



USAID'S REINFORCE BASIC HEALTH SERVICES PROJECT



ENGAGING YOUNG PEOPLE as Adolescent Reproductive Health Educators in Timor-Leste

OCTOBER 2020

What role can young people play in improving their own reproductive health?

By age 20, 33 percent of women in Timor-Leste have had sex, 31 percent are married, and 20 percent have given birth¹. However, Timorese youth have little knowledge and understanding of what to expect during puberty, the development of their reproductive system, and the health risks of teenage pregnancies. Adolescents face a range of other serious health challenges, including malnutrition, anemia, misuse of tobacco and alcohol, gender-based violence, and mental health problems. They also are vulnerable to the transmission of STIs, including HIV. When teenagers become pregnant, this often leads to early marriage, at which point young women's chances of finishing their educations, entering careers to which they aspire, becoming financially independent, and taking control of their lives are considerably reduced.

The social environment for young people can be difficult. Young women regularly experience sexual harassment and abuse but do not know how to name it or that it is against the law. Gender-based violence is common, and most Timorese women report they are survivors of violence.² Young women and men know little about how to care for their physical and emotional health and how to stay healthy during adolescence.

¹ General Directorate of Statistics (GDS) and ICF. 2017. Timor-Leste Demographic and Health Survey 2016: Key Indicators. Dili, Timor-Leste: GDS, and Rockville, Maryland, USA: ICF.

² The Asia Foundation. 2016. Understanding Violence against Women and Children in Timor-Leste: Findings from the Nabilan Baseline Study – Main Report. The Asia Foundation: Dili.

PHOTO ABOVE: Members of a youth-led NGO in Timor-Leste work together to develop an adolescent reproductive health curriculum, which they will deliver to their peers after school in partnership with the Ministry of Health and the Ministry of Education, Youth, and Sport.

To begin to address these issues, USAID's Reinforce Basic Health Services Project (USAID's Reinforce) worked with colleagues in the Ministry of Health (MOH) and a local youth-led NGO to design and develop an interactive adolescent reproductive health (ARH) curriculum to provide critical information to improve reproductive health and gender equity outcomes. Trained youth facilitators, aged 20 to 24, field tested and piloted the curriculum with 170 senior high school students in Covalima municipality in cooperation with Municipality Health Services (MHS) staff and the principals, teachers, and students at several schools.

The strategy of collaborating with young people as co-creators and implementers of the ARH curriculum resulted in a package of creative and relevant materials and tools and an increased potential to improve and sustain adolescent health outcomes.

The Need to Act

When the first National Reproductive Health Strategy was developed in 2004, Timor-Leste's fertility rate of 7.8 was the highest in the world.³ The strategy presented a plan to ensure the accessibility, availability, and affordability of reproductive health services to women, men, and young people, especially adolescents.⁴ One of the targets set was to reduce the percentage of births that occur to adolescents by 30 percent.⁵ Unfortunately this target was not met and in 2016, seven percent of Timorese women aged 20 to 24 had given birth by their eighteenth birthday.⁶

Recently, successive health ministers have focused on family planning through a range of national health policies, strategies, and locally delivered programs and services. Calls for the provision of universal access to sexual and reproductive health services, including modern contraception, to reduce higher-risk pregnancies especially among adolescents, have come from many facets of government and society.⁷ However, access to family planning services for young people, especially unmarried young people, remains extremely limited.

These initiatives continue to be developed within a sensitive and complex socio-cultural environment, in which 98 percent of the population are Catholic and the Church is reported to play a significant role in reproductive health and rights decision-making at all levels of society, from policy-making to the reproductive decisions made by individual Timorese women and men.⁸

The critical need for effective reproductive health policies, programs, and services is highlighted by the fact that 31 percent of males and 15 percent of females aged 13 to 17 report having sexual relations⁹ and the rates of teenage pregnancy, maternal mortality, and suicide among pregnant teenagers remain consistently high. The maternal mortality rate among young people aged 15 to 19 is 789 per 100,000, which is almost double that of women aged 15 to 49.¹⁰ Babies born to adolescent mothers are also at higher risk of death in their first month of life and morbidities that may affect their health in later life.¹¹

Between 2012 and 2019, the government launched numerous ARH policy documents and a few programs. The National Guidelines for Youth Friendly Health Services (2012) helped launch a pilot of services and preventive care at community health centers in Dili. United Nations agencies and nongovernmental organizations (NGOs) working on HIV, nutrition, and alcohol and tobacco use provided educational materials and services. Marie Stopes International (MSI) established an ARH advice hotline.¹² The Ministry of Education, Youth, and Sport worked with UNFPA to produce and pilot manuals and toolkits on life skills and pre-parenting and a facilitator manual on "Healthy Relations: Education for Young People."¹³ Additional programs and curricula are being developed, adapted, or piloted but most are not in partnership with the MOH.¹⁴

In the years between the 2010 and 2015 census counts, the percentage of women aged 15 to 19 who had given birth, fell

³ DRTL 2004: 4 National Reproductive Health Strategy, Democratic Republic of Timor-Leste, Dili Timor-Leste.

⁴ *Ibid* page 7.

⁵ *Ibid* page 9.

⁶ General Directorate of Statistics (GDS) and ICF. 2017. Timor-Leste Demographic and Health Survey 2016: Key Indicators. Dili, Timor-Leste: GDS, and Rockville, Maryland, USA: ICF.

⁷ DRTL (2015: 8) Mortality, Summary of the Thematic Report. Timor-Leste Population & Housing Census 2015, Democratic Republic of Timor-Leste, Dili Timor-Leste.

⁸ Richards, E (2014) The Catholic Church and reproductive health and rights in Timor-Leste: contestation, negotiation and cooperation, Culture, Health & Sexuality, An International Journal for Research, Intervention and Care, Volume 17, 2015, [Issue 3](#).

⁹ WHO (2015: 55) Global School-Based Student Health Survey Results – Timor-Leste. WHO South East Asia.

¹⁰ DRTL: 2016 Timor-Leste Population and Housing Census 2015, Democratic Republic of Timor-Leste, Dili Timor-Leste.

¹¹ DRTL (2015: 13) National Strategy on Maternal, Newborn, Child and Adolescent Health, 2015-2019, Democratic Republic of Timor-Leste, Dili Timor-Leste.

¹² DRTL (2015) National Strategy on Maternal, Newborn, Child and Adolescent Health, 2015-2019, Democratic Republic of Timor-Leste, Dili Timor-Leste.

¹³ DRTL (2018) Healthy Relations: Education for Young People. A draft manual prepared by the Ministry of State for Youth and Sport, Democratic Republic of Timor-Leste, Dili Timor-Leste.

¹⁴ For more information about Stepping Stones, see the official website: <https://steppingstonesfeedback.org>.

from 6.3 percent to 5.6 percent, respectively.¹⁵ This was not sufficient progress. Intent on doing more to reach adolescents, the MOH asked USAID's Reinforce to assist the Maternal and Child Health (MCH) Department to produce an ARH curriculum for use in secondary schools and communities.

A Youth-to-Youth Learning and Delivery Approach

Programs developed in partnership with youth are more likely to be effective: involving youth in design and decision-making increases the likelihood of improved health behaviors. USAID's Reinforce worked in partnership with Timorese youth to develop and implement this program.¹⁶

USAID's Reinforce commissioned the national youth NGO *Juventude ba Dezenvolvimentu Nasional* (JDN) and an experienced JDN advisor to develop a package of ARH educational materials for unmarried adolescents to improve their reproductive health knowledge and practices. USAID's Reinforce and JDN worked closely with the MOH to develop an educational package in line with key concepts, topics, and learning objectives of the International Technical Guidance on Sexuality Education.¹⁷ Learning sessions focused on relationships; gender and social norms; essential life skills; the human body, puberty, and reproduction; pregnancy and the risks and consequences of teen pregnancy; and sexual and reproductive health, including staying healthy in adolescence.

¹⁵ DRTL (2015: 5) Fertility. Summary of the Thematic Report. Timor-Leste Population & Housing Census 2015.

¹⁶ Alvarado, G., Skinner, M., Plaut, D., Moss, C., Kapungu, C., and Reavley, N. (2017). A Systematic Review of Positive Youth Development Programs in Low-and Middle-Income Countries. Washington, DC: YouthPower Learning, Making Cents International.

¹⁷ UNESCO (2018) International Technical Guidance on Sexual Education, <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf> cited January 25th, 2020.

Juventude ba Dezenvolvimentu Nasional (JDN)

Founded by Timorese youth aged 18 to 24 in 2014, JDN is a youth-led organization focused on employment training and health education. JDN has a translation service and also provides history and culture tours in Dili led by young Timorese tour guides, who use local transport and tell stories from their own experiences. JDN works in reproductive health and nutrition, providing community education and youth peer training. In 2020, JDN successfully added COVID-19 youth and community prevention education to their portfolio.



Youth from JDN work together to develop an adolescent reproductive health curriculum aimed at reducing teenage pregnancies in Timor-Leste.

The consistent and enthusiastic involvement of MOH staff reflected their desire to develop ARH materials to reduce the high numbers of teen pregnancies, as reflected in the MOH strategic plan.

All the presentations, activities, and tools in the educational package were co-developed and field-tested by and with young people. JDN wrote a life skills song and a drama about sexual harassment and made short videos for each of them. Young people from JDN aged 20 to 23 were trained to facilitate three, three-hour workshops that were subsequently field-tested with 23 senior secondary students in Covalima Municipality. Representatives from the MOH's MCH and Health Promotion departments planned and reviewed the daily sessions with the facilitation team and gave the health presentations in each workshop during the field test.

Following the successful field test, the MOH conducted orientation of the ARH materials in four municipalities¹⁸ for nationwide scale-up. A team of three young women and three young men from Covalima, who were trained as ARH facilitators, piloted the materials in the four additional municipalities to 150 secondary students. This facilitation team is now available to scale the ARH program across the country. Doctors and midwives from the MHS, who were oriented to deliver the health presentations in each workshop, worked in partnership with the facilitation team.

¹⁸ The four additional municipalities are Viqueque, Lospalos, Manatuto, and Baucau.

Beneficiaries

The effectiveness of the materials in achieving learning outcomes was assessed using feedback received from participants during the workshops, informal discussions with individual participants, interviews conducted at one-month intervals after each workshop, and pre- and post-test results.

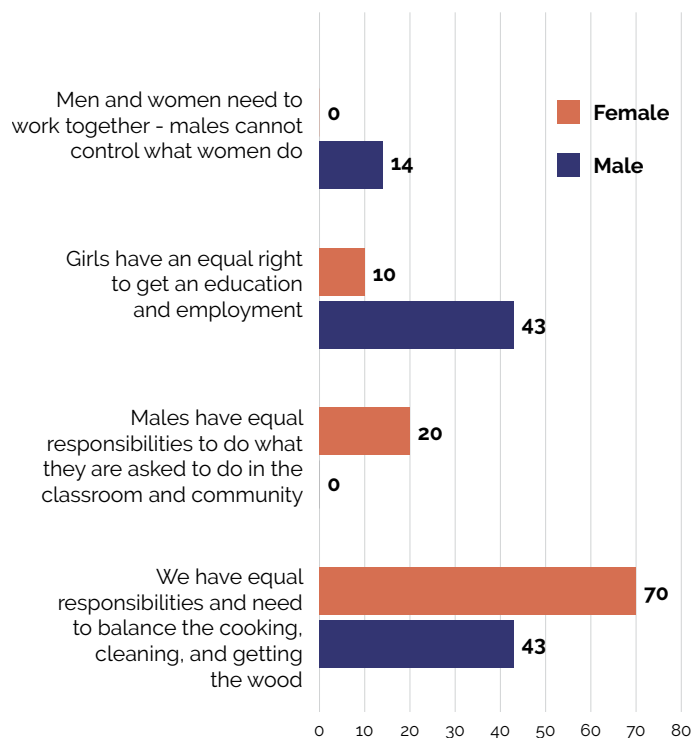


Timorese youth have fun during a body mapping exercise during an adolescent reproductive health workshop.

The results of pre- and post-tests were compared according to the intervals between each workshop in the series of three workshops. The results showed that students who participated in workshops that were six to eight weeks apart achieved an average increase in knowledge of 30 percent (27 percent for females and 33 percent for males) while students who attended workshops that were held either four weeks or one-day apart achieved an average increase in knowledge of 26 percent. Of course, other factors affected these results. For instance, the baseline knowledge of students varied considerably from school to school and students in some schools were more familiar and therefore more comfortable with interactive learning styles. It does appear, however, that the timing between workshops does not significantly impact the learning outcomes of participants.

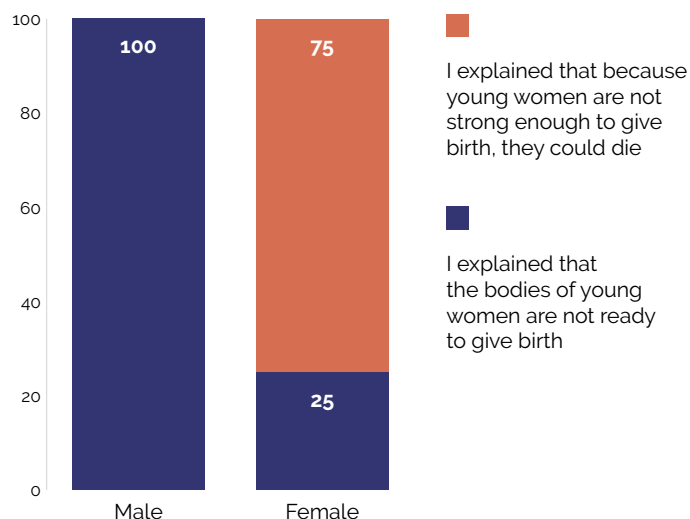
As part of the assessment process, youth facilitators used a series of open-ended questions to conduct interviews with participants at intervals of approximately one month after each workshop. The results were used to assess how students were using new knowledge and skills, including how they were passing along this knowledge to friends and family. The youth facilitators interviewed thirty-one students aged 14 to 19, 21 females and 10 males.

FIGURE 1. GENDER ROLES OF FEMALES AND MALES



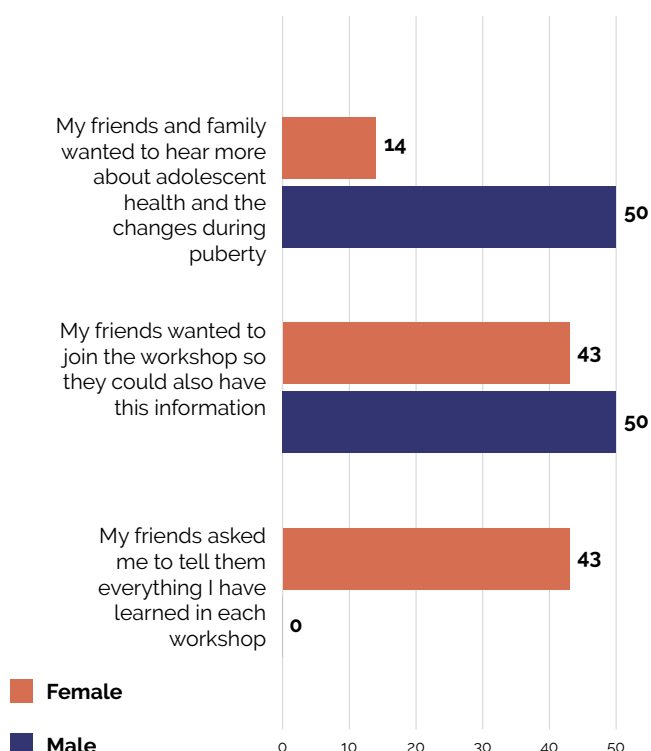
After the first workshop, which focused on the way commonly accepted gender norms affect relationships with the opposite sex, students were asked how they used what they had learned about equal roles and responsibilities of females and males. As shown in Figure 1, 70 percent of female respondents informed family and friends about the need to balance the workload in the family. Forty-three percent of males used this information in the same way and another 43 percent argued that females have an equal right to education and employment.

FIGURE 2. EXPLAINING THE RISKS OF TEENAGE PREGNANCY



One of the main learning objectives in the third workshop was sexual reproductive health, including the risks and consequences of teenage pregnancy. Students were asked what they shared with their friends about this issue. Figure 2 shows that all students explained the health risks of teenage pregnancy including maternal mortality.

FIGURE 3. INTEREST SHOWN BY FRIENDS IN LEARNING ABOUT ARH



When students were asked if they thought their friends would be interested in knowing about the things they were learning in the workshops, the response was overwhelmingly positive as shown in Figure 3.

The notable gender differences in the above results are an important area for further research. Roles and responsibilities, risk of teen pregnancy, and level of interest of friend groups in the workshop content are all significant differences between males and females.

The youth facilitation team, MOH staff, and USAID's Reinforce staff also contributed observations and reflections to the assessment. While students indicated that the content of the workshops was very new to them, they participated enthusiastically in the interactive learning model, which included group work, body mapping, role-plays, songs, and dramas.

Participants recognized the relevance of the education for themselves and others. "I suggest that these workshops

should be done in the community because these problems are always happening there, as well as with my family and with my relatives. We can prevent this problem in the community if we can give this information to people with no access to education, including young men who are always sitting in the street with nothing to do," said an 18-year-old female.

The youth facilitators are key to the high levels of student engagement during the workshops due to the creative and fun methodologies they worked into the curriculum and their ability to engage with the students during the educational sessions and in informal discussions. This means that participants are comfortable asking questions and clarifying issues during and outside the sessions, which is particularly important given the sensitive nature of the topics. The facilitators found that participants were eager to use their own ideas in the small group activities, so their role was largely to respond to questions that arose and facilitate additional input from health professionals as required.

The facilitators regularly reflect on how their own behavior has changed as they understand and apply in their own lives the knowledge they are imparting to students. One major challenge is dealing with sexual harassment. Both males and females acknowledge that commonly practiced behaviors, which are accepted as normal by both genders, continue to perpetuate sexual harassment and abuse. They acknowledge that if they are teaching adolescents about respectful behaviors, gender equal relationships, and positive life skills they need to practice consistently these behaviors and skills. They noted that throughout the workshops, participants gain knowledge and skills that put them in stronger positions to demand consensual sexual relationships.¹⁹

Outcomes: Foundation for National Implementation

In restrictive environments such as Timor-Leste, youth programming requires creative design and strategic partnerships with national and local health personnel. In collaboration with the MOH, the Ministry of Education, Youth, and Sport, and development partners, USAID's Reinforce supported the integration of age-appropriate reproductive health education into a school health program in which health providers deliver extra-curricular training to students after school. This approach was developed and piloted through an innovative collaboration between

¹⁹ Two short videos were produced by the facilitators and other JDN members as additional resources for the workshops, including a music video that is used to teach the life skills song: (<https://www.youtube.com/watch?v=FB-M5uAyVVY4&feature=youtu.be>) and a film about sexual harassment: (https://www.youtube.com/watch?v=M1qH6h_CeKw&feature=youtu.be).

the MOH and young people, so that the scientific knowledge and health expertise is merged with interactive and creative activities to educate adolescents and young adults. The MOH maintained an enthusiastic lead role during the extended pilot period, building support for nationwide implementation in secondary schools and communities. Despite a range of historical and contemporary sensitivities, competing ideologies, and political constraints, official approval from the Minister of Health was obtained within 18 months of piloting the ARH materials.²⁰

By mid-2019, the Ministry of Health introduced the ARH curriculum to other municipalities, sharing the experience from Covalima. USAID's Reinforce oriented additional NGOs to the ARH package, expanding the number of partners ready to assist the MOH with national scale-up

Moving Forward

Before the COVID-19 pandemic, USAID's Reinforce continued piloting the ARH package in Covalima, using flexible models of timing and frequency, which offered the MOH more options for delivery modalities to include out-of-school youth, students, and working youth. Locally trained youth facilitators who implemented the workshop sessions in partnership with MHS staff are now a local resource for highly motivated peer educators in both formal and informal settings. Students introduced to local health personnel were encouraged to use the sexual and reproductive health services provided at community health centers. All of this sets the stage for expanding the ARH program to meet the diverse needs of the youth population in Covalima.

Ensuring that youth led the development and facilitation of activities helped to demystify and de-stigmatize sensitive topics. This creates an environment in which more adolescents are empowered with new skills and confidence to challenge gender and social norms and use improved knowledge and responsible behaviors to benefit their own reproductive health and the sexual and reproductive health practices of their friends and families.



"I want people my age to know they should not feel shy to ask questions about these topics and that health workers are ready to respond to their concerns," said Aldo, 21, JDN youth facilitator.

The MOH continues to collaborate with the Ministry of Education, Youth, and Sport and development partners to support the national expansion of this program. Additionally, the MOH welcomes the addition of new modules to improve the well-being of adolescents and young adults. These come from other partners with expertise in areas beyond the content already developed including HIV, nutrition, non-communicable diseases, mental health, and other MOH priority areas.

The rapid MOH approval of the ARH curriculum means it is available for use throughout Timor-Leste. The interest of young leaders in expanding the ARH program and the interest of partner organizations in providing funding could propel the scale-up under the leadership of the MOH. USAID's Reinforce, with our partner JDN, is proud to contribute to the likely reduction in the maternal mortality rate of girls aged 13 to 17, and to help more Timorese young women and men manage their lives to meet their full potential.

²⁰ Approval was provided by the Ministry of Health in September 2020.

The USAID's Reinforce Basic Health Services Project was launched in 2016 to help the Timorese government improve the quality and use of maternal, newborn, and child health and family planning services through technical assistance to the Ministry of Health personnel working at national level and in the model municipality of Covalima.