in the community.

Finally, this process was then followed up with a one-day consultation conducted in Dili with representatives from the Government, the Church, and civil society, to develop recommendations to address the incidence of teenage pregnancy and early marriage in Timor-Leste.

A list of fieldwork participants is included in Appendix B of this report. Participants have been de-identified in order to preserve their privacy.

Ethical Framework

The issue of teenage pregnancy is an understandably sensitive topic, which required a strong ethical framework. Because researching children quite rightly requires a more elaborate approach than researching adults, the research team took the decision to only interview young women respondents aged 17 years or more (the age of majority in Timor-Leste), asking them to reflect back on their experiences during their first, second, third and in one case fourth pregnancy. The age of first pregnancy among the young women respondents ranged from 14 years to 19 years of age. Fieldwork was confidential, and everyone involved in the fieldwork, including research partners PLAN International, CARE and YWCA, were briefed on the ethical requirements of the research, including how to protect the confidentiality of research participants.

In addition, given the vulnerability of many teenage mothers, it was anticipated that the research

team may come across some cases of violence and abuse. To manage for the risk of possible re-traumatisation, research took a deliberately open 'story-telling' approach, asking the young women to tell their stories in their own words, thereby allowing them to choose what they felt comfortable in sharing rather than being led by the researcher. This was then followed up with questions to fill in the technical details, including access to sexual education, use of contraceptives, and various other issues. In addition, the research team provided every young woman respondent with the contact details for local service providers (included those responsible for dealing with cases of abuse) leaving young women respondents with the choice of reaching out to them, should they wish to do so. Research partners PLAN International, CARE and YWCA were also briefed to check in with young women respondents following fieldwork, and follow up with services or support if necessary.

ANNEX 3

DE-IDENTIFIED LIST OF PARTICIPANTS

Young women respondents	Municipality	Date
Respondent #1	Dili	15/10/2016
Respondent #2	Dili	16/10/2016
Respondent #3	Dili	15/10/2016
Respondent #4	Dili	16/10/2016
Respondent #5	Dili	23/10/2016
Respondent #6	Dili	23/10/2016
Respondent #7	Dili	24/10/2016
Respondent #8	Dili	24/10/2016
Respondent #1	Covalima	17/11/2016
Respondent #2	Covalima	13/11/2016
Respondent #3	Covalima	11/11/2016
Respondent #4	Covalima	15/11/2016
Respondent #5	Covalima	11/10/2016
Respondent #6	Covalima	14/11/2016
Respondent #7	Covalima	11/11/2016
Respondent #8	Covalima	11/11/2016
Respondent #1	Aileu	25/10/2016
Respondent #2	Aileu	24/10/2016
Respondent #3	Aileu	24/10/2016
Respondent #4	Aileu	27/10/2016
Respondent #5	Aileu	25/10/2016
Respondent #6	Aileu	26/10/2016
Respondent #7	Aileu	24/10/2016
Respondent #8	Aileu	26/10/2016
Secondary respondents	Municipality	Date
Clinic Comoro	Dili	24/01/2017
Clinic Vera Cruz	Dili	24/01/2017
SR#1 (husband)	Aileu	25/10/2016
SR#2	Aileu	24/10/2016
SR#4	Aileu	25/10/2016
SR#5	Aileu	26/10/2016
SR#6 (husband)	Aileu	25/10/2016
SR#8	Aileu	24/10/2016
SR#1 (husband)	Covalima	17/11/2016
SR#1	Covalima	17/11/2016
SR#2 (husband)	Covalima	13/11/2016
SR#5	Covalima	11/11/2016
SR#8	Covalima	11/11/2016
Director, Community Centre of Covalima	Covalima	11/11/2016

ANNEX 4

RESEARCH INSTRUMENTS

Perguntas ba respondente prinsipal

NIVEL EDUKASAUN <input type="checkbox"/> EP <input type="checkbox"/> SMA <input type="checkbox"/> SMP <input type="checkbox"/> Universidade <input type="checkbox"/> Nungka eskola	ESTATUS <input type="checkbox"/> Kaben Igreja <input type="checkbox"/> Kaben Adat <input type="checkbox"/> Hela hamutuk <input type="checkbox"/> La hela ho mane	KULTURA <input type="checkbox"/> Kaben tama <input type="checkbox"/> Kaben sai
IDADE	HUSI SUBDISTRITU	
OAN NAIN HIRA	OAN SIRA NIA IDADE	
KABEN DALA HIRA	ESTATUS EKONOMIA	
LAEN TINAN HIRA	LAEN HUSI SUBDISTRITU	
LAEN KABEN DALA HIRA	LAEN OAN NAIN HIRA	

Ita agora halo servisu nebe manan salario _____

Mana nia istoria konaba isin rua

Mana bele konta istoria konaba ita nia esperensia wainhira ita hetan isin rua? Hahu husi isin rua primeru.

- Ita nia idade momentu halao relasaun sexual primeru iha mana nia moris.
 - o Gosta ka obriga?
 - o Violensia, ka ameasa?
- Ita nia idade momentu halao relasaun sexual primeiru ho maun.
 - o Gosta ka obriga?
 - o Violensia, ka ameasa?
- Favor konta istoria: relasaun sexual primeiru ne'e akontese iha nebe? Oinsa hetan privisidade hodi bele halo ida ne'e?

- Iha momentu neba, ita kompriende katak ita iha possibilidade hetan isin rua? [**Se lae, tamba sa lae?**]
- Horbainhirak/iha idade tinan hira mak ita hahu rona liafuan sex no oinsa bele hetan isin rua primeru iha ita nia moris? Sira esplika saida? Ita fiar informasaun ne'e? Esplika uituan...
 - o Karik inan ka tia sira konta istoria ruma kona ba sex no oinsa bele hetan isin rua?
 - o Karik hetan formasaun seluk hodi aprende kona ba sex?
- Depois ida ne'e, ita hetan informasaun importante kona ba sex no oinsa bele hetan isin rua husi se?
- Antes ita hetan isin rua primeiru, ita hakarak duni hetan isin rua? Ita hakarak duni hetan bebe segundu, no terseiru, NSST?
- Antes ita hetan isin rua primeiru, ita koko uza kontrasepsi hanesan kondom ka kontrasepsi seluk? Esplika uituan...
- Antes ita hetan isin rua primeiru, ita sente relasaun sexual ne presija los? Se mak iha poder liu atu foti desijaun atu halo relasaun sexual ida ne'e? [**Se laen deit**] Saida mak impede ita laiha kbit atu decide katak ita lakohi halo relasau ho ita nia laen?
- Ita tinan hira wainhira hetan isin rua primeiru? Oinsa comunidade/familia sira perokupa/atitudi kona ba ne'e?
- Ita rona informasaun kona ba implikasaun isin rua sedu ba ita nia saude? Karik ita ka familia sira perkupa konaba impaktu negativu ruma ba ita nia saude no ita nia futuru?
- Molok hetan isin rua, ita nia mehi saida? Hanoi kona ba oportunidade ba ita nia futuru, no ita nia oan nia futuru, mana sente oinsa? Haksolok? Tauk? Triste? Tamba sa?
- Hanoi konaba ita nia moris, ita sente familia ka comunidade ka ema seluk prontu suporta ita hodi buka oportunidade ruma? Sira fo suporta saida? [NB. bele inklui eskola, ka servisu, NSST]

Mana nia istoria konaba kaben

- Favor konta istoria hasoru malu. Mana gosta maun tamba saida? Maun gosta mana tamba saida?
- Saida mak primeiru: hetan isin rua ka kaben? [respondente nia esperensia].
- Karik iha aspeitu ekonomia nebe hola parte ba ita nia desisaun atu kaben?
- Haree ba ita nia situaun ekonomia agora, no ba futuru. Ita sente oinsa kona ba ne'e? Tamba saida?
- **Ba sira nebe kaben ona (igreja ka adat ka hela hamutuk):** Wainhira atu kaben, prosesu saida mak involve iha foti desisaun final? Tempu neba, ita sente oinsa kona ba ne'e? Tempu neba, ita sente ita iha direitu hodi dehan 'lae'? Tamba sa?
- **Ba sira nebe la hela ho mane:** Ita sente oinsa konaba la kaben?

- Familia/komunidade sira nia atitudi kona ba kaben sedu.

Mana nia istoria konaba planeamentu familiar

- Ita hatene informasaun kona ba kontrasepsi? Ita hetan informasaun husi se kona ba kontrasepsi?
- Antes hetan isin rua primeiru, ita uza kontrasepsi? Se lae, tamba sa?
- Agora daudaun, ita uza kontrasepsi? Se lae, tamba sa?
- Ema barak uza ‘pill’, ‘IUD’, ‘kondom’ no ‘injeksi’ hodi la hetan isin rua. Karik ita uza ka rona konaba maneira seluk hodi la hetan isin rua? Ita hanoin uza maneira hanesan ne’e diak ba ita? Efeitivu ka lae? Tamba sa?
- Iha ita nia komunidade, ne’e fasil ba ema hodi asesu kontrasepsi ka lae? Favor esplika uian... [esperiensia ema klosan no ema kaben]
- Oinsa prosesu foti desijaun atu ita uza kontrasepsi ka lae? Ita hanoin desijaun ne’e diak ba ita? [respondente deit? respondente no laen hamutuk? Ema seluk fo konsellu?]
- Si ita no ita nia laen la konkorda atu deside uza kontrasepsi ka lae, saida mak akontese? [Tuir respondente nian? Tuir laen nian? La halo sex deit? Seluk?]

Iha buat seluk nebe mana hakarak koalia ka esplika?

Perguntas ba laen

NIVEL EDUKASAUN <input type="checkbox"/> EP <input type="checkbox"/> SMA <input type="checkbox"/> SMP <input type="checkbox"/> Universidade <input type="checkbox"/> Nungka eskola	ESTATUS <input type="checkbox"/> Kaben Igreja <input type="checkbox"/> Kaben Adat <input type="checkbox"/> Hela hamutuk <input type="checkbox"/> La hela ho mane	KULTURA <input type="checkbox"/> Kaben tama <input type="checkbox"/> Kaben sai
IDADE	HUSI SUBDISTRITU	
KABEN DALA HIRA	ESTATUS EKONOMIA	
OAN NAIN HIRA	OAN SIRA NIA IDADE	

Ita servisu saida? _____

Maun nia istoria konaba saude

Maun bele konta istoria konaba ita nia esperensia moris hamutuk ho mana?

- Ita nia idade momentu halao relasaun sexual primeru iha maun nia moris.
- Iha momentu neba, ita kompriende katak ita nia fen iha possibilidade hetan isin rua? **[Se lae, tamba sa lae?]**
- Horbainhirak/iha idade tinan hira mak ita hahu rona liafuan sex no oinsa feto bele hetan isin rua? Ita rona husi se? Sira esplika saida? Ita fiar informasaun ne'e? Esplika uituan...
 - o Karik aman ka tiu sira konta istoria ruma kona ba sex no oinsa bele hetan isin rua?
 - o Karik hetan formasaun seluk hodi aprende kona ba sex?
- Depois ida ne'e, ita hetan informasaun importante kona ba sex ? rona husi se?
- Antes ita nia fen hetan isin rua primeiru, ita hakarak duni nia hetan isin rua? Ita hakarak duni nia atu hetan bebe segundu, no terseiru, NSST? Tamba sa?
- Antes ita nia fen hetan isin rua primeiru, ita koko uza kontrasepsi hanesan kondom ka ma-neira seluk? Esplika uituan...
- Ita sente katak relasaun sexual ne presija los? Se mak iha poder liu atu foti desijaun atu halo relasaun sexual ida ne'e?
- Wainhira ita nia fen hetan isin rua primeru, oinsa comunidade/familia sira nia perkupasaun/ati-tudi kona ba ne'e?
- Ita rona informasaun kona ba implikasaun isin rua sedu ba feto sira nia saude? Karik ita ka familia sira perkupa konaba impaktu negativu ruma ba ita nia fen nia saude no nia nia futuru? Maun sente ita iha responsabilidade hodi aseguira ita nia fen nia saude?
- Molok ita nia fen hetan isin rua, ita nia mehi saida? Hanoin kona ba oportunidade ba ita nia futuru, ita nia fen no ita nia oan nia futuru, ita sente oinsa? Haksolok? Tauk? Triste? Tamba sa?

Maun nia istoria konaba kaben

- **Ba sira nebe kaben ona (igreja ka adat ka hela hamutuk):** Wainhira atu kaben, prosesu saida mak involve iha foti desisaun final? Tempu neba, ita sente oinsa kona ba ne'e? Tempu neba ita iha direitu hodi foti desijaun? Tamba sa?
- Karik iha aspeitu ekonomia nebe hola parte ba ita nia desisaun atu kaben?
- Haree ba ita nia situasaun ekonomia agora, no ba futuru. Ita sente oinsa kona ba ne'e? Tamba saida?
- Familia/komunidade sira nia atitudi kona ba kaben sedu.

Maun nia istoria konaba planeamentu familiar

- Ita hatene informasaun kona ba kontrasepsi? Ita hetan informasaun husi se kona ba kontrasepsi?
- Iha ita nia comunidade, ne'e fasil ba ema hodi asesu kontrasepsi ka lae? Favor esplika uituan... [esperiencia ema klosan no ema kaben]

- Agora maun sente saida konaba kontrasepsi? ita suporta mana kalae? Ita rasik uza tipu ruma kalae?
- Favor konta uitoan konaba maneira positivu sira ita suporta mana nia futuru
- Tuir ita nia hanoin sei iha oportunidade ba mana atu duni fila fali ninia mehi ba futuru nebe diak? Mehi saida? Komunidade sira sei suporta ne'e? Ita sei suporta nia? liu husi dalan saida?

Iha buat seluk nebe maun hakarak koalia ka esplika?

Perguntas ba Inan-Aman/Familia

Ita nia relasaun ho mana nee nudar saida? _____

Oan fetu nia istoria

- Favor esplika uituan ita nia oan fetu nia istoria kona ba hetan isin rua. Ita sente oinsa kona ba ne'e? Tamba saida? [what did you do? How did you manage the situation]
- Favor esplika uituan ita nia oan fetu nia istoria kona ba kaben. Ita sente oinsa kona ba ne'e? Tamba saida?
- Tuir ita nia hanoin idade tinan hira mak diak liu ba fetu ida atu hetan isin rua? Esplika uituan...
- Tuir ita nia hanoin idade tinan hira mak diak liu ba fetu ida atu kaben? Esplika uituan.....
- Karik ita iha preokupsaun kona ba impaktu ba ita nia oan fetu nia saude, ka ninia futuru, wainhira nia hetan isin rua?
- Tuir ita nia hanoin, isin rua ho idade kik iha impaktu saida? Positivu no negativu.
- Tuir ita nia hanoin kaben sedu iha impaktu positivu saida? Positivu no negativu.
- Antes hetan isin rua, maneira saida mak imi familia uza hodi prevene **fetu sira ho idade kik** atu labele isin rua ka kaben lalais? Tuir ita nia hanoin, maneira ne'e efeitivu ka lae? **[Se lae]**, ita presiza halo saida tan hodi prevene oan sira hetan isin rua ho idade kik?
- Maneira saida mak imi familia bele uza hodi prevene **mane sira** halo sex ho oan fetu idade kiik atu labele isin rua ka kaben lalais? Tuir ita nia hanoin, maneira ne'e efeitivu ka lae? **[Se lae]**, ita presiza halo saida tan hodi proteje oan sira hetan isin rua ho idade kik?

Hanoin kona ba ita nia komunidade...

- Iha ita nia esperensia, saida mak komunidade sira koalia wainhira hatene konaba fetu ruma hetan isin rua ho idade kik ka kaben sedu? Positivu no negativu.
- Tuir ita nia esperensia, iha kasu barak ho fetu sira ho idade kiik hetan isin rua iha ita nia komunidade? Tuir ita nia hanoin, ne'e problema iha ita nia komunidade ka lae?
- Fatores saida mak kontribui ba situasaun ne'e? Tamba saida fetu sira halo ne'e? Tamba saida mane sira halo ne'e?

- Ita nudar komunidadade bele halo saida hodi hamenus kasu isin rua ho idade kiik iha ita nia komunidadade rasik?

Hanoin kona ba edukasaun sex no planeamentu familiar...

- Nudar inan-aman, imi esplika ba imi nia oan sira kona ba 'sex' no oinsa hetan isin rua? Sira presiza tinan hira wainhira imi esplika konseitu sira nee? Imi esplika saida ba oan fetu sira? Imi esplika saida ba oan mane sira?
- Tuir ita nia konyesimentu, komunidadade seluk fo edukasaun ba labarik sira kona ba sex no oinsa hetan isin rua? [Eskola? Treinamentu seluk?]
- Tuir ita nia konyesimentu, sira hetan informasaun kona ba sex no oinsa hetan isin rua husi dalan seluk (ex. Husi kolega sira, pornography, NSST.) Tuir ita nia hanoin, informasaun nebe sira hetan husi kolega sira los ka sala?
- Iha ita nia komunidadade, ne'e fasil ba ema hodi asesu kontrasepsi ka lae? Ne'e hanesan ba ema kaben nain no ema klosan? Favor esplika uituan...

Ba futuru...

- Tuir ita nia hanoin, se ita nia oan fetu hakarak fila fali ba eskola, nia bele ka lae? Ita nia komunidadade suporta fetu nebe isin rua ho idade kik ka kaben sedu bele fila fali ba eskola? Suporta oinsa? Oinsa ita nia hanoin konaba ida ne?
- Tuir ita nia hanoin, se ita nia oan fetu hakarak kontinua ho oportunidade seluk hanesan servisu iha liur, nia bele ka lae? Ita nia komunidadade suporta fetu nebe isin rua ho idade kik ka kaben sedu atu halo buat ruma hodi hetan moris diak ba ninia futuru? Suporta oinsa? Oinsa ita nia hanoin konaba ida ne?
- Hanoin kona ba futuru, ita nia aspirasaun/mehi ba ita nia oan fetu, no ninia familia saida?

