

TIMOR-LESTE POPULATION & HOUSING CENSUS 2015









Fertility in Timor-Leste remains high but is declining

The **Total Fertility Rate (TFR)** is the number of children a woman would have at the end of her reproductive life if she experienced a given set of age-specific fertility rate throughout her reproductive life. Different methods were used to measure the TFR in 2015 Census.

1) Relational Gompertz method

The TFR yielded was 4.5 live births per woman for Timor-Leste and 3.2 for urban areas and 5.1 for rural areas. Thus, the method yielded a rural TFR 0.6 births higher and an urban TFR 1.3 births lower than for the total population TFR.

Age Specific Fertility Rates (ASFR), Relational Gompertz method, 2015 Census

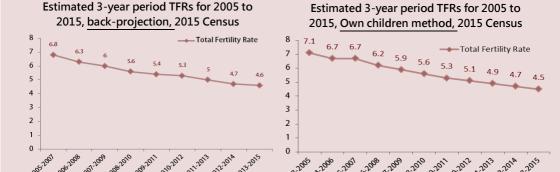


2) Back-projection method

A uniform decline in TFR from 6.8 for the period 2005–2007 to 4.6 for the period 2013–2015 of 2.2 live births per woman was identified in the 2015 Census. The estimated TFR for the period of 2013-2015 was 4.6 live births per woman.

3) Own children method

The estimated TFR for 2013–2015 was 4.5 live births per woman, almost identical to the back-projection estimate of 4.6. The Own Children method also generated a linear decline. The Own Children method appears to generate higher quality of data than the back-projection method for the years 2003 and 2004, and the earliest period TFR derived is 7.1 live births per woman for the period 2003–2005.

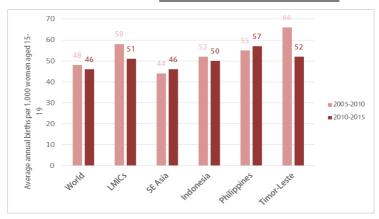


A TFR of 4.5 live births per woman for the period 2013–2015 centered upon the year 2014 is the official estimate of TFR for Timor-Leste from the 2015 Census

Adolescent fertility

According to the **2017 U.N. Population Division's World Population Prospects**, the **ASFR** for Timor-Leste was 52 live births per 1,000 women aged between **15–19 years** for the period 2010–2015. It was higher than the regional average for South-east Asia (46 per thousand), slightly higher than Indonesia (50 per thousand).

Selected adolescent fertility rates, U.N. World Population Prospects, UNDESA 2017



According to **the 2015 Census**, the Own children method yielded an ASFR of **54 live births per 1,000 women aged 15-19 years** for the period 2010–2015. Across the period, the highest were the **rural** rates, the lowest were the **urban** rates.

Adolescent fertility rates based on the Own children method, 2015 Census

	Average annual births per 1,000 women aged 15-19		
Year	Total	Rural	Urban
2005-2010	69	87	42
2006-2011	66	84	38
2007-2012	62	80	35
2008-2013	61	79	34
2009-2014	58	76	32
2010-2015	54	71	29

Childbearing in adolescence

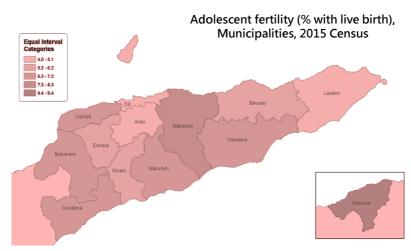
The **percentage of women aged 15 to 19 years** recorded in the 2010 Census as having **given birth** was 6.3% and by the 2015 Census, the percentage had **fallen by 0.7% to 5.6%**. The percentage was lower in urban areas (3.3%) than in rural areas (6.7%). Compared to the 2010 Census, the percentages of 15 to 19 year old women who had already given birth decreased by 0.7% in urban areas and by 0.9% in rural areas.

Adolescent fertility by urban or rural residence, 2010 & 2015 Censuses

Background Characteristic	% of women aged 15-19 who have had a live birth				
Characteristic	2010	2015			
Place of Residence					
Urban	4.0	3.3			
Rural	7.6	6.7			
Timor-Leste	6.3	5.6			

2% of **15 and 16-year olds** were reported **to had a live birth** in the 2015 Census (as compared with 2.6% in the 2010 Census) and 2.7% of all women aged under 18 years were reported as had a live birth (as compared with 3.2% in 2010). Childbearing in adolescence was concentrated in ages 18 and 19 (10.5% of these women had given birth as compared to only 2.6% of women aged 15 to 17 years).

Despite the declining adolescent ASFR at the national level, in Bobonaro, Ermera, Liquica, Manatuto, Manufahi, and Oecusse, the percentages of adolescents who had given birth were either high and/or had increased slightly between the 2010 and 2015 Censuses. Therefore, **national declines have masked higher rates in several Municipalities.**





The **mean number of children ever born declined** by 0.3 live births from 6.0 live births in the 2010 Census to 5.7 in the 2015 Census. Urban women had almost one fewer birth (0.9) compared to rural women.

Completed fertility by urban or rural residence, 2010 and 2015 Censuses

Background	Mean no. of children ever born		
Characteristic	2010	2015	
Place of Residence			
Urban	5.6	5.0	
Rural	6.1	5.9	
Timor-Leste	6.0	5.7	

Literate women had 0.5 live births fewer than **non-literate** women in the 2015 Census, the mean number of children ever born decreased by 0.4 live births between the Censuses, for non-literate women, the mean number decreased by 0.2 live births.

In the 2015 Census, women aged 45–49 years who were reported as being **employed** had a lower mean number of live births (5.6 live births) than women who were not in the labour force (*classified as inactive* 5.8 live births) and **unemployed** women had the least live births (4.8 live births).

Completed fertility by literacy , 2010 & 2015 Censuses

Background characteristic	Mean no. of children ever born				
Characteristic	2010	2015			
Literacy					
Literate	5.8	5.4			
Not Literate	6.1	5.9			

Completed fertility by economic characteristics, 2010 & 2015 Censuses

Background characteristic	Mean no. of children ever born			
	2010	2015		
Economic Activity				
Employed	5.7	5.6		
Unemployed	4.6	4.8		
Inactive	6.3	5.8		



Home deliveries decreased from 63.7% in 2010–2011 to 56.7% in 2014–2015. In 2010-2015, Dili had the highest percentage of **health facility deliveries**: 77.5%, whereas Ermera had the lowest percentage: 15.1%. Nine municipalities had lower percentages of health facility deliveries than the national average of 42.5%.

In 2010-2015, the percentage of births delivered in a health facility was highest for women aged 25–29 years (47.8%) and lowest for women aged 45–49 years (25.9%).

Place of delivery for last live births, Timor-Leste, 2015 Census



Deliveries were assisted by a skilled birth attendance increased from 39.3% to 46.9% between 2010-2011 and 2014-2015. The percentage of last live births delivered with skilled birth attendance was highest for women aged 25–29 years (50.5%) and lowest for women aged 45–49 years (29.3%).

In 2010-2015, Dili had the highest percentage of deliveries assisted by a skilled birth attendant: 76.1%, whereas Ermera had the lowest: 18.2% or the period 2010-2015.

Assistance during delivery for last live births, 2010–2015, Municipalities, 2015 Census

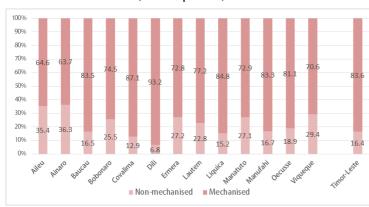


Mode of travel to give birth at a health facility

Data were grouped as follows: a) mechanized - car/ bus/ taxi; ambulance; motorcycle, b) non mechanized - horse; on foot.

In 2010-2015, 83.6% of women used a mechanized mode of travel and 16.4% of women either travelled by horse or on foot. Only 6.8% of women travelled by horse or on foot in Dili, compared to 36.3% in Ainaro and 35.4% in Aileu. In 5 municipalities, between two and three out of ten women had either walked or travelled by horse to deliver their last live birth. In 2010-2015, 5.4% of women travelled for more than two hours to deliver their last live birth, whereas 94.6% travelling for two hours or less.

Mode of travel to facility for delivery of last live births, 2010–2015, Municipalities, 2015 Census



Key Findings

- ⇒ The official estimate of TFR is 4.5 live births per woman for 2013-2015
- \Rightarrow The ASFR was 54 live births per 1,000 women aged 15–19 years for the period 2010-2015
- ⇒ Completed fertility was higher among non-literate women, less -well educated women, rural women and women from agricultural households
- \Rightarrow Home-based deliveries decreased from 63.7% on 2010–2011 to 56.7% in 2014–2015
- \Rightarrow Deliveries that took place with the assistance of skilled birth attendance increased from 39.3% to 46.9%
- ⇒ 83.6% of women used a mechanized mode of travel to go to a health facility to give birth and 16.4% women either travelled by horse or on foot



