Perceptions of Family Planning in Viqueque & Dili (Timor-Leste)

A collaborative qualitative research project between Marie Stopes International Timor-Leste & Menzies School of Health Research, Darwin, Australia.

FINAL REPORT

Heather Wallace, August 2014

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Perceptions of Family Planning in Viqueque & Dili (Timor-Leste)

Who: This has been a collaborative project between Marie Stopes International Timor-Leste (MSITL) and the Menzies School of Health Research (MSHR) Australia. It was granted ethical approval from the relevant departments in Timor-Leste and Australia.

What: In November 2013, the trained research team, comprising of members from MSITL, UNTL & MSHR, spoke with women of reproductive age in the districts of Viqueque and Dili, about the women's thoughts, perceptions and myths regarding family planning. The team also spoke to a number of local custom leaders, a village chief and a priest in these areas, asking for their perceptions and beliefs.

Why: By asking about these issues, the team wanted to identify what beliefs people hold in these areas of Timor-Leste. This helps identify any misconceptions people may have with regard to family planning, and also to identify barriers women face to accessing family planning, or areas of need.

By identifying these beliefs, misconceptions, barriers and areas of need, organisations such as MSITL and others are able to ensure that the service they are providing is appropriate, necessary and sustainable, and therefore contributes to reducing maternal deaths in Timor-Leste.

Timor-Leste has one of the highest Maternal Mortality Ratios (MMR) in the world, with a MMR of 557 maternal deaths per 100 000 live births (DHS, 2010). Global research demonstrates that maternal deaths can be reduced by a third by ensuring access to quality family planning measures (Ahmed et al, 2012). Reducing maternal deaths has extensive benefits not only for the women, but for children, families, communities and the nation:

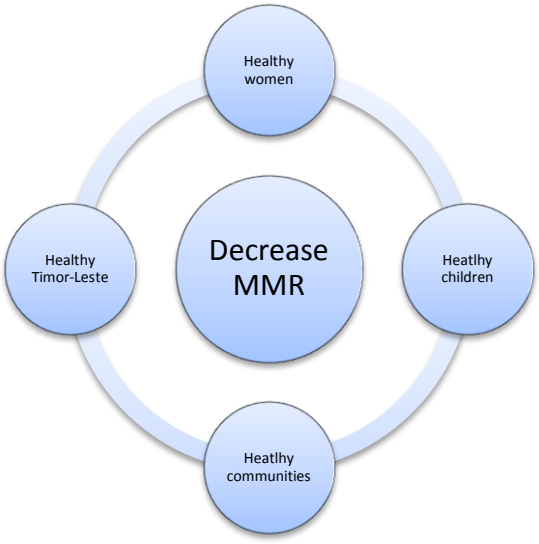

Figure i: Positive consequences of decreasing the Maternal Mortality Ratio (MMR)

Data from the Demographic and Health Survey Timor-Leste 2010 tells us that:

- 31% of currently married women report an unmet need for family planning
- 34.8% of married women report that they want no more children
- 35.1% of married women report they wish to delay the birth of their next child by 2 years or more.

Despite these desires, over half of married Timorese women **not** using modern methods of contraception for family planning, state that they **do not** intend to use such methods in the future (DHS, 2010).

Finding out **WHY** became the focus of this research project.

Where: Viqueque district and Dili district were selected as sites for this project based on previous and concurrent research being carried out in other districts by HAI and CARE, as well as by identifying a rural setting with low contraceptive use and an urban and peri-urban setting with higher use:

Table A: Percent distribution of currently married women age 15-49 by contraceptive method currently used, Timor-Leste, 2009-2010:

Background Characteristic	Any Method	Any Modern Method
District	Any Method	Any Modern Method
Baucau	8.0	7.6
Viqueque	13.1	12.7
Ainaro	14.1	13.7
Ermera	18.8	15.3
Lautem	17.7	17.5
Aileu	20.7	19.5
Manatuto	20.7	20.0
Bobonaro	20.4	20.4
Oecussi	24.1	23.4
Liquica	24.5	23.8
Manufahi	25.3	24.2
Dili	33.2	30.5
Covalima	43.8	43.2

(Source: Demographic & Health Survey Timor-Leste, 2010, p.67).

How: We collected our data through:

- a formal literature review,
- 8 focus group discussions using vignettes (please see Appendix) involving 52 women across 6 different locations,
- body mapping exercises resulting in 41 body maps for analysis,
- 4 personal interviews involving two local custom leaders, a village chief and a priest.

Results: This research highlights the diversity of perspectives that exist between two districts within Timor-Leste in relation to family planning choices and contraception, and identifies a range of barriers faced by the women when engaging with these issues. At a micro level, some of this difference is evident between women and their families. At a mid-point level, difference is evident between women from different geographical locations or districts, or from different educational backgrounds, while at a macro level, difference potentially exists between the state and church, as well as those in positions of both local and national power, and the position they are advocating, compared with the everyday lives of women. There are also points of difference with relation to tradition and modernisation, and the potential for these to impact on the reproductive health choices and lives of the women of Timor-Leste is very real.

Why do women choose not to use modern methods of contraception to delay or cease having children?

The choice to access and use modern methods of contraception, is not one women make independently. Rather, their choices are influenced by their worldview, where family community and tradition may take priority over individual desire or need.

Key factors determining whether or not women access and use family planning include:

- Husbands

Husbands often have a significant influence on whether a woman accesses and uses modern methods of contraception for family planning. For the majority of discussions we had with the women, local custom leaders, village chief and priest in the rural areas, it was ultimately the choice and decision of the husband as to whether they would "allow" their wife to access and use modern methods of family planning.

Women stated that no matter how great their wish was to cease or delay having children, if their husband wanted more children then the woman's wishes were ignored. Many women believed that if their husband had greater understanding and more information with regard to the matters concerning family planning, that this insight into the benefits and potential consequences may result in the husband being more supportive of the woman accessing and using modern methods of family planning.

> *"if we want to space our births, we will go to the clinic and ask for the midwife and ask for some clear information. We will then tell our husband the information, husband will then decide about family planning" Participant, Focus Group 1.*

The women believed that husbands had a number of influences impacting on them, as demonstrated by the following diagram:

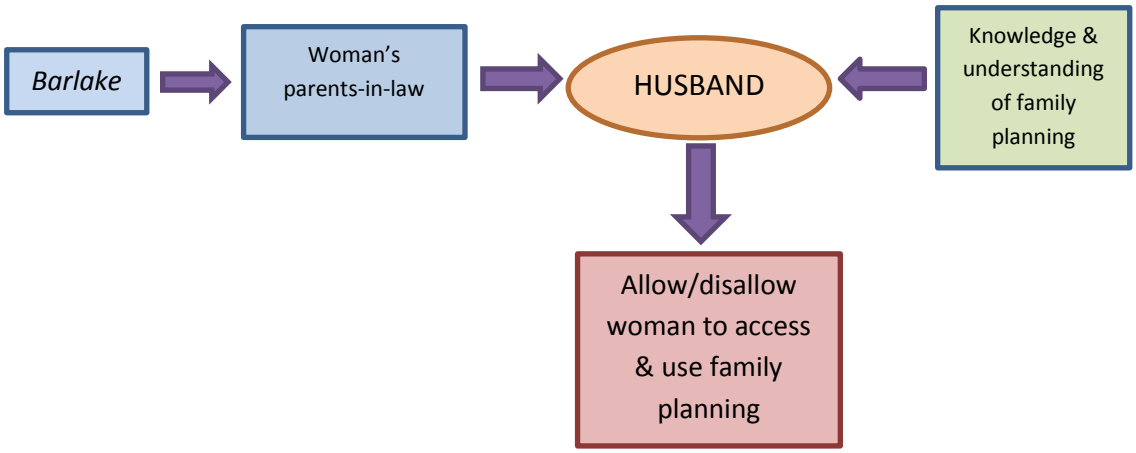

Figure ii: Diagram of influence on women's ability to access and use family planning

- 'Understanding' between wife and husband

Decisions and choice regarding modern methods of contraception for family planning were greatly influenced by what the women called 'understanding', '*kompriensaun',* between wife and husband. This appeared to have a number of components including information sharing, knowledge gaining and physiological understanding.

The 'physiological understanding' involved descriptions of 'traditional' contraceptive methods such as the 'withdrawal method' and the 'rhythm method' based on the woman's fertility cycle.

Significantly, women across the geographical, age and education strata, believed that 'understanding' between wife and husband could delay pregnancy for many years, and therefore reduce the need for modern methods of contraception.

In discussions with other health providers in Timor-Leste, this concept of 'understanding' is recognised as complex, where there is no simple translation from the context and meaning for which the Timorese are using the term, to a concept that is recognisable for westerners. Exploring this concept further, and what it encapsulates, is recommended.

"It just depends on the understanding, the planning of sexual relations, between husband and wife – we can not use [modern methods of] family planning and not get pregnant. You can depend on this understanding as a method of family planning for 3-4 years" Participant, Focus Group 8.

- Parents-in-law

Many of the rural women, as well as the local custom leaders and village chief, explained that parents-in-law influenced the women's use of family planning due to the practice of "*barlake"*. Barlake is a cultural obligation where the husband's relatives pay the wife's relatives money, animals such as buffalo, cows and horses, gold and silver, surik (sacred knife) and other cultural objects.

While many of the women stated that the 'understanding' between wife and husband was a more significant influence than *barlake* in terms of number and spacing of children, and that they perceived that *barlake* should not be such a great influence, their behaviour and circumstances demonstrated an adherence to and upholding of the *barlake* custom. The extent of the influence of *barlake* also appears to be district dependent.

The women also spoke of familial pressures with regard to not only fulfilling the *barlake* obligation, but also producing the desired sex-mix of babies, and doing so in a timely manner, that is, soon after joining as husband and wife. A prescribed number of male and female babies is necessary to ensure the continuity of family lines in the case of male babies, and to ensure income streams from future *barlake* in the case of female babies. Additionally, it is culturally important for a couple not to delay the birth of their first baby. If they do, questions will be raised by the parents-in-law with regard to the woman's fertility.

> *"the baby girls when they grow up will produce more barlake for the families, but the men will remain there to maintain the generation and the status of the family for the future. So both should be equal [number of male and female babies]. But if no boy babies, women have to keep getting pregnant so they can get more boys" Participant, Focus Group 3.*

The women explained that if they did not meet their *barlake* obligations, if they did not produce the desired sex-mix of children, and if they did not "prove" their fertility in a timely manner, this may result in them being subjected to domestic violence or abandoned, with their mother-in-law encouraging the husband to take a second wife in order to fulfil the 'reproductive requirements'.

> *"family on man's side might ask 'Why are they living together for two years and not having a baby yet?' They might think that the woman is infertile and encourage the husband to get a second wife" Participant, Focus Group 8.*

Women find themselves in a precarious position; on one hand, fulfilling *barlake* requirements provides them with social status and security while potentially impacting negatively on their health, while on the other hand, to not fulfil their *barlake* requirements puts them at risk of being culturally ostracised.

The following diagram illustrates potential consequences of women fulfilling or not fulfilling their *barlake* requirements:

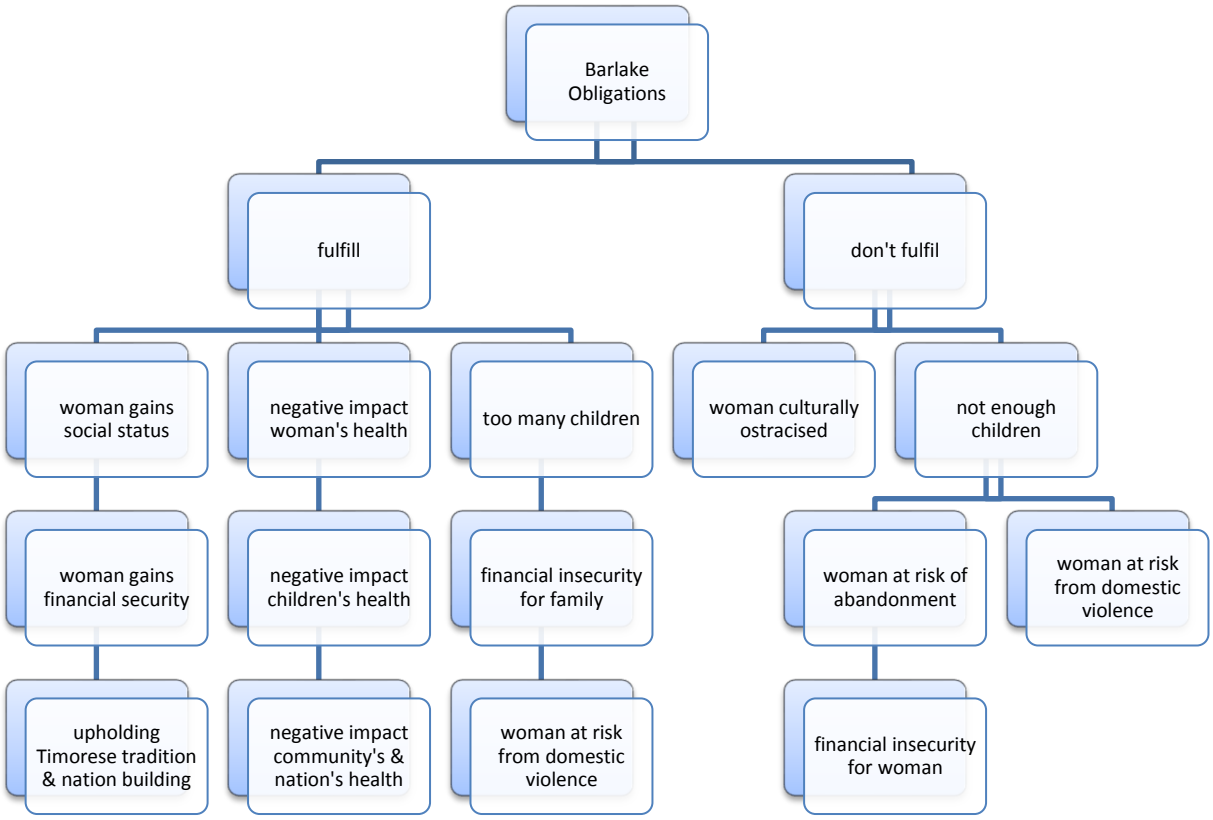

Figure iii: potential consequences of women fulfilling or not fulfilling their *barlake* requirements

Barlake provides a pertinent example of the discord between tradition and modernity for women. The possible consequences illustrated above highlight the contradictions and paradoxes that exist for women in contemporary Timor-Leste. As the nation and culture continue to transition, it is foreseeable that enhanced gender equality, opportunity and education for women may result in the lessening of threatened financial insecurity, violence, abandonment and social displacement.

- Church and State

There was a scarcity of overt reference by the women to potential influences on contraceptive choice by either the Church or the State. This lack of acknowledgement at a micro-level is in contrast with that of the larger, macro-level environment that exists in Timor-Leste, with much previous research citing the extensive policy influence of the Church. This is demonstrated in this project by the sentiments of the women describing components of the 'understanding' that exists between

wife and husband, which echoes the doctrine of the Catholic Church's 'natural family planning' practice.

The priest and a local custom leader explained that if women listened to the Church they would not use modern methods of contraception, and to do so would be considered by the Church to be a sin.

What are women's perceptions regarding family planning using modern methods of contraception?

The women identified a number of positive consequences from the access to and use of modern methods of family planning, as well as identifying a number of perceived side effects and myths surrounding such methods.

- Health consequences

The majority of women were not opposed to using modern methods of contraception, however many explained, especially those in the rural areas, that they were not in a position to act autonomously and independently to access such methods.

Similarly, many of the women could make the link between health consequences and the ability to access modern methods of family planning, but explained that many were unable to engage with practices that supported their reproductive health due to the wishes of their husbands or their perceived cultural obligations. This is in contrast to views held by the village chief and local custom leaders, who perceived that women did not have the knowledge to link poor health with large numbers of children.

Many of the women identified beneficial health consequences as a result of using modern methods of family planning, including reducing the risk of infection, haemorrhage or maternal death. While the women's focus was on the micro, personal consequences, they also made the link that at times they perceived their health and well-being to be sacrificed in favour of upholding or maintaining Timorese cultural traditions such as *barlake*.

> *"If we do not attend family planning it is not good for women as it impacts on our health – it we lose a lot of blood, it is not good for our health. If I was in the position of Maria [from vignette], I would discuss it with my husband and attend family planning otherwise I am at risk and might die" Participant, Focus Group 8.*

- Women's wishes

Women in the peri-urban and urban areas voiced their desires to be more active in the decision-making processes that affect their fertility, their health and their lives. Some of the peri-urban women were forthright about their desire to put their health and their wishes first, even if this meant disobeying their husbands and mother-in-laws and demonstrating 'deviant' behaviour. These

women perhaps represent a transition occurring between that known as 'traditional' to that of 'modernity'.

- Freedom

All but one of the focus group discussions raised the issue of 'freedom' as a perceived benefit of access to and use of modern methods of family planning. The women identified family planning as being the key to women breaking free from the cycle of pregnancy after pregnancy, child after child. They explained that freedom from such a situation would provide them with the opportunity to do other activities, such as help their husbands with the farm work.

- Financial benefits

The peri-urban and urban women in particular highlighted the positive financial benefits from using modern methods of family planning. They explained that families needed to consider their ability to feed, clothe and educate all of their children, and that the ability to limit or space their children was an important consideration in this. The local custom leader from the urban area also nominated financial considerations as an important factor when deciding to limit or space children.

Some of the research participants explained that if women do not have access to modern methods of family planning, and as a result have many children, the potential subsequent economic challenges and disadvantage may lead to situations of domestic violence.

> *"we should also think about family planning so we can be free and do some activities apart from keep on giving birth to the children" Participant, Focus Group 1.*

- Side effects and timing

Almost all of the women we spoke with were able to nominate a modern method of family planning that they had heard of or knew about, but in most cases were unable to explain how such method prevented conception.

The injection was the most commonly nominated method across age range, educational level and geographic location, with the IUD the least nominated method again across all strata.

The urban women nominated more modern methods than the peri-urban or rural women, while the women who had post junior high school education nominated more modern methods than those with less education.

A small number of women were able to nominate perceived potential side effects, and the following table groups these side effects as 'accurate' or 'inaccurate' perceptions:

Table B: 'Accurate' and 'Inaccurate' knowledge of potential side effects from modern methods of family planning

Method	Accurate knowledge of potential side effects	Inaccurate knowledge of potential side effects
Injection	Weight gain	Lazy
	Dizziness	Coldness
	Headaches	Narrowing of uterus
	Decreased bleeding	Decreased bleeding leads to a dry uterus
	Difficulty conceiving in future (takes longer)	
Implant	Decreased bleeding	Difficulty conceiving in the future
	Infection	Activities need to be limited due to infection risk
		Hypertension
IUD		Only good for women with a slim body
		Women unable to do heavy work due to risk of IUD moving
		May cause death if moves to the wrong place

A number of the women agreed that if one method was not working for them then they could try another method. A number of women spoke of receiving advice not to engage with family planning until after having a baby or number of babies. Our research suggests this is due to "proving" one's fertility, while additionally heeding the myth that exists with regard to various modern methods perceived to affect future ability to conceive.

Similarly, the women acknowledged the use of traditional medicine with regard to reproductive health and regulating their fertility, and spoke of the pluralism that exists between engaging with both western biomedical perspectives and traditional, indigenous medical practices.

While the women nominated traditional healers, neighbours, friends and family members as potential sources of knowledge with regard to family planning, more commonly in this study they nominated health posts, health centres, hospitals, clinics and midwives as knowledgeable sources of information.

What are the perceived barriers to or disadvantages of family planning using modern methods of contraception?

In addition to the cultural and familial influences with regard to accessing and using modern methods of family planning discussed above, the women face a number of educational, historical, geographical and logistical barriers also.

The women from this study demonstrated minimal health literacy in terms of a western, biophysical understanding of reproductive anatomy and physiology. This decreased biomedical knowledge was also evident in the inability to explain the function of modern methods of family planning. Health literacy regarding reproductive health appears to be an issue for both the women and men. The women explained that if a woman did not produce a baby of the desired sex, that the man may seek another wife. This suggests a lack of understanding with regard to conception. Additionally,

infertility was only ever discussed in terms of being caused by the woman, again demonstrating decreased western biophysical knowledge.

Many women perceived that a lack of accessible and appropriate reproductive health information may contribute to a decreased level of reproductive health literacy. A number of women perceived the lack of education and reproductive health information as a barrier to accessing and using modern methods of family planning, and recognised a link between this barrier and unintended pregnancy and the inability to fulfil one's dreams (for example, finishing school):

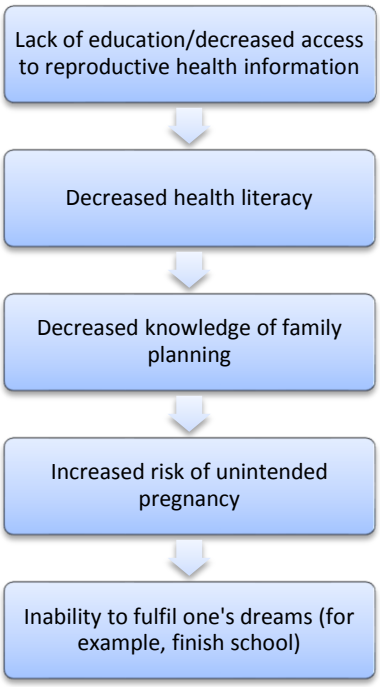

Figure iv: Possible consequence of limited education and reproductive health information

The rural and peri-urban women spoke also of the importance of having access to reproductive health services that were close to where people live. Both the rural women and rural local custom leader and village chief that we spoke with talked about the importance of information being available to both husbands and wives at a local, accessible level. Also important was that the information be available and presented in a linguistically and culturally appropriate manner by a trustworthy source. The ability of that source to deliver the message in the local language was perceived as an important consideration in how well the message was received and believed.

The local custom leaders, village chief and padre we spoke with highlighted two historical factors they perceived as barriers to accessing family planning and therefore limiting the number of children. Many of them believed that having large numbers of children was a way of replacing family members lost during the Indonesian time. Additionally, they perceived the coercion associated with the family planning programs conducted by the Indonesians to be a contemporary deterrent to women accessing and using modern methods of family planning.

Conclusion: Timor-Leste has one of the highest MMRs in the world. Reducing this ratio and improving maternal health is a priority and challenge for Timor-Leste, and essential as the nation works towards the targets set within the millennium development goals (MDGs). Timor-Leste has established a number of policies and initiatives to address the great need that exists within the reproductive health arena, but the provision of reproductive health services remains challenging and contentious. A variety of barriers exist within Timor-Leste with regard to women accessing and utilising modern methods of contraception for family planning, and a diversity of perceptions, misconceptions and realities exist regarding these methods amongst the women and men we spoke with.

This research amplifies especially the voices of Timorese women, and illustrates the diversity of perceptions and beliefs that exist across two districts in Timor-Leste with regard to contraception, family planning and reproductive health. Such diversity stems from historical and geographical circumstances, however contemporary diversity of perception arises from women's educational background, whether the women live in urban, peri-urban or rural locations, and whether the women identify with a more 'traditional' Timor-Leste, as opposed to a lifestyle and value set that encompasses notions of modernity. Diversity in perception also exists between the women we spoke with and the men in leadership roles (local custom leaders, village chief and the priest) we spoke with.

The women, in a unified voice, speak of notions of freedom, and of their wishes for controlling their bodies, their fertility and their lives. Difference appears when discussing actions and behaviours, as opposed to thoughts and sentiments, to address these desires. The women from rural areas spoke of adhering to traditional ways of life and gender roles, despite these practices and positions often being disadvantageous to their health and well-being. The women from peri-urban areas spoke of challenging traditional custom and traditional gender roles so as to behave in an autonomous, empowered way, however they also accepted that this non-conformity put them at risk of domestic violence or financial and social insecurity. This tension that exists for women in Timor-Leste between tradition and modernity further impacts on their reproductive choices and health.

Women are constrained by culture, tradition, religion and colonisation, in its past and present forms. The barriers placed in women's way with regard to choosing to access and use modern methods of contraception include status, level of education, geographical location, cultural practices and familial obligations. Reproductive health providers need to recognise the diversity that exists in Timor-Leste, as well as potential barriers and obstacles to family planning, and focus on reconciling some of these issues, so that all women in Timor-Leste, if they choose, are able access appropriate, timely and quality programs, products and services. Women need to be supported in gaining education, autonomy and developing empowerment, they need to be supported in recognising their reproductive and human rights, and they need to be supported as they negotiate the transitions happening for their gender, their culture and their nation. It is paramount that reproductive health services and programs are not only geographically and financially accessible to the women of Timor-Leste, but are respectful of and informed by the cultural considerations surrounding the provision of such services in these communities.

Recommendations for Stakeholders working in Family Planning in Timor-Leste:

1. Ensure program and service responses meet the needs of key population groups, and that barriers (gender, location, socio-economic) are reduced so that women most at risk of maternal death who are wanting to space or limit pregnancies may do so.

2. Ensure evidence based male-involvement to family planning underpin public health interventions that serve the health and wellbeing of the whole community. Employ men to teach men about reproductive health and modern methods of contraception.

3. Ensure services, information and community education considers a client-centred approach, and are culturally and linguistically appropriate.

4. Ensure information and community education addresses the distinction between myths and side effects of modern methods, as a strategy to increase overall access and reduce non-compliance to and failure of family planning methods.

5. Work in partnership with the Church, the Ministry of Health and key stakeholders to develop approaches to increase awareness of the reproductive health system and broader reproductive health issues.

6. Offer a variety of short and long term modern methods of contraception so women and men may better plan their families.

7. Build on the positive understanding women have regarding the impact that smaller families have on reducing family poverty, reducing maternal and infant deaths, increasing women's involvement in work and community, and in providing women with 'freedom'

8. Acknowledge the influence of parents-in-law and *barlake*. Discuss and promote women's reproductive health with local custom leaders, village elders, highlighting the burden of *barlake* on women's and babies' health.

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A Powerpoint presentation in both Tetum and English is available regarding this research and the main findings – for access to this please contact Nicola Morgan at MSITL.

Appendix: Vignettes for Focus Group Discussions

Vignette example 1: *Maria has been married to Jauo for 3 years. Maria's barlake was very good and there were buffaloes, goats, cloth and money exchanged at the ceremony. Both wife-giver and wife-taker families are happy and tranquil. Maria and Jauo have 3 children and they feel blessed by God. Following the birth of the last baby, Maria lost a lot of blood and was sick and weak for many months. She is feeling stronger now and able to look after the children and help more in the fields. The baby is now 4 months old and Maria is breastfeeding. Maria is not using any form of family planning.*

Vignette example 2: *Therese and Abelio have 5 children. All the children go to school. Therese has used Sono (injectable) every 3 months for several years. Her health is good and she is still a young woman. She needs to walk to the health post, which takes a long time, to get her Sono. Sometimes the Sono is not available, so she has to walk back home again without her injection. Therese and Abelio have discussed it and they think they have enough children.*

Vignette example 3: *Delphina and Jose are both 17 years old. They met last year at church and have been girlfriend and boyfriend for almost a year. Delphina goes to school, as well as helping care for her younger siblings and working around the home. She would like to finish high school. Jose would like to get a job driving a microlet for his cousin. Delphina and Jose live in different parts of the town, but are able to walk to each other's homes. They think they would probably like to get married after Delphina completes high school. Their families are happy with their plans.*