



GENDER

SUMMARY OF THE THEMATIC REPORT

TIMOR-LESTE POPULATION & HOUSING CENSUS 2015



Population & Housing Census sheds light on Gender Concerns in Timor-Leste

Gender equality is an enabler for achieving sustainable development in Timor-Leste. Recognized in the National Strategic Development Plan and overseen by the **national women’s** machinery – the Secretary of State for Equality and Inclusion (SEI) – achieving gender equality is the responsibility of all government agencies and development partners. The census is one of several national data sets that contributes to the evidence base used to guide and monitor progress toward gender equality and social inclusion.

The Timor-Leste General Directorate of Statistics (GDS) has been increasing the availability of sex-disaggregated data in all of its publications. The Analytical Report on Gender Dimensions outlines the differences between women and men, boys and girls, as revealed by the census results, so that gender issues may be better understood.

This brief provides an overview of some of the findings in the report. It is another example of how Timor-Leste is meeting its commitments to achieving gender equality by ensuring policies and programmes are guided by accessible data and evidence.

What is Gender?

The terms “gender” and “sex” are often used interchangeably, yet they are not the same. Gender relates to the social norms that shape the roles women and men, girls and boys, play in society. It refers to the similarities and differences that exist beyond those based on biological sex. Gender can be a factor influencing access, participation and opportunities in all areas of life, including education, work and employment, household income and assets, health, migration and the use of technology.

Gender issues are not about women only; they are about both men and women. In some societies, women are often at a disadvantage when it comes to education and employment opportunities, with males getting preference for schooling and the highest paid jobs. When it comes to health, men can be at a disadvantage, with more health issues and a shorter life expectancy than women. Policy makers need data to be aware of these issues and monitor how gender and society change over time.

Sex

- Sex (female and male) refers to the relatively fixed biological and physiological characteristics that define men and women.

Gender

- Gender (feminine and masculine) refers to the relatively fluid socially constructed roles, behaviours, activities, and attributes considered appropriate for men and women.

Priorities for achieving gender equality in Timor-Leste

The national policies of Timor-Leste reflect the goal to achieve gender equality in the country. The National Strategic Development Plan 2011–2030 places emphasis on maximizing the potential of Timor-Leste’s human and social capital. Equality between men and women in all areas is recognized as key to national development. Priorities include:

- * Education and literacy: More men participate in higher education (80 women for every 100 men), and while some progress has been made towards more equitable education opportunities, adult literacy (aged 15+) is 60% for women compared to 69% for men.
- * Decision-making: While female representation on Suco Councils is relatively high (a quota system exists to promote **women’s** participation), only 5% of Suco Council Chiefs are women.
- * Maternal health: Fertility rates are still among the highest in the world and, while health statistics are improving, too many Timorese women still die in childbirth. Timor-Leste’s **Maternal Mortality Ratio** remains one of the highest in the world.
- * Violence against women: More than half (59%) of women in Timor-Leste over the age of 15 have experienced physical and/or sexual partner violence in their lifetime and 47% have experienced it in the last 12 months.

What can be done?

- ⇒ Gender responsive policies and laws at national and local levels
- ⇒ Gender awareness raising initiatives for schools and vocational education and training institutes, as well as for the general public
- ⇒ Basic level services to protect women from risk
- ⇒ Mechanisms to provide financial support to female-headed households
- ⇒ Policies and frameworks to empower women socially and economically through various livelihood support measures
- ⇒ Education programs to promote the retention of girls at higher levels, particularly at the secondary and tertiary levels
- ⇒ Policies, training and leadership programs to support women in taking on decision-making roles in the public and private sectors
- ⇒ Reproductive health programs scaled-up throughout the country
- ⇒ Zero-tolerance for violence in schools

The importance of gender statistics

Sex-disaggregated and gender-related statistics provide the evidence needed to identify issues and monitor progress towards goals. The census is an important source of gender statistics. As the census gathers data on everyone in the country, it must remain broad in scope and is not suited to gather data on complex or sensitive subjects, such as nutrition, domestic violence, or sexual health.

Marriage, families and households

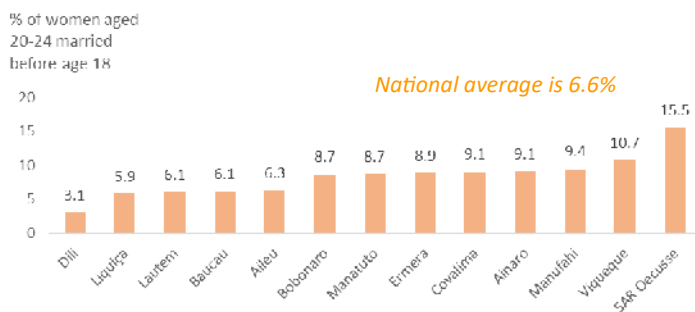
As of the 2015 Census, Timor-Leste has a population of 1.18 million people – 51% are male and 49% are female.

Child marriage – before the age of 18 – is a violation of human rights. The legal age of marriage is 17 years for both males and females. A small proportion of girls (2.2%) and fewer boys (1.1%) under the age of 17 years have already been married.

Men with a disability are more likely to be married than women with a disability. Nearly three quarters (74%) of older disabled men are married while one in ten (10%) are widowed. For women, around half (56%) are currently married and 29% are widowed.

16% of Timorese households are female-headed, up from 14% in 2010. Female-headed households are more prevalent in Lautem municipality where a quarter (25%) of households are headed by women.

Percentage of women aged 20–24 years who were married or in a union before age 18, 2015



Health and wellbeing

Health-related information from the 2015 census is limited and focuses on maternal health (fertility), aging, disabilities, living conditions, such as access to adequate water and sanitation, and the characteristics of people working in the healthcare sector. Other health and gender related statistics are available from the 2016 Demographic and Health Survey (DHS), which provides robust data on family planning, infant and child mortality, maternal health care, child health, malaria, tuberculosis, HIV/AIDS, non-communicable diseases, adult and maternal mortality.

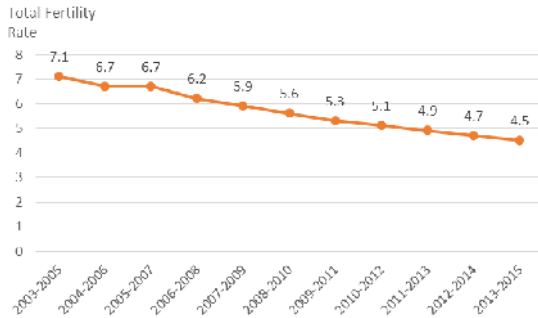
The health-related data gathered through the census includes:

- * Number and sex of children born to each woman aged 15 and above, and how many of these children have died
- * Those with a disability including type and severity
- * Household access to water and sanitation

Importantly, the census results can show:

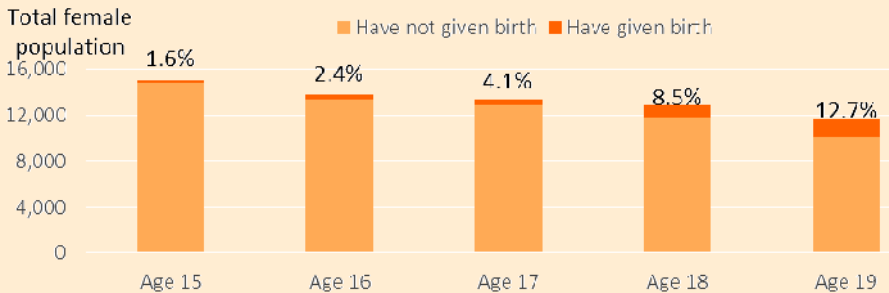
- * Where demand for health services is changing, such as through population growth or aging
- * Where there are higher levels of child births and deaths, which may point to the need for improved family planning, and maternal and child health services
- * The relationships between fertility, mortality and characteristics such as literacy, education level and employment

Trends in the total fertility rate (own children method), 2003–2015



Childbearing at a young age increases the risk of complications during pregnancy and childbirth and is associated with higher rates of maternal and child mortality. Starting a family early is also likely to increase the number of children a woman has in her lifetime and limit her options for education and employment.

Adolescent fertility by single year of age, 2015

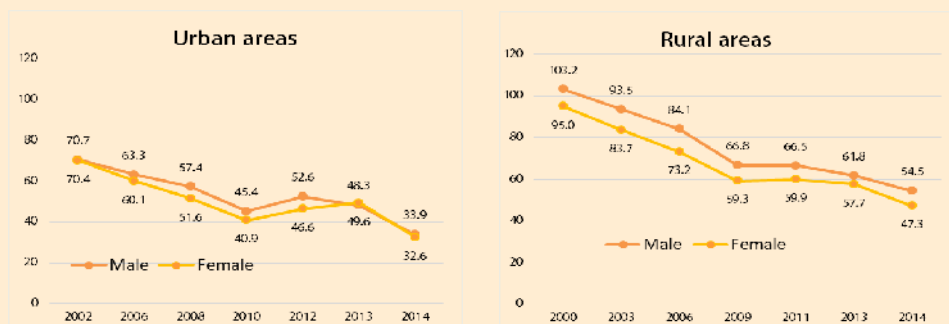




Infant mortality

Infant mortality – children dying before age 12 months – has been declining over recent years. In 2002, the Infant Mortality Rate (IMR) for urban areas was as high as 70.7 deaths per 1,000 live births for boys, and 70.4 for girls. Since then it has halved to 33.9 for boys and 32.6 for girls. Similarly in rural areas the IMR has declined by half. The male IMR was 103.2 deaths per 1,000 live births in 2000 and fell to 54.5 by 2014. For girls, the rate was 95.0 in 2000 and 47.3 by 2014.

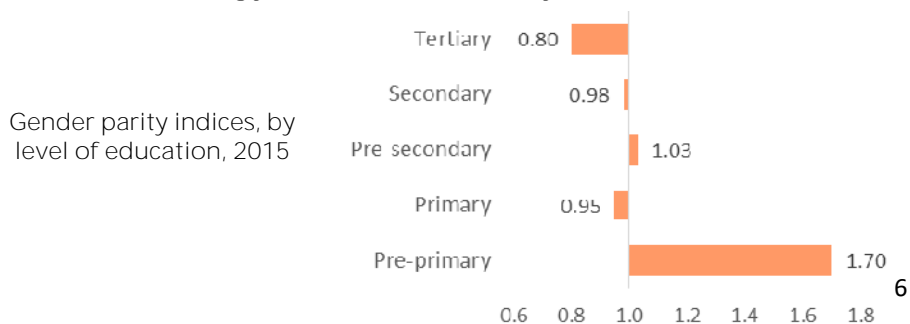
Infant mortality rates by sex and urban/rural location, 2000–2015



Gender gap in education

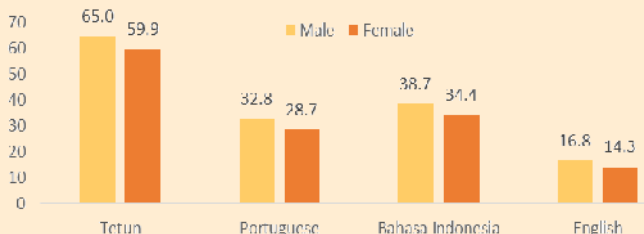
The gender parity index (GPI) is a SDG indicator of progress towards gender equality and universal primary education. It is used to indicate whether male and female children and young people are equally likely to attend school, or whether there is a gender gap in participation. A GPI of 1.0 is the aim, indicating an even proportion of males and females are participating in that level of education.

The GPI varies between the different levels of education. It is close to parity for secondary (0.98), pre-secondary (1.03) and primary education (0.95), strongly in favour of girls for pre-primary education (1.70) and strongly in favour of men for tertiary education (0.80).



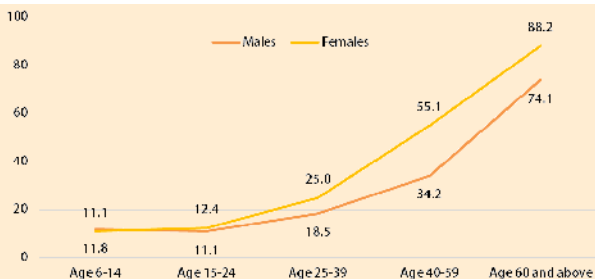
The 2015 census measured literacy for the four working languages used in the country: Tetun, Portuguese, Bahasa Indonesia and English¹. It did so by asking if each respondent aged five years and over could speak, read and/or write in each of these languages. Tetun is the most widely used language with close to two thirds (65.0%) of males and 59.9% of females currently literate. Bahasa Indonesia is the next most used language, followed by Portuguese and then English.

Literacy rate of population aged five years and over, by language and sex, 2015



More than a quarter (26.0%) of the population aged six years and over have never attended school. The proportion is higher among females (29.4%) than males (22.7%). Attendance at school by age group shows how access to education has improved significantly for both boys and girls in recent times. Among older people aged 60 years and above, the proportion that have never attended school is high: more than 88% of women and 74% of men. Among children and young people, it is more around one in ten who have never attended school with rates being similar for girls and boys.

Percentage of the population that has never attended school, by age and sex, 2015



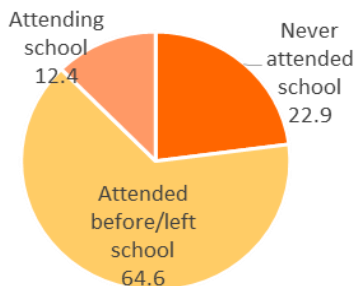
Pregnancy and giving birth at a very young age drastically changes a **girl's life**. It has been shown that young mothers are more vulnerable to poverty, isolation and seclusion. Giving birth at a very young can also have a negative impact on the health of the young mother and her child. Education and adolescent pregnancy/fertility are inter-related in different ways. Education plays a key role in influencing behaviour and life decisions of adolescents and has a direct impact on their health and well-being. On the other hand, early pregnancy often has an effect on the **girl's** chances of successfully finishing school. Many pregnant adolescent girls either drop out of school or are no longer allowed to continue their education.

Illiteracy is much higher among adolescent girls who have already given birth. Overall, for the total age group 15 – 19, the percentage of illiteracy stood at 29.3% for females who had given birth compared to 13.1 percent for those who had never given birth.

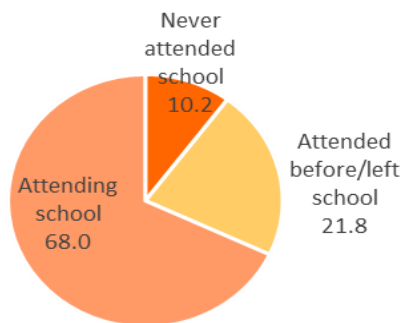
The percentage of adolescent girls who never went to school is much higher for those who already gave birth compared to those who did not. For the total group of 15 to 19-year olds, the percent who never went to school is more than two times higher for adolescent mothers (22.8%), than for those who never gave birth (10.2%). This is a clear indication that lack of education increases a young **girl's** chances of having a child.

¹According to the Principles and Recommendations for Population and Housing Censuses published by the United Nations in 2017, a literate person is defined as someone who can both read and write, with understanding, a short simple statement on his/her everyday life. Literacy may be in any written language.

Education status of 19 year old mothers, 2015



Education status of 19 year old women who are not yet mothers, 2015



WORK AND EMPLOYMENT

The majority of men (aged 15 and above) are in the labour force, with close to two thirds (63%) being employed and 3% unemployed. The situation for women is quite different. Less than half are in the labour force with 45% being employed and two% unemployed.

Labour force participation rates have increased for men and women since the 2010 census and the gender gap has narrowed.

Having children does not seem to be the main factor influencing women's participation in the labour force. The proportion of women aged 30-54 years who are employed is around 60%, regardless of whether they have no children or have recently had a child.

There is quite a difference in the types of employment between women and men. A much greater proportion of men are employees, be that in the government or the private sector. Women are far more likely to be contributing family workers (without pay), or own-account workers (self-employed).

The majority of employment for both men and women is in the agriculture sector, providing employment for 62% of employed men and 56% of employed women.

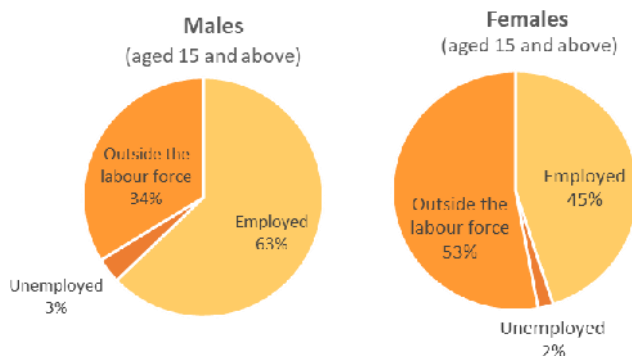
Women are frequently disadvantaged when it comes to opportunities for work and employment. Often required to play the traditional role of mother and homemaker, many women do not complete higher education and training or get a well-paid job. The traditional role of the man has been that of the main income earner. Roles of both men and women are changing around the world as societies evolve. In this respect, Timor-Leste is no different.

Labour Force Survey versus Population Census: which source should I use?

Another important source of gender statistics on work and employment is the **Labour Force Survey (LFS)**, a household survey which was conducted in Timor-Leste in 2010 and 2013.

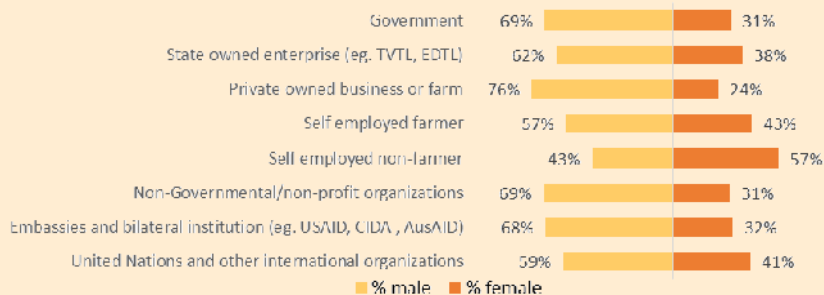
As it is dedicated to finding out about people's involvement in employment work, the LFS tends to provide a more reliable source of data on paid work than the census. The 2013 LFS used the new international standards for measuring work, excluding own-use production from employment work. The census included own-use production in the definition of employment and hence the labour force participation rates are higher. The strength of the census compared to the LFS is that it reaches all residents, making it possible to examine differences and trends for small areas and groups.

Economic activity status of population aged 15 and above, 2015



Employment in Timor-Leste is classified in eight different sectors. Men have the majority share of each except self-employed non-farmers, of which 57% are women. The largest gender gaps are in privately owned businesses or farms (76% men and 24% women), in government jobs (69% men), NGOs and non-profits (69% men) and embassies and bilateral institutions (68% men).

Male and female share (%) of each sector of employment, 2015

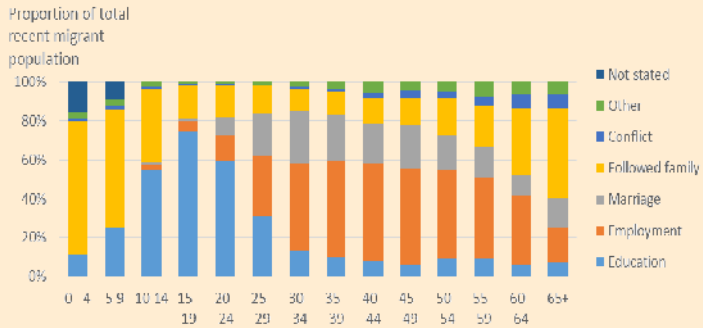


Gender and migration

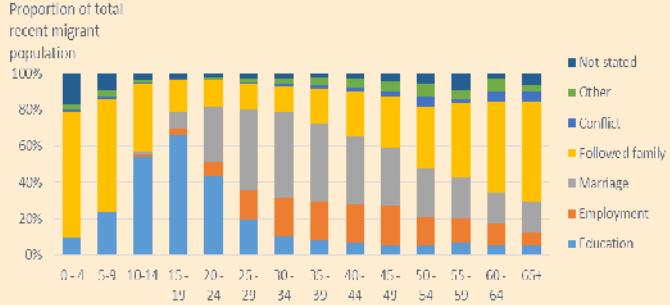
A large proportion of Timorese women, men and children have migrated between Sucos at some stage during their lifetime. 102,000 females and almost 96,000 males are lifetime migrants. Over 70,000 males and females have moved between Sucos during the last five years. There are also 4,100 males and 4,500 females who were born overseas and now live in Timor-Leste.

Men and women migrate for slightly different reasons. Among those aged 10-24 years, education is the main driver for migration for both sexes. From age 25-29 onwards, employment becomes the main motivator for men, whereas for women, marriage and following family are the main reasons they migrate.

Reasons for migration among males who have migrated in the last five years, by age group, 2015



Reasons for migration among females who have migrated in the last five years, by age group, 2015



Conclusions

The census provides important evidence for anyone working on gender and development issues in Timor-Leste. As a measure of key socio-demographic concerns, such as marriage, fertility, education, migration and mortality, the census gives policy and decision-makers data on the status of men and women, girls and boys, at a particular point in time. This can be used to compare the situation of males and females between geographic regions, age groups and other characteristics.

This report draws on the work done to produce other thematic reports in this series, such as the ones on the labour force, education, fertility, marriage and mortality. It seeks to highlight the key gender gaps and similarities in each thematic area providing a useful summary of the gender statistics that can be produced and used from the population census.

Recommendations

- ⇒ Policy and decision-makers, representatives from government, civil society organizations and donors and development partners should ensure they are familiar with the key findings in the gender dimensions report and that the information is used to guide the development, implementation and monitoring of gender-related policies and programs.
- ⇒ Redesign aspects of the questionnaire for the 2020 census so it can produce more gender related results. In particular: disability and birth registration; education and training for those aged over 15 that are attending or have completed some form of TVET or tertiary studies; redesign questions on labour force to more reliably classify people's labour force status (employed, unemployed, outside the labour force) and the type of employment work they are engaged in; and consider adding questions on working time (hours usually worked) for persons in employment and own-use production work to enable gender analysis of working time.
- ⇒ Ensure that all gender-specific/related SDG indicators are measured and monitored to improve gender equity in Timor-Leste's development.



Timor-Leste Population & Housing Census 2015

<https://www.mof.gov.tl/?lang=en>

<http://www.statistics.gov.tl/>

<http://timor-leste.unfpa.org/en>

<http://asiapacific.unwomen.org/en/countries/timor-leste>