Committee on the Elimination of Discrimination
against Women

 \* The treaty-specific document should be read in conjunction with the common core document (HRI/CORE/TLS/2007).

 \*\* The present report is being issued without formal editing.

 Consideration of reports submitted by States parties under article 18 of the Convention on the Elimination of All Forms of Discrimination against Women

 Initial periodic report of States parties\*

 Timor-Leste\*\*


###### **REPÚBLICA DEMOCRÁTICA TIMOR-LESTE**

**THE OFFICE OF THE SECRETARY OF STATE FOR**

**PROMOTION OF EQUALITY**

**INITIAL REPORT**

**THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF
DISCRIMINATION AGAINST WOMEN (CEDAW)**

**TIMOR-LESTE**

**2007**

**ABBREVIATIONS**

ADB Asian Development Bank

AIDS Acquired Immune Deficiency Syndrome

BCC Behavioural Community Communication

CAT Convention Against Torture

CAVR Commission for Reception, Truth and Reconciliation

CCD Common Core Document

CED Chronic Energy Deficiency

CEDAW Convention on the Elimination of All Forms of Discrimination Against Women

CERD Convention on the Elimination of Racial Discrimination

CMW Convention on Migrant Workers and Their Families

CRC Convention on the Rights of the Child

CSO Civil Society Organization

CSP Consolidation Support Programme

DHS Demographic and Health Survey

DNSS National Division of Social Services

ETDF East Timor Defence Force

FOKUPERS Women’s Communication Forum

FRAP FALINTIL Reinsertion Resistance Programme

FRETILIN Revolutionary Front for Independent Timor-Leste

GDP Gross Domestic Product

HDI Human Development Index

HDR Human Development Report

HIV Human Immuno-Deficiency Virus

ICCPR International Covenant on Civil and Political Rights

ICESCR International Covenant on Economic, Social and Cultural Rights

ILO International Labour Organization

IMF International Monetary Fund

IMFTL Institute of Microfinance of Timor-Leste

IMR Infant Mortality Rate

INAP National Institute of Public Administration

IOM International Organization for Migration

IRC International Rescue Committee

JSMP Judicial System Monitoring Programme

MAFF Ministry of Agriculture, Forest and Fisheries

MDG Millennium Development Goal

MEC Ministry of Education and Culture

MICS Multiple Indicator Cluster Survey

MLCR Ministry of Labour and Community Reinsertion

MNEC Ministry of Foreign Affairs and Cooperation

NDP National Development Plan

NGO Non-Governmental Organization

NSO National Statistics Office

NHRAP National Human Rights Action Plan

OMT Organizaçao da Mulher Timor

OPE Office for the Promotion of Equality

RDTL Republica Democratica de Timor-Leste

Rede Feto Women’s Network of Timor-Leste

SEP Small Enterprise Project

SIP Sector Investment Programme

SME Small and Medium Sized Enterprises

STAGE Skill Training for Gainful Employment

STI Sexually-Transmitted Infection

TFT Total Fertility Rate

TOT Training of Trainers

U5MR Under-Five Mortality Rate

UNDP United Nations Development Program

UNFPA United Nations Population Fund

UNHCR United Nations High Commission for Refugees

UNICEF United Nations Children’s Fund

UNIFEM United Nations Development Fund for Women

UNMISET United Nations Mission of Support to East Timor

UNTAET United Nations Transitional Administration in East Timor

UNTL National University of Timor-Leste

USAID United States Agency for International Development

WHO World Health Organization

VCT Voluntary Counselling Testing

VPU Vulnerable Persons Unit

INITIAL REPORT

CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION
AGAINST WOMEN

(CEDAW)

**SUMMARY**



Material for Presentation to the Council of Ministers

**OFFICE OF THE STATE SECRETARY FOR PROMOTION OF EQUALITY**

2007

**Introduction**

According to Article 18, the purpose of the present Initial Report is to meet all obligations of the Government of Timor-Leste towards the Convention on the Elimination of All Forms of Discrimination Against Women. The Parliament has ratified this Convention and its respective Optional Protocol, without any reservations, on 16 April 2003. The present report covers the period from the independence on 20 May 2002 to 19 May 2006.

In 2002, the Secretary General, in his second report on the reform of the United Nations, ‘Strengthening the United Nations: An Agenda for Further Change’ (A/57/387), called for the treaty reporting process to be streamlined. Subsequently, in 2004, guidelines were drafted for a new reporting process (HRI/MC/2004/3), produced and adopted by the Office of the High Commissioner for Human Rights. These guidelines were reviewed the following year (HRI/MC/2005/3) and tested in Timor-Leste under an agreement by the Ministry of Foreign Affairs and Cooperation and the Office of the High Commissioner for Human Rights.

Under these draft guidelines, an expanded Common Core Document was prepared, together with a Treaty-Specific targeted report. The final Common Core Document, as presented as part of the initial CEDAW Report, includes information relating to the legal framework of Timor-Leste, the general framework for human rights protection and congruent provisions drawn from each of the seven core human rights treaties. These congruent provisions include issues such as equality and non discrimination; remedies; procedural rights; participation in public life and marriage and family life. The CEDAW Treaty-Specific section is intended to identify and focus on specific women’s rights issues and should be read in tandem with the Common Core Document in the overall context of human rights promotion and protection in Timor-Leste. The CEDAW Report also contains an annex on available data disaggregated by sex, in areas covered by the Convention, in accordance with the guidelines regarding the form and content of initial reports of State Parties (HRI/GEN/2/Rev. 1/Add. 2).

This initial report seeks to provide an overview of the status of women in Timor-Leste with a view to establishing how far the Government has advanced in meeting its obligations under the Convention. It has been prepared with the assistance of Government, NGOs and civil society as well as UN agencies and draws from a wide selection of research on women’s rights, including data, where available, from specific-line ministries and other sources such as the 2004 National Census. It highlights progress made in implementing the Convention as well as describing the current obstacles to and limitations on women’s enjoyment of rights in Timor-Leste.

It is hoped that this Initial Report will provide a basis for the preparation of the First Periodic Report, as well as an assessment of future needs and goals in the area of Women empowerment and for the development of policies and plans that enable those goals to be met.

This Report was prepared by the Office of the Advisor of the Prime Minister on the Promotion of Equality, under the guidance and coordination of the Multilateral, Treaties and Human Rights Division of the Ministry of Foreign Affairs and Cooperation.

**The Process**

A broad five phase process for the development of the treaty reports was developed in 2004 and presented to the Council of Ministers in February 2005. This plan has evolved overtime and remains flexible to evolve as the needs of the program require. Those broad phases established are as follows:

* Phase One: Preliminary planning
* Phase Two: Formal launch and socialization of the treaties and reporting process
* Phase Three: Governmental and community consultation to gather data for treaty reports
* Phase Four: Inter-ministerial consultation on draft reports
* Phase Five: Final edit and review, and submission of reports to Secretary General and Human Rights Committees[[1]](#footnote-1).

The Ministry of Foreign Affairs and Cooperation had the overall responsibility of coordinating the drafting of reports, with the Office of the Advisor on the Promotion of Equality (OPE) being specifically responsible for drafting the CEDAW report. A considerable degree of technical and financial assistance was received especially from UNIFEM, and there was also support from other United Nations Agencies, including the Human Rights Unit of UNMISET/UNOTIL, OHCHR, UNDP, UNICEF and UNFPA.

The process for data gathering for the Initial Report included a broad socialization campaign on CEDAW in five districts: Ainaro, Maubara, Baucau, Oecussi and Dili during 2005 and 2006. The socialization included training on the Optional Protocol to the Convention and the drafting of the Shadow Report. These activities were targeted at Government and Civil Society representatives from each district with the goal of increasing their awareness regarding the human rights of women, promoting a deeper understanding of CEDAW and strengthening the capacity to promote the rights of women through the implementation of the Convention at all levels. The results of these discussions, including the concerns raised and the priority recommendations, are included throughout the Report.

In 2004 a CEDAW Working Group was formed, consisting of representatives from the Government and civil society. The purpose of this Working Group was (1) to support the Office for the Promotion of Equality and the CEDAW Reporting Team in the assembly and collection of information for the Initial Report; (2) advising the Office for the Promotion of Equality and the CEDAW Reporting Team in regards to strategies for strengthening partnerships between the Government and civil society in the preparation of the Initial Report; (3) advising the Office for the Promotion of Equality and the CEDAW Reporting Team in regards to the development of public awareness campaigns in order to bring attention to CEDAW and human rights of women, especially in rural areas; and (4) advising in relation to strategies for promoting the use of CEDAW as an advocacy tool within the Government and civil society.

Having ratified the full range of core human rights treaties in 2003 and 2004[[2]](#footnote-2), Timor-Leste came under both an obligation to implement their provisions and to report to international Committees on progress in the implementation.

According to the Treaty, the CEDAW Initial Report is to be submitted after one year from the ratification, and the periodic reports are to be submitted every four years after the former.

*Tools*

Questionnaires were developed to enable data gathering for the Common Core Document and Treaty Specific Documents. These questionnaires are based on the specific provisions of the respective treaties as well as guidelines for reporting drafted by the OHCHR. The questionnaires were distributed to each government agency, through their respective gender and human rights focal points, and to regional focus groups, including the CEDAW Working Group, as a means to secure inputs from the whole of government, including the district level.

*Socialization*

According to the original plan, once all documents were drafted and translated into Portuguese, a series of inter-ministerial consultations would be conducted. This was expected to take place in February 2006. However, the plan was interrupted due to the crisis faced by the country.

With the purpose of ensuring an effective socialization program at the community level, the translation of the draft reports into Tetum was also planned, making use of the newly graduated pool of justice sector translators under the auspices of the Ministry of Justice, approved by the Linguistic Institute. The completion of this plan, however, was also postponed due to events in the country last year; however, translation of the CEDAW Report had already begun in 2006 and will recommence, pending final approval of the draft Report by the Council of Ministers.

Taking into account the difficulties resulting from the crisis, the processes of socialization and public consultation on draft reports was cancelled. Nonetheless this does not undermine the participatory nature of the reporting process, considering that the data gathering processes for both the CEDAW and CRC are based on extensive consultation at all levels.

Despite the changes in the original plan, it is important to reiterate that the following activities were conducted from December 2004 – August 2005:

1. Introductory meetings in each of the thirteen districts to inform participants of the Government’s reporting obligations and to encourage district participation in the reporting process.
2. Three cycles of regional workshops/focus groups were conducted with Government and Civil Society to gather information for the development of the CCD, CRC and CEDAW Specific Documents.
3. Training on the Optional Protocol to CEDAW in addition to Shadow Reporting was provided by representatives of the International Women’s Rights Action Watch (Asia Pacific) and supported by the UNIFEM South East Asia Programme.

It should be highlighted that the reports approved by the Council of Ministers and submitted to the United Nations, as well as the comments and recommendations from the Committees will be subject to a process of socialization in due time.

**Challenges**

There were many challenges in the reporting process, among those were:

* *Challenges in the implementation and coordination of CCD/reform* – this raised significant conceptual challenges. Trying to develop a methodology/questionnaire using guidelines for the CCD was an enormously difficult process as the CCD concept draws arbitrary distinctions in terms of what information should be placed in different sections of the reports.
* *Changing nature of international and domestic environments* - international treaty body reform is ongoing and constantly evolving making it difficult to know what ultimate structure for reports in future. In addition the domestic context of Timor-Leste is rapidly changing with news laws and policies coming into force everyday.
* *Resource intensive Need* – despite the attempt to simplify the reporting by way of reforms, the new mechanism still requires a high level of resources, thus remaining a challenging process for States.
* *Lack of awareness –* limited knowledge of treaties across government ministries and communities.
* *Ownership/Engagement of relevant actors* (including ministers, NGOs, Community) – it is a challenging task to secure whole of government input. Gender and Human Rights Focal Points at the ministerial as well as District Administration levels have made important contributions. However, both the GFPs and HRFOs are often not aware of, or do not have the authority to provide information on certain issues.
* *Lack of information* – an absence of current statistical and policy information.
* *Language problems* – translation of reports into three languages (Portuguese for Ministerial approval, Tetum for consultation/socialization and English for submission to United Nations) requires significant resources and risks loss of ideas/information in translation.
* *How to make reporting relevant to development planning?* – A question to consider in the future.

**Key Findings**

**OVERALL VIEW ON THE SITUATION OF WOMEN**

*The Situation of Timorese Women*

In Timor-Leste there is a dominant patriarchal system that delegates different functions and responsibilities to men and women.

This has consequences at various levels, e.g. there is a smaller investment in the education of girls, and there are more boys than girls attending higher levels of education.

Adult illiteracy rates are higher for women (25%) than for men (22%), according to the data from the 2004 Census.

Women have a smaller participation in the work force and are usually at the lower ranks of the hierarchies, with lower salaries, fewer benefits and less possibility to escalate in their professional careers. Overall women’s participation rate in the work force is 52%, while for men it is 69%.

Traditionally women do not participate in decision-making processes, which has repercussions on their preparation and social acceptance of women in politics, translated for instance in the fact that there are only 7 women Chiefs of Suco and 22 Chiefs of Village in the entire country.

Women health is weak, especially in regards to reproductive health. There is a high rate of malnutrition in pregnant women, maternal mortality is estimated at 800 by 100,000 live births and the fertility rate is approximately 7 children by woman. This is added to traditional practises that do not favour the health of the woman and the child.

There is a great incidence of Gender Based Violence, with women being the main victims.

*Progress made*

There is a growing awareness about the need to promote the role of women in society at all levels.

There is an increase in the participation of women in key decision-making roles, such as:

Various Ministers and Vice Ministers in core Ministries like State Administration, Planning and
Finance and Education and Culture.

26% of Parliamentarians are women

24% of civil servants are women.

The Constitution foresees equal rights and duties for men and women in family, cultural, social, economic and political life. It also ensures protection discrimination based on gender, as well as equal rights and obligations in terms of work and choosing a profession.

In order to ensure these principles the Office of the Advisor of the Prime Minister on the Promotion of Equality was set up, with the mandate of ensuring the implementation of Gender Mainstreaming throughout all the Government.

Significant steps towards the Gender Mainstreaming can be seen in the within some core Sector Investment Programs (SIP) and also in the fact that the Advisor to the Prime Minister on the Promotion of Equality is a permanent member of the SIP Working Groups.

The Electoral Law for Heads of Suco and Suco Councils gives women the possibility to be elected Heads of Suco and to participate in the Suco Councils.

There were gender Training and Awareness raising activities in all relevant Government Institutions and civil society.

Several events and campaigns were organized for raising awareness and addressing specific problems, such as Gender Based Violence, including in the media.

Several publications were completed, such as Gender Mainstreaming Guidelines in the Government, as well as research and training manuals.

**Common Core Document**

**Part I - General, Factual and Statistical Information**

Includes statistical overview as well as political history, general Constitutional, political and legal structure.

**Part II – General Framework for the Protection and Promotion of Human Rights**

This part provides basic information about the framework for the acceptance of human rights. It includes information on when and what rights can be suspended, i.e. state of emergency or state of siege, as well as information on any specific laws that limit human rights.

It also includes information on national and specialized agencies in Timor-Leste that work in the area of human rights, including the Office of the Advisor on the Promotion of Equality.

Lastly, this section provides factual information on other areas of interest, such as training and education programs on gender, the role of civil society Women Organizations and Gender Mainstreaming in all sectors of the Government. This section also includes information on the progress made on Gender Mainstreaming, including information on the policies outlined in the National Development Plan, progress made in the various sectors of the Government, the strategy adopted by OPE, the adoption of mechanisms to meet some of the pre-requisites for Gender Mainstreaming, such as gender analysis of legislation and sex-disaggregated data. It also covers the challenges found in the implementation of Gender Mainstreaming and the recommendations and immediate priorities of OPE.

**Part III – Rights Common to Two or More Treaties**

1. *Non-discrimination and equality*
	* Disadvantages towards specific groups in Timor-Leste include disadvantages based on gender.
	* Even though the Constitution ensures the equality of women before the law and equal protection of women, in reality access to the law by women is limited by several factors, such as few or lack of financial resources; lack of transportation; lack of knowledge of Portuguese, English or Tetum; limited knowledge about their rights protected by law, and the long time involved in completing legal procedures.
	* Traditional practises are also an obstacle in terms of accessing the law, especially referring to domestic violence and gender based violence in general. Women are often subjected to stigma and social pressure so that the cases are dealt with within the family.
	* It has been noted that the Ministry of Labour and Community Reinsertion can also adopt ‘special measures’ to overcome discriminatory practices and perceptions that hinder women’s equal opportunities and treatment in access to training and jobs as well as terms of conditions of employment. These measures are not considered discriminatory.
	* During the elections for the Constituent Assembly in 2001 various affirmative action measures were implemented for promoting the participation of women in the elections. As a consequence 26 percent of the National Parliamentarians are women.
	* In 2004 the Law on the Election of Heads of Suco and Suco Councils was approved, ensuring women the right to become Heads of Suco or to be elected to Suco Councils.
	* The MLCR, through SSD and together with a local NGO, the Alola Foundation, distributes around 700 scholarships to young women.
	* Efforts have been made to develop a domestic violence law that includes a maintenance law, ensuring support to victims of domestic violence and their children.
2. *Procedural guarantees (arrest and detention, criminal proceedings, traditional justice)*
* The penal system seeks the rehabilitation of prisoners through social and educational programs. Besides other programs developed by the Ministry of Justice and UNDP, OPE, together with UNFPA, implements an Anger Management program for Violent Criminals.
* Special support services (medical emergency, legal, psycho-social and counselling) are in place to support victims of domestic violence, sexual assault and child abuse. Key service providers are the Vulnerable Persons Unit (VPU) of the PNTL, Government agencies and NGOs[[3]](#footnote-3).
	+ Traditional Justice
* The formal dispute resolution system is costly and citizens are unfamiliar with it, thus “*Adat”* enjoys substantial community support. It is often perceived by the community as a more rapid and fair way of settling disputes.
* The structure of the traditional justice system is outlined in this section.
* The Hierarchical structure of the traditional system is evident in the inequalities that result of its application, for instance land inheritance prioritise men.
* Women are not normally included in traditional proceedings. They usually do not receive compensation from the perpetrator in traditional justice; normally this is given to male members of the victim’s family.
* Women are often pressurised by their families or the perpetrator to resolve a dispute, e.g., domestic violence, by traditional means and not use formal mechanisms.
* The use of traditional systems to solve serious crimes involving sexual assault is a cause for concern.
* There is still work to do in order to harmonise the traditional with the formal justice system.

*J) Participation in public life*

* + Right to nationality
* Constitutional guarantees; laws and regulations governing original and acquired citizenship including means to renounce citizenship.
* Role of the Ministry of Justice in the acquisition of citizenship.
* Equality of citizenship rights is emphasised, i.e. men and women enjoy the same rights, and many foreign nationals married to Timorese women, including Indonesian men, are not denied equal rights.
	+ Right to political participation
* Constitutional guarantee, including right to establish and participate in political parties, right and duty to vote and be elected, non-discrimination in political participation is emphasised.
* Framework of three types of elections set out i.e. Presidential, Parliamentary, Head of Suco and Suco Council.
* Establishment of Independent Electoral Commission with a strong representation of women (25%) to oversee and monitor elections and to receive complaints.
* Equal participation of women is strongly advocated by the Government; they occupy key positions of government including Minister and Vice Minister of State Administration, Minister and Vice Minister of Planning and Finance, Vice Ministers of Foreign Affairs and Education.
* 26% representation of women in Parliament, women in diplomatic posts and increasingly well represented in some ministries within the civil service.
* The 2004 Law on Suco Elections and Councils bestows upon women the right to become a head of village or to be elected to a village council.
* Obstacles to equal political participation include patriarchal culture; lower levels of women’s education coupled with high illiteracy rates; limited time for political participation due to extensive responsibilities within the home.
* The OPE has been active in its efforts to support greater political participation of women in Timor-Leste, through the program, ‘Supporting the Empowerment of Women’. Through the PERWL Programme, implemented with UNIFEM, it has undertaken training of potential women candidates and elected women officials during the period of the Suco elections. It has produced IEC materials and conducted media campaigns to encourage women to participate as candidates and exercise their right to vote in elections.
1. *Social and economic matters*
	* Living standards
* Timor-Leste remains one of the least developed countries, ranked only 140 on the Human Development Index.
* Two in five people are poor and the poor are mainly concentrated in rural areas.
* Children are the poorest whilst elderly are the least poor.
* Male headed households are consistently better off than female headed-households in terms of education, health and subjective well-being.
* Women are less likely to receive food than men or children.

*L) Marriage and Family Life*

* Marriage
* Family relations are governed by a combination of civil, religious, and customary law.
* Training of social workers and professional groups to deal with family relations is limited. Where training has taken place it is in the areas of health, justice and gender-based violence.
* Everyone is theoretically entitled to choose their spouse but there are obvious limitations in respect to marriages between certain members of certain families, for example cousin to cousin, though preferred marriage in Timor-Leste are between mother’s and brother’s daughter marriage (in effect cousin to cousin).
* Despite increased freedom of choice to marry, often husbands are chosen for a woman at her birth. A girl is not permitted to break the promise made by her parents, even if she does not like or indeed love her intended husband.
* Polygamy is outlawed but the practice continues. However, it is difficult to ascertain the true extent of the problem as the Civil Registry only requires the name of one of the wives to be registered. As a result, ‘first’ wives are neglected as husband’s time and money are spent with and on other families.
* The Constitution affirms equality in family life but traditional roles and understanding prohibit the full realisation of this right; this may be illustrated by the fact that hereditary titles are commonly passed down through the male line.
* Men are assumed as key actors in marriage, taking decisions on behalf of the family. Women are expected to defer to their husbands on most matters, routinely sacrifice for their husbands and be careful not to bring shame to the family.
* Main responsibility of women is to bear children while husband leaves home to find work and provide for his children.
* Gender role are rigidly enforced from a young age which can also result in limited development of women’s educational, interpersonal and other life skills.
* Since independence, cultural attitudes are beginning to change with the idea of equality gaining momentum. There is growing expectation for women to speak out on a number of issues.
* Both men and women can divorce according to the law, though the waiting period to enter a new marriage is different for men and women.
* Under traditional law, a man can separate from his wife but must make a significant payment to the wife’s family.
* In some communities, if a woman wishes to separate, a ‘substitute’ wife must be provided and no payment is required.
* Timor-Leste, as a strong Catholic society, does not advocate divorce and women are not supported if they wish to divorce.
* In few cases where divorce does occur this is mainly in families of higher income and for purposes of entering a new relationship.
* According to the law, men can marry at 18 and women at 15. It is accepted that child marriage takes place in Timor-Leste, mainly in cases where a marriage has been arranged at birth or as a result of extreme poverty where ‘*barlake*’ can be agreed upon.
* *‘*Barlake’/Bride price
* Bride price is not illegal and still observed in many districts with exchange of goods between the man’s family and the women’s family seen as most important in the act of marriage.
* Women activists claim bride price is the root of discrimination and inequality whilst elders assert it gives value to the women. Reported reality is that it does have ramifications for women in many aspect of married life and once ‘barlake’ is paid women are seen as the property of husband.[[4]](#footnote-4) As such, some human rights advocates believe that ‘*barlake*’ is a cause of violence against women.
* Consultations have suggested also that men feel victimized by pressure to pay substantial sums of ‘*barlake*’.
* Whilst many would be reluctant to eliminate *‘barlake’*, the burden on families is becoming unmanageable*.*
* Child care
* Constitution provides strong recognition of family, parental and community responsibilities towards a child with customary practice to be respected to the extent compatible with international standards.
* Equal rights and responsibilities in marriage are ensured in the law, nonetheless customary practice is such that equality does not necessarily exist.
* In general, there are two types of practices with regards to the upbringing of a child after the death of the father: the patrilineal and matrilineal systems. In a matrilineal system, in the event of the father’s death or divorce, the child stays with the mother. The mother holds the primary right concerning decision-making in the child’s upbringing. The opposite is true under the patrilineal system. In the event of divorce or the death of the father, and the mother does not re-marry, both the mother and the child continue to be part of the father’s family, and the responsibility for the upbringing of the child passes to the paternal extended family. If the mother decides to re-marry, the child continues to stay with the father’s family, and in some instances, the mother may lose the right to take care of the child. This could constitute a discriminatory practice for which formal legal and administrative solutions will need to be considered.
* The justice system is currently in a state of flux with limited state intervention in family affairs to date (usually only where serious breach of child’s best interests identified).

**SPECIFIC DOCUMENT**

**CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION
AGAINST WOMEN (CEDAW)**

* **Gender Based Violence (Art. 2 CEDAW)**
* Although a pervasive problem, little information existed before 1999 on the nature and extent of Gender Based Violence (GBV) in Timor-Leste. Only recently have women begun to articulate their needs and speak out on a problem that has traditionally been viewed as a private matter within the family.
* Half (51%) of all women consulted in a 2003 study by the International Rescue Committee stated that in the previous 12 months, they had felt unsafe in their relationship with their husband.[[5]](#footnote-5) Almost a quarter of women (24.8%) had experienced violence from an intimate partner.[[6]](#footnote-6)
* According to figures released by the PNTL, 492 cases of ‘domestic violence’ were received in the period from January to October 2005.[[7]](#footnote-7) Of these cases, two-thirds (330) came from Dili district alone. By contrast, statistics from the Office of the Prosecutor General for the same period only refer to 118 cases of ‘maltreatment’ and ‘domestic violence.’[[8]](#footnote-8) This indicates a drop in the number of cases that are brought to the Prosecutor through the police. Reasons for this include shame, economic dependency on the perpetrator, lack of support from family and frequent postponement of cases by the Court.
* There is a lack of uniform data collection standards throughout agencies and organizations working in the area of GBV. Many of the cases reported as ‘domestic violence’ could, for instance, involve sexual abuse of children. This makes it difficult to conduct proper comparative annual analyses or to track the progress of cases.
* Since 2001, OPE with the support of UNFPA, has implemented a project aimed at strengthening the national capacity to address gender-based violence. In the course of this programme, a Law Against Domestic Violence has been drafted and is ready for final presentation before the Council of Ministers once the draft Penal Code has been promulgated. This law goes further than current legal provisions in this area, providing a broader definition of domestic violence, including both direct and indirect physical, mental or sexual maltreatment. It also includes rules governing maintenance payments after a separation due to domestic violence and provides for the establishment of shelters for victims.
* OPE works alongside NGOs, some of which have been working in this area since 1999, to establish and strengthen a basic network of services for victims of domestic violence, sexual assault and child abuse. Key services for victims of GBV can broadly be grouped into the following categories: police (Vulnerable Persons Unit established in 2001); medical; psycho-social and legal services.
* It is still very difficult for the majority of women and children living in rural areas in Timor-Leste to seek the services of the referral network as these are mainly located in Dili.
* Currently there are informal networks and communication in place between service providers, but no MOUs or formal referral protocols between them to formalize referrals, which can lead to confusion.
* In 2005-2006, an initial draft of the ‘Domestic Violence, Sexual Assault and Child Abuse Protocol for Medical and Forensic Examiners’, which is a standard form with instructions and diagrams to collect evidence in domestic violence, sexual assault and child abuse cases was developed by one of the referral network partners. Training of doctors to perform forensic examinations is being carried out.
* In 2005, a programme on controlling anger and violent behaviour for prisoners who had been convicted of sexual and domestic violence, was launched by the OPE in conjunction with UNFPA. It forms part of a rehabilitation and prevention strategy and aims to give violent offenders the skills to avoid violence before they leave prison and return to their communities.
* With support from UNFPA and UNIFEM, OPE has organized training on domestic violence for police, prosecutors, judiciary, Heads of Suco and civil society.
* OPE has also worked with the Association of Men Against Violence’ (AMKV), conducting a series of community workshops focused on changing the attitudes of male members of communities towards women and the use of violence, while also creating a space for dialogue between men and women on this issue.
* OPE has undertaken a strong advocacy campaign to combat GBV. This includes the National 16 Days Campaign Against Violence and other media campaigns (television, radio, press) workshops with schools and activities with the Church.
* Although OPE has achieved much, especially in regard to legal developments such as Domestic Violence Law, advocacy on the draft Penal Code, which now criminalizes most sexual crimes and the Decree Law for Suco Leaders, who are now charged with preventing domestic violence in their communities, significant challenges remain. The problem of GBV in Timor-Leste is extensive and resources available to tackle it are currently limited. Admittedly, much work needs to be done in the area of ‘hearts and minds’, to bring about an attitudinal change within society ensuring GBV of any kind should is not tolerated.
* **Cultural Roles and Stereotyping (Art. 5 CEDAW)**
* At the Second Regional Women’s Congresses in 2004, participants publicly acknowledged and objected to patriarchal aspects of Timorese culture that have a negative impact on women and prevent them from fully participating in society, e.g., polygamy, ‘barlake’ and succession.
* Other negative forms of stereotyping include restriction of a woman’s mobility in that she can only leave the home on specific occasions, e.g., going to market or attending Church.
* Underage marriages are commonplace.
* A large population is seen as crucial to the success of Timor’s development. Both men and women believe that the country has to be repopulated, especially in the wake of the large number of conflict-related deaths during the Indonesian occupation. This is despite the health risks involved for women in having many children with little birth spacing.
* After birth, women are advised not to feed babies the first breast milk for several months as it is perceived that this milk is ‘contaminated.’ It is also a tradition for many women to wrap up their newborn babies for at least one month, believing that they should stay close to the fire and indoors and not exposed to the outside air.
* A woman’s cultural upbringing is such that she sees it as her duty to tend to the needs of her family first and is unlikely to seek and receive treatment unless she is seriously ill.
* Women are not being encouraged by their families to attend school as it is expected that they will leave their own family once they get married and, as such, there is little point in their husbands’ family benefiting from their education. In many cases there is also a lack of financial means preventing them from pursuing an education.
* Women are not expected or encouraged to become traditional leaders, including women from matrilineal clans. Women can assume leadership roles but only if they prove be as ‘capable’ or more than a man in the same position.
* Women are often subject to negative sexual stereotypes in the media in Timor-Leste, which often portrays them as victims and does not provide role models for change. Their identities are often published when reporting crimes.
* One of the key programme areas of OPE is to ‘Promote a Culture of Equality in Timor-Leste.’ Achievements in this area include training with media organizations on the principles of gender equality; production of radio programmes on CEDAW; publications providing an account of women’s participation and contributions to the resistance struggle and regular participation in seminars at national, district, and sub-district level, as well as in universities and schools.
* It is not easy to change negative stereotypes of women as these have been assigned to women for a long period of time.
* It is also recognized that there is much within Timorese culture that is of great value and should be preserved.
* **Trafficking and Prostitution in Women (Art. 6 CEDAW)**
* Human trafficking in Timor-Leste is a crime punishable by imprisonment. Trafficking of children carries a higher penalty.
* Timor-Leste is a destination country for trafficking for the purposes of sexual exploitation.
* It is not clear if Timor-Leste is a transit country or a country from which women and young girls are trafficked.
* The forthcoming Penal Code has been formulated with the express intention of penalizing those who are involved in crimes of trafficking, sexual exploitation of a third party, prostitution and pornography. However, there are currently no laws in place aimed at specifically protecting the rights of trafficking victims.
* At the time of writing, prostitution itself is not a crime under current Timorese law but, as described above, trafficking for the purposes of prostitution is considered an offence.
* The clients or ‘end-users’ of pornographic material are not penalized under the forthcoming Penal Code. However, if involved in the distribution, dissemination or importing/exporting of such material, they can be penalized.
* According to research, the majority of women engaged in sex work in Dili are Timorese, followed by Indonesian, Chinese, Thai and Philippine women. The average age to begin sex work in the surveyed group was 17 years.
* The majority of women take up sex work as a result of a trauma that deeply affected their lives e.g., previous sexual abuse by a close family member or friend and/or due to economic needs.
* Prostitution exists at the district level, albeit on a smaller scale than in the capital. Often these are very vulnerable women, such as widows, who have no other means to earn a living.
* Violent behaviour towards sex workers is frequent with many women having reported violent incidents that largely stem from client abuse. Many of the women engaged in the sex industry are shunned by the wider community, and isolated, especially in the districts.
* The Government has taken a number of steps to deal with the problem of trafficking in Timor-Leste. It has assigned responsibility to the Migration Department of PNTL for investigating cases of human trafficking under the Immigration and Asylum Act.
* There has been misunderstanding and misapplication of current laws on trafficking. Women engaged in sex work have been charged with trafficking offences and deported without ascertaining whether they were potential trafficking victims.
* The Government has responded to this problem by establishing an Inter-Ministerial Trafficking Working Group, consisting of government representatives such as the Ministry of Foreign Affairs and Cooperation, UN agencies such as IOM and NGOs. This Working Group, which at the time of writing is being restructured, aims to strengthen participation in all government sectors in order to raise awareness of trafficking issues within both Government and civil society. It also aims to provide guidance in the development of policies and procedures to ‘facilitate lawful migration and combat irregular migration including the smuggling and trafficking of persons in and out of Timor-Leste’.
* **Equality in Education (Art. 10 CEDAW)**
* One of the guiding principles in the Basic Law of the Education System is to ensure the equality of opportunities for both sexes.
* There is discrimination faced by girls in access to education due to traditional practices such as early pregnancy and marriage and heavy household duties.
* There are no gender differences at the primary school level in terms of enrolment; however, there are high drop out rates of girls from pre-secondary school level onwards.
* Heavy domestic chores, long distances from schools, school fees, concerns regarding discipline and lack of bathroom facilities in addition to cultural beliefs regarding education of girls are factors which prevent them from attending school.
* Examination results show that girls are benefiting from education in all age groups, though they tend to fall behind boys in older age groups.
* Women are under-represented in the teaching profession and educational administration.
* Teenage mothers are particularly disadvantaged and have little or no opportunity to return to school once they have had a child. There are few opportunities to help single, pregnant and young mothers who have not been able to acquire basic literacy skills.
* There is currently no systematic and nationwide government-funded programme to improve school attendance of girls in Timor-Leste.
* Efforts to systematically introduce sports activities, especially for girls, at more senior levels have been hampered by limited technical and human resource capacity and insufficient and inadequate equipment.
* There is a general lack of education on Adolescent and Sexual Reproductive Health in schools. The Ministry of Health, with the support of UN agencies, has developed a series of ‘Life Skills Workshops’ for schools targeting girls on areas such as reproductive health and HIV/AIDS as well as addressing issues such as relationships and gender, communication and decision-making.
* Women are generally under-represented in tertiary education. At this level, they tend to study subjects such as languages, education and economics.
* Gender differences are significant in adult literacy rates. A higher percentage of males than females at all ages above 9 years old are able to read and write.
* Literacy and adult education programmes have been established by different agencies, with varying degrees of success. The Department of Non-Formal Education (DNFE) in the Ministry of Education runs literacy classes in all 13 districts.
* There is difficulty in encouraging women to attend and actively participate in educational programmes. The reasons for their lack of involvement mirror many of the reasons for their lack of participation in political life – little or no support, family and child care responsibilities, lack of time, traditional community events which are considered more important than classes, lack of transport coupled with poor self-confidence in their abilities and the belief that they are ‘too old’.
* The reasons women have given for wanting to improve their literacy levels vary from being able to read newspapers, bus signs, tell the time, demonstrate more confidence in buying goods from the shops and markets, understanding the running of their businesses, understanding the Constitution and their rights therein and basic dignity.
* **Equality in Employment (Art. 11 CEDAW)**
* According to the 2004 Census, women account for 43% of all subsistence work (fishing and farming), although the percentage is higher in Dili with 66%. It is likely that the true figure is much higher as much of women’s income generating work tends to be underestimated or not included in official statistics. Women’s work is taken for granted as it is normally unpaid.
* Women face many obstacles which prevent them from taking advantage of opportunities in the informal sector. These include a low level of skills, cultural barriers, lack of time and mobility and a lack of markets for their products.
* According to data from the 2004 Census, women and men accounted for 43% and 57% of the labour force respectively. However, the participation rate for women was lower (52%) than that of men (69%). Currently, approximately 9% of all women are in paid employment, as compared to 13% of men. More men had paid work, especially in Dili.
* Women also had higher unemployment rates than men in the urban centres; one in four women is unemployed in comparison to one in seven men.
* Positions such as administrators, police, teachers and nurses, all of which are gender neutral in theory, favour men over women in practice.
* Of those women who do work, their representation in the Government was 24%; similar numbers were employed by the UN (25%) and NGOs (23%) and just under half of those working in private industry (48%) were women.
* Women’s equal opportunity in the area of employment has been denied by a combination of factors, e.g., many women do not apply as they lack the requisite of formal education and experience to be able to compete with men on an equal basis. Also, cultural beliefs prevent women from seeking employment outside the home. Working outside normal hours is not socially acceptable.
* Women in rural and remote areas find it particularly difficult to obtain information about employment opportunities, especially those with high levels of illiteracy.
* Of the jobs that do exist in the public sector, few women are employed and even less at senior levels. Women are mostly concentrated in greater numbers in areas such as education, health, labour and social services, but even in these sectors they constitute a minority.
* To date, there has been no formal labour study carried out in Timor-Leste and no specific information comparing the percentage of women working full-time and part-time.
* Since the approval and adoption of the Civil Service Law in 2004, the Government has been developing complementary Decrees intended to cover matters relating to the career development system, a retirement and pension scheme, leave, as well as appointment and performance appraisal.
* Women are not part of or encouraged to join trade unions. Each of the prominent five trade unions in Timor-Leste has female members, though their participation in these labour unions is still minimal.
* Measures to prevent harmful work are outlined in the current law. However, harmful work in Timor-Leste can also include household work, such as lung disease resulting from smoke or burns from cooking fire. Disease spread through water from working in the fields is also common as well as conditions such as a prolapsed womb from carrying heavy loads.
* Current laws prohibit sexual harassment in the workplace. Consultations with women organizations have indicated that sexual harassment in the workplace in Timor-Leste is a significant problem. The Mediation and Conciliation Division of the Ministry of Labour and Community Reinsertion has received a number of complaints from women.
* The Constitution confers women the right to be exempted from the workplace before and after delivery without any loss of benefits; however, there is no specific law that clearly states that pregnancy or a woman’s marital status should not affect her employment security.
* Many women who take maternity leave receive only a small portion of their benefits, do not receive any remuneration, or find that they no longer have a job to return to after the birth of their child. There is no state-funded child care service available for working mothers.
* **Equality of Access to Health Care Services (Art. 12 CEDAW)**
* Women are often denied access to health care as the costs associated with their needs are often higher than those of men in the same household. Women have identified getting money as a ‘big’ problem in accessing medical advice and treatment.
* Women often need their husbands’ permission to receive medical treatment.
* A lack of confidence and embarrassment at discussing intimate issues also prevent women from seeking medical assistance.
* Lack of information as to where to find services and long distances to Community Health Centres and Health posts, especially in rural and remote areas are further reasons as to why women do not seek medical treatment.
* The focus of women’s health services has been on provision for their reproductive health needs. However, women have faced difficulties in accessing health services for non-reproductive problems such as mental health, e.g., trauma and related psychological disorders.
* Few women are employed in the health service, at the administrative, managerial and service levels, although all midwives are female.
* There is limited pre-natal and post-natal care in the country. 53% of women from the highlands do not receive any antenatal care at all.
* The majority of women (57%) had been attended at least twice during their pregnancy, most in their early stages, before six months. However, according to medical standards, only 14% had an adequate number and timing of visits.
* Access to a skilled birth attendant, especially to emergency obstetric care, is limited in Timor-Leste. As such many Timorese women and their babies are still dying in labour, often at home.
* Complications that can arise during delivery include excessive bleeding, where death can occur within 1‑6 hours. This is a particular problem in Timor-Leste as often there is an initial delay in deciding to seek care, followed by a second delay in reaching health services before finally being denied appropriate care due to the fact that there are no blood supplies or doctors present at the nearest health facility.
* Factors contributing to high rates of maternal mortality in Timor-Leste include low utilization of skilled birth attendants; irregular ante-natal check-ups; short intervals between births of children; tuberculosis, malaria and other diseases and a lack of access to essential and emergency obstetric care.
* The overwhelming majority of women (90%) of women give birth at home, followed by 9% in public health facility and a minority (1%) in a private health facility. Traditional medicine continues to play an important role in Timor-Leste.
* The majority of births are assisted by a relative or friend (61%). Next in importance is the Traditional Birth Attendant (19%) followed by a nurse or midwife (16%).
* At the request of the Ministry of Health, UNFPA has designed and begun to implement a training programme for midwives and doctors on basic emergency obstetric and neonatal care. Training is taking place at the National Hospital in Dili and the referral hospitals in Baucau, Suai, Maliana and Oecussi.
* The Government is also planning to pilot maternity waiting homes in five districts, whereby pregnant women enter the hospital two weeks before their due date. This is part of an overall drive to encourage skilled attendants at birth and to enable access to emergency obstetric care in the event of life-threatening complications.
* The knowledge and use of contraception among women in Timor-Leste is very low. There are also very low levels of awareness or knowledge of HIV/AIDS and STIs in Timor-Leste, especially among women.
* The Ministry of Health, again with the support of UNFPA, is in the process of developing a Behavioural Change Communication Strategy for Reproductive Health in 2007 which will focus on a number of areas such as Safe Motherhood, Family Planning, Adolescent and Reproductive Health and HIV/AIDS. It is envisaged that this strategy will form the basis for planning behavioural change communication (BCC) interventions in selected districts and, as a consequence, increase demand for and utilization of health services. The strategy will be implemented through the National Family Planning Promotion Campaign.
* The Ministry of Health is planning to implement a ‘Family Health Promoter Programme’, in which key individuals such as community leaders will be trained in health promotion. It is hoped that eventual implementation of this programme will raise awareness of health issues, especially in the districts.
* **Economic and Social Benefits for Women (Art. 13 CEDAW)**
* In accordance with the guarantees of non-discrimination as asserted in the Constitution, access to credit should be made available without discrimination.
* Women have virtually no access to credit. Women often need references, husband’s signature or have difficulty filling out the forms as they are illiterate and, as such, cannot apply for loans.
* Lending facilities tend to target what they consider productive activities and for the most part ignore activities in the informal sector, where the vast majority of women work.
* There is a trend to fund male-dominated activities.
* **Rural Women (Art. 14 CEDAW)**
* Just under three-quarters of the total population live in rural areas and women account for 49.7% of the total rural population.
* There are more female headed households in rural than urban areas. These households have been identified among the most vulnerable population.
* In rural areas, just less than 90% of all female employment is in the agricultural sector. 70% of women in agriculture compared with 46% of women in non-agriculture do not receive payment for their services.
* As already noted, rural women face problems in relation to accessing health care, training and education (especially secondary schools and tertiary education) and credit.
* They are less likely to receive ante-natal and emergency obstetric care than women in urban areas. Infant mortality rates are especially high in western districts.
* They are also less likely to discuss matters relating to family planning with their husbands than urban women and a low level of knowledge about sexual health in general increases their vulnerability to STIs and HIV/AIDS.
* Rural women have very high levels of illiteracy.
* The lack of employment and income-generating activities leaves rural women and especially widows in an extremely vulnerable position.
* Access to safe water, sanitation, adequate housing and electricity supply is very low in rural areas, which greatly impacts on the lives of women in these areas.
* Women have a specific responsibility to collect water and oversee its use in their homes, they are not considered to be knowledgeable on water, nor is their knowledge considered necessary. In some rural areas, women have been excluded from decision-making on issues such as location of tap stands or wells as this was viewed as too technical.
* Access to roads and communications is another major constraint facing rural women, with disruption to both road systems and communication, particularly in the higher mountain areas, and particularly during seasonal wet periods.
* Infrequent transportation has a negative impact on productivity; it hinders access to health facilities, schools, markets and information.
* The types of land transactions in which a woman can engage depend on whether she is from a matrilineal or patrilineal family. In matrilineal families, a woman can buy, sell or lease land. The opposite is normally true for women from patrilineal clans.
* **Equality for Women before the Law and in Civil Matters (Art. 15 CEDAW)**
* In accordance with the Constitution, women and men shall have the same rights and duties in all areas of family, political, economic, social and cultural life.
* Women have difficulty accessing the formal justice system, e.g., obstacles preventing them from communicating with the police, such as lack of telephones in homes (and external-lines in police stations), lack of transport to and from police stations as well as lack of finance to pursue a case and support from family members and/or family responsibilities. In cases of domestic violence, the alleged abuser often prevents them from leaving the home to report the crime.
* Women have little or no knowledge of their basic legal rights or formal legal mechanisms.
* In case of domestic violence, women often perceive the police as incapable of handling the case, that they haven’t received sufficient serious injuries beyond threats or that they will not actually believe them if they report an incident.
* Cases move very slowly through the formal justice system and, as a result, there is no perceived ‘justice’ for women.
* Women’s participation in hearings (traditional or formal) is minimal and often superficial, as they often do not understand the language of the proceedings.
* Rulings handed down in cases often reflect the cultural beliefs and biases of the justice administrator and society as a whole. In domestic violence cases, women are often blamed for causing the violence themselves.
* In theory, women are free to enter into contracts and change residence as stipulated under Art. 15 CEDAW. However, in practice, women enjoy limited ability to engage in matters outside the sphere of the home. In practice, marriage does affect the place where a woman can live, unless she is from a matrilineal line, and then she can live on her own family’s property.

***Art 2: CEDAW Anti-Discrimination Measures: Gender - Based Violence***

**Setting**

Although a pervasive problem, little information existed before 1999 on the nature and extent of gender-based violence in Timor-Leste. This had as much to do with many Timorese women choosing to remain silent about intimate violence they had suffered in their homes as well as at hands of state security forces or militia during the years of Indonesian occupation. It was generally known that rates of intimate violence against women in the country were high, mainly due to factors such as societal violence and patriarchal attitudes.[[9]](#footnote-9) However, it was not until 2002-2003 that comprehensive quantitive studies into the incidence of gender-based violence in Timor-Leste were published by the International Rescue Committee (IRC), the key findings of which are outlined below. Indeed, women have only recently begun to articulate their needs and speak out on a problem that has traditionally been viewed as a private occurrence within the family. The violence perpetrated against women during occupation has been raised in a public domain at the CAVR hearings and their testimony is on record in the CAVR final report.

**Nature of Gender-Based Violence in Timor-Leste**

In accordance with CEDAW General Recommendation No. 19 (24.u) on Violence Against Women, the Government can report that gender-based violence in Timor-Leste takes several forms: domestic violence; sexual assault; trafficking for sexual exploitation[[10]](#footnote-10) in addition to the violence committed during the Indonesian occupation, which included systematic rape, torture, slavery and enforced sterilization of Timorese women.[[11]](#footnote-11)

Research conducted in 2003 has shown that:

* Half (51%) of all women consulted stated that in the previous 12 months, they had felt unsafe in their relationship with their husband.[[12]](#footnote-12)
* Almost a quarter of women (24.8%) had experienced violence from an intimate partner.[[13]](#footnote-13)
* The most common types of violence suffered were physical abuse, with one-fifth of women reporting being kicked, punched, slapped and having hair pulled in addition to psychological abuse, where a husband threatened to harm the children or prevented his wife from making her own decisions.[[14]](#footnote-14)
* In 4% of cases, women reported their husbands as threatening to kill them.[[15]](#footnote-15)
* Women who married young are significantly at greater risk from some forms of intimate partner violence, especially intimidation and control.[[16]](#footnote-16)
* The most common reported injuries resulting from domestic violence included psychological effects such as nightmares, sleeping difficulties and feeling constantly afraid (22%); loss of consciousness (13%); bruises, scrapes or welts (12%); deep wounds or cuts (11%) and unwanted pregnancy (9%).[[17]](#footnote-17)
* Just under a third of (30.4%) all women who reported physical injuries went to a health centre for treatment.[[18]](#footnote-18)
* Over half of the women surveyed (51%) strongly agreed that ‘a man has a good reason to hit his wife if she disobeys him.’[[19]](#footnote-19)
* An overwhelming number of women (84%) concurred with the statement that ‘family problems should only be discussed with people in the family.’[[20]](#footnote-20)

*Community attitudes towards gender-based violence*

During consultations on the draft national domestic violence law (see below), both the OPE and NGOs found that tolerance of the consequences of domestic violence is quite high in Timorese society. Incidents such as ‘loss or breaking of a part of a body’ or a ‘beating that results in injury, swelling or sprain’ were seen by communities as moderately severe and therefore a suitable resolution in these cases would be mediation by their community leaders. If the violence was continuously repeated or particularly severe, then the problem would normally be referred to formal justice.[[21]](#footnote-21)

Consultations have shown that many people turn to traditional justice to deal with cases of domestic violence with the belief that abusers should not be incarcerated for their wrongful actions, rather undertake community work or be publicly shamed.[[22]](#footnote-22) Similar to the practice of ‘barlake’ (outlined in the section on ‘Marriage and Family’ in the CCD), a payment of a buffalo, cow or pig is made to the woman’s family, only here as compensation and as a way of putting an end to the shame associated with the incident. Usually, a woman does not participate in any mediation process and the perpetrator’s violence against her is examined in light of general observations about her personal qualities. Men are rarely blamed for violence and many women suffer in silence, approaching no-one for help.

*High-profile cases*

Unfortunately, there has been a number of high-profile cases of violence against women in Timor-Leste recently. In September 2005, a woman was admitted to Baucau Hospital after suffering a brutal attack in which her husband cut off one of her arms and her other hand with a machete. After a lengthy operation, her arm was sewn back on but her other hand could not be saved. A local women’s centre was contacted and it provided clothing and support for the woman, after which, the Victim Support Services from JSMP, a Dili-based legal NGO (see below) started to investigate her case. Information from the Vulnerable Person’s Unit (VPU) (see below) of the national police in Baucau indicated that the victim had been attacked on two previous occasions by her husband. In the second incident, he also attacked her with a machete. He received a prison sentence for this assault. At the time of writing, the victim’s husband is on remand at Baucau prison, waiting for the case to come before court.

In January 2006, a woman in the enclave of Oecussi was allegedly gang-raped by five Indonesian military officers in Indonesia, after crossing illegally into its territory to smuggle fuel. The case outraged many people in Timor-Leste and a demonstration was organised by civil society groups to raise awareness of this case. The victim was bought to Dili by Caritas Australia and received necessary medical treatment at the National Hospital and trauma counseling from two NGOs, PRADET and Fokupers (see below). The OPE prepared a report on the case, distributing it to relevant ministers. After two weeks of treatment in Dili, the victim was flown home to Oecussi and the OPE agreed to follow-up on the case. An Investigation Commission, headed by the Prosecutor-General, was established by the Ministry of Foreign Affairs in response to this case. At the time of writing, Government agencies are developing a set of ToRs for a joint investigation with the Indonesian government into the incident.

*Limiting enjoyment of human rights*

The Government recognizes that gender-based violence in all its forms greatly hinders the ability of women to enjoy their basic human rights and can be considered a health problem. Not only are women at physical risk and possible death, they are susceptible to trauma and other disorders such as depression and anxiety. The Ministry of Health policy document on reproductive health emphasizes improving women and men’s knowledge, screening and support services to respond to gender-based violence as part of overall reproductive health services across the country.[[23]](#footnote-23)

As a consequence of violence within the family, many women’s activities outside the home, such as pursuing education, seeking employment or spending time with other family members and friends may be restricted due to the threat of further violence. The Government also appreciates that the effects of this problem on children are also severe. In one survey, two out of every five respondents stated that, as a child, they had witnessed their parents punching or slapping each other and 73% reported that they had suffered similar violence at the hands of their parents.[[24]](#footnote-24)

**Legislation on Gender-Based Violence**

*Current legal framework*

At the time of writing, the current applicable criminal law in Timor-Leste is still the Indonesian Penal Code in addition to criminal procedures contained in UNTAET Regulations.[[25]](#footnote-25) As such, Indonesian law has been employed in many cases relating to gender-based violence.

*Current provisions on domestic violence*

According to Articles 351-356 of the Indonesian Penal Code, domestic violence is not considered as a separate crime and charges against alleged perpetrators are usually filed under ‘maltreatment’ or murder, depending on the acuteness of the injuries of the victim. Only if convicted of ‘maltreatment’ of a family member is the ‘domestic’ nature of the crime taken into account, resulting in the sentence being increased by one third. Otherwise, the domestic aspect is not considered at all.

*Current provisions on sexual violence*

The Indonesian Penal Code legislates for a number of crimes of sexual violence, such as rape. Article 285 states that:

“Any person who with violence or threat of violence forces a woman who is not his wife to have sexual relations with him, will be punished, for the violation, with a sentence of imprisonment up to 12 years”.

Article 287 (1) further states that any person, who out of marriage has carnal knowledge of a woman whom he knows or should reasonably presume that she has not yet reached the age of fifteen years, or if it is not obvious from her age, that she is not yet marriageable, shall be punished by a maximum imprisonment of nine years’.

These provisions are subject to Rule 34.3 of UNTAET Regulation 2001/25 on Transitional Rules of Criminal Procedure, which goes further, providing a definition of force to include threats, duress, detention or psychological oppression and what constitutes consent in sexual violence cases.

*Problems with the current law (Indonesian Penal Code)*

Although the UNTAET Regulation also considers psychological violence, the definition of rape is very narrow, seemingly dependent on whether force is used and rape within marriage, as well as rape of a male, are not deemed a crime. Also, the injuries a victim suffers must be extreme in order to bring charges and where there has been a sexual assault, it is the police and not the victim who determines whether a forensic examination should be carried out. For further details, see section below on ‘*Results of Cases*.’

**Draft Law Against Domestic Violence**

In accordance with CEDAW General Recommendations No. 12 (1) and No. 19 (24.b), the Government of Timor-Leste has identified domestic violence as a priority issue in the National Development Plan, the Justice, Rights and Equality SIP and the CSP. It is also identified as a basic indicator in the achievement of the third Millennium Development Goal. Since 2003, specific legislation prohibiting domestic violence in Timor-Leste has been developed, under the coordination of the OPE, and a draft provisionally approved by the Council of Ministers in 2005. At the time of writing, it is anticipated that this law will be promulgated immediately following the new Penal Code in late 2006 or early 2007.

*Background*

The first National Women’s Congress, which was held in 2000, identified domestic violence as a cause for great concern. Following this, discussions began with a view to drafting the new domestic violence legislation. The OPE, with the assistance of UNFPA, sought opinion from the domestic violence working groups consisting of Timorese lawyers, judges, social workers, NGO representatives as well as key Government departments such as the Ministry of Justice, established to consult on this issue. It was felt that the law should reflect the reality of the Timorese context.

The OPE then held further consultations throughout the regions in 2003 and the drafting team consulted with other actors such as Church representatives, Government officials and UN agencies, as well as taking into account key pieces of international human rights legislation such as the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and its corresponding jurisprudence in the form of General Recommendations.

*Draft Law Against Domestic Violence*

The most recent round of consultations have centred on harmonizing the draft domestic violence law with provisions set out in the draft Penal Code. The law, as last submitted to the Council of Ministers in 2005, includes aspects of civil and criminal law and contains references to support services (see below the section on ‘Support Services for Victims of Gender-Based Violence’) in cases where there is a breakdown in relationships due to domestic violence. It also details the roles and responsibilities of those who will provide these services, including Government, traditional and community leaders, police and civil society. In addition, the law considers domestic violence from the perspective of gender, with the result that it could be used in response to abuse suffered by male victims.

Furthermore, the forthcoming domestic violence law goes further than current legal provisions in this area, providing a broader definition of domestic violence that includes both direct and indirect physical, mental or sexual maltreatment, which consequently would ‘keep the victim in a stereotypical role associated with gender’ or which would, inter alia, ‘deny their human dignity, sexual autonomy … and moral integrity.’[[26]](#footnote-26) There is currently no provision for situations of economic abuse, as recommended in paragraph 23 of CEDAW General Recommendation No. 19 on Violence Against Women.

This draft legislation again goes further than current law in that it recognizes a wide array of domestic relationships, which do not only include formal marriages as sanctioned by the Church, but also common law relationships, in a ‘situation analogous to marriage’[[27]](#footnote-27), extended family members, household servants and people living in the household.

The legal processes to deal with domestic violence and the kinds of punishments for offences of domestic violence are also included in the Law, with reference to the specific provisions in the forthcoming Penal Code. Penalties are not just limited to imprisonment[[28]](#footnote-28); however, any alternative punishment is not described and would be decided at the discretion of the Court.

The new law will also include rules governing maintenance payments after a separation due to domestic violence (see below). Furthermore, the Government will bear the responsibility to provide education on domestic violence, for example, within the school curricula.

At the time of writing, the OPE is preparing a strategy to lobby Parliament, the focus of which would be to assist Parliamentarians in their understanding of the content and operation of the domestic violence legislation as well as to gain their support for the approval of the law. Upon promulgation, the OPE plans to organize a national campaign to raise awareness and inform the general public about the law, at local and national levels. This would be followed by formal training to the police, prosecutors and judiciary on the use and application of the legislation and awareness-raising activities with local justice and local authorities. Eventually, the OPE plans to formulate a National Action Plan on Gender-Based Violence.

**Data on Gender-Based Violence**

In accordance with CEDAW General Recommendation No. 12 (4), the Government is providing statistical data on the incidences of violence of all kinds against women. The Government can report that the police began collecting data on cases of gender-based violence in 2000. In 2003, the VPU initiated investigations into 445 cases of gender-based violence, the majority of which were classified as ‘domestic violence’.[[29]](#footnote-29) In the first eight months of the following year, 2004, the number of gender-based violence cases reported to the PNTL decreased to 370; nonetheless, they did represent two-thirds of the overall number of cases being reported to the police during this period. Correspondingly, from June 2003 through July 2004, the Office of the Prosecutor was dealing with 201 cases of domestic violence and 115 rape cases.[[30]](#footnote-30) In terms of the percentage of sexual assault cases appearing before the four district courts in Timor-Leste, Dili ranked second (23%) behind Baucau (28%), with Suai and Oecussi both at 13%. [[31]](#footnote-31)

In 2005, there was an increase in the numbers of cases reported, which, according to the VPU, was not indicative of an increase in the prevalence of gender-based violence in the country, rather people were gradually becoming more aware of their rights.[[32]](#footnote-32) According to figures released by the PNTL, 492 cases of ‘domestic violence’ were received in the period from January to October 2005.[[33]](#footnote-33) Of these cases, two-thirds (330) came from Dili district alone. In this same period, Dili National Hospital received a total of 131 cases relating to gender-based violence.[[34]](#footnote-34) However, by contrast, in November 2005, statistics from the Office of the Prosecutor General only refer to 118 cases of ‘maltreatment’ and ‘domestic violence.’[[35]](#footnote-35)

The recent data from other service providers working in the field of gender-based violence provides some further breakdown as to the nature of the assault and the relationship of the perpetrator of the abuse and the victim. Figures from a leading women’s NGO, Fokupers, show that 37% of all cases received during the period 2000-2005 involved domestic violence; 14% related to sexual assault, 5% related to child abuse and just under a third of cases (30%) involved violence as a result of the victim breaking a promise, particularly in the context of an intimate relationship.[[36]](#footnote-36) Just under half (49%) of all cases reported in 2004 to the PRADET ‘Fatin Hatmatek’ Safe House at Dili National Hospital, involved child sexual assault, where the victim was under 18 years old.[[37]](#footnote-37) Often, the abuser is known to the victim; in 2004, PRADET identified two out of every five cases where the offender was a husband; in one in every five cases, it was a close member of the family.

*Problems with data collection*

It is clear that there is a lack of uniform data collection standards amongst the respective agencies and organizations working in the area of gender-based violence. Different organizations are using different methods for collecting data, including different terminology and classification of cases, not all of which are based on legal definitions of crimes. Many of the cases that are reported as ‘domestic violence’ could, for instance, involve child sexual abuse. In addition, some health facilities in the past have not asked specific questions to establish whether a woman has been experiencing gender-based violence. Admittedly, it is then very difficult to conduct proper comparative annual analyses or to track the progress of cases.

The Government is cognizant of its responsibilities under CEDAW, in particular, its General Recommendation No. 19 (24.c) and the suggestion to State Parties to collect and encourage the compilation of statistical data and research on all kinds of violence against women. With the assistance of the Timor-Leste Police Development Programme, (a joint initiative of the Australian and UK governments to support the PNTL), it is currently developing a more comprehensive crime database for the PNTL, which would include information such as a one-page crime report, which would be completed at the scene of the incident. The current data system only refers to cases which have been solved, although there is a growing recognition of the need to record the details of unsolved cases. Through the referral network of support services, the Government is strenuously working towards the establishment of a central agency, (most likely based in the NSO) which would assume responsibility for the compilation and publication for standardized data on the number of complaints of, *inter alia*, domestic violence, sexual assault and child abuse in Timor-Leste in addition to the identities of the investigating officers, whether a case was referred for prosecution and its final outcome.

*Trends in reporting of cases*

Only a very small number of cases relating to gender-based violence are reported to the police, and only then, as a last resort, when the traditional means of resolving cases have failed. This is partly due to the public perception of the police force stemming from Indonesian times, as an organization which was corrupt and used inappropriate force. It is also due to the fact that much of Timorese society still looks to traditional leaders in communities for dispute resolution, viewing them as generally more accessible and just.

A pattern has emerged in that some victims come forward to report alleged abuse several months after an incident has taken place. NGOs, such as PRADET, who provide support services, often receive women who have become pregnant as a result of an assault and whose pregnancies have become obvious to the wider community. Furthermore, cases of child abuse are more frequently reported to the police, as the recent widely-publicised case in early 2006 of a teacher, who allegedly abused a number of children at his school in Dili, demonstrates. Children do not suffer the same level of blame attributable to adult victims of sexual assault.

*Results of cases*

Although it is evident that cases of gender-based violence are being reported to the police, over the past few years there has been an obvious drop-off in the numbers of cases that are being referred to the Prosecutor’s Office and a further decrease in the numbers of cases being heard before the Court and followed through to sentencing.

The reasons for the decrease in the number of cases that are referred by the police to the Prosecutor’s Office and those cases that proceed to the Courts are similar. Many victims and/or their families decide to withdraw the complaint and request no further action, due to economic dependency on and possible threats of further violence from the perpetrator. Sometimes they withdraw due to frequent postponements of cases by the Court. At the time of writing, the Prosecutor’s Office is experiencing a severe back-log in the processing of cases and as of November 2005, there were 2,758 cases pending in the four district courts.[[38]](#footnote-38) Other cases do not reach Court because the public prosecutor, who has given the go-ahead to withdraw these cases, prefers to mediate between the parties. Often, the prosecutor has referred cases back to the police (asking them to provide further evidence) or to traditional justice.

The results of a two-month monitoring session in 2003 by the Women’s Justice Unit of a local NGO at Dili district court showed that over half (55%) of all the criminal hearings scheduled involved women and 78% of these involved serious sexual assault.[[39]](#footnote-39) During this monitoring period, however, no domestic violence case was scheduled for hearing and, moreover, there were no final decisions reached in cases involving women.[[40]](#footnote-40) The same NGO found that, in the period April 2004 – February 2005, the four district courts heard 50 gender-based violence cases and a reached a decision in only 8 of these cases, which included domestic violence and sexual assault cases.[[41]](#footnote-41)

Similarly, in the period April – November 2005, 35 separate gender-based violence hearings were monitored by JSMP Decisions were reached in 13 of these 35 cases: 10 involved sexual assault (9 rape cases and one case of harassment) and 3 cases related to domestic violence (two assaults and one murder). Ten cases resulted in a conviction. All the defendants were men; all but one were family members or known to the victims. All the victims were women, half of which were minors under Indonesian law when the crimes occurred. The average age of the victims of sexual assault was 14.67 years. Only one of the victims was married.[[42]](#footnote-42)

These statistics do not reflect the total number of hearings of gender-based violence during this period. However, they do indicate that very young, unmarried women victims, particularly of sexual assault, are reporting their cases to the formal justice system. Adult married women are not bringing their cases to the police, possibly because under current Indonesian law, rape within marriage is not a crime.

In the analysis of judicial decisions, the same research has shown that, on the whole, sentences are low in cases of gender-based violence.[[43]](#footnote-43) For instance, in cases where the crime of ordinary rape was proven, the maximum sentence given was 6 years, yet the maximum sentence under Art. 285 of Indonesian Penal Code is 12 years. In the case of the defendant charged with murder, he was found not guilty of this crime, but guilty of grievous bodily harm and received 3 years imprisonment. Maltreatment under Arts. 351 and 353 of the current law carries a penalty of 7 years if it causes death. If, under Arts. 354 and 355, it is a case of serious maltreatment, the sentence then rises to 10 years and 12 years if premeditation is proven. However, the two cases of maltreatment monitored during this period, the sentences handed down were of 4 and 18 months respectively. At the same time though, civil remedies are being given, thus formally recognizing the difficult situation in which many victims are left as a result of suffering sexual violence. For example, one judge requested a defendant to pay USD 1000 to his victim over and above his custodial sentence, to make amends for damaging her marriage prospects and thus her long-term financial prospects through marriage.

Courts are now looking at consent in sexual assault cases; however, this research has found that it is being considered in cases where the alleged abuser did not raise it in his defence or where the charge is statutory rape and consent cannot be used as a defence.[[44]](#footnote-44) With regards to force, the courts are still relying on physical force being used in rape cases and are not considering psychological threats.[[45]](#footnote-45) Lack of evidence of physical injury is sometimes being equated with lack of force or consent. It was noted that some of the judiciary are becoming more aware of why some women report gender-based violence long after the incident took place, due to shame and embarrassment. However, much emphasis is being put on witness demeanour and less on the quality of evidence.[[46]](#footnote-46)

Lastly, these cases demonstrate that traditional justice is being incorporated, to some extent, in judicial decisions.[[47]](#footnote-47) In one case from Oecussi, the prosecutor introduced evidence from a local Chefe and relied on this as one reason in finding the accused guilty of rape. The family of the victim had tried the traditional *adat* process as a means of resolving the matter, but this method had failed, so the case was brought to the police. The defendant received a six month suspended sentence and was ordered to pay the victim USD 100 and a buffalo in compensation.[[48]](#footnote-48)

**Government Policy to Eliminate Gender-Based Violence**

The problem of gender-based violence in Timor-Leste is of major concern to the Government and, in particular, the Prime Minister views this as a very serious issue. Speaking on the International Day for the Elimination of Violence Against Women in 2005, he recognized that many Timorese women were victims of violence which was a direct violation of their human rights and, ultimately, restricted their capacity to participate completely in the economic, political and social life of the nation.[[49]](#footnote-49)

Since 2001, the OPE, with the support of UNFPA, has implemented a project aimed at strengthening the national capacity to address gender-based violence. The main focus of this project has been to carry out research on gender-based violence, particularly domestic violence; conduct public awareness-raising campaigns on the issue; devise national legislation on domestic violence in addition to improving the basic quality of services for victims of gender-based violence.

Bearing in mind CEDAW General Recommendations No. 12 (2) and No. 19 (24.a), the current programme, 2004-2008, has four key objectives, which are:

* Adoption of a Domestic Violence Law, followed by a national campaign;
* Contribution to the capacity of national structures;
* Establishment of a functional network of services to support victims of domestic violence;
* Implementation of strategies to eliminate gender-based violence.

The OPE takes part in the Community Violence Coordination Meetings (CVCM) group, another coordination mechanism in the area of gender-based violence. The CVCM group has a long history in Timor-Leste and originally started in 2001 as a means of bringing all the relevant actors together working in the area of gender-based violence. The group now consists of the Department of Social Services (DNSS) from the MLCR, NGOs such as Oxfam, Caritas Australia, the Alola Foundation, Rede Feto, and more recently, the Association of Men Against Violence (see below). The CVCM meets monthly to share information about activities and gender-based violence cases.

*Public education*

As already outlined in the CCD, the OPE has made significant efforts to raise awareness of the problem of violence against women in Timor-Leste, both at district and national levels. In addition to some of the activities already described, there has been public education in the form of workshops, theatre and music performances, radio and TV campaigns, development of IEC materials, including pamphlets as well as organizing activities as part of the annual world-wide 16 Days Campaign of Activism Against Gender Violence and International Women’s Day.

In 2004, a popular local theatre group, Bibi Bulak, produced an eight-programme radio drama series highlighting the problem of gender-based violence, equality for women and education for the girl child. A total of twenty copies of the drama series were produced, which were distributed to 16 community radio stations nationwide and to a national radio station in Dili. These were all aired during the 16 days Campaign of Activism Against Gender Violence in November/December 2004. The group also completed a 16-performance tour of the districts of Aileu, Ainaro, Suai, Bobonaro, Liquiça and Oecussi on the theme of domestic violence and family reconciliation. The group subsequently produced a television series for airing on TVTL, highlighting issues of gender inequality and the impact of violence in the home. The series of eight 15-minute episodes was broadcast on television throughout July and August 2005. The program was promoted through radio advertisements to maximise the viewing audience, and received some positive press in the daily newspapers.

In the same year, the OPE along with UNFPA provided training for ‘Joventude Interese Desenvolvimento’ (JID), a NGO of young university students. This NGO was keen to improve its knowledge of the issue of domestic violence and strengthen its ability to organise and deliver workshops to rural communities in an attempt to change societal attitude and behaviour in regards to this problem. The group held a workshop on domestic violence in Venilale, Baucau District in October 2004, with further ‘base discussion’ activities in Baguia and Atauro Island in late 2005. At the time of writing, it has been looking to conduct further base discussion and community mobilisation activities in Oecussi and Suai. It has also been vocal in the media in relation to the issue of domestic violence.

In the ‘Labele: Violensia Domestika’ (‘Do not: Domestic Violence’), organized by the OPE, the MLCR and other NGOs and UN agencies in 2002-2003, several thousand posters and pamphlets were distributed to Government Ministries, the Police, civil society organizations, NGOs, schools and communities. This material was successful in that it had a very eye-catching design and was popular in offices and many places of work. It was effective too for rural communities, where rates of illiteracy are high, as it combined pictures and few words to get the message across.

*16 Days Campaign*

In national campaigns, such as the 16 Days of Activism against Gender Violence, themes have been chosen to deliberately link the problems of violence against women with related issues such as health and human rights, in an appropriate context for Timor-Leste. Past themes have included: ‘Women’s rights are human rights’; ‘Domestic Violence is a crime’; ‘Our children are watching’; ‘Peace in our home, peace in our nation’ and ‘Being married in the Church is a sacred act that brings two people together. We can’t let domestic violence destroy our homes’.

For the 2005 campaign on the 16 Days of Activism, the theme, ‘For the health of women, for the health of the nation, stop violence’ was chosen. A launch took place in the districts, with cooperation from the local Gender Focal Point, the District Administration and district health officials. The Adviser to the Prime Minister on Equality gave a presentation, which was followed by dance and theatre sketches by the ‘Kuda Talin’ performance group on domestic violence (supported by UNIFEM CEDAW SEAP) and other activities. Hundreds of people attended the launch, including members of the PNTL Community Policing Unit and VPU. The campaign received extensive local media coverage both on television and in newspapers. The Prime Minister recorded a lengthy speech about the campaign which was aired on TVTL the night before the opening ceremony and followed by a televised Press Conference. An interactive talk show on domestic violence featuring a number of key commentators, such as members of the support services referral network, was recorded and shown during this period.

In total, there were 17 events held during this campaign in a number of districts across Timor-Leste. Events mainly entailed workshops and seminars discussing issues relating to violence against women, health, equality and the domestic violence law. The campaign ended with a special candle-lighting ceremony, whereby 16 candles were lit for every day of the campaign in honour of a different individual victim or survivor of gender-based violence. The real stories of 16 women and girls were collected prior to this through research conducted by the OPE, UNFPA and referral partners and, at the time of writing, the OPE plans to publish these in a collection and widely disseminate among the community.

At all times during its outreach activities, the OPE has made strenuous efforts to engage as many actors as possible who would have a role to play in tackling and preventing gender-based violence. These have included Church leaders, Chefes do Sucos, health officials, the police, human rights officers and teachers. At the time of writing, the OPE is involved in negotiations with Church leaders about supporting a gender-based violence awareness raising activity as part of its next annual ‘Pascoa Joven’ or Youth Easter’ activities. It is also currently discussing with the Ministry of Education inclusion of domestic violence as a topic within the education curriculum, as required under the forthcoming Domestic Violence Legislation.

*Gender-based violence training for men*

In 2004, the OPE and the ‘Assosiasaun Mane Kontra Violensia’ or Association of Men Against Violence’ (AMKV) conducted a series of community workshops focused on changing the attitudes of male members of communities towards women and the use of violence, while also creating a space for dialogue between men and women on this issue. Four workshops took place in July 2004; reaching a total of 131 people (81 men and 50 women) entailing information and discussion on gender, power, social identity and violence. The group continued their work of educating rural communities in 2005, but with a focus on training more AMKV members to perform this work in the future. Community workshops discussing the impact of gender-based violence were conducted in most districts, targeting men but open to all members of the community. As part of the 16 Days Against Violence Campaign in 2005, AMKV conducted four workshops for university students at different universities around Dili.

Over 700 men have attended workshops and events held by AMKV in the period 2004-2005. There has been a slow, but nonetheless positive change in attitude to the work of the organization and what it is trying to achieve. During the workshops, the participants discuss, *inter alia*, the practice of ‘barlake’ (bride-price), women’s education and political participation and why violence is being used to relieve stress and tension in the home. AKMV has noted at the community level that men have shown an interest in the debate and there has been good support from key national figures such as the President, Ministers, Members of Parliament, some police and civil society groups; however, significant work still needs to be done to counter society’s indifference to this problem.[[50]](#footnote-50)

*Effectiveness of awareness-raising activities*

To date, there has been little funding for follow-up or discussion on the effectiveness of awareness-raising campaigns on gender-based violence. Any evaluation of campaigns and training to date has been mainly based on informal feedback and the amount of materials distributed. By far the greatest challenge is illiteracy, especially in rural areas, which renders the format of the traditional workshop inadequate. Moreover, it is often the case that some districts are beneficiaries of a series of training and others not. Radio has proved the most successful medium for getting the message across, given the lack of other media, and is especially suitable for reaching the youth.

*Training of police, prosecutors and judiciary*

In 2004, the OPE contracted a local NGO, JSMP, to undertake training with the Prosecutor’s Office. JSMP developed the training materials based on the OPE/UNFPA ‘Prosecutors Guidelines on Domestic Violence’ launched at the end of 2003. The training was delivered over three half days in August 2004. Attendance was particularly good at the beginning; however, the final session was attended by only two female prosecutors.

In 2005, the OPE with the support of UNFPA, delivered three trainings to PNTL through the TLPDP. Firstly, a 13-lesson Training of Trainers course for 52 Police Instructors at the Police Academy was conducted on domestic violence. A Training Manual was developed for the course and translated into Tetum. The content of the Manual was grounded in the philosophical framework that violence against women stems from gender inequality. The Manual covers the nature of gender inequality, contributing factors to gender-based violence in Timor-Leste, the cycle of violence, the current legal framework, myths and truths about domestic violence, cultural attitudes to domestic violence, investigation for police skills and how to train other police officers to respond to domestic violence. It is also based on the principle that all domestic violence is a crime and is inexcusable. It promotes a ‘no drop’ policy in terms of law enforcement, that is, that every case of domestic violence must be treated seriously and investigated by the police and referred to the Prosecutor’s Office without exception.

Many of the participants were openly resistant and confrontational about the need for training in relation to domestic violence and using the Manual. They perceived the training as an attack on traditional Timorese culture and openly defended their right to beat their wives and children. However, the training was effective in so much as it raised awareness about the social and psychological dynamics of domestic violence and, in particular, in linking the PNTL officers into the referral network of services for victims. A number of NGOs were invited to give guest presentations about their service, including a victim referred from Fokupers, who spoke of her experiences. A Timorese judge conducted lessons on the contents of the new Domestic Violence law and a session on CEDAW and Gender-Based Violence was also included in the training. The police instructors were also taken on a trip to the PRADET Safe House at Dili National Hospital, where they learnt about the importance of forensic evidence in domestic violence and sexual assault cases.

This was then followed up by a further half-day training session on domestic violence and the draft law for 20 Station Commanders. Finally, a specialist training course for 52 police instructors at the Police Academy was provided, where Timorese lawyers delivered further sessions on the contents of the draft Domestic Violence law and draft Penal Code.

In early 2006, no formal training was conducted for traditional justice actors or local authorities in relation to the Domestic Violence legislation as the law had not yet been passed. However, individual information sessions on the content of the draft Domestic Violence law were conducted on a number of occasions between January and March 2006, as part of the new training programme for police cadets at the National Police Academy. This served as a follow-on from the TOT programme conducted by OPE and UNFPA for the police instructors in 2005. A series of one-day training sessions at the Police Academy was developed for eight groups of new police cadets. A Timorese lawyer, who was also a member of the legal team that drafted the Domestic Violence law, was engaged to conduct a number of sessions on the law itself, with particular emphasis on the definition of domestic violence and the principles underpinning the legislation.

*Training for Suco leaders on domestic violence*

The OPE participated in the UNIFEM ‘Leadership Training Programme’ in the second half of 2005 for those women candidates who were running in the national ‘Chefe do Suco’ elections, and provided some training on domestic violence issues, including the status of the law. Local authorities were also engaged and invited to attend a number of community workshops or ‘base discussions’ conducted by OPE and UNFPA during this period. As already indicated in the CCD, Suco Leaders are now legally obliged to prevent domestic violence from occurring in their communities.

A joint project with the Asia Foundation and UNIFEM began in early 2006 to develop a new Training Manual on domestic violence for Suco Councils, partly in response a concern of the OPE that a growing number of organizations were conducting ‘domestic violence training’ in Timor-Leste and that there was a lack of uniformity in terms of content of these trainings. A draft Manual was produced by UNIFEM and refined through a series of group consultations with key NGOs doing training on gender-based violence. The Manual focuses on gender inequality as the root cause of domestic violence and on empowering communities to design their own strategies to prevent and respond to domestic violence. OPE staff participated in a TOT on how to use the manual and several pilot trainings conducted in the districts. At the time of writing, further refinement is being carried out on the module and an implementation framework developed.

**Support Services for Victims of Gender-Based Violence**

In accordance with CEDAW General Recommendations Nos. 12 (3) and 19 (24.k), the Government is providing information on support services for women. The Government has worked alongside NGOs, some of whom have been working in this area since 1999, to establish and strengthen a basic network of services for victims of domestic violence, sexual assault and child abuse. During 2005-2006, the OPE conducted a preliminary mapping of services in Dili and the districts, which confirmed that the key services for victims of gender-based violence can broadly be grouped into the following categories: police (VPU); medical; psycho-social and legal services.

*Special law enforcement unit (Vulnerable Persons Unit)*

In 2001, a special unit of the national police force, the Vulnerable Persons Unit (VPU) was established to assist victims of sexual assault, sexual harassment, domestic violence, child abuse and other vulnerable persons, such as trafficking victims. The VPU is the first point of contact for such victims and is the pivotal actor in referring cases to the Office of the Prosecutor-General, in addition to linking with Government agencies and NGOs providing support services at national and district levels. At its inception, significant effort was made to ensure that at least one member of each VPU office was a woman police officer, to assist in interviews with women victims. VPU officers were given 17 days of additional training to fulfil this special role.[[51]](#footnote-51)

UN CIVPOL were originally assigned to the VPU, both at the national and district level to mentor staff, though admittedly their involvement yielded mixed results. With only some of the international police experienced in the matters relating to gender- based violence, regular staff rotation of both international and national police and different models of police training employed, it was difficult to maintain a consistent standard of mentoring to PNTL staff. After 2002, the role of internationals was gradually phased out.[[52]](#footnote-52)

At the time of writing, the numbers of women police officers working in the VPU has decreased from initial levels, mirroring the overall decline in numbers of women in the PNTL, which currently stands at 17% of the force.[[53]](#footnote-53) Although the VPU has maintained a high profile at the district level, referring many cases to support service providers, the national VPU has lost some of its visibility. A high turnover of VPU staff has adversely affected the functioning of the department as a whole. In addition, female police officers across the force who leave once they become pregnant do not normally return to work.

*Treatment of victims of gender-based violence, especially sexual assault*

Victims wishing to report a case of alleged abuse face many logistical obstacles preventing them from communicating with the police, such as lack of telephones in homes (and external-lines in police stations), lack of transport to and from police stations as well as lack of support from family members and/or family responsibilities, including the alleged abuser, preventing them from leaving the home. Moreover, the victims often perceive the police as incapable of handling the case, that they haven’t received sufficient serious injuries beyond threats or that they will not actually believe them if they report an incident.[[54]](#footnote-54)

As illustrated by the consultations surrounding the Domestic Violence Law, by reporting a case, victims often just want the perpetrator warned off and persuaded against committing further violence. Unfortunately, this does seem to have implications as to how the law has been implemented in cases of gender-based violence. For example, the intention of the seventy-two hour detention period for a suspect is to investigate the alleged crime; however, in practice, it is more often used by the police to give the victim sufficient time to withdraw a complaint while the perpetrator repents his actions. Consultations with women’s NGOs indicate that police officers do not investigate cases of gender-based violence methodically and although some accept that domestic violence is a crime, they only tend to prosecute when the injuries to the victim are substantial or life-threatening. Like much of the community they serve, many police officers feel that domestic violence is a normal part of life and, where necessary, can be resolved by traditional justice.

*Challenges facing the police*

The PNTL do face many challenges in dealing with cases of gender-based violence. They continue to be hampered by a limited infrastructure – in addition to the problems already outlined above, a lack of functioning computers means data is not properly stored and power outages often ruin any forensic examples that have been taken in evidence and stored in refrigerators. Moreover, victims often do not receive emergency medical treatment as the police must spend several days locating a vehicle to transport them to Dili National Hospital and the PRADET Safe House.

Police have little means to ensure the protection of a victim and/or her identity. In one case that came to the attention of a local NGO service provider, a young woman victim who had been assaulted had to travel in the same vehicle as her alleged attacker to the police station as no other vehicle was available. Police also report that victims frequently give incomplete details of the violence they have experienced, making it difficult for them to further investigate the incident.[[55]](#footnote-55) By the same token, prosecutors often lament at incomplete evidence but the police themselves are often unclear as to what further needs to be provided and as a result, the case is not resolved.[[56]](#footnote-56)

Despite these problems, the police have coped well under difficult circumstances since independence. Although the numbers are small, more people are reporting cases. The Government does recognize that there should be the appropriate follow-up to ascertain whether these are being investigated adequately. A high percentage of respondents in one survey[[57]](#footnote-57) (79%) believed that the police do protect women’s rights and separate research has indicated that although there are problems in the way that police handle gender-based violence cases, no evidence could be found of institutionalized gender discrimination.[[58]](#footnote-58)

*Medical services*

Since 2001, the Ministry of Health and the Guido Valadares National Hospital in Dili have provided a Safe Room for victims of gender-based violence and child abuse. This Safe Room, (‘Fatin Hakmatek’) which in 2005, developed into a separate Safe House located in the grounds of the National Hospital, is operated by local NGO PRADET Timor Lorosae, with support from UNFPA, and provides emergency medical treatment, forensic examination and counseling to victims. This service is the first of its kind in Timor-Leste and forms an integral part of the referral network. The VPU often bring victims to the Safe House as first port of call. The National Hospital has provided one dedicated doctor to the service who has been trained to conduct forensic examinations using a Forensic Protocol (see below) developed by PRADET. The process of documenting injuries is a crucial part of evidence-gathering for the effective prosecution. There is a continued effort by all parties involved to improve the medical response to victims, for example, ensuring that victims receive important information on HIV/AIDS and STIs testing, in addition to devoting more clinic time to follow-up to medical care. In addition, PRADET makes daily visits to the emergency room in the National Hospital to discuss with medical staff whether they have received cases of gender-based violence and to offer counseling services. In 2005, the Safe House assisted a total of 101 clients.

*Pyscho-social services*

As already described in the CCD, the Division of Social Services (DSS) in MLCR is mandated by the Government to provide social work services and humanitarian assistance to vulnerable members of the community including women, children, the elderly, the disabled and children that come into conflict with the law. At the time of writing, preliminary discussions have been held between the MLCR and members of the existing referral network with a view to establishing several community houses for vulnerable people in the community, such as victims of gender-based violence.

At present though, a significant part of counseling for victims is performed by NGOs. As part of the ‘Fatin Hakmatek’ service referred to above, PRADET also provides ongoing psycho-social counseling to victims in Dili and several districts. This takes place in a special room in its Safe House to guarantee privacy and security. It also conducts home visits and support group activities. In 2006, it plans to carry out specific training to health workers and community leaders in Baucau, Oecussi and Suai on how to respond to victims of domestic violence, sexual assault and child abuse. These three districts have been chosen because they each have a functioning court and together cover a large part of the country.

The format of the support groups for victims run by PRADET is to use educational and creative activities to help women come to terms with the shame they feel because of the abuse. Where possible, the women are grouped according to the nature of the violence they suffered – for example, a group of young victims of sexual assault and another group of women who have suffered domestic violence.

In addition, a local women’s NGO Fokupers operates another Safe House (‘Uma Mahon’) in Dili for victims of gender-based violence and child abuse. Although an NGO and not a mandated service by the Government, Fokupers has been providing expert assistance to victims of gender-based violence since 1997. The Uma Mahon is often the place where police and other NGOs refer victims in need of support and accommodation, and so also represents a key part of the network of services in Dili. In addition, Fokupers provides a comprehensive accompaniment programme for victims, offering expert counseling, therapy, legal advice (two full-time lawyers are currently employed) and mediation.

The counseling sessions involve listening to the victim in a non-judgmental fashion, explaining that the abuse is not their fault and ultimately, respecting their choices. During counseling, victims usually ask for information on medical processes and their legal options - what they can expect if they make a formal complaint. Fokupers have a number of community organisers in four districts to act as focal points for victims of gender-based violence in those communities. After information is provided, some victims choose to go home, move (stay with a family member or friend) or opt to stay at the Safe House. Protection orders are rarely used.

At the time of writing, Fokupers is planning to extend their accompaniment service to victims in Suai district. In the period from January to October 2005, Fokupers assisted 95 clients.

There are also a number of additional smaller service providers that provide social support to victims of gender-based violence and child abuse in Dili including:

* The Alola Foundation (National Resource Centre) provides humanitarian assistance and referral service;
* Fundasaun Centro Joventud (FCJ) provides child protection, shelter and counseling;
* Ismaik (Institusaun Sekular Maun Alin iha Kristu): various safe rooms and counseling for gender-based violence victims;
* Fundasaun Harii Au Metan: shelter for gender-based violence victims (including trafficking victims and sex workers);
* ETWAVE provides accompaniment and shelter for gender-based violence victims.

*Legal services*

The JSMP Victim Support Service (VSS) was established in April 2004 with funding from UNFPA. Prior to this, most legal support was provided by Fokupers. The VSS provides legal assistance to victims of domestic violence and sexual assault once cases have been referred to the police and/or Prosecutors Office. They work closely with the VPU, PRADET and Fokupers and have increased their caseload significantly since starting this service. The VSS now forms an integral part of the referral network of services and, from April to December 2005, they assisted 53 clients. With PRADET and Fokupers, they try to coordinate cases on a frequent basis, especially those which are challenging. In 2006, the VSS plans to consolidate their existing case-load and extend the service into the three districts of Baucau, Oecussi, and Suai to mirror the work of PRADET in these districts and provide multi-sectoral support, where possible, to victims in the districts.

In addition to the VSS and Fokupers, there are a number of private law firms offering legal services to victims of gender-based violence. There are also two legal aid organisations in Dili District (‘LBH Liberta’ and ‘LBH Ukun Rasik Aan’), which provide free specialized legal assistance to victims of gender-based violence and which and are supported by the Asia Foundation. The LBH Ukun Rasik also has a mobile team which covers several districts in Timor-Leste. These mobile teams comprise of women lawyers; however, as reflected by the numbers of their female clients, they represent a minority.

The Prosecutor General’s Office (‘Ministerio Publiko’) is another key legal actor in the network of support services. Although it does not provide a service as such, it sometimes receives complaints directly and therefore also functions as a referral point for other services in the network.

Referral network in the districts

The OPE mapping shows that there are very few dedicated or experienced services for victims of gender-based violence operating outside of Dili. The PNTL (VPU) has an office in each district but they have limited resources, and the skills and commitment of the individual officers varies considerably from place to place. The DSS (MLCR) has offices in Baucau, Maliana and Oecussi. PRADET has provided training to hospital staff in Baucau and Oecussi regarding medical treatment and forensic examination for victims and also makes regular trips to Oecussi, Same, Suai, Baucau and Alieu districts to provide ongoing counseling and follow-up support to clients on a needs basis.

Fokupers have community organisers placed in Liquica, Bobonaro, Cova Lima and Ermera who act as referral points to Fokupers in Dili, but they are not trained counsellors. Forum Peduli Wanita Oecussi, a NGO, have recently established a shelter for victims of gender-based violence in this enclave, which is supported by Caritas Australia and UNFPA and there are also two other local women’s NGOs who provide assistance to victims here. ISMAIK (through the Church) offers shelter in Alieu, Ainaro, Liquica, Same and Viqueque. In Baucau, the Baucau Buka Hatene Centre Women’s Development Programme is in the process of developing a support programme for victims of gender-based violence and training for a group of women counsellors, with support from PRADET and Caritas Australia.

The VSS from JSMP has consolidated its service into Liquica but, at present, mainly operates in Dili District due to lack of resources. LBH Biankara operates in Ainaro, Maliana, Suai and Same districts which have specialised gender division. LBH Yayasan ECM operates in Baucau, Lospalos, Manatuto and Viqueque. LBH Fortuna operates in Ermera.

Despite all of the above efforts, it is still very difficult for the majority of women and children living in rural areas in Timor-Leste to seek professional assistance if they need it. Many are living in extreme poverty and feel there is little or no chance of being able to live independently from their abuser and earn their own income. The members of the referral network have recognized that efforts should be made to strengthen the link between those service providers who are providing psycho-social support and those services who are working on employment/livelihood issues.

Views of victims on sources of support

Research has shown that the most common reason for not looking for help was due to lack of transportation, (23%); the considerable distance to health care facilities (20%) and shame at what had happened (18%). When asked about what kinds of support could be useful, there was a difference in what they thought would help and what they actually did. For instance, 25% of women felt that support from a woman’s group would be useful, yet only 1% actually went to a woman’s group. Similarly, 51% thought that talking with their parents would be helpful, yet only 32% did this. Only 3% of victims felt that the police were useful and an even smaller percentage (1%) actually went to the police. These statistics are surprising when just under half of all respondents felt that their needs were being met.[[59]](#footnote-59)

In an evaluation carried out by PRADET on their Safe House, women who had used this service were appreciative of this safe-haven, but expressed a wish to see a doctor more quickly and have better access to medical after-care.

*Process of referrals*

In Dili, the VPU normally refers a case to Dili National Hospital and/or PRADET Safe House, sometimes to the DNSS (who have responsibility for the protection and placement of child victims of abuse) before referring to Fokupers and the VSS at JSMP. The actual referral process is very informal and has developed organically in past few years, often based on personal relationships with colleagues in each of the organizations. Not all cases follow this referral pathway. Many victims present directly to Fokupers, the PRADET office or the OPE before going to the police. Clients of Fokupers are not usually referred to the VSS at JSMP but are provided with legal assistance by their own organization. There are also many other referral points for victims, such as the Church, community leaders, the Alola Foundation and the OPE itself.

As stated above, a high proportion of cases involving gender-based violence never reach the Courts after an initial referral to the police. However, the OPE has called for further research into how cases are progressing through the referral pathway and in, particular, through the legal system. At the moment there is no way of tracking a case after it is referred from one organization to the next within the network.

Since 2002, the OPE and UNFPA have provided financial and technical support to the development of the referral network, including:

* Training for all VPU officers (see above);
* Donation of two motorcycles to the VPU Dili District office; and
* Funding to the PRADET Fatin Hakmatek, Fokupers Uma Mahon and JSMP Victim Support Service.

*Legal framework for the referral network*

Currently, there is no clear legal basis for the referral network of services. However, as already stated above, the draft domestic violence legislation contains a full regime for the establishment of support services for victims of gender-based violence.

In particular, Art. 15 on ‘Community Authorities’ instructs the village and Suco Chiefs, in coordination with the OPE, to ‘promote and guarantee the creation of mechanisms for the prevention of domestic violence’ as well as to ‘collaborate with other institutions in implementing public awareness measures for citizens on these issues.’ Art. 17 of the draft Law Against Domestic Violence provides that the government will promote the creation of ‘Support Centres’ to provide assistance, refuge and guidance to victims of domestic violence to be regulated by a separate Decree Law. The Law also establishes an emergency telephone service[[60]](#footnote-60), a ‘Specialised Hospital Assistance Service’[[61]](#footnote-61) and a ‘Specialised Police Assistance Service.’[[62]](#footnote-62) It also requires the OPE to support and supervise the activities of ‘Victim Support Organisations,’[[63]](#footnote-63) meaning NGOs and community organisations that provide assistance to victims.

The Preamble to the Decree Law states that the objective of the law is to ‘strengthen the support services for victims of domestic violence that already exist in Timor-Leste’. In particular, Art. 2 requires the OPE to coordinate a national plan for the creation and implementation of Support Centres in all districts of Timor-Leste. Each Support Centre shall be comprised of a Reception Centre, which will give direct assistance to victims and act as a referral point, in addition to a Shelter.

Once approved and enacted this Decree Law and the Law Against Domestic Violence will provide a comprehensive legal basis for the network of services which currently exist in Timor-Leste.

At present though, there is a significant gap between the way existing services operate on the ground and the new structure enshrined in forthcoming legislation. The Government recognizes that there will be many challenges to bridge this gap. In practice, this will involve a process of categorizing those services which already exist as either ‘reception centres’ or ‘shelters’ as defined in the Decree Law; or ‘specialized services’ as defined in the main Law Against Domestic Violence. For example, the Fokupers Uma Mahon is clearly a shelter, whereas the PRADET Safe House is both a ‘reception centre’ in the sense that it receives and refers victims and also forms part of the ‘Specialised Hospital Assistance Service’. The JSMP VSS office is a ‘reception centre.’ The VPU forms the ‘specialised police assistance service’. The challenge to the Government and referral partners therefore, will be to strengthen the network in a way that is consistent with the principles and structures contained in the legislation.

*Weaknesses of the referral network*

In research carried out by the OPE and UNFPA in March 2005, the main problems in the referral network were identified as follows:

* The roles and responsibilities of individual organisations and Government institutions are not yet clearly defined and this sometimes prohibits victims of violence from benefiting from the range of assistance available from all sectors;
* Currently there are informal networks and communication in place between the service providers, but no MoUs or formal referral protocols between them to formalize relationships/referrals, which can lead to confusion;
* In some instances there is still not a full understanding between some Government and NGOs regarding the services that each has to offer. For example, some police stations are not yet aware of the roles of the other service providers. There is also a lack of coordination between and knowledge of some of the smaller support services available;
* The support service providers are still very heavily reliant on support from bi-lateral donors and UN agencies, which is not sustainable in the long-term;
* As already referred to above, there are very few services available to victims outside of Dili. While PRADET Fokupers, JMSP VSS and the DNSS (MLCR) all receive referrals from the districts, as yet they don’t have the resources to set up permanent offices in all districts. The logistical and financial constraints of providing basic social services to people in the districts and remote areas is a major challenge for all service providers in Timor-Leste.

At the time of writing, the Government, and referral partners are beginning to tackle these challenges, in particular, seeking to integrate the existing child protection network and group of services for gender-based violence victims into one network. At present, there is still little coordination between the child protection network and the referral network for victims of gender-based violence at the policy level. However, in practice, many of the same support providers in these networks work with each other and often refer cases involving children to one another.

*Achievements of the referral network*

The fact that a basic network of services already exists in Timor-Leste is an enormous achievement. These services have been largely established from the ‘ground-up’, in part due to the hard work and dedication of some key figures within the Timorese women’s movement. They have developed their own connections with one another and their own means of receiving referrals and reaching out to victims in the community. Each of the key services is operated by national staff, with minimal assistance from international advisors. There is a very small but nonetheless committed pool of skilled Timorese counsellors, police officers, lawyers, social workers and health professionals specializing in gender-based violence.

*Forensic Protocol*

In 2004, the OPE became very involved in a working group established by the TLPDP and the VPU to develop a forensic examination protocol for victims of domestic violence and sexual assault and to strengthen links between key service providers and the police. In 2005-2006, PRADET developed an initial draft ‘Domestic Violence, Sexual Assault and Child Abuse Protocol for Medical and Forensic Examiners’, which is a standard form with instructions and diagrams to collect evidence in domestic violence, sexual assault and child abuse cases. The Protocol has been developed in three languages (Tetum, Portuguese and English) and it is hoped that it will be easy for health-care professionals to use. At the time of writing, the Ministry of Health is considering the Protocol. UNFPA are currently sponsoring one Timorese doctor to receive further training abroad in performing forensic examinations; similarly, PRADET is active in seeking out short-term technical assistance from medical personnel who can conduct training in Timor-Leste.

*‘Controlling Violent Behaviour Training Programme’ for Violent Offenders*

In 2005, a programme on controlling anger and violent behaviour for prisoners who had been convicted of sexual and domestic violence, was launched. Permission was given by the Ministry of Justice to pilot this programme in Becora Prison in Dili and upon successful completion, to be extended to other prisons in the country. Although not specifically part of the referral network of services for victims, the programme forms part of a rehabilitation and prevention strategy and aims to give violent offenders the skills to avoid violence before they leave prison and return to their communities. This is in accordance with CEDAW General Recommendation No. 19 (24.r) on Violence Against Women.

In early March 2006, 12 prison guards were selected and successfully completed Phase I of the Controlling Violent Behaviour Training of Trainers course, a week-long basic counseling and training skills course provided by the East Timor Development Agency. At the same time, a Training Manual on Controlling Violent Behaviour, appropriate to a Timorese context, was developed and further refined through consultations at Becora Prison and with the assistance of an international training specialist. At the time of writing, the second phase of the Training Programme, an intensive TOT for 3 prison guards on the 10 modules in the Manual, is due to take place. Once this is completed, it is expected that the guards will deliver the training to selected prisoners.

**Conclusion**

The OPE has achieved much in its few years of existence, especially in regard to legal developments such as the formulation of a domestic violence law, advocacy on the draft Penal Code, which now criminalizes most sexual crimes and the Decree Law for Suco Leaders, who are now charged with preventing domestic violence in their communities. The OPE has greatly assisted in the process of establishing a basic network of support services for victims of domestic and sexual violence and has increased public awareness of this problem through extensive civic education and annual campaigns.

However, significant challenges remain, not least in that the problem of gender-based violence in Timor-Leste is extensive and resources available to tackle it are currently limited. Admittedly, much work needs to be done in the area of ‘hearts and minds’, to bring about an attitudinal change within society that gender-based violence of any kind should never be tolerated. Further work needs to be done as well as to ensure that those individuals seeking help are provided with quality services to assist their recovery process.

***Art 5 CEDAW: Cultural Roles and Stereotyping***

**Introduction**

Discussion on the subject of culture in any society can be difficult as it is often linked to the identity of an individual or group of people and the fear can exist that delving into aspects of a culture can lead to weakening or eradication of that culture. This is particularly true of Timorese society, which has endured a long history of occupation by several cultures and, at times, a brutal suppression of its people and traditions.

There are many organizations in Timor-Leste that have incorporated ideas of gender equality into their work and continue to fight for recognition of women’s rights as human rights. Research has shown that there is support for women’s rights amongst the Timorese public, particularly in urban areas, in relation to a louder voice in traditional justice processes and greater enjoyment of land rights.[[64]](#footnote-64) However, this must be considered in the context of resistance to overall efforts to achieve gender equality and, in particular, eliminate gender-based violence, as these are often perceived as ‘malae’ or ‘foreign’ ideas and not appropriate to local culture and tradition. Admittedly, this then limits the effectiveness of attempts to raise awareness of and ultimately eradicate oppressive cultural practices.

At the Second Regional Women’s Congresses in 2004, participants publicly acknowledged and objected to patriarchal aspects of Timorese culture that have a negative impact on women and prevent them from fully participating in society. These included the practices of polygamy and ‘barlake’ or ‘bride-price’ in addition to the problems surrounding succession, as already discussed in the CCD. At the same time, however, they recognized that there is much within Timorese culture that is of great value and should be preserved. They expressed their concern at increasing divorce rates and that women are no longer dressing according to Timorese tradition which, they believed, was part of a general trend to neglect traditions and identity. They also reiterated the need for the country to remain open to the cultures of other countries and embrace globalization.[[65]](#footnote-65)

It is clear that any debate on culture in the Timorese context needs to be approached with a certain degree of sensitivity. Experience has shown that efforts to eliminate harmful practices or stereotypes within the country are more effective when people themselves identify what aspects of their culture and tradition are healthy and understand and come to accept those aspects that are potentially damaging. Whilst the idea that gender-based violence as a serious problem is slowly seeping into the public consciousness, an issue such as reproductive health is less clear-cut, with many women openly defending their right to have large families,[[66]](#footnote-66) reacting, in part, to traumatic family planning practices forced upon them during years of Indonesian occupation.

The Government is committed to the preservation of Timorese culture, as stated in Art. 6 (5) of the Constitution, which is to ‘assert and value the personality and the cultural heritage of the East Timorese people.’ This idea is further reinforced in Art. 59 (5), where it is affirmed that ‘everyone has the right to cultural enjoyment and creativity and the duty to preserve, protect and value cultural heritage.’ Equally, though, the Government, through the Constitution, does reaffirm its ‘determination to fight all forms of tyranny, oppression, social, cultural or religious domination and segregation.’[[67]](#footnote-67) Furthermore, it is established that Timor-Leste is a nation where the ‘dignity of the human person’[[68]](#footnote-68) as a fundamental constitutional right is respected and the human and fundamental rights of each of its citizens guaranteed.[[69]](#footnote-69)

**Cultural practices restricting the promotion of women’s human rights**

Delegates attending the four Regional Women’s Congresses in 2004 in Timor-Leste identified traditional justice processes and the refusal of some to accept women as village chiefs or other public positions as additional aspects of Timorese culture which adversely affect women. These, as well as other cultural attitudes viewed as potentially detrimental to women, are discussed below.

*Perceptions of rights and power*

Research has shown that in a post-independent Timor-Leste, both men and women are aware that they have rights, which they understand to be positive, bringing freedom, mutual respect and opportunities.[[70]](#footnote-70) However, this is different from what they understand as real power, which is the ability to take action and decisions. In consultations, some women have stated that although they have equal rights in a new Timor, these are specific to their traditional roles and, effectively, they have no power.[[71]](#footnote-71) This is supported by evidence gathered from workshops with senior secondary school students, in which both girls and boys stated that men have more power than women.[[72]](#footnote-72)

By contrast, some women and men in Timor-Leste perceive the concept of equal rights negatively, in that their attainment means having to assume all the values of western culture. In a series of consultations on the subject of gender equality, some respondents expressed the view that ‘women’s rights have taught women to wear short skirts.’[[73]](#footnote-73) Some believe that equal rights are the cause of violence within the family as women are defying their husbands and this can even lead to the break-up of the family unit. NGOs that advocate for women’s rights are sometimes seen as meddling and encouraging women to ‘revolt against their husbands.’[[74]](#footnote-74) One gender advisor in the districts attributed an increase in the number of rape cases in Dili to the discussion on gender equality.[[75]](#footnote-75) Others have become resigned to the idea that women have rights, but the challenge now is to decide to what level women will be given rights.’[[76]](#footnote-76) In one consultation, one woman stated that ‘gender equality is okay in government but it cannot make rules for the family.’[[77]](#footnote-77)

*Division of roles in the home*

As already discussed in the CCD in the section on ‘Marriage and Family’, the man is considered the chief of the household, taking all major decisions relating to his family while his wife has multiple roles relating to domestic chores, some agricultural work and income-generating activities such as selling tais.

These household activities frequently require women and young girls to carry extremely heavy loads. Domestic work can involve long hours under difficult conditions and often while pregnant. It can be performed over and above other tasks such as labour intensive subsistence farming or work in the labour market.[[78]](#footnote-78) This way of life can be detrimental to women’s health, both in the immediate and long-term.

The division of roles along gender lines ensures stability in the family, which is very important in Timorese culture. These roles are both pervasive and natural. Women are active at traditional ceremonies, where they are expected to prepare food, take part in traditional dances and more generally, attend to ‘women’s business’, which includes resolving the problems of other women.[[79]](#footnote-79)

*Restriction of a woman’s mobility*

In contrast to the freedoms enjoyed by her husband, a Timorese woman’s mobility is restricted in that she usually only leaves the home on specific occasions, such as bringing her husband food if he is working in the fields, going to market to buy or sell items or attending Church. Young women who have children and little or no help from other female relatives in the home are particularly restricted. Furthermore, this pattern is adopted too by girls in the family. To a certain extent, a woman’s leisure time is also controlled and where she is able to attend activities outside the home, her motives for doing so is often questioned by her husband or family, who again see this independence as threatening the stability of the home.[[80]](#footnote-80) When a group of secondary school students were asked in one consultation as to whether they agreed with the idea that a woman could go out and work, a small minority (mostly girls and a few boys) stated that this was possible only if she proved herself capable of doing the job.[[81]](#footnote-81) This is despite the fact that many women were activists in the resistance years, mobilizing assistance and involved in guerrilla fighting.

*Roles in relation to rearing of children*

Art. 39 (4) of the Constitution defines maternity as a condition which shall be ‘dignified and protected.’ In Timorese culture, it is usually the woman who assumes the primary responsibility for rearing children, though the extended family (usually that of the father) normally takes over in the event of either parent’s death or the mother remarrying. Therefore, the mother can lose the right to care for her children. As already outlined in the CCD in the section on ‘Care of Children’, this can be taken as evidence of a discriminatory practice against women. In accordance with the requirements of Art. 5 (b) CEDAW, some general education has already taken place to increase the awareness of families and communities of the roles and responsibilities of both parents and families in the rearing of children; however, the Government usually only intervenes in family affairs if the child’s best interests are seriously at risk. Fathers tend to be more involved in the upbringing of children in urban than rural settings, especially if a wife is employed outside the home and enjoys the help of female members of the extended family.[[82]](#footnote-82)

*Underage marriages*

As already stated in the CCD, the minimum legal ages of marriage under current law are 15 years for girls and 18 years for boys. In consultations on the treaty reports, people expressed their concern at the betrothal of young girls at a very early age. Given the lengthy negotiations between families on the appropriate sum of barlake to be paid, young people may often find themselves in a ‘de facto’ or customary union for many years, while the dowry is still being negotiated, before entering a Church marriage or obtaining legal recognition of their relationship. It is possible for a young girl to be betrothed at fifteen, married in a traditional ceremony at seventeen, before being married in the Church in her twenties or thirties, often after having several children. There is also unease at an increasing number of teenage marriages, which is borne out by the findings of the recent Demographic Health Study (DHS) in 2003. This survey indicates a falling age in marriage, with younger respondents more likely to have married under the age of 20 than older women. There is no significant difference in this practice between rural and urban areas but girls from wealthier families more likely to have delayed their marriages, having spent longer in education.[[83]](#footnote-83)

Both males and females under 18 years can marry in Church; however, if the girl is under the age of 16, parental consent is required. While boys tend to be nearer their legal minimum age for getting married, a girl aged less than 16 years or even younger can, in special circumstances such as pregnancy, be married by the Church. This practice however varies by district. The Church does not become involved in any customary practices such as barlake or arranged marriages, which are treated as private matters. It is left to the couple, if needed, to provide notice of their marriage to the Civil Registry.

At the time of writing, a Civil Registration Code is being considered by the Council of Ministers, which will make legal provisions for civil marriage and most likely require the registration of all religious marriages at the Central Civil Registry. This should also assist in the monitoring of compliance with minimum age provisions. The enactment of the Civil Registration Code is dependent upon the ratification of the draft Civil Code and at the time of writing, the provisions of this Code are not known.

*The belief of repopulating the nation*

In consultations with a mixture of male and female senior secondary school students, the majority reported that it is necessary for Timorese women to have many children as they are as crucial to a family’s wealth.[[84]](#footnote-84) Due to the practice of barlake, where the husband’s family must make a payment to his wife’s family, a family that has many daughters is viewed as blessed in Timorese culture. This is supported by findings of the regional CEDAW consultations, where a large population is seen as crucial to the success of Timor’s development. Both men and women believed that the country had to be repopulated, especially in the wake of the large number of conflict-related deaths during the Indonesian occupation.[[85]](#footnote-85) Despite the health risks involved in having many children with little spacing between them, the use of contraception in a predominantly Roman Catholic country is still frowned upon; one study in the seven sub-districts of Cova Lima indicated that women did not see either reproductive health or barlake traditions as necessarily posing a risk to them.[[86]](#footnote-86)

*Other cultural traditions regarding women’s reproductive health*

The 2004 Regional Women’s Congresses identified a number of cultural traditions as impediments to addressing women’s reproductive health problems. For instance, both women and men believe strongly that reproduction is a woman’s main duty. While welcoming greater spacing between children, women generally view having fewer children negatively. Also, it is believed that young people should not use contraceptives as it will encourage promiscuity and that men who use condoms are untrustworthy. It is also held that contraceptive usage will cause diseases for women; a likely consequence of botched attempts at family planning and birth control during Indonesian occupation that left some women infertile. Furthermore, after birth, women are advised not to feed babies the first breast milk for several months as it is perceived that this milk is ‘contaminated.’ It is also a tradition for many women to wrap up their newborn babies for at least one month, believing that they should stay close to the fire and indoors and not exposed to the outside air. Finally, a woman’s cultural upbringing is such that she sees it as her duty to tend to the needs of her family first and is unlikely to seek and receive treatment unless she is seriously ill.[[87]](#footnote-87)

*Traditional beliefs undervaluing education for girls and women*

To date, no research has been carried out on women’s education, specifically from a cultural perspective that identifies strategies to increase their access to education. There have been some studies on adult literacy programmes which have focused on social-cultural factors as obstacles to participation of women in these programmes.[[88]](#footnote-88) This latter research indicates that the beliefs why girls should not be educated are linked the long practice of betrothing women and also poverty.[[89]](#footnote-89)

Cultural attitudes date from the period of Portuguese rule, where females were disadvantaged in terms of access to education, in comparison to males. Few boys and even fewer girls, normally the daughters of the *liurai* or Chefe do Suco, attended school - a pattern which continues to the present, where it is mainly older women from noble families who are able to participate in activities outside the home.[[90]](#footnote-90) As boys were being prepared for positions in the Portuguese administration, girls had to stay at home under the watchful eye of their parents, to learn household chores in preparation for their marriage. Even during Indonesian times, where the education system was opened up to all, many families still chose not to send their daughters to school due to safety concerns relating to the frequent sexual harassment of teenage girls by the Indonesian military.[[91]](#footnote-91) Some girls were also withdrawn from school because of the threat of contraceptive injections administered under the guise of a vaccination programme through schools during the occupation.[[92]](#footnote-92)

These views are supported by the findings of recent regional CEDAW consultations, where women also reported not being encouraged by their families to attend school as it was expected that they would leave their own family once they got married and, as such, there was little point in their husbands’ family benefiting from their education. Indeed, the belief that an educated woman may find it difficult to get a husband persists in some rural areas to the present day and not all women from wealthier backgrounds are able to complete their education. Furthermore, many women expressed a desire to study but their families’ lack of financial means prevented them from pursuing an education and marriage was seen as the only way out of poverty. This is especially true for children of single mothers or orphans. At the First National Women’s Congress, there were reports that orphans were often neglected in their foster families and discriminated against in schools.[[93]](#footnote-93)

Parallel to this, there have always been families, predominantly matrilineal clans, where girls remain with their families after they marry and therefore, have a vested interest in educating them. Where a mother or senior female member of the family has had formal education, they are more likely to send girls in the family to school;[[94]](#footnote-94) however, this is often only to primary or secondary levels. The fear is that, at secondary school or beyond, the girls may find boyfriends and marry, effectively putting an end to their education. Post-independence, attitudes are gradually changing as more families recognize the value of educating girls, perceiving more opportunities for them to work in public sector, such as the Government or in private offices. In these cases, women must fulfil family roles and responsibilities in addition to the demands of their job. Other families are more pessimistic and believe that a primary school education is sufficient for both boys and girls, given the current lack of employment opportunities. One study has indicated that a third of poorest families and a quarter of the richest sector in the country are not interested in schooling. A lack of interest was quoted as the principal reason for not attending school, particularly among the older age groups and again due to the bleak economic climate.[[95]](#footnote-95) This lack of interest dates from the period of Indonesian occupation, when many Timorese perceived the curriculum as foreign and irrelevant. It did not take into consideration at all Timorese history, geography, arts or oral literature. As such, a negative attitude to education had developed.[[96]](#footnote-96)

*Gender stereotyping in teaching materials*

As outlined in the CCD, the Government is facing many challenges in the educational sector. Among these is a shortage of learning materials. Over half of students have no books in schools and those books that do exist date from Indonesian times and are written in Bahasa Indonesian.[[97]](#footnote-97) Many students turn up to school with only one exercise book. Teaching materials reflecting the cultures from other countries such as Australia or Portugal have been used, which may not be appropriate to the culture or indeed languages of Timor-Leste. Textbooks still have to be written for compulsory areas of the curriculum such as instruction in the Tetum language. It is therefore difficult at the time of writing to ascertain what extent textbooks perpetuate gender stereotypes. This information could be provided in the Government’s First Periodic Report. Through its National Development Plan, the Government is committed to developing and improving the ‘quality of text books, other materials and learning processes, stressing the importance of eliminating stereotypes associated with gender and adopting a relevant curriculum.’[[98]](#footnote-98)

Culture has been included as one of the six core subjects in the new curriculum for primary schools and the focus of this teaching is on drama and dance performances, art and traditional handicrafts. The aim is to combine formal instruction in school with the knowledge base of traditional leaders and local experts in order promote cultural awareness and an appreciation of heritage. This is particularly important given the lack of training and knowledge of teachers in cultural studies. At the time of writing, the Ministry of Education is also proposing to introduce culture as a key subject at secondary level and introductory work on customary practices and traditional justice, supported by the Asia Foundation has already taken place. However, it is not clear yet if, in this curricula or training, consideration is being given to traditional practices which have a detrimental effect upon women. In terms of the kind of subjects studied at school, girls and boys follow the same curriculum; however, the influence of traditional roles is apparent in some after-school activities, with girls attending sewing classes and boys learning carpentry skills.[[99]](#footnote-99)

*Cultural beliefs influencing participation in community and local government*

Currently in Timor-Leste, men take the major decisions at community and government levels. It must be the ‘right’ leader; if not, the wrath of the ancestors will bear down upon the local community.[[100]](#footnote-100) Women are more restricted in this sphere than at home. Generally, they cannot become traditional leaders and this follows too for women from matrilineal clans. Although they are represented at most village councils, they do not occupy senior level positions. At public meetings, women usually sit at the side or behind male traditional leaders and if they wish to speak, they must first obtain the approval from the leader, thus showing their respect for him. Women are more likely to be found preparing food and serving dignitaries at community meetings rather than actively participating at these events.

The reasons for this lack of participation is not only linked with the lack of women’s formal education, experience or reliance on the local languages, but also stems from the traditional view that speaking out or ‘talking too much’ is not viewed a desirable quality in a woman, even less so if she interrupts her husband or older male relatives in conversation. Women are acutely aware of the need to ‘control’ themselves at all times. Thus, many women stay silent on important issues and over time, this limits their capacity to think independently. To illustrate, in the country-wide consultation on the drafting of the Constitution, one survey revealed that two-fifths of the population, especially younger women, felt they had no say at all in the process.[[101]](#footnote-101)

Post-independence, it is generally accepted that women can participate in Government or civil society, but only if she proves herself to be as or more ‘capable’ than a man holding a similar position.[[102]](#footnote-102) As the concept of gender equality is being disseminated throughout the country through workshops and seminars, women, especially those living in rural areas, need encouragement to attend and actively participate. This is also true to an extent for ‘women-only’ workshops. Women are now being asked to produce opinions on a wide range of issues where traditionally they would have deferred to men out of respect. For some, the prospect of having equal power to that of men is confusing and difficult; one study has indicated that some women in rural areas believe that they already enjoy this power within their traditional roles and do not realize that they are suffering discrimination. [[103]](#footnote-103)

*Cultural beliefs influencing employment practices*

As already outlined in the CCD, the current law states that both women and men have the right and duty to work, can freely choose a profession and that there should be no discrimination between men and women in recruitment and employment practices.[[104]](#footnote-104) Where discrimination occurs, measures should be taken to eliminate this discrimination.[[105]](#footnote-105) However, as already noted, cultural beliefs prevent women from seeking employment outside the home. Working outside normal hours is not socially acceptable and there is also a perceived lack of security for women in the workplace, either through sexual harassment or bullying (see further in the section on ‘Equality in Employment’).

There is a clear division of labour along gender lines in Timor-Leste. Whilst men, women, boys and girls can perform particular roles or tasks in agriculture, livestock, fishing and forestry, women tend to be concentrated in the lowest income-generating areas of the formal sector, such as traditional tais weaving (96%); handicraft production (92%) and salt making (68%).[[106]](#footnote-106) They are exclusively involved in selling perishable commodities such as fruit and vegetables, tea, fresh tobacco or salt. Jobs such as selling newspaper and phone cards are predominantly performed by men, who constitute the vast majority of security officers, police, military, taxi and minibus drivers.

The types of employment that women are currently are engaged in are almost exclusively limited to retail, catering and hotels, some public service positions, nursing, child care, domestic and secretarial work. There are cultural attitudes that prevent women from holding certain jobs, such as working in the police and army. Results from one consultation have indicated that the community consider women who join the police as ‘loose women.’[[107]](#footnote-107) Only a handful of women work as taxi drivers in the capital, Dili; however, these workers have reported harassment and assault by male taxi drivers and local youths who have openly and quite violently expressed their view that a woman’s place should be at home. Indeed, many Timorese women are unable to drive and few have drivers’ licences.

Job adverts in general do target men and women with some specifically encouraging applications from women. However, many women do not apply as they lack the requisite formal education and experience to be able to compete with men on an equal basis.

There are anecdotal reports of women working in NGOs and UN agencies in Dili who have been asked in interviews whether their husbands have any objection to their wives working outside the home. Their answers may have been a factor in whether they were successful in getting the job. Virtually all women in the regional CEDAW consultations reported a lack of information about where to look for employment.

*Cultural beliefs and traditional justice*

As already outlined in the sections on ‘Traditional Justice’ and ‘Gender-Based Violence’, many Timorese women are disempowered by the traditional justice process. In most cases, they have minimal participation in justice hearings; the negotiations are handled by the families. In cases where violence has occurred, the ‘*lia nain*’ or traditional leader in the village conducts a ceremony, at which the extended families of both parties participate. An animal is normally killed and the both victim and perpetrator must drink its blood, promising that the ‘problem’ will not happen again. The offender risks punishment from his ancestors if he breaks this promise and commits the act again.[[108]](#footnote-108)

Punishment in traditional justice usually involves fines or exchange of goods which, as stated in the CCD, rarely goes to the victim herself, but rather to her family. Often the punishment does not fit the crime; the fines are too low, the traditional leaders have no effective way of enforcing their decision and the sentence does not act as a deterrent. Sometimes, the perpetrator fails to show up before the leaders to receive his punishment. In cases of sexual violence where the victim has become pregnant, marriage of the two parties may be decided as the best solution to avoid shame. Through this process, there is no means of protecting the victim from further abuse.

One of the disadvantages of the traditional process is that it is largely based on patriarchal beliefs about the roles of women and men in society and the family as well as the traditional leaders’ own biases. Much emphasis is placed on the events leading up to a particular crime, notably the woman’s behaviour and whether, for example, she did anything to ‘provoke’ her husband.[[109]](#footnote-109) She is almost always held responsible on the basis that she didn’t know how to handle her husband and prevent violence or that she brought it upon herself by complaining or talking too much. There is generally less consideration of the impact of the violence on women themselves or their children.

In traditional justice processes, appealing a decision of a traditional leader is not culturally acceptable. The decision is seen as sacred and not to be challenged. A woman may have the right to bring her case to a higher level; however, if she proceeds, she risks angering the leader who made the original decision. He may even take action against her for the insult he has received. Fear effectively prevents both women and men from pursuing cases further.[[110]](#footnote-110)

Where women initiate formal proceedings, the police often refer the case back to traditional leaders for resolution, particularly in cases of ‘minor’ violence. The police too are part of the patriarchal culture in Timor-Leste and often chastise a woman for not bringing the problem to the attention of the leaders in the first instance. Women have complained that elders deciding their cases have little or no formal education and, as such, perpetuate existing gender biases.[[111]](#footnote-111)

Women have also complained that the lack of enforcement is not only problematic in cases of gender-based violence but also has ramifications for child maintenance payments. The difficulty is that almost half of all Timorese prefer to use the traditional justice or ‘*adat*’ process in divorce cases.[[112]](#footnote-112) Delegates at the Second Regional Women’s Congresses stated that the *adat* process effectively impoverishes families.[[113]](#footnote-113) There is also evidence of stronger discriminatory practices in rural villages; less so in district capitals as there is perhaps better access to formal justice mechanisms.[[114]](#footnote-114)

The lack of women traditional leaders impacts on the treatment of women in traditional justice processes. Less than 2% of the judges are women.[[115]](#footnote-115) In one survey, some areas in the eastern part of the country, male respondents objected to having women ‘*lia nian*.’[[116]](#footnote-116) In Timorese culture, solving problems is the responsibility of men. If a traditional male leader is not available, a woman will need to call upon the assistance of other members of the clan with whom she has a ‘cultural relationship’ to ‘help her think about [the problem].’[[117]](#footnote-117) It is not that traditional elders do not give voice to a woman’s opinions; rather hers is often the last voice to be heard. Some traditional leaders have openly stated that women and men are equal but that men should have ‘higher’ rights than women. They believe that formal justice processes have had a bad impact on women and that going to the police gives a woman the power to destroy a family. Some have even gone as far as to reinforce the idea that *barlake* can be used by a man in his defence against accusations of violence, as the woman is his ‘property’, to treat in any way he wishes. [[118]](#footnote-118) Clearly this is unacceptable.

The difficulty in challenging these attitudes is that again many Timorese feel comfortable bringing a problem to the Chefe do Suco or the traditional process. Although people generally approve of formal justice processes, an overwhelming majority (94%) of the Timorese consider the traditional *adat* system just[[119]](#footnote-119), with 86% of people believing that the system actually protects woman’s rights.[[120]](#footnote-120) Attitudes regarding the appropriate punishments for those who commit violent crimes are mixed with younger, more educated Timorese believing that a man should go to jail if he beats his wife. There is still much support for victims of domestic violence receiving compensation.[[121]](#footnote-121)

As already noted in the section on ‘Traditional Justice’ in the CCD, there has been little interference in traditional justice processes to date. For years, the traditional system has been the only system of justice in many parts of the country and there is great reluctance to put an end to this system of resolving disputes. To many Timorese, this would mean the loss of a way of life and culture. There is also resistance from the community leaders; some have already claimed that foreign laws have no connection to customary law and have suggested that new laws will only be appropriate to Timorese communities if they are based on existing cultural practices.[[122]](#footnote-122) To an extent, women have supported these views, at the same time aware that formal law may provide them with better justice.

*Religious practices*

Although predominantly Roman Catholic, much of the population of Timor-Leste also practices a form of animism or spirituality called ‘*lulik*.’ In the regional CEDAW consultations, many people emphasized the need for families to convey awareness and importance of accepting and respecting the authority of customary law practices to future generations. They viewed these religious beliefs as perfectly compatible with the established faiths practiced in Church.

The Catholic Church plays a very influential role in Timorese society and is involved in all aspects of life, including couples’ counseling. However, in this role, it tends to concentrate on the importance of stability of the family unit and keeping it together as much as possible, which can have detrimental effects on a woman’s physical and mental health, including that of her children, if she suffers violence at the hands of her spouse or partner. In response to the problems of gender-based violence, support service NGOs and UN agencies have been working alongside the Church in pre-marriage counseling, to emphasize the idea of equality between women and men in marriage. The Church also advocates natural methods of contraception and strongly discourages other means of family planning.

*Treatment of women by the media*

As noted in the CCD, the OPE requested the Media Monitoring Unit (MMU) of Internews, an independent news agency based in Dili, to monitor the portrayal of women in the media in Timor-Leste during a fixed period. During the monitoring of radio broadcasts, women could be heard in less than 10% of the total broadcast time and they predominantly featured in health and cultural programmes. There were no reports on the economic condition of Timorese women.[[123]](#footnote-123)

* In a short broadcast on culture in Timor-Leste, a representative from one Timorese woman’s NGO explained how the patriarchal system meant a lack of opportunity for Timorese women and contributed to their suffering. This was the only time a woman’s opinion was quoted on air during the monitoring period. No other women were interviewed to support her point of view.
* In a second cultural programme, the female presenter emphasized the importance of good manners for girls and abiding by social norms. Girls were advised not to sleep next to a mirror, which could ruin their beauty if smashed and not to stand in front of a door as this would ward off a potential husband. Equally, men were dissuaded from singing in the kitchen as it was thought that this would attract women to their homes.
* In a daily health programme, again presented by a woman, there was only one story on women’s health during five days of monitoring. This related to the importance of breast feeding and the nutritional value of breast milk.
* Other infrequent, though positive references to aspects of women’s lives were noted in this period, such as a girl who had educational aspirations and local women in public service positions.

The analysis of images and stories of women in local newspapers during the monitoring period produced the following results[[124]](#footnote-124):

* Front pages stories involving women focused on a Church service where young novices were taking their final vows, young girls performing at traditional ceremonies and one story profiling a recent female university graduate.
* A single, more in-depth report on a local woman politician speaking about the laws in Timor-Leste.
* Reports on several female Asian leaders, including the 2003 Nobel Peace Prize Laureate; however, the article portrayed her as undeserving of the prize in comparison to other male leaders, such as the Pope.
* International women, usually celebrities in gossip columns, were featured in twice as many reports as Timorese women. These women were presented as objects of desire.

Crimes involving women were also reported in the press during this period. One story reported the details of an alleged rape of a 12-year old girl. The victim’s initials were published, as was her home town and an except from an interview with her on how the attack happened. Similarly, a second story gave details of an assault by a husband on his wife, in which her full name was published. By contrast, only her husband’s initials were printed. In crime stories, women were generally identified as victims and justifications were given for the violence they suffered such as non-payment of dowry, not doing household chores or providing meals.[[125]](#footnote-125)

Based on the results of this analysis, the monitoring unit made the following recommendations[[126]](#footnote-126):

* More stories on issues affecting women should be reported in the media;
* Women from all walks of life should be encouraged to become more involved in the production of features and participate more in broadcasts, either by writing in or telephoning radio stations;
* Women should be portrayed in non-stereotypical roles and include profiles of women based on their accomplishments rather than appearance;
* There should be a greater focus on Timorese women;
* The identity of victims should be protected and, where necessary, the courts closed to the press if it is likely that their presence would cause the victim undue suffering;
* Careful consideration should be given to the placing of sensitive stories on women in print media and such reports should not appear in the entertainment pages;
* Community and media partnership should be strengthened to create positive news on women and programming;
* The principle of gender equality should be maintained in all reporting.

Art. 41 (5) of the Constitution states that it is the duty of the Government to guarantee an impartial radio and television service to ‘protect and disseminate the culture and the traditional values of the Democratic Republic of East Timor’ as well as ensuring ‘opportunities for the expression of different lines of opinion.’ Cognizant of its responsibilities under CEDAW General Recommendation No. 19, that the media respect and promote respect for women, the Government has broadcast advertisements to counter negative images of women, especially in relation to gender-based violence.

However, considerable challenges remain. At one workshop on gender, several men expressed anger at one TV advertisement, where the male character died and was sent to hell as he had beaten his wife. The men at the workshop commented that the now traditional roles had been reversed and it was the man who was bad and the woman good. They added that in broadcasting this advert, the Government did not understand Timorese culture.[[127]](#footnote-127)

Women are also the subject of negative sexual stereotypes in Timor-Leste. One report has indicated that porn literature and film widely is currently available in the country.[[128]](#footnote-128) Women have, for some time, been involved in the sex industry, mainly as sex-workers. The efforts of the Government to combat this problem are described in more detail in the section on ‘Exploitation of Women: Trafficking and Prostitution.’

**Government response**

One of the key programme areas of the OPE is to ‘promote a culture of equality in Timor-Leste.’ Achievements in this area such as training with media organizations on the principles of gender equality; production of radio programmes on CEDAW; publications providing an account of women’s participation and contributions to the resistance struggle and regular participation in seminars at national, district, and sub-district level, as well as in universities, schools and the Justice and Peace Commission have already been described in the CCD. In addition, the OPE has already embarked on advocacy, raising awareness of community leaders regarding their responsibilities towards women, in particular in relation to preventing gender-based violence. More specifically in relation to CEDAW General Recommendation No. 3 and the elimination of prejudices and practices hindering the achievement of women’s social equality, the OPE plans to broadcast a series of roundtable discussions on the cultural obstacles preventing women’s participation in development. This will be undertaken in partnership with RTTL (Public Broadcast) and TLMDC (Timor-Leste Media Development Centre). Through its CEDAW SEA Programme, UNIFEM is complementing the work being done by the OPE, by undertaking research on how cultural practices affect women in Timor-Leste.

Consultations to date have shown that it is not easy for the relationship between women and men in Timorese society to change as these roles have been handed down through generations. The civic education organized by the OPE is a good start as it opens people’s minds and informs women of their rights. However, the Government recognizes that there is some way to go before eliminating all negative stereotypes of women and achieving true gender equality.

***Art 6: CEDAW Trafficking in Women and Prostitution***

**Setting**

Aside from one study on trafficking published by the Alola Foundation in 2004[[129]](#footnote-129), there has been very little research, before or since, into the nature of trafficking or the sex industry in Timor-Leste. Through a series of interviews conducted with those who had direct knowledge of these practices, the report establishes that the sex industry in Timor-Leste is not a new phenomenon.

During the Second World War, many women were forced to become ‘comfort women’ to the occupying Japanese forces. Domestic trafficking also took place in the districts during Portuguese times where, in order to maintain good associations with the ruling elite, some local village chiefs organized a system whereby local women and young girls were required to provide visiting dignitaries with sexual services upon request. At the same time, other women worked in brothels or as ‘domestic servants’ for foreigners, mainly military personnel and again providing sexual services for extended periods.[[130]](#footnote-130)

This practice has continued throughout the Indonesian occupation until today, where the sex industry is sustained by a steady demand from both Timorese and foreign clients.[[131]](#footnote-131)

**Legal Framework**

*Trafficking*

Human trafficking in Timor-Leste is a crime punishable by imprisonment. Art. 81 (1) of the Timorese Immigration and Asylum Act (Law 09/2003) states that:

‘All persons who under threat of force or any other form of coercion, fraud, deceit, abuse of power or by taking advantage of the victim’s vulnerability, recruit, transfer, lodge or keep persons with the purpose of exploiting them or placing them in sexual exploitation, forced labour, slavery or human organ trafficking networks, shall be punished by imprisonment of not more than 8 years or fewer than 3 years’.

Where the victim is under 18 years of age, Art. 81 (3) of this law states that the crimes outlined in subsection (1) will be punishable by a higher sentence of between 5 and 12 years in prison.

Currently Timor-Leste does not have its own anti-trafficking laws that legislate for crimes of international or internal trafficking. However, in accordance with CEDAW General Recommendation No. 19 24(g), the Government has taken specific and preventative punitive measures to overcome trafficking and sexual exploitation. These anti-trafficking provisions have been included in the forthcoming national Penal Code, which is expected to be promulgated in late 2006/early 2007. Under Art. 132 (2) of the Code, relating to the ‘Trafficking and Slavery of Persons’, anyone found guilty of ‘recruiting, transporting, transferring, acquiring or receiving persons … for the purposes of exploitation’ is punishable by a sentence of between 8 and 20 years in prison. This penalty rises to between 12 and 25 years where the defendant is a prominent figure in public or religious life.[[132]](#footnote-132)

*International Trafficking*

According to Art. 166 of the forthcoming Penal Code concerning the ‘Sexual Exploitation of a Third Person’, the transportation of a person to a different country to that in which he or she is born or resides, for the purposes of engaging that person in the activity of prostitution, carries with it a term of imprisonment of between 2 and 10 years.

Whilst it is clear that Timor-Leste is a destination country for trafficking for the purposes of sexual exploitation as described in more detail below, at the time of writing, there is no evidence to suggest that Timor-Leste is a transit country or a country from which women and young girls are trafficked. However, the Government appreciates that the current conditions of extreme poverty coupled with high levels of unemployment in the country could quickly change this situation. An isolated incident of foreign recruiters coming to Timor-Leste for the purposes of recruiting young Timorese women and men to work abroad, for example, in the entertainment industry in Thailand, has been recorded, but again, there is no evidence to suggest that this has become common practice.[[133]](#footnote-133)

The forthcoming Penal Code has been formulated with the express intention of penalizing those who are involved in crimes of trafficking, sexual exploitation of a third party, prostitution and pornography. However, there are currently no laws in place aimed at specifically protecting the rights of trafficking *victims*. Furthermore, there are no laws in place to regulate the activities of marriage agencies, in particular, those agencies or organizations involved in arranging marriages between Timorese and foreign nationals, although there is currently no indication that arranged marriages between Timorese and foreigners is a problem in Timor-Leste.[[134]](#footnote-134)

Timor-Leste has not yet ratified the ‘Trafficking Protocol’, i.e., the Protocol to the United Nations Convention Against Transnational Crime, to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000). One of the activities of the Inter-Ministerial Working Group on Trafficking, (see below) is consideration of the ratification of this Protocol.

*Trafficking of Minors*

Trafficking of children is prohibited by Art. 81 (3) of the Immigration and Asylum Act 2003 which criminalizes *‘the mere transportation, recruitment, lodging or keeping’* of children under the age of 18 for the purposes of trafficking. Anyone found guilty of this offence could be imprisoned for a term between 5 and 12 years as referred to under subsection (1) of this Article.

This is more severe than the sentence under the current Indonesian law, where Art. 297 states that, ‘trade in women and minors of the male sex shall be punished by a maximum imprisonment of six years”.

The provisions outlined in the forthcoming Penal Code under Art. 166 relating to the ‘Sexual Exploitation of a Third Person’ carry the heaviest penalty for trafficking victims under 18 years old with a sentence of between 12 and 25 years in prison.

*Prostitution*

Prostitution in itself is not a crime under current Timorese law but, as described above, trafficking for the purposes of prostitution is considered an offence.

Art. 296 of the Indonesian Penal Code, which at the time of writing is also the current applicable law, states that it is a crime to ‘facilitate’ or organize prostitution.

Art. 506 of the Indonesian Penal Code further makes it clear that anyone, ‘who as a souteneur, takes advantage of the prostitution of a woman’, shall be punished with a sentence of up to one year’.

The latest draft of the Timorese Penal Code will ordinarily punish those found guilty of ‘facilitating, organizing or otherwise contributing to the prostitution of another person or the practising of other sexual acts’ for financial gain, with a prison sentence of up to 3 years. At the time of writing, the draft Code goes further than previous legislation by containing a specific provision on child prostitution. According to Art. 167 on ‘Child Prostitution’, the penalty will rise to between 3 and 12 years, if the victim is a child under the age of 16 years. This law will also cover scenarios in which relatives, or indeed parents, offer to sell their child to traffickers for the purposes of prostitution or in an attempt to use them to provide sexual favours in exchange for other benefits or services.

Similarly, those found guilty of transporting a young victim to a country other than that in which he or she was born or resides, will receive a prison sentence of between 5 and 15 years, if the victim is a minor under the age of 16 years.

*Pornography*

The new Penal Code criminalizes child pornography under Art. 168, with a penalty from one to six years for activities relating to the production, distribution, dissemination, importing, exporting or selling of pornographic material that exploits minors under the age of 16 years.

The clients or ‘end-users’ of pornographic material are not culpable under the forthcoming law. However, if involved in the distribution of such material, they too can be found liable, as indicated above.

**Situation of Sex Workers in Timor-Leste**

In accordance with CEDAW General Recommendation No. 19 24(h), the Government is providing information below on the extent and nature of the problems of trafficking and prostitution in the country.

*Sampling Method*

The Alola report conducted a total of 38 surveys during the period March – June 2004. Although the survey sample is small, it is supplemented by information from over 400 hundred sources, such as taxi drivers, hotel owners, clients, those organizing the sex trade and the sex workers themselves, which helps to provide an overall picture of the trafficking and sex industry in Timor-Leste. As of time of writing, there have been no further updates on this information.

*Sex workers in Dili*

According to the report from the Alola Foundation, the majority of female sex workers working in Dili, are East Timorese (100). This is closely followed by Indonesian workers (60), Chinese (35), Thai (30) and Philippino women (20). At the time of publication of the report, three Australian women were living and working as sex workers in Dili.[[135]](#footnote-135)

The youngest Timorese sex worker interviewed in Dili was 14 years old, which was also the youngest age at which to start sex work; the eldest being 34 years. The average age to begin sex work in the surveyed group was 17 years. [[136]](#footnote-136)

Results from the study showed that the majority of women take up sex work as a result of a trauma that deeply affected their lives and/or through economic necessity. Girls as young as 12 years old have reported becoming sex workers following a rape, by a boyfriend, who later abandoned them. Alternatively, they have been abused or raped by a close family member, which usually resulted in them being evicted from the family home. Some of the older women working as sex workers have been abandoned by their husbands, either through divorce or migration abroad. Almost all the women have children whom they have to support. Invariably, they enter the sex industry as they have no other means of support or assistance.[[137]](#footnote-137)

Many of the women who were surveyed in the Alola study entered the business through suggestion by friends or family who were already working in the industry. They tend to work independently, in brothels, on the streets, or as ‘call-ins’. None reported that they were in debt for reasons linked to their sex work. Also none felt that their freedom was limited or were their identity documents had been taken from them by those controlling the business. However, it is not clear how many girls as young as 14 years can supposedly support themselves as sex workers, while not, as they claim, be controlled by a family member or other individual. This could suggest that they are trafficking victims, though as yet, the Government has no concrete evidence to support this claim.[[138]](#footnote-138)

*Foreign sex-worker*s

In contrast to Timorese women working as sex workers in Dili, it does appear that women from countries such as Indonesia, including West Timor, Thailand, the Philippines and China are being actively recruited to work in the sex industry in Timor-Leste. Women from Indonesia and Thailand tend to work in brothels, bars and massage parlours and karaoke venues respectively. It has been difficult to collate information on Chinese and Philippino women as operations surrounding their recruitment and work are tightly guarded by those who have engaged them.[[139]](#footnote-139)

While some of these women have arrived independently in Timor-Leste, for example from Indonesia, others have been recruited through advanced networks. They enter the country either by air or land border, often disguised as tourists. Some women have been recruited in their home country on the premise that they would be working as waitresses or in hotels. Shortly after arrival, they report that they were forced to undertake sex work, which they did in order to repay the cost of their travel, paid for by the recruiters. Women from these countries claim that their movements are restricted outside their place of residence and work, that their passports are being kept from them and that they are constantly threatened with deportation. [[140]](#footnote-140)

As Timor-Leste is the only country in the South East Asia region with US dollars as the local currency, it becomes an attractive option for potential traffickers.[[141]](#footnote-141) Clients pay any amount between USD 5 and 850 depending on the type of service.[[142]](#footnote-142) The women are allowed to keep only half or less of their fee. Many sex workers have indicated that if they felt they had a choice, they would take up other employment; however, research has shown that many of these women have no formal education to fall back on and feel that they have little or no skills for other work.[[143]](#footnote-143) Of 248 female sex workers in Dili, just under half, 115, are estimated to be trafficking victims.[[144]](#footnote-144)

*Male sex workers*

Research has also indicated that both men and boys are operating in the capital as sex workers. They are predominantly Timorese (100) with a small group coming from Indonesia (10). Since 2004, it has been reported that male sex workers are coming from the same countries as their female counterparts, such as the Philippines, Thailand, Australia, and also Portugal.[[145]](#footnote-145) It is estimated that three-quarters of this group are under the age of 18. Research shows that, by contrast, only half this group began sex-work out of economic necessity; the remainder are casual sex workers who are engaged in this activity to supplement their ordinary income. Some have entered the industry on the recommendation of a friend, or because foreign men (who constitute the majority of their clients) offered money for sex or due to pure curiosity. Like female workers, they work independently and also on the streets. However, in contrast to this group, male sex workers have reported that they have more freedom and do not feel the same financial pressure to remain in this work. Again, from the limited survey sample, it does not seem that any of male sex workers are being systematically trafficked.[[146]](#footnote-146)

*Situation in the districts*

Research suggests that prostitution exists at a district level, albeit on a smaller scale than in the capital. It has been reported that some village chiefs allow sex workers to operate in their villages, mainly because of the dire economic situation of the women involved. All of the sex workers are Timorese women. Although they keep a low profile, the community is aware of who they are. As is the case with the women in Dili, they believe they have no other means to earn a living. There is no clear evidence to suggest that these women are trafficking victims.[[147]](#footnote-147)

More recently, however, there have been disturbing reports from the village of Salele in the Covalima district, where there is evidence to suggest that girls as young as 12 years old are working as prostitutes in at least two sucos.[[148]](#footnote-148) Whilst full details of these events are still emerging at the time of writing, it appears that the young women have become involved in this activity as a result of having suffered sexual abuse within the family and been evicted from their homes and forced to seek shelter elsewhere. Widows are vulnerable too as they have many have lost their husbands during the years of resistance to Indonesian occupation and some have had to engage in sex work as they have no other means of supporting themselves or their families. Reports also indicate that members of the local police, along with men from the local community are regular clients. The PNTL are currently investigating these allegations.[[149]](#footnote-149)

In Timorese society, women working in the sex industry are viewed as ‘feto aat’ or ‘bad women’ and are marginalized, receiving practically no support from their community. In Salele, where there have been reports of prostitution, local clergy are providing support for the women, including establishing a women’s centre in the area. This centre would not only provide information on alternative employment and training, but also a ‘safe space’ or shelter for women attempting to quit sex work and start a new life. At present, there is little or no education on adolescent sexual and reproductive health for these young women.

*Violence against sex workers*

Unfortunately, violent behaviour towards sex workers is frequent with many women having reported violent incidents that largely stem from client abuse. Allegations of intimidation, assault and rape are commonplace, with some sex workers alleging mistreatment at the hands of the security forces, some of whom have allegedly demanded free sex. [[150]](#footnote-150)

In the forthcoming Domestic Violence Law, which is expected to be promulgated very shortly after the draft Penal Code, there is no specific reference to violence against sex-workers and trafficking victims, only a reference in Art. 3 to violence ‘practised within the family situation.’

However, Art. 7 of the same law does refer to the ‘principle of special protection’, whereby the family has a special duty to ‘protect and defend the children … and others with special needs against all forms of violence, exploitation, discrimination, abandonment, oppression, sexual abuse and other maltreatment’. In theory, this law should be applicable to those minors who may be coerced into and forced to continue sex work by a member or members of their family.

*Attitudes towards sex workers*

Many of the women engaged in the sex industry are shunned by the wider community, and isolated, especially in the districts. Sex workers interviewed for the Alola study have identified abuse such as mud-throwing, name-calling in public and harassing phone-calls as ways in which the general population has made its disapproval of their living known. As in many countries, the women feel they are a source of shame to their families and can expect to receive little or no support from them. There exists a dichotomy in that whilst many sex workers have been disowned by their closest relatives, some families have a vested interest in seeing sex workers continue working as they benefit financially from their earnings. Many foreign sex workers have been arrested and deported without charge as described in further detail below.[[151]](#footnote-151) In 2005, there were 4 deportations of Chinese nationals. In 2004, the figure for deportations was much higher, with 147 persons deported (146 to Indonesia). These figures represent total numbers of deportees and are not disaggregated by sex. No information is available as to what percentage of the total number expelled from the country were sex workers.

*Media response to the problem of trafficking*

There has been a sensationalist approach to the issue of sex workers and how they are portrayed in the media. The ‘Wisma Cendana’ raid in 2003 (one of the ‘Operation Teki’ raids outlined below) is one such example, whereby undercover police officers had sex with several sex workers, after which other officers burst into the room and started to film the proceedings before the women had a chance to dress. The operation was subsequently shown on TVTL, a national TV channel.[[152]](#footnote-152)

*Other forms of trafficking*

Recent research quotes the view of the Prosecutor General that possibly Timor-Leste is a destination country for forced labour, with as many as 400 Chinese and 300 Vietnamese working in the construction industry.[[153]](#footnote-153) Due to the absence of figures on the number of foreign workers in Timor-Leste, it is difficult to obtain a clear idea of the scale of this problem and to what extent, if any, women and young girls are involved.

**Government Response: Anti-Trafficking Measures**

Again, in accordance with its obligations under CEDAW General Recommendation No. 19 24(h), the Government has taken a number of steps to deal with the problem of trafficking in Timor-Leste. It has assigned responsibility to the Migration Department of the PNTL for investigating cases of human trafficking under the Immigration and Asylum Act.

Upon the discovery of a pornographic video in 2003, in which it was alleged that Timorese women participated, the PNTL in conjunction with UNPOL, conducted a number of investigations into the sex industry, particularly foreign women working as sex workers. This resulted in a series of raids named ‘Operation Teki’, which were launched by the Prosecutor General and the PNTL.[[154]](#footnote-154)

In one of these raids, seven Indonesian women and one Timorese man were arrested for allegedly being involved in prostitution. While the man was questioned and later released, the women complained of harassment by the police and one woman was allegedly raped by one of the officers. At a hearing, the women were charged with the crime of ‘facilitating’ prostitution and received deportation orders, despite the fact that Indonesian law penalizes those organizing the trafficking and not prostitution itself. The women later agreed to return ‘voluntarily’ to Indonesia. A subsequent ruling at the Court of Appeal found the original judge’s decision to deport the women to be illegal and stated that the women, under both Indonesian and Portuguese law, had not committed any crime.[[155]](#footnote-155)

Also in the period 2003-2004, the PNTL and UNPOL conducted raids on suspected brothels in Dili. Charges under the Indonesian Penal Code where brought against suspected traffickers in some cases and against the women in others. Where it was considered that the women were actual trafficking victims, they were repatriated to their home countries such as Thailand and Indonesia, in some cases with the assistance of their respective embassies or international agencies. None of these cases resulted in a hearing or conviction for the crime of trafficking. However, some employers were fined under the Immigration and Asylum Act for illegally employing the women who had entered Timor-Leste on tourist visas.[[156]](#footnote-156)

Most of the current anti-trafficking efforts involve immigration officials questioning women from known trafficking countries at ports of entry such as Dili Airport and several land crossings. If suspected of entering the country for the purposes of sex work, a woman will be refused entry to Timor-Leste and immediately sent back to the country from which she arrived. There have been anecdotal reports of members of the PNTL and immigration officials allowing women suspected of entering the country to engage in sex work to enter the country in exchange for a percentage of the profits; however, there has not yet been a court case that deals with these charges. During the period 2003-2004, only Asian women were refused entry into the country, 10 in 2003, which increased to 17 in 2004.[[157]](#footnote-157)

*Difficulties in enforcing the law*

Despite the efforts of the Government to clamp down on trafficking activities, there have not yet been any convictions for trafficking related crimes. These cases illustrate that there are considerable obstacles to overcome, not least the manner in which raids are conducted. In the ‘Timor Lodge’ raids, it has been reported that sums of money were solicited from members of the public for the purposes of carrying out the raid, namely for members of the PNTL to pay the sex-workers for sex before arresting them afterwards.

The ‘Operation Teki’ raids also demonstrate basic misunderstanding of the current law, such as charging the women in question with trafficking offences, subsequently deporting them and not pursuing any line of enquiry to ascertain whether they were potential trafficking victims. Also, some authorities, including the police, have criticized the present set of trafficking laws as inadequate.[[158]](#footnote-158)

Institutional difficulties also remain in tackling the problem of trafficking, not least the lack of financial and human resources. From the outset, no statistics on trafficking have been compiled. Where physical files exist in the police or Prosecutor’s Office, there is no systematic method of filing and many files have gone missing.[[159]](#footnote-159)

An unwillingness on the part of women to testify against alleged traffickers or those facilitating their prostitution has undermined attempts to prosecute such cases. There are a number of reasons for this, including a lack of translation services for the women, who cannot speak the local language as well as the lack of ‘safe houses’ in which they can stay while awaiting trial. In one of the first raids on suspected brothels in Dili, those suspected of being trafficked returned to the same brothel after questioning as there was simply no other place to go. Research has shown that women have returned to their home country ‘voluntarily’ while their deportation orders were being appealed because of the lack of resources to support them during this period.[[160]](#footnote-160)

*Inter-Ministerial Working Group on Trafficking*

The Government has responded to this problem by establishing an Inter-Ministerial Trafficking Working Group, consisting of government representatives such as the Ministry of Foreign Affairs and Cooperation, UN agencies such as IOM and NGOs. This Working Group, which at the time of writing is being restructured, aims to strengthen participation in all government sectors in order to raise awareness of trafficking issues within both Government and civil society. It also aims to provide guidance in the development of policies and procedures to ‘facilitate lawful migration and combat irregular migration including the smuggling and trafficking of persons into and out of Timor- Leste’.[[161]](#footnote-161)

The Working Group to date has been involved in the development of Standard Operating Procedures on trafficking for Immigration officials, which are still awaiting Government approval. It has also been working alongside representatives of the Ministry of Justice to include further trafficking provisions, which are in line with international norms, in the forthcoming Penal Code. For example, the Working Group has most recently been advocating for the inclusion of the Trafficking Protocol definition of ‘trafficking’ in this Code. This is in addition to successfully advocating for a number of clauses relating to the conspiracy to traffic and raising the age of consent to 18 years of age (as defined in the international Protocol) in the Penal Code. These achievements reflect a commitment on the part of the Government to harmonize new domestic laws with international standards.

The Inter-Ministerial Working Group continues to meet on a regular basis to formulate a coordinated strategy to protect and support victims. Key elements of the strategy have been identified as providing information on health matters, such as sexual health and safe sex practices, alternative employment, safety and security in the workplace, counseling and provision of legal advice.[[162]](#footnote-162) Where services have been provided for trafficking victims in the past, these have been few and on an ad-hoc basis. Many women are ashamed to seek medical care and foreign sex workers are especially unaware of where to go should they require treatment.[[163]](#footnote-163) Currently, one international NGO, Family Health International, in partnership with Fundasaun Timor Hari’i and Red Cross Timor-Leste, are implementing several programmes to increase the awareness of STIs and HIV, especially among female sex workers who have been identified as being at high risk. This initiative is supported by USAID and is discussed in further detail in the section on health in the CEDAW treaty-specific report. In the development of a strategy to support victims, the Working Group has indicated that information provided by previous reports, such as the study by the Alola Foundation, will serve as a starting point for discussions.[[164]](#footnote-164)

Inevitably, any efforts to combat trafficking and protect victims will need to address allegations of corruption. In one instance, it was alleged that members of the Immigration Service and PNTL demanded sexual favours from suspected female sex workers as they crossed the border from West Timor, in return for approved entry into Timor-Leste. This incident was subsequently investigated and the officials involved were transferred as a result.[[165]](#footnote-165)

The Government also recognizes the need to follow-up on information and data provided in the Alola study and views training for PNTL and immigration officers on the anti-trafficking legislation as essential to correctly identify trafficking victims. Initial training provided by the IOM to the PNTL cadets based in the Immigration Department has indicated that knowledge of the law is extremely poor.

Another positive step in the struggle against trafficking has been the Government’s emphasis on regional cooperation. It has participated in the ongoing ‘Bali Regional Ministerial Conferences on People Smuggling, Trafficking in Persons and Related Transactional Crimes’, also known as the “Bali Process”. In late 2005, with the support of the French Government, the Government sent two PNTL officers to a regional counter-trafficking workshop in Malaysia. Furthermore, it is anticipated that Timor-Leste’s INTERPOL representative participate in the Inter-Ministerial Working Group, as the Government believes that cooperation and coordination as well as information-sharing at a regional level are essential to an effective response to the activities of trafficking syndicates.

*Follow-up to the Alola Foundation Report*

As a follow-up to their 2004 report, the Alola Foundation has secured funding from USAID to support a joint IOM-Alola Trafficking Awareness raising project, targeting various government ministries, including the OPE, the PNTL, judiciary, consular staff, media and civil society. The project will also seek to work with Suco Councils in border districts, particularly with women’s representatives on these councils to assist in both identifying and assisting victims. At the time of writing, this training is due to commence in late 2006 and is intended to assist the Government in meeting its responsibilities in this area.

***Art. 10 CEDAW: Equality in Education***

The CCD provides a broad overview of the education system in Timor-Leste, including challenges to its development. These and other challenges in eliminating discrimination and ensuring equal rights of women in the area of education are further elaborated - alongside the Government’s response - below.

**Aims of Education - Relating To Girls and Women**

There is a firm legal commitment to the advancement of the education of women and girls in Timor-Leste. In addition to the provisions set out in the Constitution, one of the guiding principles in the Basic Law of the Education System is ‘ensuring the equality of opportunities to both sexes.’[[166]](#footnote-166) This commitment is also clear in the National Development Plan (NDP), where the Government pledges to ‘improve educational provision, particularly through the provision of professional training, notably for girls and women, adults and groups with special needs.’[[167]](#footnote-167) Equally, the Government recognizes the need to ‘reduce the number of illiterate people within the adult population, with an emphasis particularly on women’[[168]](#footnote-168) as well as creating mechanisms to help decrease drop-out rates for girls.[[169]](#footnote-169)

The ‘Education Policy Framework’ (EPF) developed and adopted by the Ministry of Education reflects the objectives set out in the NDP and has already been described in greater detail in the CCD. However, given the discrimination faced by girls in access to education due to traditional practices such as early pregnancy and marriage and heavy household duties, close monitoring will be required to ascertain whether gender concerns are being satisfactorily addressed by the new curriculum and in teaching materials, teacher training, parental and community involvement and whether these are ultimately effective in the promotion of NDP goals such as gender equity and empowerment of women.[[170]](#footnote-170)

**Pre-School Education**

According to the Multiple Indicator Cluster Survey (MICS) in 2002, there was practically no provision for pre-school education in Timor-Leste. Only 2% of children aged between 3-5 years attended any form of early education programme.[[171]](#footnote-171) The current pre-school education is available for children aged between 4-5 years and although is not compulsory, there are 57 preschools in the country with 4,700 children attending and 139 teachers. The vast majority of these schools are private, located in urban areas and cater for less than 10% of the children in this age group.[[172]](#footnote-172) The Government considers that there is significant potential for expansion as demand increases.

**Primary School Education**

Primary school education normally starts at the age of six years but few children actually enrol in first grade at this age. There are large numbers of over-age children throughout primary education, with enrolment figures from the 2004-2005 academic year indicating 27% are overage students. However, this figure represents a decrease from the average of 42% during the first three academic years since 2000.[[173]](#footnote-173)

At present, the total number of students in the primary school system is approximately 182,000; the average school has an enrolment of 237 students with 7 teachers per school. Teacher numbers mirrored the surge in student enrolment post-independence, but now have stabilized at just over 4,000 for the whole of the country and is the largest group in the government workforce. The average pupil-teacher ratio is currently 34: 1 for public schools (down from 47: 1 in 2001) and is lower in Catholic schools. There is variation in these averages between districts, which partly reflects the significant population movement as indicated in the 2004 national census and also the fact that in some districts such as Dili, school sizes are much bigger and can sometimes allow for single teacher classes and specialization.[[174]](#footnote-174)

While gender differences at primary school level in terms of enrolment as noted in the CCD are negligible and girls’ participation estimated at about 98% for this sector,[[175]](#footnote-175) studies have shown that there have been marked differences with respect to different regions, in particular, more students (girls and boys) enrolled in lowland than highland areas and again more students in urban than rural areas.[[176]](#footnote-176)

*Challenges facing the primary sector*

As noted above, there is a problem of over-age students, which not only leads to high repetition (20%) and drop-out rates (10%), but also is a considerable financial burden on the education system. Family practices partially account for this, with many parents believing that their children are too young to start school at six and so wait until they are older. This means that less than half of children reach and complete sixth grade.[[177]](#footnote-177)

Despite the previous years’ increases in enrolments, some children are still not attending school. The net enrolment ratio of 86% for the 2004-2005 academic year implies that there are around 21,000 children not in the system. Also, the current lack of teaching materials coupled with a high student-teacher ratio for the primary sector need to be addressed.[[178]](#footnote-178) Linked to this is the level of teacher training, which also needs to be developed. As already outlined in the CCD, 80% of teachers (mostly Indonesian) fled the country in 1999 and as such, the quality and quantity of teachers needs to be improved. The Catholic Teachers College in Baucau can graduate 50 teachers each academic year; however, it has been estimated that several hundred teachers will be needed to meet both current and future demand. In order to address this shortfall, the draft Educational Policy aims to introduce teacher licensing in 2006 and by 2010, it is hoped that all teachers will have obtained the requisite credentials.

At their present levels, the number of student-teacher hours is low. Although in theory, the school year allows for 720 contact hours, on average students receive no more than 548 hours per year. Younger students in the first and second grade in primary school fare worse, receiving no more than 274 hours as they are often taught consecutively in a four-hour shift - a process known as ‘multi-shifting.’[[179]](#footnote-179) Combined with high levels of absenteeism on the part of both students and teachers, teaching is significantly affected. One survey has indicated that up to 42% of all students of primary school age did not attend school in the week preceding that assessment.[[180]](#footnote-180)

The MICS survey in 2002 had indicated that poor children were less likely to be in school in Timor-Leste. In the academic year 2001-2002, 64% of the poorest quintile was enrolled in school in comparison with 90% of the wealthiest quintile.[[181]](#footnote-181) The reasons for absenteeism may also be due to the fact that, previous to their temporary suspension by the Ministry of Education in early 2006, the costs of primary school education, in practice, varied. Reports from the regional CEDAW consultations indicated that many parents across the country were being asked by school authorities to pay different levels of fees for primary education, depending on the area and, in some cases, were being asked to contribute to the payment of ‘voluntary’ teachers in schools. Some participants explained that the combined costs of fees, stationery and uniforms, especially for girls, were preventing them from sending their children to school.[[182]](#footnote-182) Information from these consultations that some students were refused admission to schools where they could not afford the fees has not been substantiated by the Government.

The absenteeism may also be due to the fact that children have to walk long distances (at times exceeding one hour) to and from school. Buses cost USD 0.50 in Dili and many children use these or share taxis to go to school; however, the lack of transport in rural areas prevents many children from attending and parents are concerned about their safety. Other reasons for non-attendance have been linked to illness, such as malaria or tuberculosis. In one study, it was found that 6% of all children of school-going age in Dili had never attended school, compared with 45% in Ermera, 42% in Ainaro and 29% in Oecussi. In all but 3 districts, Lautem, Manatuto and Ermera, more girls than boys have never attended school. The gender gaps of those not attending school in rural areas tended to be between 1-5%. Within districts, there was also a wide variation. For example, in Manufahi, 33 percent of females compared to 19 percent of males aged 7-18 years had never been to school.[[183]](#footnote-183)

The poor conditions of school buildings are also a cause for concern. The Ministry of Education reported in June 2005 that more than a quarter of classrooms are in a dangerous physical condition. Almost 40% of schools have no toilet facilities and almost half of all primary schools have no access to drinking water. These facts are supported by regional CEDAW consultations, where it was reported that, in some instances, young girls, especially those entering puberty, are too embarrassed to attend school as there is inadequate sanitary facilities for them.[[184]](#footnote-184)

Furthermore, discussions from consultations have indicated that that discipline can be a problem in some schools with both girls and boys being subjected to severe methods of punishment. These included spitting, beating with a stick and being slapped on the face.[[185]](#footnote-185) Reports from the CEDAW consultations indicated that some girls felt intimidated by male teachers, which deterred them from school.[[186]](#footnote-186) Research has shown that female teachers in the school system can similarly feel intimidated as they often receive verbal abuse both from students and parents. This behaviour is attributed to frequent overcrowding of classes and students’ frustration at not being able to receive good grades or progress to the next level.[[187]](#footnote-187)

*Primary curriculum*

In response to these challenges, a new curriculum for primary schools developed by the Ministry of Education is currently being implemented in the first and second grades in 32 ‘core schools’ of the ‘100 Friendly Schools Project’[[188]](#footnote-188), which the Government administers with the support of UNICEF. In the next academic year, 2006-2007, it is planned to extend the new curriculum to all primary schools and to the third grade the year after that. Full implementation is expected by the academic year 2010-2011.

As already outlined earlier in Article 5 of the CEDAW treaty-specific document, the new curriculum for primary schools consists of six core subjects. These are Mathematics, Tetum, Portuguese, Arts and Culture, Environmental Studies and Physical Education and Health. After much discussion at a national level, religion (Catholicism, Protestantism or Islam) has been included as a subject in schools; however, parents can choose whether their children attend these classes. As already noted in the CCD, Portuguese has been introduced as a language of instruction into the school system; however, the problem is that the vast majority of students speak languages other than Portuguese and Tetum. The 2004 census figures show that 21% of girls and 18% of boys aged 6-9 years can speak, read or write Portuguese.[[189]](#footnote-189) Teachers can teach in the child’s native tongue to assist comprehension. However, these efforts are hampered by the current lack of Tetum-language texts. The Government has prepared a guide on how to implement the new curriculum which, at the time of writing, will be presented shortly to the Council of Ministers for approval.

*Exam performance at primary level*

In the academic year 2004-2005, over 90% of primary school students successfully passed their final year exams with girls marginally outperforming boys.[[190]](#footnote-190) Performances varied by district, with Manatuto and Lautem with the lowest percentages of pass rates for girls and boys at 75% and 78% respectively and Viqueque with just under a 100% pass rate. In 8 out of the 13 districts, more boys had to repeat their exams than girls. On average, students in Dili performed slightly better than their counterparts in the districts.[[191]](#footnote-191)

Although the high percentage of pass rates are encouraging, the Government appreciates that it is not sufficient to simply progress to the academic next year regardless of true capability. One study conducted by the Ministry of Education in 2003 in selected primary grades showed that there were low achievement scores, especially in Third Grade, with girls performing less well than boys and in subjects such as Mathematics. Unfortunately, the research was not extensive in scope and did not offer reasons as to why educational quality was being affected.[[192]](#footnote-192) Nonetheless, the Government recognizes that these issues must be further investigated.

**Secondary School Education**

*Junior secondary school*

Secondary school education in Timor-Leste is divided into three years of junior or ‘pre-secondary’ education, and three years of secondary education. The aim of the Government is to move towards a system of nine years of basic education and, for this purpose, has established one ‘Escola Basica’, which provides both primary and junior secondary education. It is envisaged that additional schools will either be added or converted to this type of school.[[193]](#footnote-193) Further to this, Art. 8 (2) of the Basic Law of the Education System states that, ‘the mandatory character of attendance at elementary learning ends at the age of 16.’

In the 2004-2005 academic year, there were 41,516 students enrolled in junior secondary school, which represented an overall increase of 11% since 2000. Similarly, the numbers of teachers at this level rose sharply, by almost half and, as a result, the student-teacher ratio dropped from 38:1 in 2002 to 25: 1 two years later. However, this ratio ranged from 20: 1 in Viqueque to 49: 1 in Ainaro, representative of a significant variation in growth of student numbers by district.[[194]](#footnote-194)

There were 129 junior secondary schools in Timor-Leste in 2004-2005, with an average of 300 students and 13 teachers per school. Thirty-nine of these schools were operated by the Catholic Church and a third of these schools were located in the urban centres of Dili and Baucau. In comparison to the practice of ‘multi-shifting’ at primary level, where different grades were taught consecutively in short shifts, the typical junior secondary school had two or more streams for each grade in the school. At these schools, teachers were more likely to specialize in several subjects.[[195]](#footnote-195)

However, similar to patterns in the primary sector, there are large numbers of over-age children at the junior secondary level, 48% in 2004-2005. With the net enrolment ration of 30%, it is estimated that around 49,000 students in this 12‑14 age group are not attending school. Given that the number of children in the 12-14 age group will increase will increase in the period up to 2010, the Government estimates there is sufficient capacity at the junior secondary level to cope with the increasing numbers, only if there is a reduction in this number of over-age students.[[196]](#footnote-196)

*Exam performances at junior secondary level*

In the academic year 2004-2005, 95% of junior secondary school students successfully passed their final year exams with girls and boys performing equally. Again, the results varied by district, with Lautem recording the lowest percentages of pass rates for girls and boys at 85% and Viqueque the highest again with just under 100% pass rate. Approximately equal numbers of boys and girls had to repeat their exams during this academic year and on average, students in Dili performed on par with their counterparts in the districts.[[197]](#footnote-197)

*Senior secondary school*

In contrast to gross and net enrolment figures for primary and junior secondary levels, a sharp drop is noticed in the numbers of students and senior secondary schools in the country. At present, there are nearly 25,000 students in senior secondary education. Although the net enrolment rate for this sector has improved to 33.6% in 2004-2005 from 16.9% in 2001-2002, this is still a very low enrolment rate. In 2004-2005, there was a total of 76 secondary schools in the country, almost three-fifths of which were Catholic. Almost half of all students and schools were located in Dili. The average pupil-teacher ratio at this level was 34: 1; however this varied widely by district.[[198]](#footnote-198)

As already noted in the CCD, finding suitably qualified teachers at this level is difficult. The Government estimates that a third of senior secondary school teachers are working as volunteers, some of whom are not well qualified. These teachers are not paid by the Government, but receive contributions from parents and other sources.[[199]](#footnote-199) Traditionally, morale has been low in the profession.[[200]](#footnote-200) Support to teachers has largely been provided by the NGO sector.

Over-age students are again a concern at senior secondary level; however, their numbers have declined steadily over the past five years and, in the academic year 2004-2005, they accounted for just fewer than 16% of the total enrolment figures at this level, which was down from 60% in 2000.[[201]](#footnote-201)

Although there is a significant demand for secondary schooling country-wide, there is a direct correlation between the length of time spent in education and poverty. The capital, Dili, has a significant share of households who can both aspire and afford to educate their children to graduation. Nonetheless, this must be viewed more generally against the low enrolment rates at this level and the significant disruption of studies due to agriculture and domestic chores. Research carried out pre‑independence estimated that 40% of the 15-18 age group fail to attend school.[[202]](#footnote-202) The Government again acknowledges that further work needs to be done to address challenges in this sector.

*Exam performances at senior secondary level*

The data available from the Ministry of Education provides a more comprehensive breakdown of examination results at this level, not only by sex but also by subjects – natural sciences, social sciences and languages. The language results for the academic year 2004-2005 were available for four districts – Alieu, Bobonaro, Dili and Los Palos.

During this year, more boys (52%) than girls (48%) sat these three subjects and 98% of students successfully passed the examinations. Girls marginally outperformed boys in all three subjects. Again, the results varied slightly by district; however, all students performed exceptionally well in natural sciences with girls recording a 100% pass rate in this subject in 10 out of 13 districts, in comparison to boys, who achieved the same pass rate in 8 out of the 13 districts. More boys than girls had to repeat their exams in all three subjects during this academic year. On average, students in Dili performed slightly better than their counterparts in the districts.[[203]](#footnote-203)

Although the results from examinations are positive in that girls have lower repetition rates than boys and, on the whole, are benefiting from education in all age groups, the general trend is that they tend to fall slightly behind boys and young males, especially in older age groups. This is evident from statistics in the 2004 census, where young girls were outperforming boys in learning English at ages 6-9 and 10-14.[[204]](#footnote-204) However, these gains were not maintained in older age groups, perhaps due to gender roles and stereotypes or other barriers already discussed elsewhere in this document.

*Women in the teaching profession*

Women are currently under-represented in the teaching profession. This is also true for those in educational administration. Only 12% of district officers in 2003 were female.[[205]](#footnote-205) Many of the female teachers who had volunteered their services during the 1999 emergency were not selected in the teacher recruitment process a year later. The selection process was based on competitive examination and those with the highest marks recruited. According to records, a third of those who sat the examination were women and only half passed. No reasons were given as to the lack of participation by women in the recruitment process. The result was they lost their positions and were effectively out of the teaching profession.[[206]](#footnote-206)

At primary and secondary school levels, women constitute 29% of the profession and 42% of the female teacher population is concentrated in Dili. In the past, many teachers, especially female teachers have found it difficult to work in the more rural areas away from their own homes and families.[[207]](#footnote-207) As the majority of teachers are men, there are few female role models for young girls with whom they can identify and encourage them to continue with their education. That said, anecdotal evidence from regional CEDAW consultations have indicated that teachers and local community leaders do encourage girls to attend school and appreciate the value of education. This is supported by research indicating that a high percentage of children have reported their teachers as supportive and positive.[[208]](#footnote-208)

*Drop-out rates for girls and boys*

There is a long history of drop-out rates dating back to the colonial era and period of Indonesian occupation. The MICS survey in 2002 indicated that the percentage of drop-outs was very low, at only 1% until the age of 10 years, which increased to 2% at 12 years.[[209]](#footnote-209) More recently, the Government can report that drop-out rates for primary and junior secondary levels have risen to 10%.[[210]](#footnote-210) On average, school drop-outs will have completed only four years of primary school. The MICS survey indicated that after 12 years, the drop-out percentage does start to rise until the age of 17, where the rate is just under 20%. From the ages 14-17, it is girls who consistently drop out at higher rates than boys.[[211]](#footnote-211)

Research has shown that private schools have lower repetition but higher drop-out rates than public schools. Rural schools have higher repetition and drop-out rates than those in urban centres; however, those schools in very remote areas generally have lower drop-out rates as there are few alternative activities or schools for children.[[212]](#footnote-212)

The drop-out and repetition rates are costly to the education system which, at the time of writing, is approximately USD 390 per child. However, this amount doubles for every student who completes the cycle, because of the large numbers of children who drop out and repeat.

*Teenage mothers and access to education*

Through CEDAW consultations in the regions, the issue of teenage pregnancy and access to education has been raised. Both men and women reported that once a girl becomes pregnant, this effectively puts an end her education. In most cases, this girl is expected to marry, stay at home and look after her child. Where other family members are willing and able to take care of the child, participants in the consultations have stated that many young mothers are excluded from school. The long absences and a lack of support from her teachers and peers prevent them from catching up on school work or sitting exams. The possibility of repeating the academic year is slim. There is also a lack of sanitary facilities especially for pregnant and lactating mothers. Although there is no Government regulation preventing expectant girls or teenage mothers from continuing with their studies at school, a strong perception to the contrary exists in the community. One Church group based in Dili has conducted education activities, for example, sewing and cooking for young, single mothers in the capital; however, the group has observed that few opportunities exist to help single, pregnant and young mothers who have not able to acquire basic literacy skills.[[213]](#footnote-213)

*Special scholarships for girls*

At the time of writing, the non-governmental sector has been active in providing bursaries for girls to attend school. There is currently no systematic and nationwide government-funded programme to improve school attendance of girls in Timor-Leste. As already outlined in the CCD, the Alola Foundation, as part of their High School Scholarships Programme, distributes approximately 700 scholarships, which include school fees, supplies and uniforms and other miscellaneous expenses associated with attending school. In 2004-2005, 470 scholarships enabled young girls to finish secondary school.

*Sport and leisure activities*

Prior to July 2005, the Ministry of Education had three separate divisions for culture, youth and sport. After government restructuring, it became the Ministry of Education and Culture and a separate Secretary for Youth and Sport was assigned to the Office of the Prime Minister. The focus of this department has been on physical education of children through the school curriculum, community recreation through supporting local bodies, and encouraging competitive sports.

The Government recognizes that physical education and sports is an important to the development of the whole individual. In the National Development Plan, the aims of the Government are to encourage sports education in schools[[214]](#footnote-214) and develop extra-curricular occupational programmes.[[215]](#footnote-215) The Government has made efforts to raise the profile of sport in the country by organizing a number of sporting events, for example, walking and cycling competitions to mark various national day celebrations. Physical education for girls and boys is now compulsory as part of the new primary school curriculum for a period of two hours per week.

However, efforts to systematically introduce sports activities at more senior levels have been hampered by limited technical and human resource capacity and insufficient and inadequate equipment. To date, sports in the formal curriculum have been relatively undeveloped. Only a limited number of schools, mostly private, offer extra-curricular activities such as football classes and these are aimed at boys.

There has been a recent resurgence in the popularity of martial arts groups, especially among young children. While some have viewed this as a positive occurrence, providing children with the chance to learn valuable life skills such as discipline and teamwork, others have raised concerns at what they believe are opportunities for children to become involved gang violence and fighting in the communities.

*Family planning education in schools*

The Government recognizes that female education plays an important role in health, though as noted in the CCD, there is a general lack of education on health issues. In the regional CEDAW consultations, women reported poor access to information on family planning and health service providers, especially in rural areas. They recommended that education on health matters such be included as part of the curriculum in schools. At present, there is no minimum age for receiving family planning advice.

In Timorese culture, talking about sexual matters is a taboo subject. The topic of sex education is not normally raised at home as parents feel it is inappropriate to discuss such matters with their children. In its 2004 Reproductive Health Strategy, the Ministry of Health outlined measures to strengthen the provision of information and skills to young people, families and communities in order to achieve an optimal level of health and development in young people.[[216]](#footnote-216) In this Strategy, the Ministry of Health recognized the need for education on issues relating to reproductive and human sexuality, including family planning methods, STIs and HIV/AIDS prevention. Some reproductive health education has been introduced in secondary schools curricula, which targets girls and boys equally. The focus of this education has been controlling numbers and spacing births.

Most recently, with the support of UNICEF, the Ministry of Health has developed a series of ‘Life Skills’ workshops, which will be delivered by UNICEF and the Alola Foundation later in 2006 to approximately 450 young women who receive high school scholarships from the Foundation. These workshops will concentrate on areas such as reproductive health and HIV/AIDS as well as addressing issues such as relationships and gender, communication and decision-making. In addition to increasing access to information, these workshops are intended to bring participants in the scholarship programme together to provide encouragement to continue their education, to build their self-confidence and to increase their participation in community life.[[217]](#footnote-217)

**Tertiary Education**

*Public university*

Data generally on post-secondary education is scant; however, women are under-represented at this level. Before the crisis, it had been estimated that just 1% of the whole population in the 20-29 year age group had tertiary education.

In 2001, there were approximately 6,000 students in third-level education and this includes the 1,000 students who were awarded scholarships funded by the international donor community. Some of these students used these bursaries to return to Indonesia to compete their studies. It is not known how many women and men applied for and were awarded the scholarships and there is no information regarding their socio-economic background.[[218]](#footnote-218) At the time of writing, the Government plans to seek further support from donors to assist more Timorese students to avail of its Overseas Fellowship Programme.[[219]](#footnote-219) There is no clear information on students who, as part of the diaspora have received third-level information in Portugal or Australia or numbers of graduates who have returned to Timor-Leste.

The University of Timor Loro Sa’e, (UNITL) re-opened in 2000, due to high demand from Timorese students who had been studying in both Timorese and Indonesian tertiary institutions prior to 1999. It was only one of three tertiary level institutions functioning at that time.

Upon taking the UNTIL entrance exam, 3,462 students ‘followed regular courses’ in 2000/2001. An additional 1,386 students followed a six-month ‘bridging course’, the purpose of which was to prepare students for future entrance examinations.[[220]](#footnote-220) No sex-disaggregated data on these examinations was collected at the time. The initial aim was to develop a small, but high quality institution with an annual intake of around 600 students; however, pressure from graduating senior secondary students in recent years has led to higher annual intakes. Enrolment figures for UNITL in 2001-2002 show that women accounted for 27% of their student population, which was 1.4% of the total population. [[221]](#footnote-221)

Examining enrolment figures from UNTIL for the academic year 2001-2002, men dominated engineering (93%), economics (68%), education (73%), social and political science (73%) and agriculture (77%). In the breakdown of the data from the education faculty, much fewer women were studying subjects such as Physics, Chemistry, Maths and Biology, though their numbers increased in subjects such as English and Portuguese.[[222]](#footnote-222)

UNTIL later changed its name to the National University of Timor-Leste (UNTL). Figures provided by the Ministry of Education for the 2003-2004 year provide a clearer picture of its student and lecturer enrolment figures disaggregated by sex, including a more recent breakdown of subjects studied.

During this academic year, women constituted 43% of the total of 2,338 UNTL students. By comparison, there were a total of 118 lecturers at the university, 32 (27%) of whom were female. Five faculties offered instruction in 2003: agriculture, political science, education, economics and technical education.[[223]](#footnote-223)

Education and economics were the most popular subjects with both men and women though education had a slightly higher female enrolment at 51%. Women also represented 45% and 44% of the faculties of agriculture and economics respectively. The Ministry of Agriculture, Forest and Fisheries (MAFF) hopes that the current crop of professionally qualified female agriculturalists will shortly become MAFF employees. However, it admits that it will take some time to achieve a desirable staff gender balance.[[224]](#footnote-224)

Also in 2003-2004, a total of 772 students enrolled in the Law Faculty at a private university in Dili. Just over a third (38%) of these students were women. Furthermore, 6 out of 31 law lecturers were female.[[225]](#footnote-225)

Female lecturers were poorly represented in the five faculties with the exception of economics, where there was a 50:50 balance of male/female teachers. Almost three-quarters of the lecturers in the education faculty were male.[[226]](#footnote-226)

*Private institutions*

A major issue faced by the higher education sector is monitoring the quality of the 18 private institutions currently in operation, which now have a total enrolment of 4,000 students. Of these institutions, a number are well-known and provide a good quality education. Examples include the Catholic Institute for Primary School Teachers in Baucau and the Institute of Business in Dili. The Dili Institute of Technology (DIT) has 19 staff, seven of whom hold doctoral and masters’ degrees and is supported by Australian institutions. DIT provides training for managers in the tourism industry, natural resource management as well as adult education courses for local government officials and FALINTIL veterans. It has an engineering and science department, which offers courses in civil construction, mechanical engineering and computer sciences. There are plans to establish a media and communications programme at DIT. Other institutions provide specialized training such as the Coffee Academy in Ermera and the Agricultural Training College in Natarbora.[[227]](#footnote-227)

Much of the remaining institutions in the private sector have few resources and, coupled with the lack of regulation, this means that the quality of the education on offer is unknown. Language at this level is also a challenge, as most students in university still use Bahasa Indonesian and will mostly likely be expected to write reports and theses in this language. Most students no longer receive instruction in Bahasa.[[228]](#footnote-228)

In response, the Government has begun to develop quality assurance arrangements for the tertiary education sector and is in the process of drafting legislation on standards and cooperation in this sector. Further information can be provided in the First Periodic Report.

*Vocational and technical schools*

Vocational and technical education in Timor-Leste is provided at secondary school level by the Government and private organizations, such as NGOs or the Church. The private sector provides some training on computer sciences, but there is a lack of information of the amount and nature of this training. At present, 7 technical schools are managed by the Government and 3 private secondary schools provide vocational and technical training. The MLCR estimates that there are at least 41 other providers of vocational and technical training in Timor-Leste. In total, over 6,000 students are enrolled in government and private programmes. The length of such programmes varies significantly.[[229]](#footnote-229)

The average annual cost of vocational and technical training is USD 300 per student, excluding donor support, which is substantially higher than the average cost of secondary education programmes.[[230]](#footnote-230) The types of training provided include sewing, carpentry, with at least half of all students in the sector studying IT. One study indicated that training facilities were operating well below their full capacity.[[231]](#footnote-231) The NDP addresses the matter of skills training, noting that it is inadequate, the curriculum is too theoretical and qualifications held by employed youth not relevant to the current labour market.[[232]](#footnote-232)

Traditional vocational education from women has generally received less attention in recent years as available resources are invested in courses that provide skills according to the demands of the market. There has been substantial demand in the private sector for traditional male skills such as construction, mechanical and electrical work in urban areas.[[233]](#footnote-233)

*Exam performances at vocation and technical level*

In general, female enrolment in technical and vocational schools is low and even fewer numbers graduate. The reason for this is that the subjects being studied are traditionally male-dominated fields, and females do not compensate by participating in higher numbers in other areas.

In the academic year 2004-2005, a total of 621 students in five districts, Baucau, Dili, Lautem, Manatuto and Manufahi sat exams in four areas, technical education, economics, agriculture and women’s studies.

Just under half (44%) of the total number of students taking exams at this level were female. The most popular course for women was economics (47%) followed by agriculture (35%) and the least popular was technical education with a 5% female enrolment. The women’s studies programme covering courses in hotel management, sewing and painting, was taught in Dili and had a 100% female enrolment. It is difficult to obtain an accurate idea of repetition rates for males and females as not all courses were available in every district.[[234]](#footnote-234)

*Government initiatives for vocational and technical education*

The Government plans to provide adult education programmes that specifically target the needs of those living in rural areas, women and marginalized persons. Also, it will develop school curricula, especially in the area of technical training, relevant to the needs of the country. Furthermore, vocational and technical training programmes will be developed for unemployed youth, school drop-outs, veterans and the disabled, providing them with qualifications for entry into the labour market.[[235]](#footnote-235)

In particular, the Government appreciates the importance of developing adult education polices and programmes as a means to empower women and improve their access to opportunities for economic and political advancement. The Government has adopted MDG targets for 2015 that identify the share of women in wage employment in the non‑agriculture sector as one of the performance indicators to be used in monitoring gender equality and empowerment of women. Although no target has been set for 2015, the Government has noted that women account for over a third of employment in this sector and this is expected to rise by a figure of 40,000 by 2015. Therefore, programmes specifically targeting women will need to be developed if they are to take full advantage of employment opportunities. Current programmes supporting women’s training are typically small and not well-coordinated.[[236]](#footnote-236)

*Women’s literacy*

As already noted in the CCD, gender differences are significant in adult literacy rates. A higher percentage of males than females at all ages above 9 years old are able to read and write, which suggests that de facto discrimination continues to restrict the access of women and girls. Also, the gender gap is widest for poor women and non-poor men. Literacy rates are 40% for women in the poorest quintile and 90% for men in the wealthiest quintile.[[237]](#footnote-237) Overall 25 % of females and 22 % of males in the population were illiterate, according to the figures published in the 2004 census. The literacy rates for women vary by district; in Dili, 90% of females were literate compared with 45% in Ermera.[[238]](#footnote-238) The Government’s MDG literacy indicator plans to increase the ratio of literate females to literate males among 15-24 year old from its 2003 ratio of 92% to 100% by 2015.

In response to the problem, literacy and adult education programmes have been established by different agencies, with varying degrees of success. The Department of Non-Formal Education (DNFE) in the Ministry of Education runs literacy classes in all 13 districts. In 2005, there were 8,750 participants enrolled in such classes in Timor-Leste.[[239]](#footnote-239) There have been a number of programmes targeting women’s literacy and each have been created with various aims in mind such as the possible impact on children’s welfare and the premise that Timorese women suffer routine discrimination in all aspects of their lives. Specifically targeting women as beneficiaries of literacy programmes has lead to some resentment, mainly from Timorese men, who point out that they too lost out on educational opportunities in the past.

*Adolescent literacy*

The majority of students in literacy classes are adults. Adolescents who have dropped out of school are generally included in these classes and, as yet, literacy programmes have not been designed to address their particular needs.[[240]](#footnote-240) For instance, the degree of literacy among this group varies. Results from one assessment have indicated that both boys and girls have little or no idea about the existence of literacy programmes, such as the DNFE primary school equivalency course or other DNFE programmes being offered by organizations. They also do not know if they are qualified to participate, nor do they seem aware of national campaigns to promote education.[[241]](#footnote-241)

*Lack of women’s participation in literacy classes*

In 2003, the Division of Non-Formal Education, based in the Ministry of Education, found that 70% of the 5,310 participants in literacy programmes throughout Timor-Leste were men - despite the fact that the classes were open to both male and female students of all ages. In the districts, the majority of students were men; however, this percentage decreased in Dili, where there was equal participation of men and women. Most of the students attending in Dili were young men, where as the women were slightly older, aged between 35-40 and only attended lessons when they had the support of relatives tending to their family responsibilities at home.[[242]](#footnote-242)

In the Women’s Literacy Project, supported by UNICEF, the main problem was found to be sustaining women’s participation. Out of 2,582 participants, 30% dropped out and 40% did not pass the test. In particular, older participants had a high failure and drop-out rate.[[243]](#footnote-243)

There is difficulty in encouraging women to attend and actively participate in educational programmes. The reasons for their lack of involvement mirror many of the reasons for their lack of participation in political life – little or no support, family and child care responsibilities, lack of time, traditional community events which are considered more important than classes, lack of transport coupled with poor self-confidence in their abilities and the belief that they are ‘too old.’[[244]](#footnote-244) The younger women in particular did not see the relevancy of literacy classes as they felt they had coped well until now without it. They did not necessarily view their illiteracy as a handicap.[[245]](#footnote-245)

The reasons women have given for wanting to improve their literacy levels vary from being able to read newspapers, bus signs, tell the time, demonstrate more confidence in buying goods from the shops and markets, understanding the running of their businesses, understanding the Constitution and their rights therein and basic dignity. As the lives of Timorese women revolve heavily around the family, the idea of developing themselves is closely linked to the benefits they can obtain for the family. For example, having literacy skills that could facilitate women’s understanding of agricultural production, particularly in planting vegetables and thus increase family income are skills worth possessing; a view supported by their families. In Viqueque, one literacy programme was implemented alongside a programme for improving agricultural production and, as such, was popular and of great benefit to the women.

One study analyzing the training methodology and materials used in adult literacy courses has recommended that the materials used need to reflect gender concerns more, use illustrated readers for the sections that are most relevant to women and, above all, ensure they are user-friendly for those with poor literacy skills.[[246]](#footnote-246) Other assessments have indicated the need to have more culture-sensitive literary programmes, particularly taking into consideration the socio-economic contexts of the people, such as the importance of producing and reading materials in their own mother tongue and making links with other areas such as health, livelihood, nutrition, and micro-credit schemes. It was also felt important to conduct all-women literacy classes to give women the space to acquire skills and enable them to discuss women’s issues freely.[[247]](#footnote-247)

At the time of writing, the Ministry of Education is planning to review the existing programme of adult education and is developing a Non-Formal Education Master Plan to identify the initiatives necessary to provide support to programmes for young mothers and illiterate youth.[[248]](#footnote-248)

**Overall Government Response**

One of the key MDG objectives is to eliminate gender disparities at the primary and secondary school levels as soon as possible and no later than 2015. Education for all was identified as the nation’s highest priority in the Vision 2020; however, progress in policy development has been slower than that of the health sector, the next highest priority area in the Vision 2020.

At the time of writing, the Basic Law for Education has still yet to be passed and only the primary curriculum has been developed and approved. Forthcoming priorities for the Ministry of Education include finalization and approval of the pre‑secondary and secondary curricula, regulating third-level educational institutions.

In keeping with the aims set out in the National Development Plan,[[249]](#footnote-249) the Ministry of Education plans to develop more targeted polices and strategies to promote participation of girls in the education system. Chief among these is an educational campaign to change traditional attitudes in families and communities and emphasize the importance of education for boys and particularly girls. There will also be a review of text-books to identify and modify gender stereotypes as well as making the curricula more interesting to girls. To improve access, the Government will review policies for school location, especially those far from homes. It will also look to provide adequate water and sanitation in schools as well as separate toilet facilities for girls.

The Ministry of Education will also look at developing a teacher training programme, recruit more women teachers and improve the overall gender balance in educational administration. Further information on these polices and measures can be provided in the First Periodic Report.

***Art. 11 CEDAW: Equality in Employment***

Information on the right to work and same employment opportunities, the number of women in the total labour force and in low-paying employment in addition to the division of labour along gender lines has already been provided elsewhere in this report. More detailed information on, *inter alia,* the representation of women in various sectors, equal pay for work of equal value, legislation regarding benefits and maternity provisions, sexual harassment in the workplace as well as women’s participation in the informal economy is discussed below.

**Informal Economy**

Although data exists on women and men’s livelihoods in Timor-Leste, there is little information specifically relating to the informal sector, which employs 9 out of every 10 people in the rural and urban labour force[[250]](#footnote-250) and even less on the participation of women in this sector.

This is due to a number of reasons, including an uncertainty as to the definition of informal work. The range and complexity of activities in both urban and rural households contribute to this definitional problem.

For example, casual labour and subsistence farming, which are important economic activities in Timor-Leste, tend not to be categorized as industries in studies; however, data from the National Census in 2004 shows that an activity such as subsistence farming or fishing was the most important economic activity for both women and men, with 79% of women and 78% of men in the labour force engaged in this work.[[251]](#footnote-251)

According to the 2004 Census, women account for 43% of all subsistence labour (fishing and farming), though the percentage is quite high in Dili at 66%.[[252]](#footnote-252) It is likely that the true figure is much higher as much of women’s income generating work tends to be underestimated or not included in official statistics. Women’s work is taken for granted as it is normally unpaid.

*Obstacles preventing women from entering the informal sector*

Women face many obstacles that prevent them from taking advantages of opportunities in the informal sector. As identified by the Regional Women’s Congresses, these include a low level of skills, cultural barriers and lack of time and mobility.[[253]](#footnote-253)

Lack of access to credit has also been identified as a barrier and this is discussed in further detail in the section on ‘Social and Economic Benefits’ (Art. 13 CEDAW). Due to these obstacles, women are likely to find employment in activities that have low entry costs or low skill requirements and have little opportunity for progression.

Women have also identified a lack of market for their products, in particular, the seasonal nature of agricultural production as a further obstacle to developing their economies.[[254]](#footnote-254) They face stiff competition from markets that are flooded with similar products and lack training in production techniques, management and business development. Often, they have to work in extreme weather conditions in cramped conditions with no security and inconstant electricity supply disrupting their operations.

*Women’s views on developing skills*

Given that women in regional consultations on CEDAW reported that there is a lack of employment schemes for women, the findings of several surveys into women’s work carried out by the MLCR and ILO demonstrate that women have a considerable range of abilities that could be turned into small business ventures without requiring much training.[[255]](#footnote-255)

In one Market Survey,[[256]](#footnote-256) women’s focus groups identified an interest in using their sewing, weaving and cooking skills in enterprise development. They also expressed a desire to build upon their trading experience and open kiosks, sell fuel, crafts and processed foods. This was in contrast to men, who saw a future in repair outlets and youth groups who suggested business ideas in keeping with consumerism, entertainment and sports.

*Gender development in the private sector*

Development in the private sector (agriculture, services and industry) has been as the fastest growing area with the largest number of economic opportunities. As such, it has been targeted as an important sector for gender mainstreaming by the OPE, especially in respect of tourism and development of domestic business. However, to date, no gender analysis been carried out in this sector nor gender issues integrated in these subsectors.

The Ministry for Development and Environment has attempted to address gender concerns through the Small Enterprises Project (SEP) supported by the World Bank through training women entrepreneurs and increasing women’s participation in local management committees. At the time of writing, there have been 3,592 participants attending courses run by business development centre, of which 34% were women. 61% of these participants have proceeded to establish businesses; however, no data on the gender breakdown of this figure is available.[[257]](#footnote-257) The SEP also provides for the restructuring of market management committees to include 50% women’s representation.

*Domestic work*

Little is known about the working conditions and situation of domestic employees in Timor-Leste, aside from the fact that much of this work is performed by women and girls, usually in an extended family situation, for which there is no payment. Domestic work is a common form of employment for Timorese women, who can earn between USD 50-100 per month working for local businesses and international staff of INGOs and the UN. To date, no specific studies, as suggested by CEDAW General Recommendation No. 17, have been undertaken to measure and value unremunerated domestic activities. The only provision in law relating to domestic workers is the protection afforded to those who carry out domestic labour in the context of familial economy under the forthcoming Domestic Violence Legislation.[[258]](#footnote-258)

*Work in the sex industry*

As already noted in Art. 6 CEDAW, small numbers of Timorese women in both rural and urban areas have taken up sex work as a survival strategy. The lack of employment opportunities, increased poverty in addition to sexual abuse suffered at home or during the conflict has left women with little or no options to earn a living and survive. Linked to this is the vulnerability of young women who risk exploitation as the tourist trade increases in Timor-Leste. While women are well-placed to take advantage of opportunities being opened up by tourism as they already occupy most of the service sector jobs, this gender aspect of the tourist industry needs to be acknowledged and addressed in the development of policies and programmes.

**Formal Economy**

According to data from the 2004 Census, women accounted for 43% and 57% of the labour force respectively. However, the participation rate for women was lower (52%) than that of men (69%). Currently, approximately 9% of all women are in paid employment, as compared to 13% of men. More males had paid work, especially in Dili.

The results of the National Census also indicate that the female labour force participation for those aged 15 and older, was high in districts such as Manufahi, Oecussi and Ainaro, at over 70%, almost on par with rates for male participation. However, these figures drop sharply for both sexes in urban areas, with only 39% of women economically active in Dili district.[[259]](#footnote-259)

Women also had higher unemployment rates than men in the urban centres; one in four women are unemployed in comparison to one in seven men.[[260]](#footnote-260) The 2004 Census shows that most women of working age not in the labour force were engaged in home duties (48%) where as 64% of men not working classified themselves as students. A further 19% of men were inactive because there was no work available. A small percentage of women (2%) and men (3%) were unavailable for work as they were sick or disabled.[[261]](#footnote-261)

From these statistics it is evident that formal employment opportunities are extremely limited, particularly in rural areas. Positions such as administrators, police, teachers and nurses, all of which are gender neutral in theory, favour men over women in practice. Greater job opportunities are available in town for both men and women, although here too, a gendered division of labour is evident, as already noted elsewhere in this report. Women tend to dominate the retail, restaurant, and hotel industry, while transportation, storage and communications employs more men. For many people the only realistic job opportunity at present is self-employment, either as individuals, partnerships, groups, or cooperatives.

The 2004 Census does provide some information on the type of current economic activity for the population aged 15 and over. Women’s representation in the Government was 24%; similar numbers were employed by the UN (25%) and NGOs (23%) and just under half of those working in private industry (48%) were women. However, to date, there has been no formal labour study carried out in Timor-Leste.[[262]](#footnote-262) There is also no specific information comparing the percentage of women working full-time or part-time.

*Stability of employment for women and men*

Much of the work available in urban centres is on a daily or short-term contract basis, without proper benefits. Many of the positions with NGOs have been created in an emergency context, such as distribution of supplies and post-conflict reconstruction, field workers, project managers or office support staff. They are donor-supported and will cease once the donor leaves the country. Although there are no available figures on the recruitment of women and men in emergency and development work, it is evident that women are at a disadvantage in this area as they do not normally possess the basic administrative or language skills in English necessary for the job. Men have benefited most from post-conflict reconstruction activities.

*Public Service*

Some data is available for the public service in Timor-Leste, which demonstrates again that this is a highly segregated sector.[[263]](#footnote-263) Women’s equal opportunity has been denied by a combination of factors. Whilst public service recruitment processes apply the same criteria for selection of jobs, selection is based on the qualification and experience of candidates,[[264]](#footnote-264) which often benefits men as they have had greater access to formal education and employment opportunities than women. Moreover, research has indicated that the benefit of education only slightly improves women’s access to waged employment.[[265]](#footnote-265)

Of the jobs that do exist in the public sector, few women are employed and even less at senior levels. Currently, there are 12,161 permanent employees in the civil service, 22% of whom are women.[[266]](#footnote-266) Women are mostly concentrated in greater numbers in areas such as education, health, labour and social services, but even in these sectors they constitute a minority. In a civil service survey carried out in 2001, 29% of employees in the Ministry of Education were women; 32% of employees working in Health were female, where as in the Foreign Ministry, this percentage rose to 39%. However, just 3% of Timorese employed in the Department of Water and Sanitation were women and they accounted for only 17% of the total number of employees in the Ministry of Justice.

In 2005, a total of 569 women were employed in the PNTL, which accounted for just under one in six of the overall numbers in the police force. They held positions such as police inspectors, police sub-inspectors and police agents as well as key posts such as Director of the Human Resources Department and Deputy of the Criminal Investigations Unit. A majority of all the Chiefs of Administration in all units in the districts were women.[[267]](#footnote-267)

By the end of March 2006, the percentage of female employees in the Ministry of Health had increased to 40%, in Education this had decreased to 25% and the percentage in Justice increased to 22%. The female representation was 22 % of the total number of employees for both the Ministry of Finance and Planning and MTRC. The overall percentage of female workers in Government ministries was 24%.[[268]](#footnote-268) In 2002, women represented only 20% of senior positions in the civil service.[[269]](#footnote-269) By 2006, women occupied 13% of the most senior positions (Levels N5-N7) in Government ministries.[[270]](#footnote-270)

At the time of writing, data maintenance and validation for civil servants at national and district levels is in progress; efforts have been hampered by the shortage of staff to enter this data.

Since the approval and adoption of the Civil Service Law in 2004, the Government has been developing complementary Decrees intended to cover matters relating to the career development system, a retirement and pension scheme, leave, as well as appointment and performance appraisal. It is envisaged that procedures and criteria for recruitment, appointment, promotion, discipline and dismissal will be clear and open, and will require written records so that decisions can be made available for review.

As noted in the CCD, the OPE has conducted workshops with specific ministries for the purposes of carrying out an analysis of the public sector from a gender perspective. It was noted that there was a lack of sex-disaggregated data for the civil service, a lack of gender analysis in policy formation, programme design and preparation and a lack of technical skills for gender analysis.

The follow-up to these workshops included a meeting with the Vice-Minister of State Administration to discuss the adoption of recommendations from the OPE workshops.

**Selection Criteria for Employment**

With regards to selection criteria in relation to employment in the civil service, Art. 8 (1) of the Civil Service Law No 8/2004 provides that, ‘Every effort shall be made in the public service to select and recruit qualified candidates without discrimination, and according to assessment solely based on a candidate’s skills and performance.’ Furthermore, no civil servants shall be discriminated against in respect of any of their job entitlements, benefits, privileges or compensations.[[271]](#footnote-271)

Although there has been a Directive requiring the recruitment at least 30% of women at all levels in public service, as outlined above, women’s equal access to opportunities has been denied by a number of factors. Women in rural and remote areas find it particularly difficult to obtain information about employment opportunities, especially those with high levels of illiteracy. Officials working within the administration at national, district and sub-district levels have been unaware of gender relations and different information channels that are most relevant to women.[[272]](#footnote-272)

As such, to date, there has not been a gender-sensitive communication strategy in relation to recruitment. Furthermore, as already commented upon in the section on women’s international participation in the CCD, the employment service has not recognized gender differences in capacity building and workplace relationships. For example, most of the training is provided by the Civil Service Academy (INAP) in Dili, thus excluding those women who cannot afford the costs associated with traveling or staying overnight in the capital. Moreover, they may not have the permission of their husband to participate in such activities or simply do not have time.

There are anecdotal reports of women and men being treated differently in employment, receiving different levels of pay and enjoying different levels in promotional prospects. However, at the time of writing, the Government cannot provide any information on specific cases in which discrimination was proven to exist.

**Equal Pay for Work of Equal Value**

This principle is repeated in several pieces of current applicable legislation, thus taking into account CEDAW General Recommendation No. 13 on ‘Equal Remuneration for Work of Equal Value.’ Both Section 9.4 of the UNTAET Regulation 2002/5 and Section 3.4 of the Draft Labour Code state that, ‘discrimination in employment and occupation and particularly in regards to equal remuneration between women and men for work of equal value is hereby prohibited.’ In addition, Art. 8 (2) of the Civil Service Law makes it clear that civil servants shall all earn the same salary for the same work.

Research has indicated that the gender gap in earnings in Timor-Leste is very high. The estimated income of women increased to USD 126 in 2004 which was up from USD 106 in 2001. By comparison, men’s earned income dropped from USD 822 to USD 621 in the same period.[[273]](#footnote-273) There are even some indications of women approximately earning one-eighth of the income of men.[[274]](#footnote-274) The reasons for this include the difference in labour force participation rates for women and men, higher unemployment rates for women as well as women’s reproductive responsibilities and role in looking after children, which delays their entry into the workplace. Female labour force participation rates peak after child-bearing age.

**Benefits**

With regard to the right to equal remuneration, including benefits, Art. 8 (3) of the Civil Service Law specifically states that, ‘no civil servant shall be discriminated against in employment compensations, entitlements, benefits or privileges.’

*Retirement*

The age of retirement is not currently defined in law nor is there any specific pension legislation. As already noted, Decree Laws are currently being developed to provide specific legislation on areas such as retirement and pensions. At present, the Civil Service Law affirms the right to retire and the right to a pension.[[275]](#footnote-275) Such provisions, however, have not been legally established in either the current or the new draft Labour Codes for the private sector.

The issue of legal age of retirement is expected to be defined following the reactivation of the Minimum Wage Tribunal. At the time of writing, a Minimum Wage Committee, which consists of representatives of ILO, KSTL, the Labour Division within MLCR, along with representatives of civil society, is conducting research with a view to amending labour laws address this issue and to address the needs and equal rights of women.[[276]](#footnote-276)

*Annual and Sick Leave*

In Timor-Leste, women are, in principal, entitled to the same benefits as men in terms of annual leave, sick leave and special leave entitlements for marriages, death of family members and community and religious events.[[277]](#footnote-277) The entitlements for this leave are pro-rated according to whether an employee is working part-time or full-time. An employer is prohibited from making any deduction of wages except as authorized by Court Order or Regulation of RDTL.[[278]](#footnote-278)

While the theoretical framework for equal leave entitlements is in place, in practice there have been many disputes related to this issue. These cases often involve claims of non-payment of holiday pay and sick leave. Unfortunately, many of these disputes remain unresolved due to the non-functioning of the labour dispute resolution mechanisms.[[279]](#footnote-279)

*Flexible Working Hours*

There are also no specific provisions for flexible working hours within the current or proposed Labour Codes. In practice, anecdotal information suggests that many workers are unable to negotiate flexible hours with their employers and that companies unilaterally determine working hours and working days for its employees. Workers are simply obligated to follow the rules. An amendment to the new draft Labour Code on flexible working hours is currently being considered.[[280]](#footnote-280)

**Right to Vocational Training and Retraining**

Art. 49 (h) of the Civil Service Law grants civil servants and those working in public administration the right, as part of their normal work, to attend vocational training and refresher courses. As already noted in the CCD, current law also provides for special measures to be taken to overcome discriminatory practices and perceptions that hinder equal opportunities and treatment in access to training. Although both women and men can attend training courses, women’s family responsibilities often prevent them from availing of opportunities. During the CEDAW consultations, women remarked that pregnant employees are passed over for participation in training or activities that would help advance their career because of their condition along with the perception that they will not be returning to work after they have given birth.[[281]](#footnote-281)

As stated elsewhere in this report, the current range of vocational training is limited in Timor-Leste and the number of women attending such training is small. Furthermore, the skills taught are often not relevant to labour market opportunities in both the formal and informal sectors. For example, rural skills requirements, such as community based management training, are not available at all. Women and men in rural areas do not have access to skill training centres, most of which are based in Dili and annual intakes of current training facilities, over and above those undertaking vocational training as part of their job, are still too low to translate into an increase in production in the formal and informal labour markets.[[282]](#footnote-282)

**Measures to Prevent Harmful Work**

Both the current and draft new Labour Code for Timor-Leste specify the type of work that may be prejudicial to pregnant women including heavy weightlifting, pulling or pushing, prolonged standing or exposure to biological, chemical or physical agents, which represent a reproductive health hazard. The Codes further provide measures that may be undertaken to overcome difficult conditions in work including eliminating the actual risk or transfer to another post.[[283]](#footnote-283) Art. 57 of the Civil Servants Law also affirms that those working in the civil service should enjoy the right to ‘work at places that are considered as safe from hazards to health’[[284]](#footnote-284) and places an onus on the Government to regulate special cases of hazardous professions.[[285]](#footnote-285)

As already noted elsewhere in this report, harmful work in Timor-Leste can also include household work, such as lung disease resulting from smoke or burns from cooking fires. Disease spread through water from working in the fields is also common as is conditions such as a prolapsed womb from carrying heavy loads. Despite the potential for harm and legislative measures to mitigate such harm, the reality is that many women and young girls continue to undertake work which could be considered as hazardous under the relevant ILO Conventions.

Section 21.2 of the draft Labour Code states the need for a national policy on occupational safety and health to minimize the risks of accident and injury occurring in the environment that may affect the physical and mental health of both male and female workers. In response, the Government is developing new legislation on occupational health and safety, which will set out the obligations of the employer, allow for the establishment of Commissions of Occupational Hygiene and Safety at places of work, collect data on the number of work accidents and professional diseases as well as ensuring effective monitoring, through inspection and review of actual work places.

**Female Representation in Trade Unions**

In accordance with Art. 52 (1) of the Constitution, every worker has the right to form or join trade unions and professional associations. Equally, both men and women in the civil service are entitled to right of membership of a trade union or any other organization representing the interests of civil servants.[[286]](#footnote-286) However, in reality, women are not part of or encouraged to join trade unions. Each of the prominent five trade unions in Timor-Leste has female members, though their participation in these labour unions is still minimal. In general, trade unions are not well organized due to a lack of necessary facilities and funding from the Government.[[287]](#footnote-287) The table below details the minimum participation of women in trade unions in Timor-Leste as well as the significant difference in the numbers of women and men in union leadership.[[288]](#footnote-288)

Data on Trade Unions (2000-2003)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Trade/Labour Unions | Male Leadership | Female Leadership | Total Number of Active Members |
| 1 | SBSTL | 6 | 1 | 260 |
| 2 | OTPTL | 7 | 0 | 1243 |
| 3 | KSTL | 5 | 1 | Representing 25 Companies |
| 4 | UNAPE | 7 | 1 | Representing 300 Companies |
| 5 | ASSET | 24 | 5 | Representing 75 Companies |
| Total | 49 | 8 |  |

*Source: Labour Relations Office*

Women rarely appear as representatives of trade unions before the Council of Minimum Wages, which is part of the Labour Relations Tribunal. It is clear that women need encouragement to become more actively involved in trade unions. This will require education and training to raise women’s awareness of the role of trade unions and their possible advantages.[[289]](#footnote-289)

**Sexual Harassment**

According to the current Labour Code, sexual harassment is defined as ‘unwelcome physical or verbal conduct of a sexual nature that threatens the employment of the worker or creates an intimidating and hostile working environment.’[[290]](#footnote-290)

Taking into consideration CEDAW General Recommendation No. 19 24 (k), Section 13.1 of the current Labour Code places a high burden of responsibility on an employer to prevent sexual harassment in his or her workplace. Similarly, in the Code of Ethics for the Civil Service Law, a civil servant should be able to ‘serve the public without any form of discrimination or intimidation, including sexual discrimination, and without verbal or physical abuse in relations at the workplace.’[[291]](#footnote-291) The new draft Labour Code also reflects this sentiment, in that men and women should enjoy the right to work ‘without any form of discrimination or intimidation, including sexual discrimination.’ This proposed law states that breach of these provisions is an offence, punishable in law by a fine or compensation awarded to the victim.[[292]](#footnote-292) These provisions are similar to existing penalties and remedies outlined in Section 29 of the current Labour Code.

There is much anecdotal evidence to suggest that sexual harassment in the workplace is a significant problem in Timor-Leste. However, women rarely initiate a formal complaint or allege sexual harassment until the situation has become intolerable or they feel they have been unjustifiably dismissed. Coupled with the inadequacies, in particular, procedural inefficiencies of the existing dispute resolution system, this hinders the effective resolution and management of such cases and makes it very difficult to clearly ascertain the extent of sexual harassment in the workplace.[[293]](#footnote-293)

According to figures provided by the MLCR, a total of five women formally complained of being sexually assaulted in their workplace to its Mediation and Conciliation Division during the period 2001-2005. Some of these cases were resolved and compensation provided to the victim following a collective agreement.

An area of particular concern is the growing number of female members of the PNTL who have reported alleged sexual harassment from their male colleagues. Anecdotal evidence suggests that women in the PNTL face significant disadvantage and risk being ostracized if they make a complaint involving harassment.[[294]](#footnote-294) The PNTL, through the VPU, is mandated to investigate complaints of sexual harassment from the public.

**Complaint Mechanisms**

At present, a Labour Relations Board can meet to determine whether an offence under any provisions of the current Labour Code (including denial of equal pay) has been committed.[[295]](#footnote-295) It is expected that more effective monitoring and evaluation of equal pay practices will also occur with the establishment of the Minimum Wage Tribunal.

Section 57 of the new draft Labour Code further provides that the Employment Relations Tribunal will determine whether there has been a breach of the law and can make such an order that it considers necessary to ensure compliance, which in the case of denial of equal pay, may include, ‘restoration to the worker of any entitlements due, compensatory damages or fines, which in Timor-Leste can range from USD 150- 1500. Statistics provided by the MTRC show that from 2001 to 2005, 199 women made formal claims for compensation as compared with 651 men during the same period.

As referred to in the CCD, despite the existence of a complaints resolution legal framework, mechanisms to enforce the law are still very weak in practice with the result that women’s right to equal pay is often denied. With the absence of specific data or information, it difficult to know the extent of inequality between men and women in the employment arena. The Labour Relations Board has not been functioning due to several reasons such as re-structuring of the MLCR, lack of financial resources and re-organization of priority programmes. In addition, lack of human resources, especially individuals with expertise in gender issues, present a further obstacle to resolution of cases affecting women. Limited understanding of employment processes is yet another significant constraint.[[296]](#footnote-296)

An Organic Law for the MLCR is required, and is currently being drafted, which will assist in revitalizing this Board.[[297]](#footnote-297) Notably, there are also very few employment institutions to address the specific needs of women employees. Women’s organizations are not systematically bringing cases forward on behalf of victims suggesting that there is a need for further assistance for women in this area.[[298]](#footnote-298)

**Marital Status and Maternity Provisions**

There is no specific law that clearly states that a woman’s marital status should not affect her employment security. Rather the current applicable law affirms that maternity is a state which should be ‘dignified and protected and special protection […] guaranteed to all women during pregnancy and after delivery.’[[299]](#footnote-299)

This special protection is outlined in the Constitution as having ‘the right to be exempted from the workplace before and after delivery, without any loss of benefits’[[300]](#footnote-300) and further defined in the Labour Code as entitled to maternity leave of twelve weeks paid at a rate of two-thirds of salary.[[301]](#footnote-301)

According to Section 11.11 of the current Labour Code, maternity benefit is paid on the understanding that future social security payments will cater for the benefit; however, in the absence of a social security system, the maternity benefit must be paid by the employer.[[302]](#footnote-302) This section further states that during legal absence from work, the rights of women workers must be preserved and that they should be reinstated in their former position of employment or ‘in an equivalent position compensated at the same rate of wages.’

In practice, however, many women who take maternity leave receive only a small portion of their benefits, do not receive any remuneration, or worse still, find that they no longer have a job to return to after the birth of their last child.[[303]](#footnote-303) Women who marry and, especially once they have children, are not expected to return to work and this social norm is not perceived by the larger population as overly problematic. Only a handful of cases have been reported to MLCR in the past few years and these have mainly involved being refused entry to work after a period of maternity leave or not receiving maternity benefits. At the time of writing, the outcome of these cases is not known.

*Paternal leave*

There are no specific provisions to provide for paternal leave in current law. Neither the current or draft Labour Codes refer to this issue, though consultations with women on CEDAW have called for a legal recognition of this right.

It is possible to take special or annual leave and some men do avail of a minimum of 3 days or maximum of 5 working days of paternal leave where this has been collectively negotiated as part of a Collective Labour Agreement between an employer and a registered Trade Union.[[304]](#footnote-304)

Some International NGOs and companies also provide paternal leave entitlements to their male employees as a means of supporting women and family relationships, though this practice is at best ad-hoc. At the time of writing, there no data available on the percentage of working men who do opt for paternal leave.

*Measures taken to assist women to re-enter the workforce after pregnancy or family leave*

Pregnant or nursing mothers as they are entitled, as a matter of constitutional right, to nurse their children and are not obliged to return to work, if they do not wish.[[305]](#footnote-305)

Despite high birth rates and some provisions to enable women to breastfeed there is no formal government programme to assist women in re-entering the workforce after pregnancy. Even though female headed households constitute 19% of all private households,[[306]](#footnote-306) there is also no state-funded child care service available. As such, in cases where women do work outside the home, their children are taken care of by immediate family members such as a mother, sister or trusted family friend. Sometimes, children of poorest families are left at home unsupervised.[[307]](#footnote-307) A few women’s NGOs provide child care during working hours but these are few in number and for a limited time, which clearly does not meet the needs of many working women.

***Art. 12 CEDAW: Equality of Access to Health Care Services***

General information on health indicators such as the life expectancy of men and women, fertility and infant and maternal mortality rates, challenges facing the health system and government policy have already been outlined in the CCD. Below is more specific information on women and health issues in Timor-Leste, including women’s access and quality of care.

**Women’s Access to Health Care**

Gender roles in Timor-Leste affect the degree to which women and men can have access to health services. Women are often denied access to health care as the costs associated with their needs are often higher than males in the same household. In the DHS survey in 2003, 59% of women identified getting money as a ‘big’ problem in accessing medical advice and treatment.[[308]](#footnote-308) Health care in Timor-Leste is normally free but reports from regional consultations on CEDAW have indicated that health care workers invariably have to be paid and medicine is almost never free. Research has shown that urban women from affluent households have a better chance of receiving a range of treatments from antenatal care and assistance with deliveries to obtaining medicine and post-natal check-ups.[[309]](#footnote-309)

The heavy workload of women and lack of support during an absence from home or work often prevents them from seeking medical help unless they are seriously ill. Also, formal health care schedules may not correspond to the daily schedules of women and men. A culture exists whereby serious and often painful conditions become so much a part of everyday life, they are accepted as normal and left untreated. Women also fear the consequences of reporting illnesses and being ‘stigmatized’ by diseases such as tuberculosis, which could affect their chances of getting married. Also, double standards exist in the way sections of the population view certain conditions. For example, some people perceive the parasitic infection, urinary schistosomiasis (whose symptoms are similar to those of an STI) with morally suspect sexual behaviour in women but with virility in men.[[310]](#footnote-310)

Women often need their husbands’ permission to receive any treatment and 18% have classified obtaining this authorization as a problem in accessing health care. A lack of confidence and embarrassment at discussing intimate issues also prevent women from seeking assistance. Over a quarter of women have reported not knowing where to obtain treatment and at least one in five do not wish to visit a health facility unaccompanied.[[311]](#footnote-311)

As noted in the CCD, the provision of health care services is particularly poor in rural and remote areas. Women frequently lack the means to travel to health centres or posts for appropriate treatment and must walk long distances to reach the nearest facility.[[312]](#footnote-312) The results from the DHS survey indicate that these are the two foremost concerns for at least two-thirds of women in Timor-Leste.[[313]](#footnote-313) The elderly, pregnant women and those with physical disabilities are particularly disadvantaged. The consequences of this are obvious. For instance, the DHS survey found that mothers in the highlands, those with no education and from poorest households were least likely to use hospitals and 53% of women from the highlands did not receive any antenatal care at all.[[314]](#footnote-314) In response to this, Timor‑Leste’s Health Policy Framework seeks to make basic health services are available within two hours walking distance from communities, and that hospital services with surgical capacity will be within two hours drive of sub-district facilities.[[315]](#footnote-315)

As noted in the CCD, the focus of women’s health services has been on provision for their reproductive health needs. However, women have faced difficulties in accessing health services for non-reproductive problems such as mental health. During regional CEDAW consultations, participants commented upon the lack of care for women suffering trauma and related psychological disorders. They also reported a lack of attention to the needs of older women, especially those undergoing menopause. Domestic violence and rape are also issues that those working in public health services still need to fully address for both victims and perpetrators.

Finally, there is still a lingering distrust of health services among Timorese women which, as noted elsewhere in this document, stems from medical malpractices during the Indonesian occupation. Women avoided the public health system for fear of receiving contraception under the guise of malaria or vitamin tablets. Reports of sterilization being performed during caesarean deliveries or other routine operations became widespread.[[316]](#footnote-316) For this reason, women refused vaccinations as they were unsure as to the kind of substance being injected.[[317]](#footnote-317) More recently though, according to the DHS survey, 12% of households have reported not consulting a medically trained health care provider when a household member was ill; this percentage is highest (16%) in poorest households.[[318]](#footnote-318)

At the time of writing, the Ministry of Health, with the support of UNICEF and AusAid is planning to implement a ‘Family Health Promoter Programme’, in which key individuals such as community leaders will be trained in health promotion. It is hoped that eventual implementation of this programme will raise awareness of health issues, especially in the districts.

**Quality of Health Care for Women**

*Lack of female health professionals*

At present, few women are employed in the health service, at the administrative, managerial and service levels. The DHS survey indicates that only a small percentage (4%) of women are concerned about this;[[319]](#footnote-319) however, discussions from the CEDAW consultations have indicated that some women will not seek treatment from a male practitioner for a gynaecological complaint.

According to figures from the Ministry of Health, approximately one-third of doctors, 40% of all nurses and 100% of the 320 midwives working in the health service are female. At the time of writing women account for two out of every five of the total number of employees in the Ministry of Health in 2005 and the highest ranking women in the Ministry is the Director of Health Service Delivery.

Recruiting midwives for remote areas continues to be difficult and in response to this, the Ministry of Health has established a midwifery course. Female nurses, currently working in or with strong links to areas with vacancies, are currently being selected and trained for an additional year on midwifery and then posted to these priority areas. It is also a medium term objective to explore incentive issues for staff to compensate for working in remote, isolated conditions.[[320]](#footnote-320)

The recruitment of significant number of additional doctors from Cuba, sending Timorese students to Cuba for medical training and the establishment of a Medical School in Timor-Leste with support from Cuba has had a significant impact in the human resource capacities available to the health system both in the short and medium term. The expansion of the number of doctors, especially at the level of health post, has improved access to and quality of health care in Timor-Leste. At present, a female Cuban doctor, specializing in forensic medicine, is attached to the PRADET Safe House at Dili National Hospital and attends to victims of domestic violence and sexual assault needing emergency medical care.

*Number and conditions of hospitals*

The limited number and standard of health facilities has such an impact on women’s health in that many women do not attend antenatal visits. In Timor-Leste, there are 211 health facilities, of which half (104) are community health centres without beds and there are 8 hospitals. The other health facilities consist of 63 health posts, 27 mobile clinics, and 9 community health centres with beds.[[321]](#footnote-321)

Four smaller hospitals have or are being reconstructed to function as small, 24 bed referral hospitals, with the capacity to provide some surgical services such as emergency obstetric care. Baucau hospital with 114 beds functions as a larger regional referral hospital for the three eastern districts, offering surgical and basic specialist services. The national hospital in Dili with 226 beds provides medical, surgical and specialized services including visiting specialists, and is to have a more comprehensive set of diagnostic equipment.[[322]](#footnote-322)

Services closest to the community at the sub-district level are provided by health posts that are staffed by a midwife and/or nurse. Not all health posts have midwives but all have nurses. These are supplemented by mobile clinics operating from community health centres which involve regular visits to remote communities by motorbike. Each sub-district has a level 2 community health centre with a staffing complement of six. Each district has a level 3 or 4 community health centre with a staff component of ten to fourteen including a doctor, some inpatient capacity, and some laboratory facilities. Community health centres are to have radio communications, and access to ambulance services with one ambulance per district.[[323]](#footnote-323)

Treatment of women in hospitals

In discussions with the women in the regional CEDAW consultations, the condition of health care facilities, in particular, hospitals has been raised a matter of great concern.[[324]](#footnote-324) Women going into hospital to give birth have reported a lack of medicine including painkillers and routine check-ups including bathing, due to a shortage in staff. The administration at Dili National Hospital has acknowledged the extent of the problem in that birthing assistants have had to cut bed sheets for use as baby blankets.[[325]](#footnote-325) In almost all cases, family members must accompany both women and men to the hospital and take care of them for the duration of their stay, again partially due to the lack of staff and the fact that it is also a cultural norm.

There have also been anecdotal reports of women being turned away at hospitals because they did not bring ‘overnight bags’ in preparation for birth or did not have sufficient funds to pay for treatment where there were complications in pregnancy. Furthermore, local NGOs working in the field of maternal health have reported incidences of women leaving hospitals in blood-stained clothes as they had no sanitary napkins or additional clean clothing.

After discussions health officials, the ‘Maternity Packs Project’[[326]](#footnote-326) was launched in February 2006 by the Alola Foundation and this has gone some way to alleviating these problems. At present, maternity packs are given to those women most in need giving birth in Dili and Baucau hospitals.

The maternity packs include clothing and sanitary items in addition to health promotional materials that outline positive health practices including exclusive breastfeeding critical to the good health and survival of mother and baby. It is hoped that the provision of these packs will improve the experience of birthing in hospitals for some women and have a positive knock-on effect influencing other women to attend health facilities for the delivery of their babies. It is envisaged that the maternity packs will be provided to rural hospitals and clinics at a later stage.

*Private provision of private health services*

Alongside the Government health service delivery system, health services are also provided by private practitioners, faith based and other non-government organizations such as the Café Timor network, Caritas (the health agency run by the Catholic Church), and clinics run by Protestant churches. It is estimated that there are 190 health care workers operating 40 clinics in the non-government sector. This suggests that non-government clinics handle a quarter of basic health service delivery.[[327]](#footnote-327)

The Café Timor[[328]](#footnote-328) network, for example, covers on average 125,000 in 5 districts and Dili. It currently operates eight fixed clinics which provide services similar to Level 2 community health centres in the public system and 24 mobile clinics. The network involves 74 personnel, including 3 doctors (one of whom is female) and 12 general nurses. Many of the patients who attend the clinics in both Dili and the districts are women and young children and are treated for upper respiratory tract infections. The network also provides family planning services, which will be discussed in greater detail in the section on family planning.[[329]](#footnote-329)

Private clinics run by doctors, nurses and midwives and dentists, which have been established in some of the main urban centres, especially Dili and Baucau. Details on the numbers of patients are not available as most do not send regular reports to the health authorities. These clinics are now subject to legislation and will be monitored on the safety of practices. The modified health management information system will include a reporting component for private services.[[330]](#footnote-330)

*Ante-natal care*

At present there is limited pre-natal and post-natal care in the country. In general, urban women from wealthier backgrounds with a higher level of education have a higher chance of receiving a more comprehensive ante-natal care service than other women.[[331]](#footnote-331) Data from the DHS study in 2003 indicates that almost 60% of women received antenatal care during pregnancy for their most recent birth. Over half of women received this care from a nurse or midwife (56%) with a minority of urban women (12%) attended to by a doctor or obstetrician. The majority of women (49%) received their care in a public sector health centre or health post or public hospital (36%).[[332]](#footnote-332)

The study also shows that the majority of women (57%) had been attended to at least twice during their pregnancy, most in their early stages, before the six month. However, according to medical standards, only 14% had an adequate number and timing of visits.[[333]](#footnote-333) Significantly, just over a third of all women (53% in the highlands) did not receive any antenatal care. Only one third of husbands accompanied their wives on antenatal visits.[[334]](#footnote-334)

The quality of care is an important factor in the quality of the outcome of the pregnancy. The DHS study found that although the majority of women received an abdominal examination and were weighed, only one third had their blood pressure taken and one quarter informed of potential complications.[[335]](#footnote-335)

*Complications in pregnancy*

Access to a skilled birth attendant, especially to emergency obstetric care, is limited in Timor-Leste. As such many Timorese women and their babies are still dying in labour, often at home.

The kinds of dangerous complications experienced during pregnancy and delivery include premature and obstructed labour, fever and convulsions. A pregnancy can be uneventful until the moment of delivery; however the complications that can arise during delivery include excessive bleeding, where death can occur within 1-6 hours. This is a particular problem in Timor-Leste as often there is an initial delay in deciding to seek care, followed by a second delay in reaching health services before finally being denied appropriate care due to the fact that there are no blood supplies or doctors present at the nearest health facility.

Aside from the high rates of malnutrition and low levels of anaemia in pregnant women, health care professionals have acknowledged a number of factors contributing to maternal mortality in Timor-Leste. These include low utilization of skilled birth attendants; irregular ante-natal check-ups; short intervals between births of children; tuberculosis, malaria and other diseases and a lack of access to essential and emergency obstetric care. Women are dying as a result of eclampsia (pregnancy-induced hyper-tension), haemorrhage (ante and post partum), prolonged labour, infection and complications resulting from a spontaneous abortion.

Prolonged labour and excessive bleeding are the most common complications in deliveries that can lead to maternal death and a very high proportion of babies (88% and 59% respectively) born to mothers experiencing these problems have died within one month of birth.

*Deliveries*

The overwhelming majority of women (90%) of women give birth at home, followed by 9% in public health facility and a minority (1%) in a private health facility. Home births are likely to occur with older women living in rural areas who have little or no education and have already several children.[[336]](#footnote-336) Many women in rural areas manage their pregnancies and deliveries without trained medical assistance, relying mostly on indigenous knowledge. Traditional medicine continues to play an important role in Timor-Leste.

The majority of births are assisted by a relative or friend (61%). Next in importance is the Traditional Birth Attendant (19%) followed by a nurse or midwife (16%). The actual number of births attended by midwives in 2003 was only 335 in comparison to 1637 attended by traditional birth attendants. Doctors are only used in 3% of cases. Only 9% of husbands are present at delivery.[[337]](#footnote-337) Since 2001, the Ministry of Health has trained 350 midwives on safe and clean delivery.

*Adequate nutrition during pregnancy*

In its Nutrition Strategy, the Ministry of Health establishes two key areas requiring improvement, maternal and child nutrition and food security and notes that actions must be taken at the national, service delivery and community and family levels in order to achieve this.[[338]](#footnote-338) As noted in the CCD, this strategy is being implemented as part of the basic package of services and the national primary health care policy. Women are at present receiving Vitamin A, Folic Acid and supplementary feeding as part of a programme administered by the World Food Programme, which aims to ensure that pregnant women have enough food to support a pregnancy and later breastfeed. This programme is being implemented in 2 districts, Liquiça and Ainaro, with planned interventions in Maliana and Suai, followed by expansion into all districts at a later stage. Results from the DHS survey indicate that 62% of children under three years consume food rich in vitamin A, and 34% of children under five years receive vitamin A supplements.[[339]](#footnote-339)

*Efforts to reduce maternal mortality rates*

As noted in the CEDAW Statistics Annex, it is difficult to calculate an exact figure for Maternal Mortality Rates in Timor-Leste, as the denominator is the number of live births in the country and, at present, these are not being registered. Many births take place at home. This said, as noted in the CCD, the very high estimated maternal mortality rate means that in order to meet the MDG of improving maternal health, the maternal mortality rate must be reduced by three quarters in the period between 1990 and 2015. This means that the maternal mortality rate much decline from between 660-880 deaths per 100,000 live births in 2001 to 252 deaths by 2015.

At the request of the Ministry of Health, in 2005, UNFPA developed and began implementing a training programme for midwives and doctors on basic emergency obstetric and neonatal care. The training is taking place at the National Hospital in Dili and the district referral hospitals in Baucau, Suai, Maliana and Oecussi. In addition, UNFPA provides obstetricians to the Ministry of Health. UNFPA is also supporting the training of 2 health service doctors (male) abroad in comprehensive emergency obstetric care. At present, only the district referral hospitals have the capacity to provide the six elements of basic emergency obstetric care (BEmOC). Dili National Hospital and most of the district hospitals have the capacity to perform comprehensive emergency obstetric care (CEmOC). This requires provision of Caesarean sections and blood transfusion, although blood bank services are only available in Dili. At present, only 1% of births (450) are delivered by Caesarean section, which is below the minimum international standard of 5%.

The Government is also planning to pilot maternity waiting homes in five districts, whereby pregnant women enter the hospital two weeks before their due date. This is part of an overall drive to encourage skilled attendants at birth and to enable access to emergency obstetric care in the event of life-threatening complications. To this end, the Ministry of Health is currently distributing free hygiene kits to those women who give birth in a health care facility.

At the time of writing, a programme to prevent and treat obstetric fistula (a completely preventable complication arising from obstructed labour) is being developed by the Ministry of Health with the support of UNFPA. It is hoped that this programme, which also contains a strategy to assist women back into their communities without suffering further shame, will contribute to the reduction in the incidences of maternal morbidity rates. In 2003, there had been 21 diagnosed cases of obstetric fistula in Timor-Leste[[340]](#footnote-340) and a further 68 cases identified in the period 2004-2006. It is quite possible that women are not aware of this condition and therefore are not presenting themselves at health facilities for treatment. Currently, only Dili National Hospital offers fistula repair surgery due to the presence of an expatriate fistula surgeon.

*Breastfeeding*

In Timor-Leste, a woman begins breastfeeding her baby very quickly; almost half of all women commence within the first hour and nearly all within one day. Although it is recommended that babies are exclusively breastfed for between four and six months, only 39% of children aged less than four months were breastfed and this percentage dropped to 18% for children under six months. The reason for the decrease was due to the introduction of ‘other milk’ and complementary foods. Overall, the mean duration of breastfeeding was 17.7 months and for exclusive breastfeeding 1.4 months.[[341]](#footnote-341)

Problems arise if a woman is on medication as she cannot breastfeed and wet nurses are not part of Timorese culture. Babies tend to be fed rice water as formula or other substitutes are too expensive and over a period of time they show signs of severe malnutrition.

Based on its Nutrition Strategy, the Ministry of Health stresses the importance of breastfeeding for mothers, exclusively within the first six months and up to two years.[[342]](#footnote-342) The Alola Foundation has established a National Breastfeeding Association and promotes breastfeeding through support groups. At the time of writing, it is working with the Government to develop a National Code on the marketing of breast milk substitutes.

*Access to post-natal care*

Post-natal check-ups are vital as women are still at risk of dying 48 hours after delivery due to post-partem haemorrhage. Results from the DHS survey found that only 15% of women in Timor-Leste received a post-natal check-up. The likelihood of receiving a post-natal check-up decreased with age and already having several children. Again, wealthier women with higher levels of education from urban and lowland areas were more likely to receive this check-up.[[343]](#footnote-343)

*Participation of men in matters relating to women’s health care*

Less than one quarter of men (24%) spoke to a doctor or health provider about the pregnancy or health care of the mother of their last child in the five years prior to the survey. Of those who did speak, it was to enquire about the type of foods eaten during pregnancy, how must rest she should get and the types of health problems for which the mother should get medical attention. Wealthier fathers who were younger, living in urban areas or who had secondary education or higher were more likely to speak to a doctor about the health of the mother. However, 58% of men did talk with health professionals about delivery, especially assistance with delivery.[[344]](#footnote-344)

**Reproductive Health**

The current Government Reproductive Health Strategy focuses on four key areas: Safe Motherhood, Family Planning, Young People’s Reproductive Health and General Reproductive Health. The emphasis on reproductive health within the overall Government health strategy is part of its response to reducing the high MMR and TFR, considering the high percentage of the population who are of reproductive age.

This was also a response to the concerns raised by delegates at the 2004 Regional Women’s Congresses. At this forum, reproductive health was highlighted as a key priority area of intervention in the empowerment of women. They noted that women’s health issues and, specifically, the poor state of women’s reproductive health, reflect the low status of women in Timorese society.

Delegates at the Congresses advocated on a number of issues including the need to educate the community about family planning, breast feeding, the reproductive system and its functioning, and the ‘inadvisability of having more children when a woman has reproductive health problems.’

They also affirmed that maternal mortality needs to be addressed to include the lack of attention by husbands, general lack of information, lack of access to hospitals and clinics, early marriages, lack of proper nutrition for women and well as lack of access to clean water.[[345]](#footnote-345)

*Family planning advice, cost and accessibility*

Although younger and more educated women were more likely to have discussed family planning, over 76% of Timorese women have reported that that they have never talked about this matter with their husband. Just under two-thirds of women reported that their husbands disapproved of family planning compared with only 21% of spouses who were in favour.[[346]](#footnote-346)

As noted in the CCD, the use of contraception is low and condom use virtually non-existent in Timor-Leste. For the most part, the small minority of women aged between 25-44 years who do use contraception use injections.[[347]](#footnote-347) Women in urban areas who were better off and had more education were more likely to recognize a method of contraception than those in rural areas. Three-quarters of women who were not using contraceptives had no knowledge of where to obtain them.[[348]](#footnote-348)

Despite the desire for greater numbers of children among some Timorese women (the ideal size for ever-married women was 5.7)[[349]](#footnote-349) wealthier and older women articulated a desire for having family planning education.[[350]](#footnote-350) Women from urban areas did not desire fewer children than rural areas.[[351]](#footnote-351) The demand for spacing children (10%) was far higher than for limiting them (3%). The demand for family planning was greater in the urban and rural west regions than rural central and rural east.[[352]](#footnote-352)

Young women were the most satisfied with the family services available at 81.8% in the 15-19 age group whereas 55.6% in the 45-49 age group expressed the greatest dissatisfaction.[[353]](#footnote-353) Overall, three-quarters of the total demand for family planning was being met in Timor-Leste, which suggests a need for increased provision of family planning services.

The Café Timor Clinic in Dili offers family planning services and VCT for free to women, which is supported by the Ministry of Health. At the time of writing, advice on natural contraceptive methods is provided as are injections, implants and condoms. At present there are 2 VCT counselors and 1 doctor trained in the management of STIs. Staff at the clinic have reported a high demand from women for contraception.

In order to increase access, improve quality and widen the range of contraceptive services, the Ministry of Health, with the support from UNFPA, has been upgrading the knowledge and skills of health providers in the area of family planning.

In 2004, a TOT course was delivered to selected health providers from different districts and to trainers from the Institute of Health Sciences (NCHET at that time). The trained national trainers have since delivered the family planning services training to health providers from different health facilities around the country. Approximately 50 health providers have graduated from this course, and more than 100 are due to be trained by the end of 2006, with training for 250 in the districts planned for after.

In April 2006, UNFPA donated various educational tools such as anatomical phantoms, learning posters, medical equipment and instruments to the Ministry of Health, which will assist in conducting family planning training courses. It also provides all contraceptives (condoms, pills, injections, IUDs) to the Ministry of Health, which then distributes via the Central Pharmacy. In addition, as a result of the review of the National Family Planning Programme in December 2005, the Ministry of Health requested a Family Planning Advisor to be assigned to its Maternal and Child Health Department. UNFPA currently supports this Advisor, who took up the position in April 2006.

The Ministry of Health, again with the support of UNFPA, will be developing a Behavioural Change Communication Strategy for Reproductive Health in 2007 which will focus on a number of areas such as Safe Motherhood, Family Planning, Adolescent and Reproductive Health and HIV/AIDS. It is envisaged that this strategy will form the basis for planning behavioural change communication (BCC) interventions in selected districts and, as a consequence, increase demand for and utilization of health services. The strategy will be implemented through the National Family Planning Promotion Campaign.

*Teenage pregnancies*

In Timor-Leste, the median age at first birth for women aged 20-29 is 21 years and for women aged 30-39, 22 years. This median age is virtually the same for women from different backgrounds. The onset of child bearing is not early in the adolescent period. Only about one in five adolescents have a child and these tend to be older rather than younger. The percentage of 16 year old married women who are mothers or pregnant with their first child is 4.8% compared with 37.2% of those aged 19 years.[[354]](#footnote-354)

*Abortion*

Abortion is still an extremely sensitive issue in Timor-Leste, especially given the traumatic events of recent years. There is a lack of information on the true extent of its occurrence. The unmet need of unmarried women for family planning for example is not well documented and there is anecdotal evidence of unmarried women requesting abortions in the capital, using medications such as chloroquine, fansidar, tetracycline and traditional medicine including massage. The incidences of unsafe abortions and complications resulting from abortions are not known.

With respect to post-abortion care, emergency obstetrical services are available in Dili National Hospital, where a woman can receive treatment for any complications arising from spontaneous abortion. She may also receive reproductive health advice. However, to date, training on the prevention and management of abortion complications has not been conducted throughout the country.

At the time of writing, there have been discussions between the Ministry of Health, the Alola Foundation and UNFPA regarding research on the causes and prevalence of abortion in Timor-Leste.

*Legal provision on abortion*

In May 2005, the Government and the Catholic Church issued a joint statement proposing the criminalization of abortion in the forthcoming national Penal Code.[[355]](#footnote-355) There had been support for abortion to be classified as a crime and that anyone involved in supporting an abortion including family members, traditional health workers and male partners should be punished. As a result of discussions with civil society and women’s NGOs, the Government agreed to open up the debate publicly and charged the OPE to engage with Alola Foundation and Rede Feto to establish discussion forums with civil society. These took place in June-July 2005, the objective of which was to share information and explore the complex legal social and moral aspects of this issue.

In relation to abortion, the key recommendations from the discussions were:

* There should be exceptions to the criminalization of abortion if a woman has suffered rape, incest or where there is a risk to her health.
* There was recognition of the need for data on the prevalence of unsafe abortion in Timor-Leste.

The OPE put forward these recommendations to the Working Group, established by the Government and the Church to consider matters under the joint declaration. As a result, the Working Group recommended that provisions criminalizing abortion be taken out of the draft Penal Code and be dealt with under a separate law. [[356]](#footnote-356)

At the time of writing, under the provisions of the draft Penal Code, those responsible for causing an abortion by whatever means and without the consent of a pregnant woman, will be sentenced to a term in prison of between 3 and 12 years.[[357]](#footnote-357)

**Health Care for Older Women**

Although the Constitution bestows ‘special protection’ to senior citizens, older persons, especially older women, are an extremely vulnerable group in Timor-Leste. According to PRADET, older women are just as likely to suffer gender-based violence as younger women and some who were referred to PRADET for treatment for sexual assault have been in their seventies and eighties. PRADET are currently developing a manual on how to treat victims of gender based violence, which includes a section on how to examine and treat an older woman who has suffered physical and/or sexual abuse. The Ministry of Health has been developing a policy in this area, but at the time of writing, this has not implemented due to lack of funding and especially human resources.[[358]](#footnote-358)

**Mental Health**

It is estimated that approximately 96% of the Timorese population have experienced at least one traumatic event in their lifetime.[[359]](#footnote-359) Gender-specific violence including rape and sexual harassment suffered during the Indonesian occupation has contributed greatly to trauma in the female population. Psychiatric disorders such as post-traumatic stress,[[360]](#footnote-360) epilepsy, paranoid psychosis, anxiety and depression are prevalent among women.

*Extent of the problem among women*

The extent of the problem is unknown, given the reluctance of many Timorese women to speak about gender-based violence or other abuses. One local NGO working on mental health issues has stated that over half (56%) of their patients suffering from mental illnesses are women.[[361]](#footnote-361) The double load of paid and unpaid work drains women’s mental and physical health in a way that does not affect men’s health. The burden is even greater for women who are heads of households.

In 2004, the Ministry of Health undertook a mental health study in Becora and Hera area outside Dili. The results were that 1.9% of the population was identified by the community as mentally ill. Almost all cases had severe disabling mental illness in urgent need of treatment. The most common disorders were the severe psychoses with most sufferers experiencing major disability and/or chaotic social behaviour. Data on women sufferers is not available. Those identified with severe illness were at great risk of sexual abuse, assault, malnutrition and physical illness. According to the Census 2004, mental disorder among the population is of the rate of 2.8%.[[362]](#footnote-362)

*Lack of mental health services*

In regional CEDAW consultations, women have raised the problem of the little support available for people experiencing mental health issues, especially those women who have suffered sexual violence. The difficulty is that prior to independence, no mental health services were available to the population. Also, there has been no qualitative or quantitative assessment of the mental health status of adult and juvenile population by gender, so it is difficult to assess the impact of traumatic experiences on both men and women and what gender differentiated needs are to be met by national mental health policy, planning and services. This is particularly so for women who are experiencing gender-specific abuses either in their homes or in public. NGOs working in this area have treated cases of women suffering from bi-polar disorder who are engaged in sex work.

*Government response*

Since 2001, mental health services have been developed and implemented with the support of East Timor National Mental Health Project (ETNMHP) and also PRADET, who had previously treated over 400 cases since 1999. However, there are a number of constraints to the provision of adequate mental health services including financial and competing priorities in the context of poor health indicators across the country.

The Government recognizes that there is a greater need to provide both financial and technical support for civil society organizations working on mental health issues. There is also a great need to provide more information to families about care for mental illness.

As set out in its Mental Health Strategy, the Government plans training for specialist mental health workers to include knowledge on areas such as children, gender, drug and alcohol, developmental disability, as well as continuous education to build upon existing knowledge in other areas. It envisages the NGO sector delivering services that are complementary to but not duplicating government services through the provision of psycho-social support, counselling and non-medical interventions in conditions such as traumatic stress anxiety and less disabling forms of depression.

Currently the Mental Health Unit based in the Ministry of Health is working towards providing mental health services through the government sub-district and district health centres, health posts and clinics outside the government service network where arranged. For those patients unable to access fixed clinics, services will be provided by a mobile outreach service.[[363]](#footnote-363)

*Legislation on Mental Health*

There is currently no national mental health legislation in Timor-Leste. Current law is a mix of Indonesian law and UNTAET Regulation, which is used as a guide in courts but there is no means of detaining a person with mental illness or protecting their human rights.

As such, the Government recognizes that legislation needs to be developed in order to support planned policies. These include regulation of service provision by non-government providers, workforce (including training and accountability) and prescription and administration of pharmaceuticals. It acknowledges that further research into indigenous approaches to mental health, diagnosis and cultural norms, psychosis, trauma, epilepsy, suicide prevalence as well as family systems and community care models is necessary to understand basic issues such as prevalence as well as further insight into actions to develop mental health services in Timor-Leste.[[364]](#footnote-364) Further information can be provided in the First Periodic Report.

**Alcohol and Drugs**

The problems of substance abuse and alcoholism are recognized by the Ministry of Health as common disorders, particularly in men; however, the true extent of the problem in Timor-Leste is not currently known. Increased consumption of alcohol among men due to untreated trauma and chronic stress also puts women at risk of physical violence. NGOs working as part of the referral system for victims of domestic violence, sexual assault and child abuse have noted that a significant proportion of their cases are alcohol-related. Palm wine is widely available and consumed by both adults and children.

Little is known about the extent of drug use in Timor-Leste or how this affects women. Results from the DHS survey indicate that few numbers of women smoke,[[365]](#footnote-365) partially due to the fact that it is culturally unacceptable for women to smoke, especially in public. The survey also reports that both women and men likely know that smoking is bad for their health.[[366]](#footnote-366) There have been anecdotal reports of soft and hard drug use among teenage youths, mainly in the capital, but this has not been verified.

At the time of writing, there has been no official anti-drug or alcohol information campaign warning people about the effects of substance abuse. However, at the time of writing, one local NGO, PRADET, is planning to conduct a series of awareness-raising training for its own staff and other health workers that deal with alcohol-related illnesses as part of their work.

**Disability**

The Constitution provides for equality and non-discrimination on the basis of ‘physical and mental condition’ and further states that disabled citizens shall enjoy the same rights and duties as all citizens and be protected, ‘except for the rights and duties which he or she is unable to exercise or fulfil due to his or her disability.’[[367]](#footnote-367)

Several facilities in Timor-Leste such as the Asosiasaun Hi’it Ema Ra’es Timor (ASSERT) and Klibur Domin, based in or close to the capital, focus on people with physical disabilities, providing them with, *inter alia*, mobility aids (prostheses and orthoses) and physiotherapy as well as providing long term accommodation and social support. These institutions work closely with the MLCR and the Ministry of Health to support local organizations to coordinate services for disabled people, to reintegrate disabled people into the community and to train local rehabilitation staff. In the case of Klibur Domin, the home provides free accommodation, supervised medication and health education for patients awaiting or recovering from surgery, or with conditions including tuberculosis and malnutrition referred from Dili National Hospital and regional health clinics.

*Data on patients with disabilities*

Through its centre for rehabilitation, ASSERT has treated 132 clients since opening in April 2005; 59 adults and 68 children. 56 of these patients have received prosthetic/orthotic devices (artificial limbs/orthopaedic braces/shoe orthosis) and 76 clients have received physiotherapy alone.[[368]](#footnote-368)

ASSERT also treats men and women are treated for polio, orthopaedic problems and tuberculosis, though sees more male clients with conditions such as amputations than women. This is due to a high number of occupational and road accidents involving males. The gender divide is approximately equal in children, who receive treatment for cerebral palsy, cerebral malaria, developmental delays and orthopaedic problems.

Staff at Klibur Domin treat more adult men for tuberculosis than women, but this may be due to the fact that many women need permission from husbands to seek treatment and therefore do not report suspected tuberculosis. They also see many women for treatment of broken bones, perhaps as a result of violence within the home. Undoubtedly, poor standards of maternal health, nutrition, sanitation and lack of access to health care facilities contribute to high numbers of diseases and sickness leading to disability in women and children.

Although there is a lack of reliable data on disability in Timor-Leste, studies carried out by NGOs working in the field have provided an insight into the nature and extent of the problem. In 2002, it was estimated that just over one third of persons with a disability were female. The main forms of disability were physical, sight and speech impairment with disease and sickness contributing to just under two-thirds of all disabilities followed by birth and accidents.[[369]](#footnote-369)

**HIV/AIDS**

*Women’s exposure to HIV/AIDS*

There are a number of factors that can increase women’s exposure to HIV/AIDS in Timor-Leste. These include population displacement, violence which took place during the Indonesian occupation in addition to possible interaction with male expatriates, including peacekeepers, post-1999. In addition, the high prevalence of domestic violence and sexual assault, as noted by delegates at the Regional Women’s Congresses, low literacy and education levels, economic dependence on men as well as cultural constraints preventing open discussions on matters of gender, sexuality and reproductive health could create high-risk conditions for the spread of the disease among women.

The first phase of the National HIV/AIDS Strategic Plan advocates the ‘ABC’ strategy, i.e., Abstinence - Be Faithful – Condoms as a means of minimizing HIV infection. However, given the results of the Family Health International Study indicating significant levels of bisexual and extramarital sex among men, coupled with the high prevalence of sexually transmitted diseases and extremely low condom use by men, a significant risk to women still exists even if they only ever have one sexual partner i.e. their husband or partner. The inferior position of women in Timor-Leste effectively means they cannot negotiate condom use or indeed fidelity from their spouses or partners nor are they in a position to abstain if they are being sexually assaulted.

*Raising women’s awareness of STIs and HIV/AIDS*

As noted in the CCD, there are very low levels of awareness or knowledge of HIV/AIDS in Timor-Leste, especially among women, although younger more educated women in urban areas were much better informed than older women in rural areas.[[370]](#footnote-370) An issue which has emerged strongly from recent workshops on HIV/AIDS is how the traditional role of women in Timorese society is an impediment to HIV/AIDS and sex education.[[371]](#footnote-371) As such, and in accordance with CEDAW General Recommendation No. 15, a range of measures in Dili and some of the districts have been introduced to increase awareness, especially among women and girls of the risks and effects of sexually transmitted infections, particularly HIV/AIDS.

Foremost among these has been the information campaigns by the Ministry of Health to increase understanding of HIV/AIDS. The Ministry has distributed brochures and posters containing information about HIV/AIDS and other diseases for the community at health centres, private clinics and hospitals. It has also made several broadcasts on local television and radio. A large event was held in the Kampo Demokrasia the capitol to raise awareness about the condition and there have been additional events held annually to commemorate World Aids Day.

In addition, seminars have been held in junior and senior high schools to raise awareness.[[372]](#footnote-372) In most of these cases, the training has been initiated and provided through a faith-based organization, an UN Agency or NGO. In the districts, both Government and NGOs have provided HIV/AIDS health and education services. For instance, Baucau District Hospital and the smaller clinics and health services provide HIV/AIDS education and (IEC) communication materials. Through the UNDP Baucau Civic Education Programme, a programme of training for staff from high schools in Baucau has been conducted. Although VCT services are available in Dili and the districts, there have been reports of lack of confidentiality and, as such, men and women are reluctant to use these services.

The Government recognizes that despite efforts at awareness raising, there is still difficulty in discussing and little understanding about HIV/AIDS and sexual health problems in Timor-Leste. These types of health conditions are perceived as a source shame to those suffering them and both men and women are afraid to access health services due to the stigma and discrimination surrounding these conditions.[[373]](#footnote-373)

At the time of writing, Family Health International and NGO partners Fundasaun Timor Har’i and CVTL, with USAID support, implement highly targeted HIV and STI prevention projects among groups which have been identified as being at high risk for HIV/AIDS and STIs. The target groups are female sex workers, also men who have sex with men, the national police force and national military forces. Family Health International and its partners have designed projects which use a peer outreach methodology to provide beneficiaries with targeted behaviour change communication materials, information and advice about HIV/STI prevention and condoms. The project also provides STI treatment for targeted groups and voluntary counseling and testing.

The project targeting female sex workers emphasizes the need for women to know about HIV/AIDS, ways of transmission as well as learning about their HIV status and knowing how to prevent HIV and STIs through abstinence, fidelity or condom use. Free condoms, STI and VCT services are provided. Life skills training is also planned for female sex workers so as they can protect themselves with clients. This project also includes skill training designed to provide female sex workers with other professional options. It targets approximately 340 Timorese and Indonesian female sex workers in Dili, Cova Lima and Bobonaro. This represents almost all Timorese and Indonesian female sex workers in these towns and Dili.

*Counseling services available to women and girls with reproductive and sexual health problems*

With USAID support, Family Health International and its partners Café Timor Clinic and Bairo Pite Clinic provide HIV counseling and testing services. Female sex workers are a large beneficiary group; as such, particular attention is taken to ensure that these services are friendly and non-stigmatizing. In addition, Dili National Hospital and the National Laboratory also provide VCT.

As described in more detail elsewhere in this report, local NGOs PRADET and Fokupers provide counseling for women and young girls who are victims of domestic violence, sexual assault and child abuse which includes some counseling on sexual health problems.

With the support of WHO and UNFPA, the Ministry of Health has developed standards on counseling and information for women on both traditional and modern methods of contraception, which has been adapted to a local context. The standards have been translated into Bahasa Indonesian and relevant information into Tetum. Also, as described earlier in this report, the Ministry of Health, with support from UNICEF and the Alola Foundation has introduced the ‘Life Skills’ training to the school curriculum (see relevant section in ‘Equality in Education’ in this report).

**Art. 13 CEDAW: Social and Economic Benefits**

**Equality in Social Benefits and Assistance**

As already outlined in the CCD, the rights to social and economic benefits are constitutionally affirmed for every citizen and it is incumbent upon the Government, ‘in accordance with its national resources’,[[374]](#footnote-374) to promote the establishment of a social security system; however, current budget limitations have precluded the formation of such a system to date. In theory, a framework for family benefits does exist,[[375]](#footnote-375) though Government policy has concentrated on improving the efficacy of the child maintenance system. As noted elsewhere in this report, there have been few judicial rulings in child maintenance cases and women in recent regional CEDAW consultations have indicated that receiving any payments from spouses or partners remains a problem.[[376]](#footnote-376)

Although there is no discrimination in theory on the basis of gender in current laws relating to the provision of social assistance and security, in practice the situation is different. For example, while Art. 10. 33 (a) of the NDP refers to need to provide services such as day care centres for working women with children, the reality is such that only a small percentage of women are engaged in the national labour force and therefore in a position whereby they could benefit from these services. As already noted, women are not normally encouraged to work and those in employment outside the home would normally have to rely on extended family members to look after children. To date, no formal system of child care services exists in Timor-Leste.

*Emergency Social Benefits*

As detailed in the CCD, and in accordance with Article 56 (3) of the Constitution, a Social Solidarity Fund exists for emergency cases, administered by the DNSS in the MTRC. Current emergency assistance is given to both women and men, but prioritizes those most in need such as children of poor families, including those with single mothers, women with no means of economic support, women survivors of domestic violence, older and disabled women and widows.

This assistance consists of foods stuffs and basic amenities such as oil, candles, and kitchen kits and mosquito nets. Some specific recreational programmes targeting the elderly and widows have also been designed and are expected to be implemented shortly. The number of women who have asked for assistance has significantly increased in recent years. In 2003, equal numbers of women and men (272) received assistance, which increased to 279 women and 448 men in 2004. In 2005, the figures had approximately tripled, with 854 women as compared with 820 men seeking assistance.[[377]](#footnote-377)

Emergency assistance has also been administered to women through the Urgent Reparations Programme established by the CAVR. However, women have encountered obstacles in accessing these benefits, which include difficulties accessing information about the work of the CAVR as well as the cultural belief that men already represented families’ experiences of the conflict. These difficulties also partially reflect the overall logistical problems of providing emergency assistance for those most in need, as they often live in rural and remote areas and are not easily identified.[[378]](#footnote-378) To offset this, the CAVR tried to ensure that more women than men were invited to its healing workshops organized as part of the Reparations Programme, where they received monetary assistance. It also enlisted the help of two women’s NGOs to deliver services to groups of women in an attempt to address the gender imbalance.[[379]](#footnote-379) The issue of reparations for women will be further explored in the section on ‘Women in the Conflict.’

**Equal Access to Financial Credit**

*Women’s lack of access to credit facilities*

In principle, and in accordance with the guarantees of non-discrimination as asserted in the Constitution, access to credit should be made available without discrimination. However, the lack of access of women to credit has been identified as a major issue at the Regional Women’s Congresses and the Government through the NDP[[380]](#footnote-380) recognizes the need to improve such services for women.

At the outset, there are few formal credit facilities which provide assistance to the micro and small enterprise sector in Timor-Leste. The successes of small loan schemes have been mixed and whether women and those living in rural areas receive credit depends very much upon the respective institution. An ADB survey carried out shortly after the end of Indonesian occupation found that 56% of the respondents, of whom two-thirds were women, had no access to credit. In order to obtain credit, women had to prove they were in a public sector job, had a husband in such a job, provide reference letters and fill out application forms. Their husband’s signature was also required in the applications in order for women to obtain loans.[[381]](#footnote-381) A current additional requirement is that all women and men must provide a health certificate from their doctor to state that they are in good health and can pay back a loan.

A UNDP/ILO survey carried out in 2001 stated that only 6% of entrepreneurs interviewed had received a loan of any kind. Many of these enterprise owners stated that the lending interest rate was too high and loans tended to be given to a very narrow set of activities.[[382]](#footnote-382)

At the time of writing, there are only three foreign banks operating in the country[[383]](#footnote-383) all of which are located in the capital. All provide some form of credit lines; however, they tend to target what they consider productive activities and for the most part ignore activities in the informal sector. One bank provides loans only if the borrower deposits an amount equal to the sum on loan.[[384]](#footnote-384) This is a major barrier to many women as most do not have the necessary collateral to obtain the loan in the first instance. One bank though does provide credit to women in their own right for small businesses based in Dili and has noted that, on the whole, women are less likely to default on repayments.

To date, the largest scheme for small enterprise programmes in Timor-Leste has been the World Bank Small Enterprise Project (SEP). A positive aspect of this project has been the creation of 1,326 jobs; however 72% of these positions were filled by men.[[385]](#footnote-385)

The results of this project also indicate a trend to fund male-dominated activities. Two-fifths of total loans have been granted to transport services and one in four loans given to operations in Dili. The majority of the remainder of the loans have gone towards purchasing taxis, mini-buses, shops, carpentry and repairs workshops and coffee processing. A recent market survey into community business opportunities in Timor-Leste carried out by the MLCR in 2005 confirms a clear gender divide in enterprise ideas. Women look to commercially develop traditional skills of cooking, sewing and handicraft production whilst men’s ideas for potential businesses tend to focus on mechanical and technological skills.[[386]](#footnote-386) Of the 335 loans dispersed as part of the SEP, only 16% of loans were awarded to business women.[[387]](#footnote-387)

Another difficulty of loan schemes such as the SEP is that they are not intended for micro-enterprises in the informal sector, where the majority of Timorese women work. These smaller schemes usually require loans of between USD 50‑100. Some donor-funded micro-credit programmes do exist to fill this gap and are implemented by NGOs. Whilst there have been attempts made to both coordinate and regularize these programmes, further evaluation of these projects needs to be carried out.[[388]](#footnote-388)

*Measures to provide credit facilities*

The Asian Development Bank (ADB) is currently implementing a Micro-Finance Development Project which seeks to:

* Develop the policy and strategic framework that will be conducive to, and supportive of, the development of micro-finance institutions (MFI’s);
* Develop appropriate local capacity to set up proven models of effective MFI’s;
* Rehabilitate and expand the operations of credit unions (CU) that existed in the country prior to the 1999 conflict;[[389]](#footnote-389)
* Establish a micro-finance bank, managed and operated entirely by national staff.

Acknowledging the barriers that women face in obtaining formal credit, the ADB aims to provide micro-enterprise programmes that make access to credit easier for women by offering loans at affordable rates and quickly. Women are assisted in completing the necessary paperwork while social pressure and the incentive of future loans are methods used to ensure repayment.[[390]](#footnote-390) Under the STAGE Project, to date, approximately 5000 women in several districts have benefited from micro-credit programmes.[[391]](#footnote-391)

**Participation in Recreational Activities, Sports and Cultural Life**

As already outlined in the sections on education in this report, the Government has made it a priority to include sports education in the school curriculum as part of overall efforts to raise the profile of sport in Timor-Leste. Many of the challenges against successful introduction in schools such as limited technical capacity and insufficient equipment apply equally to local sports centres targeting the wider community.

In accordance with the provisions of the Constitution, every citizen has the right to cultural enjoyment and creativity.[[392]](#footnote-392) Timorese women regularly showcase their talents at local art exhibitions and are active in dance and theatre groups, such as the ‘Kuda Talin’ group, often performing pieces specifically relating to the situation of Timorese women. A popular expression of Timorese culture is traditional dance and song, which is performed by women and young girls and regularly broadcast on local television.

At present, little data exists regarding the diversity of Timorese culture, including the production of its many handicrafts. Given the lack of traditional teachers, predominantly female, who can pass on skills such as tais weaving, this knowledge is in danger of being lost to future generations. Other popular cultural activities such as cockfighting are almost exclusively male; nonetheless, they can have a detrimental impact on the lives of women. In the CEDAW consultations, this activity has been associated with gambling and alcohol consumption, which can have negative consequences for the family and women in particular. Vital income for food, education and healthcare is lost and family members adversely affected by alcohol-related violence.[[393]](#footnote-393)

***Art. 14 CEDAW: Rural Women***

**Rural Women in the Population**

As noted in the CCD, men outnumber women in Timor-Leste and this ratio is greater in rural areas. The figures also vary quite considerably between districts.[[394]](#footnote-394) According to the 2004 Census, just under three-quarters of the total population live in rural areas and women account for 49.7% of the total rural population.

*Migration patterns of rural women*

This pattern is due to migration, where mainly young men, who have greater mobility, are moving between districts and coming to the capital. Those migrating have tended to have received some schooling.[[395]](#footnote-395) Research has suggested 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, attracting people to the capital.[[396]](#footnote-396) If ease of mobility and access to education are factors influencing migration from the districts, then rural women may be less likely to travel to urban centres with the same frequency as men.

*Female Headed Households in Rural Areas*

As already noted in this report, 19% of all private households are headed by women; however, a large proportion of these are headed by older women. For example, 42% of household heads over 64 years of age are female. In rural areas, 19.2% of all private households are headed by women as compared to 17.9% in urban areas.[[397]](#footnote-397) This percentage varies quite considerably by district, with 12.8% of female headed households per private households in Manufahi as compared with 31.7% in Manatuto.[[398]](#footnote-398)

Female headed households have been identified among the most vulnerable population. As these households’ main occupation is agriculture, without joint support and a lack of local waged labour, it is very difficult for women to manage their work by themselves.[[399]](#footnote-399)

**Rural Women and Unpaid Labour**

As already described in the section on ‘Equality in Employment’, women play a significant role in the informal economy and in the survival of their families. In rural areas, just less than 90% of all female employment is in the agricultural sector.[[400]](#footnote-400) In accordance with CEDAW General Recommendation No. 16, the Government can report that 70% of women in agriculture compared with 46% of women in non-agriculture do not receive payment for their services; however these figures must be put in context in a society heavily dependent on subsistence farming. Of those women who do receive a cash income, 1% work in agriculture and 25% outside this sector.[[401]](#footnote-401) Most of women’s unpaid labour in the agriculture sector is family labour.

Most women working in the agricultural sector work part time.[[402]](#footnote-402) Only 9% of women in agriculture worked all year round, the majority of whom (86%) are seasonal workers.[[403]](#footnote-403) No information on men’s occupation was collected in the DHS survey for the purposes of comparison.

**Rural Women’s Access to Social Services**

The problems facing rural women in relation to access to health care, training and education and credit have been described throughout this report. As noted, they are less likely to receive ante-natal and emergency obstetric care than women in urban areas. Infant mortality rates are especially high in western districts. They are also less likely to discuss matters relating to family planning with their husbands than urban women and a low level of knowledge about sexual health in general increases their vulnerability to STIs and HIV/AIDS.

Rural women are likely to have low levels of education and have limited access to secondary schools and tertiary institutions. High levels of illiteracy are prevalent among this group and poverty, cultural biases as well as a lack of transport effectively precludes their attendance at school. Women receive less food than men; they usually eat last and only one meal per day.[[404]](#footnote-404) The highest levels of chronic energy deficiency (CED) has been found among women aged 45-49 years, from poor households, with no education and those from the rural west, rural central and highland regions.[[405]](#footnote-405)

The lack of employment and income-generating activities leaves rural women and especially widows in an extremely vulnerable position. Having no other option to support their families, they can very easily turn to commercial sex activity and seek underage marriages for their female children.[[406]](#footnote-406) Despite continuing efforts by support services and taking into consideration CEDAW General Recommendation No. 19 to ensure that special services are provided to isolated communities, there is less access to emergency medical and counseling services in rural than urban areas for victims of domestic violence, sexual assault and child abuse. Only 11% referrals to the Victim Support Services of JSMP in the period January – June 2006 came from the districts.[[407]](#footnote-407) The high incidence of reported cases of gender-based violence as a whole in Dili district as compared to all districts may also be due to better access to police in urban than rural areas.

As noted in the section on ‘Economic and Social Benefits’, obtaining credit is a problem for women in Timor-Leste; however, it is also a problem for the rural sector generally. It is estimated that half of farmers borrow from traders and a further 14% from relatives and friends.[[408]](#footnote-408) The remainder have no access to any form of credit. At the time of writing, the Ministry of Development and Environment is examining the possibility of introducing co-operative credit unions. Although the NDP explicitly identifies increased women’s participation on rural councils,[[409]](#footnote-409) the reality is that women’s opinions are not sought on matters affecting their communities nor their participation encouraged, despite their playing a vibrant role in community activities. To date, rural women have had little say in the design and implementation of policies and programmes affecting them.

**Government Response**

Government attempts to address some of the problems outlined above have been described in various sections throughout this report. In its NDP, the Government recognizes the need to improve the quality and quantity of social services in rural areas, with a special focus on the poor, women and other vulnerable groups.[[410]](#footnote-410)

In particular, the Government is attempting to address the needs of rural women in its policies in the agricultural sector; however, at the time of writing, it acknowledges that these are statements of intent and concrete programmes and projects have yet to be developed.

## The Government intends that agriculture and livestock programmes will be aimed directly at food security and poverty reduction for all rural households. The proposed programmes will include particular activities that address household labour productivity, food production and nutrition and it is expected that these will have direct benefits for women and children. Attention will also be given to the particular needs and time constraints faced by women and female-headed households.[[411]](#footnote-411)

## Under the Food Security Programme, the special needs of women and disadvantaged groups will be mainstreamed, particularly in the attention to food supply, quality and preparation, home gardens and small animals and food wastage and storage. New education programmes in agriculture will be introduced in the Maliana, Natabora and Fuiloro Agriculture Vocational Schools, which will be of benefit to rural women.[[412]](#footnote-412)

The Government is also proposing gender training for the predominately male staff at the Ministry of Agriculture, Forestry and Fisheries to ensure that women are fully engaged in the new food security, service delivery, and commercial agriculture programmes. Techniques such as separate group activities for women, technologies targeted at women’s interests and needs, and extension methods that accommodate low literacy and numeracy levels will be employed.[[413]](#footnote-413) However, it is recognized that, at present, there is few staff to cover many districts and this may be a factor hindering effective implementations of plans.

In the forestry sector, the Government recognizes the need to involve women in traditional resource management processes[[414]](#footnote-414) though at the time of writing, no details of specific programmes can be provided. Further information on individual programmes can be included in the First Periodic Report.

In relation to the fishing sector, women participate in the processing and distribution of catches, although in Timor-Leste the catching sector is male dominated. As the offshore fishing resource is yet to be utilised, there is not yet any on-shore processing as seen in other well established fisheries in other regions. Once processing starts, attention must be paid to providing equal access to male and female employees at all levels. With the advent of community-based management concepts, it is well accepted that gender plays an important role, as some non-canoe based fishing (reef gleaning) is undertaken by female and children in many areas. It is envisaged that the proposed focus on community-based management projects will specifically address gender issues.[[415]](#footnote-415) Again further information on developments in this sector can be provided in the First Periodic Report.

**Living Conditions of Rural Women**

As already described in the CCD, access to safe water, sanitation, adequate housing and electricity supply is very low in rural areas, which greatly impacts on the lives of women in these areas. Access to roads and communications is another major constraint facing rural women, with disruption to both road systems and communication, particularly in the higher mountain areas, and particularly during seasonal wet periods. Infrequent transportation has a negative impact on productivity; it hinders access to health facilities, schools, markets and information. To date, programmes aimed at improving infrastructure and services have been executed largely with the intent of improving the lives of whole community and have not included a gender-specific component.[[416]](#footnote-416)

*Water and Sanitation*

Participants at the Regional Women’s Congresses identified clean water and sanitation as a major health and economic issue linked to their social roles as women. Gender-specific research carried out in this area has indicated that although Timorese women have a specific responsibility to collect water and oversee its use in their homes, they are not considered to be knowledgeable on water, nor is their knowledge considered necessary. In some rural areas, women have been excluded from decision-making on issues such as location of tap stands or wells as this was viewed as too technical. [[417]](#footnote-417) Women have reported that they did not know there was a water management group in their community or that they had to pay a water tariff.[[418]](#footnote-418)

Clearly women are spending more time on water supply and sanitation activities thus decreasing time available for income generating activities or their own leisure time. Young girls who collect water early in the morning are often tired when they arrive at school and some do not attend at all.

**Women and Land Rights**

*Legislative Framework*

Land and property ownership is a major issue in Timor-Leste due to the large numbers of properties that are currently untitled. A history of land dispossession from Portuguese times through to Indonesian occupation has resulted in a current batch of complicated competing land claims. There are four categories of land claimants which include disputes relating to titles issued under Portuguese and Indonesian rule, long-term occupation and underlying traditional interests.[[419]](#footnote-419)

Furthermore, while a legal framework for land and property ownership in Timor-Leste has been developed by the Directorate of Land and Property (DNTP), which is part of the Ministry of Justice and supported by the USAID-ARD Land Law Programme, many of these draft laws have yet to be promulgated.

Law No. 1/2003 on the ‘Judicial Regime for Real Estate: Ownership’ and the ‘Law and State Property Administration/Leasing on State Property’ are currently in force. However, the Law on ‘Leasing between Private Individuals’ has been passed by the Parliament but has yet to be promulgated. Finally, the laws on ‘Land Dispute Mediation’ and ‘Property System, Transfer, Registration, Pre-Existing Rights and Title Restitution’ have, at the time of writing, yet to be presented before the Council of Ministers.[[420]](#footnote-420)

It is estimated that there are approximately 200,000 land parcels in Timor-Leste, of which one quarter have been formally registered. Most of these were registered in Indonesian times and therefore it is not surprising that of the 10,000 claims made on land since independence, 90% of these have been filed by Indonesian citizens.[[421]](#footnote-421) Very few land and property disputes have been registered with courts in the districts; the majority have been received by Dili District Court constituting just under 30% of all civil cases received by this court. In many of these cases, no final decision has been reached, principally due to the many problems besetting the justice system described elsewhere in this report.[[422]](#footnote-422) To date there has been no analysis conducted on the types of ownership disputes in urban and rural areas being received by the courts. Data on the number of cases filed by women and the results of these cases is unavailable.

The majority of land disputes, which are the most common legal disputes faced by people in Timor-Leste, are settled out of court via mediation. The DNTP assumes a supervisory and administrative role in relation to disputes over public and private property and has special powers under the Law on ‘Judicial Regime for Real Estate Ownership’ to settle these using mediation. The DNTP regularly involves traditional leaders in mediation on disputes over land in the districts. Almost three-quarters of Timorese feel that the *adat* process is the best way to pursue a remedy if discussions on land issues between disputing parties fail. Working women are amongst the group (wealthier, more educated from urban areas) who are in favour of legal resolution through the courts.[[423]](#footnote-423)

The DNTP also provides training to traditional leaders and the community on mediation.[[424]](#footnote-424) There has been no research carried out to determine whether traditional dispute resolution mechanisms are suitable for resolving the different types of land disputes. It has been noted that traditional leaders have been allocating land in local communities in a certain ‘de facto’ manner.[[425]](#footnote-425)

*Women’s enjoyment of land*

The current lack of clarity on land and property issues in Timor-Leste creates obstacles to rural and economic development and especially affects women’s economic prospects. Land is the main asset in Timorese households and without any title to land, farmers are reluctant to make a long-term investment.

This is particularly so for female farmers who have been left with even greater insecurity in access to land. Women farmers, particularly those who have returned to Timor-Leste after 1999 as heads of households have been faced with changes in village boundaries, and the relocation of community hamlets or re-settlements to ancestral lands. They are also mindful of their insecure land ownership and user rights. Although Art. 54 (1) of the Timorese Constitution acknowledges private rights to possession of property for ‘every individual’ and can ‘transfer it during his or her lifetime or on death’, as noted in the CCD, ‘ownership’ of land customarily passes down the male line, with the exception of matrilineal systems.

In a survey carried out by the Timor-Leste Land Law Programme (LLP) in 2004, with respect to inheritance rights of an unmarried woman after her parents die, in matrilineal systems, respondent replied that she will normally inherit the land with male siblings; in patrilineal families, over 30% stated that she will mostly likely inherit some land, but her rights in the land will pass to her brothers if she marries. In some patrilineal families (just under a quarter of all cases) she will not inherit at all, and either must live on land owned by her brothers or her family may decide to give her some land.[[426]](#footnote-426)

Regarding the types of land transactions in which a woman can engage depends again on whether she is from a matrilineal or patrilineal family. In matrilineal families, it was found that a woman can buy, sell or lease urban or suco land; however, by contrast the vast majority of respondents in the survey from patrilineal homes (approximately 80%) indicated that women may not be involved in any land transactions.[[427]](#footnote-427)

There has been little discussion surrounding East Timorese women’s land rights within the current national land debate. Women in the regional CEDAW consultations have emphatically stated that traditional land laws deny them their rights to own land and other resources[[428]](#footnote-428) thereby reinforcing their marginalization in a post-independence economy. This lack of formal recognition of land rights was also raised by delegates at the Regional Women’s Congresses in both 2000 and 2004. The LLP survey found that at least half of all women from both matrilineal and patrilineal lines aspired to a greater access of land-related options than those presently open to them with a higher percentage (60%) of those surveyed from patrilineal families indicating the same.[[429]](#footnote-429)

***Art. 15 CEDAW: Equality before the Law and in Civil Matters***

**Equality before the Law**

As noted in the CCD, Art. 17 of the Timorese Constitution states that ‘Women and men shall have the same rights and duties in all areas of family, political, economic, social and cultural life’. Despite this provision, women’s participation in both the traditional and formal justice sectors is limited and often superficial.

As noted earlier in this report, women have little or no knowledge of or access to their basic legal rights or formal legal mechanisms. In customary law, women can exercise little or no real legal capacity. The Survey of Citizen Knowledge on Law and Justice in Timor-Leste carried out by the Asia Foundation in 2003 is one of the primary sources on the use of traditional systems of justice. Unfortunately, although it includes a special section on Women and the Law and included 49 % females in the survey sample, most of the results are not disaggregated by sex. Thus, detailed analysis of differences between women and men in both uses of and attitudes toward traditional justice mechanisms is quite limited. However, the findings of the report do indicate that the majority of Timorese support gender equality within the law, in particular for women to enjoy greater land rights and to speak out in traditional ‘adat’ processes.[[430]](#footnote-430)

The majority of cases in which women come into contact with the formal justice system are cases involving physical and sexual assault and their treatment before the courts has already been outlined in the section on ‘Anti-Discrimination Measures: Gender Based Violence’ (Art. 2). In both the traditional and formal justice mechanisms, decisions handed down tend to reflect the cultural beliefs and biases of the respective justice administrator and society’s views of women as a whole. International standards in relation to women’s rights are not given adequate consideration in local justice proceedings and cases are not resolved in an expedient manner.[[431]](#footnote-431)

This said, however, in March 2006, in the case of attempted rape of a minor, a defendant at Dili District Court was given a sentence of two and a half years, which compares favourably with other sentences handed down for crimes of sexual violence. Both aggravating and mitigating circumstances were taken into consideration by the presiding judge and the case was dealt with in a timely fashion. To an extent, this represents an improvement for women victims seeking justice for gender-based violence offences.

**Equality in Civil Matters**

At the time of writing, the Timorese Civil Code is being finalized and the content of the Code has not been made public.

In relation to freedom to choose residence, Article 21 of the Indonesian Civil Code, the current applicable law, states that a ‘married woman who is not separated by bed and board, shall not have any residence other than that of her husband.’ She is also obliged to follow him, ‘wherever he deems fit to reside’[[432]](#footnote-432) and cannot, without his written consent, ‘give away, dispose of, encumber or acquire’ the property in which they are living.[[433]](#footnote-433) In practice, marriage does affect where a woman can live; normally she moves to her husband’s property to live with his family unless she is from a matrilineal line, in which case, she enjoys the right to live on her own family’s property. In the event of divorce or separation, a woman must often return to her family’s home.

Also, as noted throughout this report, women enjoy limited ability to engage in employment, business or other contractual dealings. Under current applicable law, a woman’s personal assets are to be managed by her husband, unless otherwise stipulated.[[434]](#footnote-434) A woman may request, in the course of marriage, for a division of assets if her husband has been acting improperly or mismanaging his affairs.[[435]](#footnote-435)

Under current law, a woman may not appear in court without the assistance of her husband[[436]](#footnote-436), except for when she is being prosecuted in a criminal case[[437]](#footnote-437) or applying for a divorce or legal separation, or separation of assets.[[438]](#footnote-438)

In the National Development Plan, it is acknowledged that further work needs to be done to ensure the protection of women’s fundamental rights and to address the social and cultural obstacles that favour men’s access to opportunities.[[439]](#footnote-439) At the Regional Women’s Conferences in 2004, emphasis was put on justice and governance as priority areas for women’s empowerment.

**Additional Section: Women in the Conflict**

Recognising the contribution of Timorese women during periods of occupation and considering the importance of Security Council Resolution 1325 (2000) as a crucial step forward in the achievement of women’s empowerment for peace and security, an additional section on ‘Women in the Conflict’ is included in this Initial State Party Report to CEDAW.

Years of occupation have had a devastating effect on the lives of ordinary Timorese. Although violence had occurred before the invasion of the Indonesian security forces in 1974, investigations by the CAVR covering the subsequent twenty-five year period found evidence of systematic violence, abuse, extra-judicial killings, detention and torture.[[440]](#footnote-440)

Women and men experienced the conflict in different ways. Men were viewed as political opponents, specifically targeted by the Indonesian military and were detained, tortured and killed. Women too, in smaller numbers, suffered gross human rights violations such as the right to life, security of person, a family life, torture and inhumane and degrading treatment; however, they were the principal victims of sexual violence, accounting for two out of every three persons reporting this crime to the CAVR. They were also the sole victims of rape and sexual slavery, the two most frequently reported forms of sexual violence.[[441]](#footnote-441)

The conflict exacted a heavy price on Timorese women, for when male members of their families were injured, killed or disappeared, it was the women who became solely responsible for their families survival and protection, with little means of supporting themselves and became increasingly susceptible to further abuse by others. Violence suffered at the hands of security forces often lead to discrimination and ostracization by their own community who viewed them as ‘fallen’ women.

*Reasons for Targeting Women*

The results from the CAVR hearings found that women and girls who suffered sexual abuse and other forms of violence at the hands of the Indonesian military were targeted for several reasons, such as direct involvement in the resistance movement, as combatants, members of the OMPT or providers of food and medicine for resistance fighters. A separate group of women were also targeted because of their relationships with resistance fighters or belonged to communities which were suspected of harbouring or sympathizing with the resistance. Women and young girls from this particular group were often detained, tortured and sexually abused. Two notable cases included the burning of the village of Mauchiga, Ainaro District in 1982 by the Indonesian military and the massacre in Kraras in Viqueque in 1983. A further third group of women were targeted as they were simply part of large-scale military operations that singled out civilian populations.

*Reproductive Health Abuses*

In another example of the gendered experience of the conflict, Timorese women suffered violations of their reproductive rights.[[442]](#footnote-442) As noted earlier in this report, although the Indonesian Family Planning Programme caused widespread fear among the population and prevented women and young girls from attending health clinics and schools, a very small number of these cases were eventually reported to the CAVR. This may be due the fact that the programme was largely unsuccessful in its aims or that those who gave testimony at the CAVR hearings did not realize that their human rights were being violated through this programme.

Six cases of alleged abuses of reproductive health rights were reported to the CAVR, where women were either directly or indirectly forced to use birth control, as were three cases where pregnant women were tortured or subsequently miscarried and two further cases where those individuals holding women in a type of sexual slavery forced them to have an abortion. The CAVR was eventually unable to substantiate allegations of forced sterilization during the conflict.[[443]](#footnote-443)

*Women and the Serious Crimes Court*

As noted in the CCD, the mandate of Serious Crimes Unit of the Special Court finished in May 2005. Unlike the Special Crimes Panel, it had sole jurisdiction to investigate and prosecute international crimes, rape and murder. At the time of its closure, a number of the arrest warrants were and still remain outstanding. Despite the fact that local women’s NGOs presented information on gender-based crimes to investigators, only a small number of crimes involving sexual violence against women were investigated. This may partially have been due to the fact that some women did not wish to bring their cases forward to the Court.

The result of this is that many Timorese women feel that justice in their cases has not been delivered. While there has been some recognition of their role and sacrifice during years of occupation, partially through their testimony at the CAVR hearings, many of the perpetrators of the crimes remain free, outside the jurisdiction of courts.

*Women and Reparations Programmes*

A number of healing workshops, conducted by the CAVR with the aid of Fokupers, a local women’s NGO, have provided both a safe and supportive environment for women to speak about and heal from their past traumatic experiences as well as to identify important needs. Both men and women participated in these workshops.

By the end of its operations, the CAVR had provided reparations, in the form of cash grants, for 516 men and 196 women. Some of these men and women also benefited from home visits and follow-up care from local NGOs. However, some women had difficulty though in accessing the reparations programme, mainly due to the cultural belief that men already represented families’ experiences of the conflict.[[444]](#footnote-444)

Women’s organizations have called for a wider reparations programme, developed in full consultations with women. The following groups should be included as beneficiaries: women veterans, widows, survivors of sexual violence and torture and single mothers. As noted in the CCD, the Government of Timor-Leste has implemented the RESPECT programme, to fund livelihood and employment activities for vulnerable groups in society such as veterans, widows and young people. However, it is recognised that, in the past, the role of women in the design of reparations programmes has been limited. One of the difficulties of implementing such programmes is reaching out to women survivors. Only a small percentage of women participated in the CAVR’s statement-taking process and ways in which to further engage these women need to be developed.

1. Following submission of the reports to the Secretary General and relevant treaty body, a list of further questions is usually delivered to the State party for response and a date for formal consideration of the reports is established. It is recommended that a delegation of ministers and/or senior level officials attend the formal presentation to respond to specific questions or issues during this presentation. [↑](#footnote-ref-1)
2. International Covenant on Civil and Political Rights (ICCPR);

 International Covenant on Economic, Social and Cultural Rights (CESCR);

 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT);

 Convention on the Elimination of Racial Discrimination (CERD);

 Convention on the Elimination of Discrimination Against Women (CEDAW);

 Convention on the Rights of the Child (CRC); and

 Convention on the Rights of Migrant Workers and their Families (CMW). [↑](#footnote-ref-2)
3. This issue will be discussed in more details in CEDAW Treaty Specific Document. [↑](#footnote-ref-3)
4. IRC Report 2003 in which women interviewed stated that ‘*barlake*’ had been paid; only 9% said it had a negative influence. [↑](#footnote-ref-4)
5. IRC Study ‘Prevalence of Gender Based Violence in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-5)
6. IRC Pilot Study on GBV in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-6)
7. ‘Summario Statistika’, (UNFPA) (10 November 2005). Figures from National Vulnerable Persons Unit. [↑](#footnote-ref-7)
8. JSMP, ‘Overview of Timor-Leste Justice 2005’ (January 2006), p. 22. [↑](#footnote-ref-8)
9. K. Robertson/PRADET, ‘Case Study on Gender-Violence in Timor-Leste’ (UNFPA, 2005), p. 9. [↑](#footnote-ref-9)
10. See separate section (Art 6) in the CEDAW treaty specific document. [↑](#footnote-ref-10)
11. The nature of women’s experiences during the Indonesian conflict will be examined in greater depth in a separate section also in the CEDAW treaty specific document entitled ‘Women in the Conflict’. [↑](#footnote-ref-11)
12. IRC Study ‘Prevalence of Gender Based Violence in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-12)
13. IRC Pilot Study on GBV in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-13)
14. IRC Study ‘Prevalence of Gender Based Violence in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-14)
15. Ibid. [↑](#footnote-ref-15)
16. IRC Study, ‘A Determination of the Prevalence of Gender Based Violence Among Conflict-Affected Populations in East Timor: A Pilot Study’ (2003) cited in Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-16)
17. Cited in K. Robertson/PRADET, ‘Case Study on Gender-Violence in Timor-Leste’ (UNFPA, 2005), p. 10 [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. IRC Study ‘Prevalence of Gender Based Violence in East Timor (2003), cited in ‘Traditional Justice and Gender Based Violence’ (IRC 2003), p. 13. [↑](#footnote-ref-19)
20. Ibid. [↑](#footnote-ref-20)
21. Consultation on the Domestic Violence Legislation: Ainaro Consultation Report (14-15 May 2003). Prepared by Oxfam and cited in OPE’s ‘Bobonaro District Consultation Report (21-22 May 2003). [↑](#footnote-ref-21)
22. Ibid. [↑](#footnote-ref-22)
23. Ministry of Health, ‘National Reproductive Health Strategy’ (2004-2015), ps. 28-29. [↑](#footnote-ref-23)
24. IRC Study (2002), cited in K. Robertson/PRADET, ‘Case Study on Gender-Violence in Timor- Leste’ (UNFPA, 2005), p. 12. [↑](#footnote-ref-24)
25. UNTAET Regulation 25/2001 on Amendment of Regulations 2000/11 (Organization of the Courts) and 2000/30 (Transitional Rules of Criminal Procedure) (14 September 2001). [↑](#footnote-ref-25)
26. Art. 3 of the Draft Law Against Domestic Violence. [↑](#footnote-ref-26)
27. Ibid., Art. 4. [↑](#footnote-ref-27)
28. Ibid., Art. 27. [↑](#footnote-ref-28)
29. National Vulnerable Persons Unit Statistics. [↑](#footnote-ref-29)
30. JSMP, ‘Statistics on Cases of Violence Against Women in Timor-Leste’ (February 2005), p. 7. [↑](#footnote-ref-30)
31. Ibid. [↑](#footnote-ref-31)
32. K. Robertson/PRADET, ‘Case Study on Gender-Violence in Timor-Leste’ (UNFPA, 2005), p. 46. [↑](#footnote-ref-32)
33. ‘Summario Statistika’, (UNFPA) (10 November 2005). Figures from National Vulnerable Persons Unit. [↑](#footnote-ref-33)
34. Ministry of Health, Guido Valadares National Hospital, Department of Statistics and Information. [↑](#footnote-ref-34)
35. JSMP, ‘Overview of Timor-Leste Justice 2005’ (January 2006), p. 22. [↑](#footnote-ref-35)
36. Statistics from Fokupers (2000-2005). [↑](#footnote-ref-36)
37. Statistics from PRADET Fatin ‘Hatmatek’ Programme (2004). [↑](#footnote-ref-37)
38. Statistics from the Office of the Prosecutor-General (January 2006). [↑](#footnote-ref-38)
39. JSMP, ‘Statistics on Cases of Violence Against Women in Timor-Leste’ (February 2005), p. 8 [↑](#footnote-ref-39)
40. Ibid. [↑](#footnote-ref-40)
41. Ibid. [↑](#footnote-ref-41)
42. JSMP, ‘The Law of Gender-Based Violence in Timor-Leste: April – November 2005’ (February, 2006), ps. 31-32. [↑](#footnote-ref-42)
43. Ibid., ps. 29, 31. [↑](#footnote-ref-43)
44. Ibid., p. 28. [↑](#footnote-ref-44)
45. Ibid., p. 29. [↑](#footnote-ref-45)
46. Ibid. [↑](#footnote-ref-46)
47. Ibid. [↑](#footnote-ref-47)
48. Ibid., p. 31. [↑](#footnote-ref-48)
49. Prime Minister’s Message on the launching of the 16 Days Campaign Against Gender Violence (November 2005). [↑](#footnote-ref-49)
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268. Data on civil servants in Ministries (Ministry of State Administration, 2006). [↑](#footnote-ref-268)
269. O’ Keefe,’ Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making’ (Ireland Aid, 2002) p. 73. [↑](#footnote-ref-269)
270. Data on civil servants in Ministries (Ministry of State Administration, 2006). [↑](#footnote-ref-270)
271. Art. 8 (3) of the Civil Service Law No. 8/2004. [↑](#footnote-ref-271)
272. O’ Keefe,’ Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making’ (Ireland Aid, 2002), p. 75. [↑](#footnote-ref-272)
273. Timor-Leste: Human Development Report (2006), p. 16. [↑](#footnote-ref-273)
274. Country Gender Assessment: Timor-Leste (UNIFEM, ADB 2005), p. 23. [↑](#footnote-ref-274)
275. Art. 49 (n). [↑](#footnote-ref-275)
276. Interviews with representatives of Serikat Buruh Sosialist Timor-Leste (SBSTL) and KSTL (January 2006). [↑](#footnote-ref-276)
277. Sections 13.8, 13.9, 13.10 and Section 15.2 of the draft Labour Code provides both men and women should be entitled to sick leave with full remuneration. [↑](#footnote-ref-277)
278. Section 22.4 of draft Labour Code. [↑](#footnote-ref-278)
279. Interview with SBSTL (January 2006). [↑](#footnote-ref-279)
280. Interview with SBSTL and KSTL (January 2006). [↑](#footnote-ref-280)
281. Results from the Regional CEDAW Treaty Reporting Workshops. [↑](#footnote-ref-281)
282. Community Business Opportunities, Market Survey (Vol. 1), (MLCR, ILO, EC, UNDP, 2005), p. 5. [↑](#footnote-ref-282)
283. Sections 11.15-11.16 of UNTAET Regulation 2002/5 and Sections 16.7 and 16.8 of the draft Labour Code. [↑](#footnote-ref-283)
284. Art. 57 (1) of the Civil Servants Law. [↑](#footnote-ref-284)
285. Ibid., Art. 57 (2). [↑](#footnote-ref-285)
286. Art. 115 of the Civil Service Law. [↑](#footnote-ref-286)
287. Interview with representative of SBSTL (January 2006). [↑](#footnote-ref-287)
288. Data from Labour Relations Office, MLCR (January 2006). [↑](#footnote-ref-288)
289. Interview with a representative of SBSTL (January 2006). [↑](#footnote-ref-289)
290. Section 2 of UNTAET Regulation No. 2002/5. [↑](#footnote-ref-290)
291. Annex to Art. 45 of the Civil Servants Law. [↑](#footnote-ref-291)
292. Section 20.1 of the draft Labour Code. [↑](#footnote-ref-292)
293. Interview with representative of the Division of Conciliation and Mediation, MLCR (January 2006). [↑](#footnote-ref-293)
294. Interview with a female PNTL Officer, recently resigned (unreported case). [↑](#footnote-ref-294)
295. Sections 14 and 29 of the UNTAET Regulation 2002/5. [↑](#footnote-ref-295)
296. Interview with a representative of SBSTL (January 2006) [↑](#footnote-ref-296)
297. Interview with a representatives of KSTL (January 2006). [↑](#footnote-ref-297)
298. Interview with representatives of SBSTL and KSTL (January 2006). [↑](#footnote-ref-298)
299. Art. 39 (4) RDTL Constitution. [↑](#footnote-ref-299)
300. Ibid. [↑](#footnote-ref-300)
301. Section 11.10 of UNTAET Regulation No. 2002/5. [↑](#footnote-ref-301)
302. Ibid. [↑](#footnote-ref-302)
303. Results from Regional CEDAW Treaty Reporting and Socialization Workshops (2005). [↑](#footnote-ref-303)
304. Section 24 of UNTAET Regulation No. 2002/5. [↑](#footnote-ref-304)
305. Art. 39 (4) RDTL Constitution. [↑](#footnote-ref-305)
306. Timor-Leste Census of Population and Housing: I Tables (2004). Note that although 14% of the population live in female-headed households, actual female-headed households constitute 19% of private households. [↑](#footnote-ref-306)
307. Interview with representatives of SBSTL (January 2006). [↑](#footnote-ref-307)
308. DHS (2003), p. 160. [↑](#footnote-ref-308)
309. Ibid., p. 147. [↑](#footnote-ref-309)
310. O’ Keefe,’ Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making’ (Ireland Aid, 2002) p. 49. [↑](#footnote-ref-310)
311. DHS (2003), p.160. [↑](#footnote-ref-311)
312. The DHS survey found that walking is the usual mode of transport to the first health care provider for 86% of households (2003), p. 21. [↑](#footnote-ref-312)
313. Ibid. [↑](#footnote-ref-313)
314. Ibid., ps. 140-142. [↑](#footnote-ref-314)
315. Timor-Leste: Sector Investment Program for Health Care, 2005, p. 11. [↑](#footnote-ref-315)
316. Although this was a common belief, the CAVR was unable to substantiate allegations of forced sterilization (CAVR Final Report), Chpt. 7.9 ‘Social Economic Rights.’ [↑](#footnote-ref-316)
317. Ibid., p. 24. [↑](#footnote-ref-317)
318. DHS (2003), p. 21. [↑](#footnote-ref-318)
319. Ibid., p. 160. [↑](#footnote-ref-319)
320. Timor-Leste Sector Investment Programme for Health Care (2006), p. 21. [↑](#footnote-ref-320)
321. DHS (2003), p. 63. [↑](#footnote-ref-321)
322. Timor-Leste Sector Investment Programme for Health Care (2006), p. 12. Note that the referral hospitals other than Baucau hospital (Oecussi, Maliana, Suai and Maubisse) are all located in the western districts of Timor-Leste. The topography of the country and larger capacity of Baucau hospital means that this distribution provides reasonable access to referral services. [↑](#footnote-ref-322)
323. Timor-Leste Sector Investment Programme for Health Care (2006), ps. 11-12. [↑](#footnote-ref-323)
324. Results from the Regional CEDAW Treaty Reporting and Socialization Workshops (2005). [↑](#footnote-ref-324)
325. Report to Friends of Alola: Volume 2 Issue 3 (December 2005), p. 6. [↑](#footnote-ref-325)
326. Report to Friends of Alola: Volume 3 Issue 1 (April 2006), p. 3. [↑](#footnote-ref-326)
327. Timor-Leste Sector Investment Programme for Health Care (2006), ps. 12-13. [↑](#footnote-ref-327)
328. The Café Timor network has its origins in looking after the health care needs of cooperatives established by workers in the coffee industry. [↑](#footnote-ref-328)
329. Interview with a representative of Café Timor (March 2006). [↑](#footnote-ref-329)
330. Timor-Leste Sector Investment Programme for Health Care (2006), ps. 12-13. [↑](#footnote-ref-330)
331. DHS (2003), p. 147. [↑](#footnote-ref-331)
332. Ibid., ps. 141-142. Note that most ante-natal care is provided by midwives. [↑](#footnote-ref-332)
333. Ibid., p. 145. [↑](#footnote-ref-333)
334. Ibid., p. 63. [↑](#footnote-ref-334)
335. Ibid., p. 147. [↑](#footnote-ref-335)
336. Ibid., p. 151. [↑](#footnote-ref-336)
337. Ibid., p. 63. [↑](#footnote-ref-337)
338. Ministry of Health, National Nutrition Strategy (2004), p. 16. [↑](#footnote-ref-338)
339. DHS (2003), p. 196. [↑](#footnote-ref-339)
340. Fistula Needs Assessment: A Preliminary Report (Ministry of Health, UNFPA) (2006). [↑](#footnote-ref-340)
341. DHS (2003), p. 12. [↑](#footnote-ref-341)
342. Information from Ministry of Health. [↑](#footnote-ref-342)
343. DHS (2003), p. 158. [↑](#footnote-ref-343)
344. Ibid., p.240-241. [↑](#footnote-ref-344)
345. Results from the Regional Women’s Congresses (2004). [↑](#footnote-ref-345)
346. DHS (2003), ps. 60-61. [↑](#footnote-ref-346)
347. MICS (2002), p. xi. [↑](#footnote-ref-347)
348. DHS (2003)., p. 7. [↑](#footnote-ref-348)
349. Ibid., p. 121. [↑](#footnote-ref-349)
350. Ibid., p. 125. [↑](#footnote-ref-350)
351. Ibid., p. 122. [↑](#footnote-ref-351)
352. Ibid., p. 119. [↑](#footnote-ref-352)
353. Ibid., p. 120. [↑](#footnote-ref-353)
354. Ibid., ps. 78-80. [↑](#footnote-ref-354)
355. Note that it was also proposed to criminalize prostitution and this topic was also discussed in the forums. [↑](#footnote-ref-355)
356. Report to Friends of Alola: Volume 2 Issue 3 (December 2005), p. 10. [↑](#footnote-ref-356)
357. Art. 138 of the draft Penal Code. [↑](#footnote-ref-357)
358. Information from Ministry of Health. [↑](#footnote-ref-358)
359. O’ Keefe,’ Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making’ (Ireland Aid, 2002), p. 47. [↑](#footnote-ref-359)
360. The Ministry of Health reports that levels of post-traumatic stress in the population have decreased since 2000. See Ministry of Health, National Mental Health Strategy (2004), Annex, p. 2. [↑](#footnote-ref-360)
361. Ibid. [↑](#footnote-ref-361)
362. Ministry of Health, National Mental Health Strategy (2004) Annex, p. 1. [↑](#footnote-ref-362)
363. Ibid., p. 21. [↑](#footnote-ref-363)
364. Ibid., p. 24. [↑](#footnote-ref-364)
365. DHS (2003), p. 63. [↑](#footnote-ref-365)
366. Ibid. [↑](#footnote-ref-366)
367. Arts. 16 (2) and 21 RDTL Constitution. [↑](#footnote-ref-367)
368. Information from ASSERT (April 2006). [↑](#footnote-ref-368)
369. Country Paper on the Situation of the Rights of Persons with Disabilities, for the UNESCAP Expert Group Meeting and Seminar on an International Convention to Protect and Promote the Rights and Dignity of Persons with Disabilities (Bangkok, 2-4 June 2003), MLCR (2003). [↑](#footnote-ref-369)
370. DHS (2003), p. 227. [↑](#footnote-ref-370)
371. Migration Patterns Survey and HIV Vulnerability Assessment Mapping in Selected Districts of Timor-Leste (Abridged Report), (March 2006), p. 5. [↑](#footnote-ref-371)
372. Information from the Ministry of Health. [↑](#footnote-ref-372)
373. Migration Patterns Survey and HIV Vulnerability Assessment Mapping in Selected Districts of Timor-Leste (Abridged Report), (March 2006) ps. 35-36. [↑](#footnote-ref-373)
374. Art. 56 (2) RDTL Constitution. [↑](#footnote-ref-374)
375. Also in the public sector, Art. 49 of the Civil Service Law No. 8/2004 provides for equal entitlements such as family and daily allowances and medical care for civil servants and their dependent relatives. [↑](#footnote-ref-375)
376. Results of the Regional CEDAW Treaty Reporting Workshops (2005). [↑](#footnote-ref-376)
377. Interview with representative of the DNSS in the MLCR (January 2006). [↑](#footnote-ref-377)
378. Results from the Regional CEDAW Treaty Reporting Workshops (2005). [↑](#footnote-ref-378)
379. G. Wandita, K. Campbell-Nelson, M. Leong-Pereira, ‘Gender and Reparations in Timor-Leste’ in ‘R. Rubio Marín ed., ‘Engendering Reparations: Recognizing and Compensating Women Victims of Human Rights Violations’, forthcoming publication by ICTJ-Social Science Council (2006), p. 24. [↑](#footnote-ref-379)
380. Part 3, Art. 10.33 (b). [↑](#footnote-ref-380)
381. O’ Keefe, ‘Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making Process’ (Ireland Aid, 2002) p. 17. [↑](#footnote-ref-381)
382. Ibid., p. 78. [↑](#footnote-ref-382)
383. Bank Mandiri, Banco Nacional Ultramarino (BNU) and ANZ Bank. [↑](#footnote-ref-383)
384. O’ Keefe, ‘Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making Process’ (Ireland Aid, 2002) p. 79. [↑](#footnote-ref-384)
385. Ibid., ps. 79-80. [↑](#footnote-ref-385)
386. STAGE, ‘Community Business Opportunities: Market Survey Vol. 1’ (MLCR, ILO, EC, UNDP) (September 2005), p. 2. [↑](#footnote-ref-386)
387. O’ Keefe, ‘Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making Process’ (Ireland Aid, 2002), p. 79. [↑](#footnote-ref-387)
388. Country Gender Assessment: Timor-Leste (UNIFEM, ADB 2005), p. 25. [↑](#footnote-ref-388)
389. To date the project has not been able to fully implement its intention to rehabilitate local credit unions due to poor governance of the country’s Credit Union Federation. Instead, it is considering capacity building with local staff from the Institute of Micro-Finance of Timor-Leste (IMFTL) to implement a direct scheme for credit unions and promote branch-level transactions with them. See Timor-Leste Human Development Report (2006), p. 29. [↑](#footnote-ref-389)
390. C. O’Keefe, ‘Report on the Situation of Women in East Timor’ (Ireland Aid, 2002), p. 80. [↑](#footnote-ref-390)
391. Interview with representative of the DNSS in the MLCR (January 2006). [↑](#footnote-ref-391)
392. Art. 59 (5) RDTL Constitution. [↑](#footnote-ref-392)
393. Results of the Regional CEDAW Treaty Reporting Workshops (2005). [↑](#footnote-ref-393)
394. There is on average 103 males for every 100 females in the country. In rural areas, this ratio increases to 110 males for every 100 females. There are 115 males for every 100 females in Dili district in comparison to 96 males per 100 females in Lautem. See Timor-Leste Census of Population and Housing (2004). [↑](#footnote-ref-394)
395. Migration Patterns Survey and HIV Vulnerability Assessment Mapping in Selected Districts of Timor-Leste (UNAIDS, IOM) (2006), p. 5. [↑](#footnote-ref-395)
396. Ibid., p. 4. [↑](#footnote-ref-396)
397. Timor-Leste Census of Population and Housing (2004). [↑](#footnote-ref-397)
398. Ibid. [↑](#footnote-ref-398)
399. Food Insecurity and Vulnerability Analysis: Timor-Leste (WFP) (2005), p. 57. [↑](#footnote-ref-399)
400. Country Gender Assessment: Timor-Leste (UNIFEM, ADB 2005), p. 25 [↑](#footnote-ref-400)
401. DHS (2003), p. 53. [↑](#footnote-ref-401)
402. This is also true for women in the non-agricultural sector. [↑](#footnote-ref-402)
403. DHS (2003), p. 53. [↑](#footnote-ref-403)
404. Food Insecurity and Vulnerability Analysis: Timor-Leste (WFP) (2005), p. 52. [↑](#footnote-ref-404)
405. DHS (2003), Chapter 13. [↑](#footnote-ref-405)
406. Migration Patterns Survey and HIV Vulnerability Assessment Mapping in Selected Districts of Timor-Leste (UNAIDS, IOM) (2006) p. 35. [↑](#footnote-ref-406)
407. VSS JSMP Bi-Annual Report (2006), p. 4. [↑](#footnote-ref-407)
408. Timor-Leste Human Development Report (2006), p. 29. [↑](#footnote-ref-408)
409. NDP, Part 3, Art. 9.20 (b) on Gender Equality. [↑](#footnote-ref-409)
410. NDP, Part 3, Art. 10.37 (m). [↑](#footnote-ref-410)
411. Timor-Leste Agriculture, Forestry and Fisheries Sector Investment Programme (2006), ps. 19-20. [↑](#footnote-ref-411)
412. Ibid. [↑](#footnote-ref-412)
413. Ibid. [↑](#footnote-ref-413)
414. Ibid., ps. 30-31. [↑](#footnote-ref-414)
415. Ibid., p. 47. [↑](#footnote-ref-415)
416. Interview with representatives of Ministry of Transport, Communication and Public Works. [↑](#footnote-ref-416)
417. Report of Research Findings of Women’s Participation in the Australia-East Timor Community Water Supply and Sanitation Programme (CWSSP), p. 7. [↑](#footnote-ref-417)
418. Ibid., p. 13. [↑](#footnote-ref-418)
419. D. Fitzpatrick, ‘Property Rights in East Timor’s Reconstruction and Development’ in ‘East Timor: Development Policy Challenges for the World’s Newest Nation’, (eds) Hill and Saldanha; Australian National University, Canberra, p. 178. [↑](#footnote-ref-419)
420. Land Law Report (JSMP), 2005, ps. 5-6. [↑](#footnote-ref-420)
421. Ibid., p. 7. [↑](#footnote-ref-421)
422. Ibid., p. 12. [↑](#footnote-ref-422)
423. ‘Law and Justice in East Timor: A Survey of Citizen Awareness and Attitudes Regarding Law and Justice in East Timor’, p. 46. [↑](#footnote-ref-423)
424. Ibid., ps. 11-12. [↑](#footnote-ref-424)
425. O’ Keefe, ‘Women in Timor-Leste: Report on Women and Health, Education, Economic Capacity and Participation in the Decision Making Process’ (Ireland Aid, 2002), p. 82. [↑](#footnote-ref-425)
426. ‘A Legal Framework for Land Dispute Mediation’ (Timor-Leste Land Law Programme, National Centre for Scientific Investigation, DNTP Ministry of Justice), (2004), p. 37. [↑](#footnote-ref-426)
427. Ibid., p. 39. [↑](#footnote-ref-427)
428. Results from the Regional CEDAW Treaty Reporting and Socialization Workshops (2005). [↑](#footnote-ref-428)
429. ‘A Legal Framework for Land Dispute Mediation’ (Timor-Leste Land Law Programme, National Centre for Scientific Investigation, DNTP Ministry of Justice), (2004), p. 40. [↑](#footnote-ref-429)
430. ‘Law and Justice in East Timor: A Survey of Citizen Awareness Regarding Law and Justice in East Timor’ p. 7. [↑](#footnote-ref-430)
431. Country Gender Assessment: Timor-Leste (UNIFEM, ADB 2005), p. 50. [↑](#footnote-ref-431)
432. Art. 106 Indonesian Civil Code, Chpt. 5 Concerning the Rights and Obligations of the Spouses. [↑](#footnote-ref-432)
433. Ibid., Art. 108. [↑](#footnote-ref-433)
434. Ibid., Art. 105. [↑](#footnote-ref-434)
435. Art. 186 Indonesian Civil Code, Chpt. 9 Concerning the Division of Assets. [↑](#footnote-ref-435)
436. Ibid., Art. 110. [↑](#footnote-ref-436)
437. Ibid., Art. 111 (1). [↑](#footnote-ref-437)
438. Ibid., Art. 111 (2). [↑](#footnote-ref-438)
439. National Development Plan, Part 3, Section 11.23. [↑](#footnote-ref-439)
440. ‘Chega!’ CAVR Report (2006). [↑](#footnote-ref-440)
441. G. Wandita, K. Campbell-Nelson, M. Leong-Pereira, ‘Gender and Reparations in Timor-Leste’ in ‘R. Rubio Marín ed., ‘Engendering Reparations: Recognizing and Compensating Women Victims of Human Rights Violations’, forthcoming publication by ICTJ-Social Science Council (2006), p. 8. [↑](#footnote-ref-441)
442. Other women in Indonesia, especially those who were poor in rural areas, were forced to accept birth control methods as part of Indonesia’s National Family Planning Programme. [↑](#footnote-ref-442)
443. CAVR Final Report, Chpt. 7.9 Social and Economic Rights. [↑](#footnote-ref-443)
444. G. Wandita, K. Campbell-Nelson, M. Leong-Pereira, ‘Gender and Reparations in Timor-Leste’ in ‘R. Rubio Marín ed., ‘Engendering Reparations: Recognizing and Compensating Women Victims of Human Rights Violations’, forthcoming publication by ICTJ-Social Science Council (2006), p. 24. [↑](#footnote-ref-444)