



## Working towards gender equality in rural Timor-Leste and Papua New Guinea: community health survey

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### ABSTRACT:

The centrality of gender equality for sustainable human development is well recognised and reflected in the Sustainable Development Goals (SDGs), however in many countries in the Pacific region gender inequality is widespread. Working with men and boys presents an important opportunity to address gender inequality. A 'Men's Health Project' was implemented in rural districts in Timor-Leste and Papua New Guinea (PNG) in 2014-17, which aimed to promote gender equality and improve sexual and reproductive health and maternal and child health outcomes by actively engaging men. Community surveys were undertaken in each community before and after project implementation to enable a greater understanding of men's knowledge and attitudes at these different time points. This paper reports findings from the more recent surveys with 400 men in Timor-Leste in 2016 and 243 men in PNG in 2017, in order to provide a 'snapshot' of the situation in these rural communities at this time. In both countries, the vast majority of men reported that the husband makes the major decisions in the household (80% in Timor-Leste and 84% in PNG). In Timor-Leste, 5% of respondents felt it was okay for a husband to beat his wife, with 13% reporting this in PNG. Findings suggest that meeting SDGs 3 and 5 will require ongoing and concerted efforts in Timor-Leste and PNG.

**Key words:** Gender equality, reproductive health, sustainable development goals, Papua New Guinea, Timor-Leste

### BACKGROUND

Gender equality is a human right and necessary for advancing development and reducing poverty. The centrality of gender equality for sustainable human development is well recognised and reflected in the Sustainable Development Goals (SDGs).<sup>1</sup> Sexual and reproductive health and rights (SRHR) are also central to this and are critical to achieving gender equality.<sup>2,3</sup>

In many countries in the Pacific region, however, gender inequality is widespread and the incidence of gender-based violence is high.<sup>4</sup> Factors associated with violence against women can be attributed to, in part, unequal gender norms and structures, including the lower status of women and traditional male domination and subordination roles of women in many countries.<sup>5,6</sup>

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Working with men and boys presents an important opportunity to address gender inequality and improve maternal and child health (MCH) and sexual and reproductive health (SRH) outcomes for both men and women

7-9. Interventions to engage men in MCH have been found to increase care-seeking, improve home care practices, and support more equitable decision-making<sup>10</sup>. Other studies have similarly

found that when men take better care of their own SRH, this can have a direct impact on the SRH of their partner and they are more likely to support their partner and share decision-making.<sup>11</sup> Well implemented approaches with men at a community level can bring about significant changes in attitudes and practices related to gender and SRHR, thereby contributing to the health and wellbeing of women and girls and of men and boys themselves.<sup>12</sup> Engaging men and boys can also help to achieve gender equality, challenge gender stereotypes and support development of positive attitudes and behaviours based on equality and respect for human rights.<sup>6,13</sup> However, despite the growing awareness of the value of engaging men in health education and programs, men are often still viewed as outsiders to health programs relating to MCH and SRH, commonly restrained by traditions and service structures that all too often deem these issues as 'women's business'.<sup>14,15</sup>

It is within this context that a 'Men's Health Project' was implemented in several rural districts in Timor-Leste and Papua New Guinea (PNG) in 2014-17. Despite geographic, cultural and social diversity between the two countries, Timor Leste and PNG also share a number of commonalities. They are considered lower-middle income economy countries,<sup>16</sup> and like many other countries in the Pacific region, both are patriarchal societies where women and girls have lower social status and rates of violence against women are high.<sup>4</sup>

The Men's Health Project aimed to increase awareness and uptake of family planning, promote gender equality, and improve MCH outcomes by actively engaging men to take a lead role in the health and wellbeing of their families. The project utilised a peer education model, working with men aged 16 years and over. By using a peer education model at community level, the program aimed to reach into rural and remote areas which may otherwise receive little attention from health services and programs.

The project was led in each country by a local non-government organisation, with support

from Family Planning Australia, and in close collaboration with local government and community groups to ensure all activities were in line with local needs and priorities. Implementation of the project was preceded by extensive community consultation, with local community leaders extending invitations to work in each of the communities. Community ownership of the project was imperative and required full participation in the project by the community from the start.

Peer educators were volunteers selected by the communities, who were trained and supported by project staff. They used a Men's Health manual, designed and customised for each country and translated into the local languages Tetum and Tok Pisin, which presented health information through the use of participatory activities. Each module within the manual guided the peer educator through the topic discussion with culturally appropriate and relevant key messages. Topics included in the manual focused on working with community members, decision-making, gender equality, men's health, MCH, relationships, child spacing and family planning, and sexually transmitted infections. The Peer Educators worked with their community groups to deliver regular sessions on the topics and content covered in the manual.

Surveys were undertaken in each community prior to and towards the end of project implementation to enable a greater understanding of men's self-reported knowledge and attitudes at these different time points. The focus of this paper is to present findings from the more recent community surveys conducted in each country in order to provide a 'snapshot' of self-reported knowledge, attitudes and behaviours in relation to health and gender roles which impact upon health, to contribute to the literature regarding men's knowledge and attitudes in rural communities in Timor-Leste and PNG.

## METHOD

The Men's Health Project was implemented in two sub-districts in Ermera District, Timor-Leste: Atsabe and Letefoho in 2014, and a community survey undertaken in 2016. The project in Timor-Leste was led by the local organisation Cooperativa Café Timor. The project was also implemented in Kabwum

district in PNG with Susu Mamas in 2015, and a community survey undertaken in 2017. The project was initially led by Population Services International. Ethics approval for survey collection was received from the Family Planning NSW Ethics Committee (approval numbers R2015-04 and R2015-05).

Surveys were undertaken in each community in order to better understand men's knowledge, attitudes and behaviours regarding their health, the health of their families, and the role they felt they played in supporting and influencing healthy lifestyles and behaviours in their community. The survey was developed collaboratively, with the questions based on information contained in the Men's Health manual. Questions were grouped by key health indicators based on the content of the manual. The survey was similar in both countries, apart from minor changes to wording to ensure relevance to the project and country context. Questions were pre-tested in a non-sample field site in both countries, and minor changes to language were made as a result. The survey tool was translated into Tetum for use in Timor-Leste and Tok Pisin for use in PNG.

Data collection was undertaken by small teams who received training and support from the local organisation and Family Planning Australia. Data collectors undertook household 'interviews' with male community members. Villages within each community the project was implemented in were randomly selected, and prospective participants were invited using a cluster sampling design. A random-walk method was used,<sup>17</sup> which involved randomly choosing a starting point and a direction of travel within a sample cluster, conducting an interview in the nearest household, and continuously choosing the next nearest household for an interview until the target number of interviews had been obtained. Only one male aged 16 years or older was invited to participate in the survey from each household. Participation was voluntary, and no identifying information was collected. Verbal informed consent was obtained from all prospective participants prior to commencing with the interview.

A summary of the findings from the community surveys from 2016/2017 in Timor-Leste and PNG have been presented in this paper. Findings are reported by total as well as by age group (30

years and under, and over 30 years) to enable a comparison between 'younger' respondents and 'older' respondents. Survey data were analysed using STATA. Descriptive statistics of frequency counts and percentages are presented here.

## RESULTS

In Timor-Leste, 400 men from 22 villages in Atsabe and Letefoho sub-districts completed a survey in 2016. Approximately half of respondents could read and write (47%) and had received some level of formal education. The majority over 30 years were married or partnered (91%), and had children (95%). **Table 1** presents demographic characteristics of survey respondents.

In PNG, 243 completed a survey (across 26 villages) in Kabwum district in 2017. The majority of respondents could read and write (85%), and most had received some formal education. Similarly, to Timor-Leste respondents, the majority of respondents over 30 years were married or partnered (85%), and had children (89%).

A summary of survey findings by key health indicators are reported in **Table 2**. In terms of decision-making within the family, 80% of men in Timor-Leste stated the husband makes the major decisions in the household. Similar findings were reported in PNG (84%). In Timor-Leste, 5% of respondents felt it was okay for a husband to beat his wife, with 13% reporting this in PNG. Most men were aware of at least some safe pregnancy practices (for example, visiting the midwife, learning about pregnancy and childbirth, or going to the clinic if unwell) and birthing preparation practices (for example, preparing for the birth, planning who will deliver the baby and where, or identifying where to go for help if needed) in both countries, with the older cohort (over 30 years) being slightly more knowledgeable than those 30 years and under, particularly in Timor-Leste. More men in PNG thought that men need to know about family planning than those in Timor-Leste (87% and 44% respectively), and more men in PNG also reported that they would choose to deliver their baby at a health centre (79% in PNG and 47% in Timor-Leste).

**Table 1:** Survey respondent demographic characteristics (n/%)

Characteristics*	Timor-Leste			Papua New Guinea		
	Total (n=400)	30 and under (n=86)	Over 30 years (n=289)	Total (n=243)	30 and under (n=66)	Over 30 years (n=177)
<b>Able to read and write</b>						
Yes	189	51	129	207	59	148
	47.3%	59.3%	44.6%	85.2%	89.4%	83.6%
No	211	35	160	36	7	29
	52.8%	40.7%	55.4%	14.8%	10.6%	16.4%
<b>Level of education reached</b>						
Nil	213	36	162	29	5	24
	53.3%	41.9%	56.1%	11.9%	7.6%	13.6%
Primary	106	21	80	188	53	135
	26.5%	24.4%	27.7%	77.4%	80.3%	76.3%
Secondary	73	26	42	24	7	17
	18.3%	30.2%	14.5%	9.9%	10.6%	9.6%
Higher	8	3	5	2	1	1
	2%	3.5%	1.7%	0.8%	1.5%	0.6%
<b>Age (median)</b>	40	25	45	37	23	41
<b>Marital status</b>						
Never married/ single	58	38	17	61	46	15
	14.5%	44.2%	5.9%	25.1%	69.7%	8.5%
Partnered/married	331	47	263	170	20	150
	82.8%	54.7%	91.0%	70.0%	30.3%	84.7%
Divorced/ separated/ widowed	11	1	9	12	0	12
	2.8%	1.2%	3.1%	4.9%		6.8%
<b>Children</b>						
Yes	344	47	275	176	19	157
	86.0%	54.7%	95.2%	72.4%	28.8%	88.7%
No	56	39	14	67	47	20
	14.0%	45.3%	4.8%	27.6%	71.2%	11.3%
<b>No. of children (median)</b>	4	1	4	3	0	4
<b>No. of household members (median)</b>	6	5	7	5	3	0

\* The sum of numbers or percentages may not be equal due to missing values

However, less men in PNG reported using a health centre when last seriously sick (73% in PNG and 95% in Timor-Leste).

## DISCUSSION

A summary of the findings from the endline community surveys conducted in Timor-Leste and PNG in 2016 and 2017 respectively have been presented in this paper. It appears that

overall men had good knowledge in some areas, particularly in relation to safe pregnancy practices and birthing preparation practices. However, attitudes regarding gender roles and violence against women reflected the social norms common in these more patriarchal societies,<sup>18,19</sup> with a high proportion of men viewing the husband as the primary decision-maker in a family, and a number reporting it was acceptable for a husband to beat his wife.

**Table 2:** Key indicators

	Timor-Leste			Papua New Guinea		
	Total (n=400)	30 and under	Over 30	Total (n=243)	30 and under	Over 30
		(n=86)	(n=289)		(n=66)	(n=177)
Used a health centre when last seriously sick	95%	95%	95%	73%	77%	72%
Awareness of negative impacts of alcohol	90%	90%	91%	91%	92%	90%
Think alcohol is a problem in their village	41%	43%	41%	65%	67%	64%
Think smoking tobacco is bad	74%	67%	75%	91%	97%	88%
Awareness of negative impacts of smoking	85%	69%	89%	89%	83%	92%
Awareness of safe pregnancy practices	86%	69%	91%	94%	91%	96%
Awareness of birthing preparation practices	85%	69%	90%	80%	76%	81%
Choose to deliver baby at health centre	47%	36%	51%	79%	89%	75%
Ideal number of children (median)	5	4	5	3	3	3
Aware of benefits of child spacing / limiting	81%	76%	82%	73%	67%	76%
Think men need to know about family planning	44%	35%	47%	87%	88%	86%
Think there is violence in their village	22%	26%	21%	41%	30%	45%
Think it's okay for husband to beat his wife	5%	8%	4%	13%	9%	15%
Husband makes the major decisions	80%	79%	81%	83.80%	89.40%	84.70%
Aware of what STIs are	56%	63%	55%	82%	91%	79%
Aware that HIV is an STI	96%	100%	94%	85%	85%	85%
Received health information in past year	95%	93%	95%	88%	88%	88%

Survey findings in both Timor-Leste and PNG suggested the majority of men were making the key decisions in their family, which was consistent across both surveys. As this is self-reported data, it is not clear whether this was actually the case, or simply how men perceived the situation. However, findings from Demographic and Health Surveys (DHS) in Timor-Leste and PNG report more balanced decision-making in relation to family planning, with 85% of currently married women who are using a method of family planning in Timor-Leste reporting that this decision was made by themselves and their husbands jointly.<sup>20</sup> As men may be making the key decisions in their family, or making joint decisions with their partner, including them in discussions and education relating to reproductive, MCH remains important.<sup>15,21</sup>

The survey results in Timor-Leste and PNG also showed that although a relatively low proportion of men overall thought it was okay to beat their wife, this was still unacceptably high, particularly in PNG. DHS findings in both Timor-Leste and PNG report far higher figures, although

the related questions were worded slightly differently to the current survey reported here. In the 2016 Timor-Leste DHS, 74% of women and 53% of men agreed with at least one justification for wife beating.<sup>20</sup> The 2016-18 PNG DHS included questions on this for women, and found that 59% of women aged 15-49 years had experienced physical or sexual violence.<sup>22</sup> Rates may have been lower in the current surveys in Timor-Leste and PNG due to social desirability bias in the responses from men, as also noted in the limitations below. These findings relating to the acceptability of intimate partner violence and the prevalence of violence against women have significant implications for the achievement of SDG 5 (gender equality and empowerment) in both countries.

Although many men were aware of safe pregnancy practices and birthing preparation practices in the surveys in both countries, fewer men reported that they would choose to have their baby delivered at a health centre. This likely reflects the dearth of health centres in both areas surveyed, and may also relate to the quality or perceived acceptability of available

services. These factors are likely to be contributing to the high maternal mortality ratio in Timor-Leste and PNG of 215 deaths per 100,000 live births,<sup>23</sup> with only 57% and 40% of births attended by skilled health personnel respectively.<sup>23</sup> Given a significant proportion of the population in Timor-Leste and PNG live in rural and remote areas, increasing access to available and quality services and health workers to facilitate safe births and reduce morbidity and mortality rates to meet SDG 3 and its reproductive, maternal, newborn and child health targets must be a priority.

There are several limitations to the survey data reported in this paper. Although surveys were pre-tested in both countries, it is possible that survey questions were still misunderstood or did not measure what they were intended to measure. Further to this, surveys were self-reported and response bias may have occurred, if participants provided answers that they believed the interviewer wanted to hear, or that they felt reflected better on them. Including women as survey respondents may also have been useful to obtain their perspectives. Lastly, men were considered to have some knowledge or awareness of a particular topic if they could provide two or more correct answers, however this form of measurement may not indicate the true extent of their knowledge.

## CONCLUSION

The data presented here provides an overview of men's knowledge and attitudes in relation to a number of health indicators in rural communities in Timor-Leste and PNG. This adds to the limited evidence base in these countries and reveals interesting insights into how well SDGs 3 and 5 may be tracking in more rural areas. Findings from the community surveys highlight that meeting SDGs 3 and 5, to ensure universal access to SRH services and achieve gender equality and empower women and girls, will require ongoing and concerted efforts in both Timor-Leste and Papua New Guinea. Survey findings have also been particularly valuable in informing the ongoing implementation of the Men's Health Project in both Timor-Leste and PNG. Valuable lessons have been learned for the two projects which have enabled these to be reframed to better suit each country's needs. A number of changes have been implemented,

including the strengthening of the concept of shared decision-making between women and men, and the inclusion of women and girls in the program. Although the program retains a strong focus on men, it is now designed to encourage participation from both men and women. By including women in the program, both as peer educators and as participants, the program offers a greater opportunity for men and women to work together to achieve gender equality and the positive sexual and reproductive health and social outcomes that accompany this.

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