Migration Patterns Survey and HIV Vulnerability Assessment Mapping in Selected Districts of Timor-Leste

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EXECUTIVE SUMMARY

Timor-Leste, the world’s newest democracy, is one of the least developed countries in the world. The violence following the 1999 referendum destroyed most of the country’s economic and social infrastructure. The country today faces enormous challenges in the rebuilding of infrastructure, strengthening civil administration and generating jobs for its young people. Currently, East Timorese have a life expectancy of 57 years, a high rate of illiteracy, poor nutritional levels, extremely high rates of infant and maternal mortality and the highest rate of poverty and worst health indicators in Asia.

Until recently very little was known about HIV and associated risk behaviours in East Timor-Leste. Research in 2004 showed it to be a low prevalence country. The country is faced with a combination of vulnerability factors that include: displacement, very low access to knowledge about sexually transmitted infections (STIs) and HIV, lack of condom availability for STI/HIV prevention, lack of access to treatment for STIs, cultural taboos, and high-risk behaviour among particular groups. In 2002, when the National AIDS Strategy was developed, reliable information about the spread of HIV/AIDS in Timor-Leste did not yet exist.

Around the world, research and experience have shown that migration and mobility increases vulnerability to engaging in HIV-risk behaviour. In the case of Timor-Leste, mobility is particularly relevant due to massive population movements in recent years associated with the post-referendum conflict. During the violence of 1999, it is estimated that approximately 250,000 people, or one quarter of the population, fled to neighbouring West Timor. Since the cessation of violence, nearly 200,000 Timorese have returned to their villages and communities. However, endemic poverty and lack of opportunities in rural areas continue to contribute to rural-urban migration movement and mobility.

The overall aim of this study was to provide baseline data on mobility patterns, HIV/AIDS awareness and vulnerability in Timor-Leste and comprised of two parts - the Migration Patterns Survey and Vulnerability Assessment Mapping. The
objectives of the Migration Patterns Survey were to: estimate the proportion of the local population that travels elsewhere as migrants; measure the relative age, gender, socio-economic status and education level; get a reliable estimate of where the population is migrating to and from; identify push and pull factors for mobility and to measure basic HIV-related behaviour and knowledge among migrants. The objectives of the Vulnerability Assessment Mapping were to: identify locations of support (VCT, health promotion and education etc) and HIV-risk behaviour; identify factors that increase personal and societal HIV vulnerability and to map mobility patterns. This research was carried out from September to December 2005 in the six districts of Dili, Baucau, Liquica, Bobonaro, Cova Lima and Oecussi.

As anticipated, a considerable number of high-risk locations were identified in Timor Leste’s most populated district, Dili. A range of HIV/AIDS health and education services were identified as being provided in Dili and some of the districts. All workshop discussion groups acknowledged the work being done by the Ministry of Health and Faith-based organisations to address HIV/AIDS in Timor Leste. In addition, several different UN agencies, International and National NGOs were identified by participants as providing valuable HIV/AIDS programs. A comprehensive list of mobile populations and typical travel routes was prepared by participants. The key emerging themes from personal and societal vulnerability discussions during the workshops were poverty, education, gender roles, marriage practices, stigma and taboo regarding sex, influence of the church, westernisation, domestic violence, the environment, the political system and homosexuality. By examining personal and societal vulnerability, the focus group discussions provided an insight into barriers perceived by participants that increase vulnerability and impede access to information and general health care services.

Analysis of the data from the survey identified that the main language spoken in most households was Tetum. Only 65% of survey respondents had some schooling. Evidence from this study suggests that many rural residents are travelling to urban areas in search of employment, to study and/or to escape family problems. The additional impact of international development agencies also increases migration and mobility, particularly to the capital city Dili.
A significant proportion of respondents were still moving around, within or out of the districts. Examining relations between demographic and socio-economic factors to migration and mobility behaviour, the following interesting relations and trends were found. Of all the districts, the largest proportion of migrants was enumerated in Dili. More than half of the respondents in Dili were migrants to the capital. Overall, there was a trend for 18-30 year olds to migrate. A trend to migrate could be found among those who had some schooling. Pull and push factors cited as reasons for migrating were poverty, having to support large families, and family problems.

Nearly 85% of respondents had left their homes during the conflict in 1999. Displaced persons, regardless of whether displaced within or out of Timor-Leste, returned mostly within the first 6 months after the conflict. The proportion of respondents displaced during the conflict varied within the 6 districts with Oecussi and Cova Lima having the largest proportions of displaced persons in this sample during the conflict.

Both the Vulnerability Assessment Mapping workshops and Migration Patterns Survey, documented a very low knowledge and awareness of HIV/AIDS. Misconceptions were very prevalent during the workshop and the mode of infection/transmission rather unclear. Of the 1213 survey respondents, 60% had heard of HIV/AIDS, but were not sure whether there was any in Timor-Leste. Knowledge and usage of condoms was extremely low. An issue which emerged strongly at all workshops was the traditional role of women in East Timorese society being an impediment to HIV/AIDS and sex education.

The patriarchal structure of East Timorese society makes women vulnerable, as they cannot negotiate safer sex and often have no say in family planning matters. Illiteracy, poverty and a lack of employment and income generating opportunities further worsen this situation. People lack the capacity to access information and have a low level of knowledge about sexual health. More long-term research needs to focus on possible behaviour change projects to improve the situation of women in Timor-Leste. Cultural factors often impede programmes targeting sensitive issues such as sexual health and HIV/AIDS. These factors (the patriarchal nature of Timorese society, the dowry system, the role and status of women, cultural beliefs and taboos) will need to be addressed in a sensitive and culturally appropriate way. There is a lack of data, and
a reliable estimate of HIV prevalence in the general population in Timor-Leste. Information about HIV prevalence would greatly assist in prioritizing and allocating funds and resources.

This study is the first systematic, in-depth study of Migration and Mobility patterns and Vulnerability Assessment in the transitional society of Timor-Leste. The context of the conflict ridden transitional society of Timor-Leste is unique as changes since 1999 have been rapid, radical and complex. This study represents conclusions based on rigorous fieldwork and a robust methodology that used both quantitative and qualitative methods. The challenge for the Government of Timor-Leste, the Ministry of Health and the international community lies in the country’s ability to respond to the recommendations proposed in the study and address the multiple social, cultural, political, economic and educational realities.