



MATERNAL HEALTH

at a **GLANCE**

APRIL 2015

TIMOR-LESTE

COUNTRY CONTEXT

Timor-Leste is a post-conflict state that has recently emerged as a lower middle-income country. The country's economy is one of the most heavily petroleum dependent in the world. It has \$15 billion in oil wealth. However, nearly 50 per cent of the population lives in poverty and the oil reserves are finite and may be depleted by 2024. The productive GDP (agriculture and manufacturing) is only \$247.

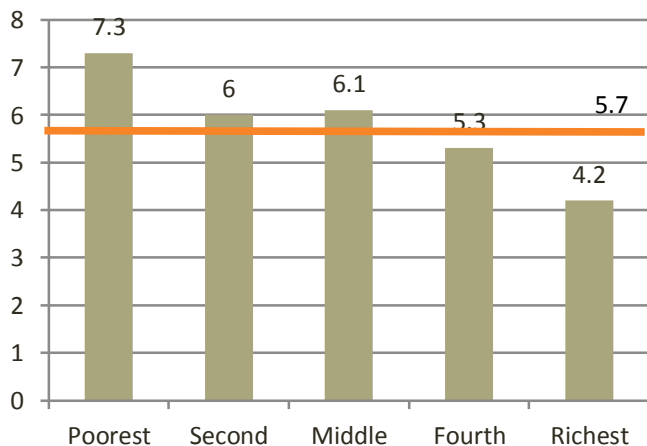
In 2014, Timor-Leste had an estimated population of 1.2 million and an annual population growth rate of 2.7 per cent. The country is experiencing a youth bulge, with 32 per cent of its population between the ages of 10 and 24. The majority of the population (70%) lives in rural areas and experiences disparities in access to public facilities and other available infrastructure.

KEY CHALLENGES

HIGH FERTILITY

While the total fertility rate continues to decline, it is the highest in the region. Total fertility rate (TFR) decreased from 7.8 births per woman in 2003 to 5.7 births per woman in 2009–10. The TFR is considerably higher in rural (6.0) than in urban (4.2) areas. Fertility remains very high among the poorest Timorese at 7.3 in contrast to 4.2 among the wealthiest.

Total fertility rate by wealth quintile



MDG 5A indicators

Maternal Mortality Ratio (maternal deaths per 100,000 live births) ¹	570
Births attended by skilled health personnel (percent) ²	29.9

MDG 5B indicators

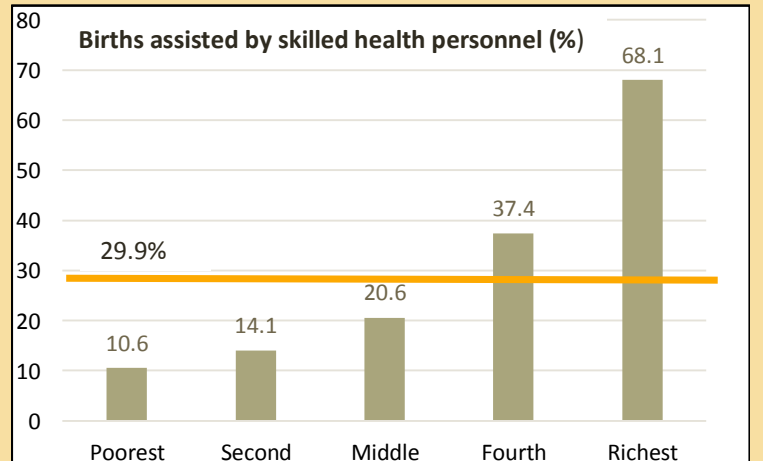
Contraceptive Prevalence Rate (percent) ²	22.3
Adolescent Fertility Rate (births per 1,000 women ages 15-19) ²	53
Antenatal care with health personnel (percent) ²	86
Unmet need for family planning (percent) ²	30.8

Source: ¹ 2010 Population Census, ² 2009-10 DHS

POOR PREGNANCY OUTCOMES

While the majority of pregnant women use antenatal care, institutional deliveries are less common. The 2009-10 DHS reported that nearly nine-tenths of pregnant women receive antenatal care from skilled medical personnel (doctor, nurse, or midwife) with 55 percent having the recommended four or more antenatal visits. However, a smaller proportion, 30 percent deliver with the assistance of skilled medical personnel. While 68 percent of women in the wealthiest quintile delivered with skilled health personnel, only 11 percent of women in the poorest quintile obtained such assistance. Estimates of the maternal mortality ratio range from 270 to 570 deaths per 100,000 live births. Among all women ages 15–49 years who had given birth, 68% had no postnatal care within 6 weeks of delivery.

Births assisted by skilled health personnel (%)



Among all women ages 15–49 years who had given birth, 68 % had no postnatal care within 6 weeks of delivery. **Eighty-seven percent of women say they have serious problems in accessing health care when they are sick because of concern that no drugs are available.** Further, 82 % cited the concern that no provider is available and three in five women cited the concern that no female provider is available.

Problems in accessing health care (women age 15–49)

Reason	%
At least one problem accessing health care	95.9
Concern no drugs available	86.6
Concern no provider available	82.4
Concern no female provider available	63.1
Having to take transport	59.4
Distance to health facility	53.3
Not wanting to go alone	43.2
Getting money needed for treatment	35.6
Getting permission to go for treatment	23.1

Source: DHS final report, Timor-Leste 2009–10.

LIMITED HUMAN RESOURCES

The health infrastructure in rural Timor-Leste remains underdeveloped despite considerable government investment. There are five district referral hospitals, 66 government-owned community health centres, 42 maternity clinics and 193 health posts. The current number of health posts is far short of the planned 442 and not all of the posts that do exist meet the Ministry of Health's minimum standards for quality services.

Timor-Leste faces significant shortages in human resources for health – fewer than half the country's health posts have staff with midwifery skills. The Ministry of Health intends to place three doctors in each community health centre and one in each health post to meet the minimum standards. In addition, each health post is to be staffed with two nurses, two midwives and a laboratory technician. To increase human capacity in the health system, Timorese doctors were trained at medical schools in Cuba. Early 1,000 Timorese graduated and have returned to Timor-Leste. The quality of the Cuban medical training the Timorese received has not been assessed, but in South Africa similar training did not initially impart all of the skills needed by general practitioners in South Africa, including emergency obstetrical care.

