

# Maternal and Newborn Health and Mobile Phone Utilization in Manufahi and Ainaro Districts

A Baseline Knowledge, Practices and Coverage Survey  
for the Mobile Moms/Liga Inan Program

Extended Report  
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Health Alliance International



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## Summary of findings

This survey provided essential information on key program and health indicators for Manufahi and Ainaro districts and the program area overall (Manufahi and Ainaro Districts combined). Overall, the majority of women appear to be accessing care at least once during pregnancy, however they do not appear to be completing all key maternal health behaviors during pregnancy nor are they all receiving assistance during and after birth. This narrative briefly examines these results, and the tables that follow reveal a much more detailed picture of maternal and newborn health in all eight subdistricts.

### *Knowledge and practices during pregnancy*

Access to care during pregnancy is high: **91% of women in Manufahi and Ainaro attend one or more antenatal care (ANC) visits**. While this coverage rate varies by subdistrict, all eight subdistricts have greater than 80% coverage of ANC and most have greater than 90% coverage. This is a very encouraging result, indicating that midwives have at least one opportunity to deliver key health messages to women during pregnancy. On average, **72% of women in these districts returned for care at least 4 times** during their last pregnancy. This varies more widely across subdistricts, with Same having the strongest completion rate (83%) and Turiscaï having a very low ANC completion rate (45%).

<i>Percent of women who...</i>	Manufahi	Ainaro	Program area
<b>Attended one or more ANC visits</b>	91%	91%	91%
<b>Attended four or more ANC visits</b>	77%	67%	72%
<b>Received an estimated date of delivery during antenatal care</b>	74%	96%	85%
<b>Received 2 or more TT vaccinations during last pregnancy</b>	74%	60%	67%
<b>Received any iron supplements during pregnancy</b>	90%	87%	88%
<b>Took intestinal parasite drugs during pregnancy</b>	22%	14%	19%
<b>Recognized 2 or more danger signs during pregnancy</b>	55%	54%	54%

During ANC, women should receive key messages and services such as reminders about their estimated date of delivery (EDD), anti-parasite treatment, tetanus toxoid vaccinations, and iron supplements. They also should receive information about danger signs during pregnancy, delivery, and postpartum that help women identify when they need to seek immediate medical assistance. Results from this survey show that while most women are attending at least one ANC visit, they are not receiving all the minimum services throughout their pregnancies.

These results indicate gaps between the relatively high coverage of antenatal care visits and some of the key health services that should be provided during those visits, such as anti-parasite drugs and health education messages about danger signs during pregnancy, delivery and the postpartum period.

### *Health practices surrounding birth*

**Less than half of women in Manufahi (48%) are supported by a health professional during birth;** 32% of all births occur in a health facility. Fewer women in Ainaro seek a skilled attendant at birth (38%), but a similar percentage report delivering at a facility (29%).

Key health practices around birth include sanitary treatment before cutting the umbilical cord, immediate breast feeding, and receiving a post-partum consultation from a midwife within two days of delivery. Results show that coverage of these behaviors is still low. Coverage of each practice was higher in Ainaro, however, than in Manufahi.

<i>Percent of women who...</i>	Manufahi	Ainaro	Program area
<b>Gave birth with a skilled birth attendant</b>	48%	38%	43%
<b>Gave birth in a health facility</b>	32%	29%	31%
<b>Clean cord care</b>	58%	71%	64%
<b>Immediate breastfeeding within 1 hour of delivery</b>	51%	64%	55%
<b>Received postpartum care within 2 days</b>	26%	38%	32%
<b>Recognized 2 or more danger signs in newborns</b>	42%	37%	40%

### *Child spacing knowledge and practices*

Effective child spacing is also important to improving the health of mothers and their children. When asked for the ideal time period to space their children, **approximately 75% reported they thought a woman should wait 2 or more years**, 17% said they should wait a shorter amount of time, and 12% reported they did not know. Many women in Manufahi reported wanting to wait longer between births: 43% of women wanted to wait 3 or more years. Only 22% wanted to wait 3 years in Ainaro. This may be one reason that the **contraceptive prevalence rate** for women with a child under 2 years of age was much higher in **Manufahi (55%) than in Ainaro (30%)**.

### *Mobile phone acceptance and penetration*

This survey clearly demonstrates that women have access to phones in these two districts: **69% of women in Manufahi and 67% in Ainaro have a mobile phone in the home**. While some of these phones were shared among family members, 70% of women in Manufahi and 95% of women in Ainaro reported that one or more of the household phones belonged to the woman herself. This indicates a high level of access to phones in the populations of these two districts.

Mobile phone use is also high in these two districts. We asked women how often they used their phones to make phone calls and to send or receive SMS messages. Of women who report access to a household cell phone nearly all of them (98%) report using the phone to send and receive SMS messages, and **over 72% report sending a text message once a day or more.**

Expected barriers to phone use were examined including access to cell phone signal coverage, ability to charge phones, and potentially low levels of literacy. This survey found none of these would be significant barriers to a mobile phone project. Among these women, few reported any difficulties accessing signal: **97% reported that they either had signal coverage in the home or within a 5 minute walk.** We did not ask this question of women who did not have phones, so we do not know if signal coverage is so widespread as this result suggests or if these results demonstrate that where there is coverage, phones are subsequently purchased. Most phones were used at least once a day or kept turned on to be able to receive calls or messages. While methods of charging phones varied between use of electricity, solar chargers, batteries and generators, over two-thirds of women could charge their phones in their home.

- ✓ **69% of women in Manufahi and 67% in Ainaro have a mobile phone in the home**
- ✓ **Of women who had phones, 97% reported that they either had signal coverage in the home or within a 5 minute walk**
- ✓ **72% of women report sending a text message once a day or more**
- ✓ **Tetun was requested by 98% of women at the language in which to receive health messages**

Not surprisingly the survey shows **high rates of Tetun language literacy with 68% in Manufahi and 56% in Ainaro able to speak and read Tetun.** However, given the high rate of experience with sending and receiving text messages (98%) for women who have phones, literacy is not an obstacle to use of mobile phones for texting. This could be due to the availability of husbands, children, neighbors, and other family members who are reportedly assisting women to reading Tetun when necessary. Tetun was almost unanimously (98%) requested as the language to receive health messages (other options included Portuguese, Indonesian, or local languages).

Mobile phones are not only prevalent, but frequently used tools for communication in this population.

## Background

In September 2011, Health Alliance International was awarded funding by USAID to implement a maternal and newborn care project in two districts of Timor-Leste, Manufahi and Ainaro. The goal of the **Mobile Moms/Liga Inan** project is to reduce maternal and neonatal morbidity and mortality by improving the health and care-seeking behavior of pregnant women. The project will be implemented over four years from September 30, 2011 to September 30, 2015.

Maternal and newborn mortality continue to be major problems in Timor-Leste: MMR is 557 per 100,000 births and neonatal mortality is 22/1000 live births, as of the 2009/10 DHS. Community understanding of optimal health behaviors during pregnancy, such as nutritional guidelines, danger signs of pregnancy, and care-seeking behaviors, is limited. Contact with midwives is limited to antenatal care (ANC) visits, which do not allow for the repetition and reinforcement of health messages that are most likely to produce behavior change. Although there has been progress in increasing the rates of skilled birth attendance since independence in 2002, several problems continue to affect the capacity of the current system to provide women with high quality skilled care at the time of delivery, particularly when complications arise. Many birth attendants have not received training in emergency obstetric care (EmOC). Geographic access to delivery facilities is limited by gaps in both communication and transport to the facilities. Even with the provision of multiuse vehicles at birthing facilities, many women do not have transport to get to the facilities once in labor.

### **The Liga Inan project will facilitate the maternal continuum of care using three approaches:**

- Support the national health volunteers (PSF) by training them to deliver **health promotion** messages at the household and SISCa level.
- Register pregnant women who own or have access to a mobile phone into an automated system that will deliver weekly health promotional **SMS messages** based on gestational stage.
- Improve and support the skills of district midwives to provide **basic emergency obstetric care**.

### *Research objectives*

This report describes the results of a survey conducted in February and March 2012. The survey was undertaken for two reasons: 1) to assess the current level of knowledge, practices, and health service coverage in the community, as well as current information about cell phone ownership and usage patterns by women who have had a child within the past two years, in order to guide program development, and 2) to provide baseline data for later program evaluation. The first and last arms of the project (in box above) will be implemented in both Ainaro and Manufahi districts, while the mobile phone arm of the project will be implemented in Manufahi only. An additional facility survey was completed in January and February 2012 to assess facilities' capacity to deliver EmOC services. The results of that study are published in another report.

## Methods

### *Questionnaire development*

The survey questionnaire was modeled on USAID's KPC Rapid Catch Survey, a standardized questionnaire used worldwide. Additional questions on media and practices surrounding birth were developed and field tested by HAI staff. The survey includes questions on antenatal care (including number and timing of visits and tetanus toxoid vaccinations), birthing practices (including skilled birth attendance and facility deliveries), immediate breastfeeding, postnatal care, child spacing and contraceptive use, and cell phone ownership and use. Further translation into local languages was done by interviewers at the time of the interview, although most of the interviews were conducted in Tetun.

### *Sampling design*

The survey was conducted in both Ainaro and Manufahi Districts and employed both stratified and cluster sampling. The sample was first stratified at the subdistrict level and then 8 Enumeration Areas (EA) were drawn from each subdistrict using population data from the 2010 Census. A total of 72-77 women were interviewed in each of the 8 subdistricts in Manufahi and Ainaro.

All accessible *aldeias* within each EA were sampled according to population size with the assistance and population records from local *Chefe Suco*. Occasionally an alternate community was chosen when the first EA was 1) not accessible by road or was further than a 1 hour walk from a road, or 2) the originally selected *aldeia* did not contain enough participants. When the former occurred, a backup EA was randomly selected from within the same *suco* from a list of accessible EA. When the latter occurred, the survey team continued with the next nearest *aldeia*.

After the *aldeia* was identified, the starting household was determined by one of two methods: counting all households and randomly selecting one, or the spin-the-bottle method. The former was used in "urban" settings where households were spread along a number of roads that would make the spin-the-bottle method difficult to implement. In the second method, supervisors would identify the center of the community—the area where there were roughly equal number of houses in all directions as identified by the *Chefe de Aldeia*—and spin a bottle or pen, with the two ends of the bottle/pen indicating the directions for team pairs to follow. Each pair, consisting of a supervisor and interviewer or two interviewers, would follow as straight a line as possible from the bottle site until they reached the edge of the *aldeia*. As they walked, they would number the houses within ~15 feet from their path. When they got to the edge, they would use a currency note to identify the initial house and return to that house for the start of the surveying process. For both methods, additional houses were identified as the nearest visible door from the doorway of the initial house.

### *Selection process and consent*

Women were included in the survey if they were between the ages of 15-49 and had a child who was under 24 months old. If two women fit that description within one household, we interviewed the mother of the youngest child. If a woman meeting the selection criteria was absent from the house, the study team would return if possible. Sixteen eligible women were excluded from the survey because



they were not at home and not expected to return home. Informed consent was given by each participant and refusals were rare.

### *Survey teams*

Interviewers came from HAI staff and from two teams from HealthNet Timor-Leste. Managers from both organizations took the role of team supervisors. Training took place over 4 days in February, with one day of supervisor training and an additional three days that included supervisors and interviewers. The training was conducted by Marisa Harrison, Beth Elson, and Paul Vasconcelos, HAI staff, and covered good interviewing skills, random sampling, confidentiality and consent, and detailed review of the survey questionnaire. Time was given to practice the survey, including a half day field test on Day 3.

### *Data Entry and Analysis*

Entry was done with EpiInfo 7.0. Preliminary analysis of the frequencies of key questions was conducted using Stata statistics package.

The results of this survey have been weighted to accommodate for differences in population size or sample size between clusters, between subdistricts, and between the two program districts. The original plan called for 8 strata (the subdistricts) and then 8 clusters of 9 women. In a few cases, we weighted the data for the clusters where all 9 women were not available for interview. This occurred occasionally due to small population size of some *aldeias* or inclement weather prohibiting a full day of interviewing. To calculate district-level coverage rates, we weighted the subdistrict-level findings by subdistrict population sizes. Program area totals were weighted by the relative size of the two districts.



***Health Alliance International would like to thank all the mothers who participated in this survey process.***

## **Results Summary**

### **Section One: Demographic and Housing Characteristics of Survey Participants**

A total of 581 women were interviewed for this survey, 293 in the innovation implementation district of Manufahi and 288 in Ainaro district. Women were considered eligible if they had a child 0-23 months of age. The average age of the participants was 27.8 years and all were between the ages of 16 and 45 (Table 1 and Figures 1-3). The average years of schooling was 6.5 with women in Manufahi have more years of schooling (7) as compared to Ainaro (5.9). The average number of children ever born to survey participants was 4.1 and was slightly lower in Manufahi (3.7) than in Ainaro (4.4), however this may be partially due to the slightly older population sample in Ainaro. On average, women in the program area reported 4 children ever born and 3.7 still living.

The majority of women (83%) reported that they did not work outside the home. There was some variation between the two districts with 87% of women in Manufahi reporting no work outside the home compared to 78% in Ainaro. The most frequently reported outside work was harvesting. Eleven percent of women in Ainaro subdistrict reported salaried positions.

Housing characteristics and available household amenities and assets are an indication of general socioeconomic status of the survey participants. The survey collected data on roofing and flooring materials, presence of electricity and ownership of durable goods. Three-fourths of respondents in Manufahi and Ainaro districts had a sheet iron roof (Table 2). The coastal subdistricts of Alas, Fatuberliu, and Hatu Udo had higher percentages of natural roofing materials, possibly due to easier access to natural resources and the cooler household temperatures that natural materials offer in the warmer coastal climate. Sixty percent of women in Manufahi and 67% in Ainaro reported earthen floors. Wooden floors were found in traditional style homes, which may not indicate wealth but often belong to families with higher status in the community. Only 46% of women surveyed in Manufahi and 24% in Ainaro reported having electricity in the home. Ownership of motorized means of transportation remains low with 18% in the program area having a motorbike and less than 2% owning a car or truck (Table 3).

### **Section Two: Maternal and Newborn Health**

Women were asked a variety of questions about their knowledge and utilization of health services across the continuum of care through pregnancy, delivery and the postpartum period.

#### **ANTENATAL CARE**

The quality of antenatal care (ANC) can be measured by the qualifications of the provider delivering the service, the number and frequency of ANC visits, the content of services received and the kinds of information provided to mothers during this important medical encounter during pregnancy. Women were asked questions in each of these areas.

Almost all women in Manufahi and Ainaro reported seeing a health professional for ANC during their last pregnancy: Manufahi (93%) and Ainaro (91%) (Table 4). There was variation between subdistricts with the lowest rates of 83% in Hatu Udo (Ainaro) and 84% in Turisca (Manufahi). Rates for the recommended four or more ANC visits during a pregnancy were considerably lower and showed more variation between the two districts and between subdistricts: 76% of women in Manufahi report having four or more ANC visits compared to 67% in Ainaro, and that rate was as low as 45% in the subdistrict of Alas. These rates are higher than the rates of the national health system indicator for four or more ANC visits, probably because the national indicator requires women to have received these visits as per a set schedule—one during the first trimester, one during the second, and two during the third with the last ANC visit occurring during the last month of pregnancy—whereas we measured total number of reported visits at any point over the course of a woman’s pregnancy.

### *Location of care*

Most women receive their ANC through the government-run health system, which is free. There are several types of facilities in the government system that offer ANC care: there is one referral hospital in the subdistrict of Maubisse; Community Health Centers (CHC) are located in each of the eight subdistricts; Health Posts serve the more remote population; and SISCa (*Servisu Integradu de Saúde Comunitaria*) or Integrated Community Health Services that are mobile health clinics are carried out monthly at fixed posts in 442 villages throughout Timor-Leste. SISCAs are supposed to be staffed by a midwife for the provision of ANC, but the degree to which a private space is available and a midwife present varies considerably. Only 10% of women overall report receiving any ANC at a SISCa, although it is higher in Manufahi (16%) than in Ainaro (4%) (Table 5). Most women report receiving ANC at the subdistrict CHC, but this was significantly lower for women in Ainaro (37%) compared to Manufahi (62%). Thirty-three percent of responses for women in Ainaro included going to a hospital for ANC, compared to only 14% in Manufahi. However, this was influenced by the 82% of women in Maubisse who reported they sought ANC at a hospital since there is a referral hospital there. A few women also reported receiving ANC through home visits, which are not common but do sometimes occur.

### *Timing of first ANC*

Given that the first ANC visit will be the gateway to the Mobile Moms project in Manufahi, it is important to know when women come in for their first visit. We found that 58% of women in Manufahi report coming in for their first ANC in their first trimester while only 34% do so in Ainaro (Table 6). Sixty-one percent of women in Ainaro report waiting until the second trimester to seek ANC care compared to 37% in Manufahi. If women from Manufahi enroll in the Mobile Moms program during their first ANC visit, most women should receive the full complement of messages, and almost all enrolled women should receive every message sent during their final trimester.

### *Services accessed during ANC*

To assess the quality of ANC care provided, women responded to questions regarding the specific services provided during their ANC visits. Women reported high rates of standard ANC practices such as tracking weight, measuring blood pressure and examining the stomach, with over 97% of women from both districts reporting that they received these essential services during ANC (Table 7).

Having an estimated date of delivery (EDD) is important for families in forming a birth plan, and is an essential element in ensuring women are receiving gestationally appropriate messages during this program. Anecdotal evidence has suggested that some women in Timor-Leste have not been receiving an estimation of their due date from a midwife during ANC, therefore we needed to determine the level to which women believe they have been given this information. The practice of providing an EDD was considerably higher in Ainaro (96%) than in Manufahi (74%) (Table 8). The overall lower rate in Manufahi is primarily because of the significantly lower rate in the subdistrict of Same (64%) as compared to the other three subdistricts. Further investigation will be conducted in Same and the rest of Manufahi to determine the extent of refresher training needed on calculating due dates before project implementation.

Women were asked if they could spontaneously name symptoms during pregnancy that would cause them to seek immediate care at a health facility, and from whom they learned this information. Slightly over half of women (54%) could identify two or more danger signs related to pregnancy (Table 9). Manufahi and Ainaro were remarkably similar at 54% and 55%, respectively. However, lower rates were seen in some subdistricts such as Turiscai (Manufahi) at 46% and Maubisse (Ainaro) at 39%.

Tetanus Toxoid (TT) vaccines are provided during pregnancy to prevent neonatal tetanus. Full protection is provided by two initial doses with a booster dose every ten years, and five doses is considered to provide lifetime protection. Rates of women receiving two or more TT injections during their last pregnancy were higher in Manufahi (74%) than Ainaro (60%); however lifetime rates of two or more TT vaccination are 86% and 82% respectively (Table 10). The subdistricts of Hatubuilico and Turiscai had the highest rates of women who have never received any TT.

Important components of ANC are the provision of iron tablets and intestinal parasite drugs. The survey reveals that the majority of women received iron supplementation during pregnancy (Table 11). Hatu Udo is the only subdistrict where less than 85% responded that they had received any iron supplements. Over the past few years, however, there has been shortage of iron pills in Timor-Leste. In the year before the survey many women were given only 7-10 pills per visit, presumably in an effort to ration stock. In these two districts, only 52% women report taking iron tablets for 90 days or more, with only 45% in Manufahi reporting 90 days or more of iron supplementation compared to 61% in Ainaro. The survey also reveals that the vast majority of women, 77% in Manufahi and 84% in Ainaro, report they did not take any intestinal parasite medication during their pregnancy (Table 12). However, it is unclear if women were in fact provided this drug but did not know its purpose. This finding will be further investigated and will be part of the text messaging program.

Malaria infection can lead to adverse birth outcomes, including spontaneous abortions, pre-term labor and low birthweight babies and still birth. In Timor-Leste the primary prevention strategy for malaria during pregnancy has been the use of ITNs (Insecticide Treated Nets). Seventy percent of women surveyed reported that they slept under an ITN all or most of the time with slightly more women in Manufahi (73%) compared to Ainaro (67%). Nineteen percent of the women in the program districts

report they never sleep under an ITN. The risk of malaria in the mountainous areas of the program districts is considered to be lower than in the coastal regions. It is interesting to note, then, that the two subdistricts with the highest elevation (Turiscaï and Maubisse) also have the highest percentage of women who reported never using a mosquito net (41% and 44% respectively).

### *Knowledge of danger signs during pregnancy*

Approximately three-quarters of women in Manufahi and Ainaro districts reported they heard about danger signs from a health provider. Five percent of women reported they had learned about danger signs from the “lisio”, which is a take-home booklet that includes educational material and the health record for both a woman during her pregnancy and delivery and her child’s immunizations and growth charts after birth. Twenty-one percent of respondents in Fatuberliu, 17% of respondents in Hatu Udo, and 12% of respondents from Alas said they had learned about danger signs through their lisios. These three subdistricts have been receiving HAI support for health promotion activities at SISCa for the past two years, which have included reminding women to compare messages from their lisios to messages delivered during SISCa. None of the other subdistricts saw over 5% of women reporting lisios as a source of knowledge. Six percent reported that they had learned about dangers signs from a community health worker (or PSF). The percent of women who reported PSF as a source of knowledge was highest in Alas (15%) and Same (11%). An additional 23% of women reported learning about danger signs from another source. One half of these ‘other’ responses included women who reported they had this knowledge already, and the remainder said they had heard of these danger signs from another person or a family member.

### *Preparations for birth*

There are many important preparations that should be undertaken before birth, such as saving money, arranging transport to a health facility, contacting health staff to alert them about your preferred location for delivery, and finding a blood donor in case of emergency. When asked whether they had done anything to prepare for the birth of their last child, however, the most frequent responses were that they purchased new clothes for the baby, or purchased other delivery, or baby-related items such as a thermos for hot water, soap and a basin for washing the baby, or food or clothes for the mother. The only stage of the birth plan that was mentioned by women was saving money before birth, and then only 10% of women claimed to have done so. The near absence of planning for transportation presents a key barrier to having a skilled attendant or reaching a facility at the onset of labor. However, some survey team members stated they believe this question was not very well understood and may not have elicited accurate responses.

## **DELIVERY CARE**

Having a skilled health provider present at delivery and a hygienic environment can reduce the risk of complications and infections that can cause illness or death in the mother or newborn. Skilled birth attendant (SBA) is defined in this survey as a doctor, midwife or nurse being present at the last delivery.

### *Access to care*

Interviews revealed that women can use a variety of methods to contact midwives around the time of birth (Table 13). Almost half of women (47%) reported that they could contact a midwife by telephone (theirs or someone else's), but those rates varied considerably from 6% in Fatuberliu subdistrict to 64% in Ainaro subdistrict. Thirty percent of women of women said they could send a messenger to the midwife and 12% of women said they had to go in person to meet the midwife. Eighteen percent of woman said they had no method with which to contact the midwife around birth. This was highest in Alas where 40% of women could not contact a midwife for assistance during birth, and lowest in the more urban subdistricts of Same and Ainaro (8% and 7% respectively). Multiple responses were given by some women.

### *Birth attendance*

Less than half of women in Manufahi (48%) and only 38% in Ainaro reported delivering with a SBA during the birth of their last child (Table 14). There was similarly wide variation of reported SBA use across subdistricts in both Manufahi and Ainaro. In Turiscaï, for example, only 16% of women reported having a SBA compared to 63% in Fatuberliu, and in Ainaro, the rates ranged from a low of 18% in Hatubuilico to a high of 63% in the subdistrict of Ainaro. Eighteen percent of women reported the presence of a Traditional Birth Attendant (TBA), or dukun, at their delivery, and 35% of women deliver with only a family member or friend to assist them.

Essential elements of active management of the third stage of labor include stimulation of uterine contractions via an injection of an oxytocic drug prior to delivery of the placenta, and manual massage of the uterus after placental delivery. Only 29% of women received both an oxytocic drug and uterine massage with slightly higher rates in Ainaro (31%) compared to Manufahi (26%). Overall, 39% of women reported that they received an oxytocic injection and 46% that they received uterine massage. Both of these figures are similar to the 43% of women who delivered with a skilled birth attendant.

### *Facility births*

Facility deliveries remain quite low in Timor-Leste. A health facility is defined in this survey as a hospital, community health center, maternity home (1 in each subdistrict), health post, or a private clinic. Only 32% of women in Manufahi and 29% in Ainaro report going to a health facility for delivery of their youngest child (Table 15). Of note, in the subdistricts of Turiscaï (Manufahi) and Hatubuilico (Ainaro) only 1% and 7%, respectively of births occurred in a health facility.

Table 16 shows that of those who delivered at a health facility the majority (75% of women in Manufahi and 53% in Ainaro) reported that they traveled to that facility by ambulance or another MOH vehicle. In Manuhahi only 2% stated that they walked to the facility, while in Ainaro fully 24% walked to the health facility for their last delivery. Private car use was very low, and not reported at all in 5 of the 8 subdistricts.

One of several possible barriers to delivery at a facility is the travel time to a health facility as well as the lack of privately owned and publically operated modes of transportation available in the rural areas. Table 17 shows the reported travel time to the nearest health facility. Overall 41% said that they could

reach a facility for delivery within 30 minutes. Travel times of 30-60 minutes were reported by one-third of women in Manufahi and by one-fourth of the women in Ainaro.

### *Knowledge of danger signs during delivery*

Given the high rates of home delivery without a skilled attendant it is critical that women know danger signs associated with a delivery complication. Women were asked to spontaneously list the signs of a delivery complication that would require immediate medical attention. Overall, about one third of women in both districts could name two or more danger signs of delivery (Table 24).

### *Newborn care*

Regardless of the birth site or birth attendant, women were asked what instrument was used to cut the newborn's umbilical cord. Traditionally the cord is cut using a razor blade, knife, scissors or a piece of bamboo. "Clean" cord cutting was defined as all women who had a skilled birth attendant or cut the cord with new razor blade, boiled razor blade (new or used), or boiled scissors. In Manufahi 58% and in Ainaro 71% of women reported using a clean instrument (Table 18).

Women were asked additional questions about practices related to their newborn immediately following delivery. Seventy-four percent of women in Manufahi and 69% in Ainaro reported putting nothing on the umbilical cord before or after it was cut; 9% of women reported applying antiseptic. The relatively few replies of "other substance" were talcum powder and alcohol (Table 19).

It is recommended that newborns not be bathed for at least 24 hours after delivery to prevent hypothermia. Drying and wrapping a newborn immediately after birth is an important aspect of appropriate newborn care. An average of 72% of women reported drying and wrapping their newborn with very few reporting only drying the infant (1%) or only wrapping (8%). However, 18% reporting neither drying or wrapping. The extent to which bathing the newborn after birth may have been practiced by this 18% is not clear.

The provision of eye ointment or drops to prevent eye infections is low in the program area. Only 10% of women in Manufahi and 20% in Ainaro stated that their newborns received eye ointment or drops in the first hour after delivery. This indicator requires further attention. Anecdotally, stock of eye ointment has been low in health facilities in the past year and midwives may forget to bring it with them when they assist home deliveries.

### *Breastfeeding*

Breastfeeding is nearly universal in Timor-Leste. Interestingly, we found that while only half of women in Manufahi (51%) and 60% in Ainaro stated they breastfed their infant within the recommended time of one hour after delivery, 95% of mothers in Manufahi and 88% in Ainaro provided colostrum to their newborn (Table 20). There appears to be a delay in immediate breastfeeding, but positive association with colostrum or "susuben kinur". The only exception seems to be the subdistrict of Maubisse where only 77% of mothers reported the provision of colostrum.

Exclusive breastfeeding indicates that nothing is given to the infant to drink other than breast milk, providing no other substance before initiating breastfeeding and providing nothing other than a

mother's milk. The majority of women surveyed reported that they did not feed their newborn anything before initiating breastfeeding (78%), and most women did not provide any other substances to their infants in the first month (83%) (Table 21). The most common foods provided to newborns were plain water or sugar water, and a number of women in Manufahi reported giving their infants another woman's breastmilk. Few women reported giving their newborns infant formula. More than 25% of women in Turiscaí, Fatuberliu, and Hatubuilico reported giving something to their newborn before providing breastmilk, but interestingly two of those subdistricts (Turiscaí and Hatubuilico) had the lowest percentages of children who received any other foods after breastfeeding was started (Table 21). In the future, it would be useful to examine the rationale for the provision of substances before commencing breastfeeding, whether due to delayed milk production from the mother or other beliefs, and the later justification for providing other substances during the first month of life.

## **POSTPARTUM AND POSTNATAL CARE**

A large proportion of maternal and newborn deaths happen within 24 hours of delivery. The first two days following birth are recognized as an important period for mother and newborn to be checked by a trained health professional. The adequate provision of postnatal care not only can help reduce mortality and morbidity among mothers and their babies, but also serves as an ideal time to educate a new mother on how to care for herself and her newborn. We asked all women if anyone had checked on her health or her baby's health after delivery, how long after delivery that check occurred, and who provided the service.

Postnatal care by a trained professional within two days of the delivery was reported by 26% of women in Manufahi and 37% in Ainaro (Table 22). One-third of women in both districts reported receiving no postpartum care at all.

An early newborn care visit by a trained health professional within two days of birth is a critical newborn health service to avert newborn death and illness. Only a quarter of newborns in the program area received this important early checkup (Table 23). Rates were lower in Manufahi at 20% compared to 32% in Ainaro. Alarming, 44% of newborns in Manufahi never receive a postpartum check.

Surprisingly, the rates of reported postpartum and postnatal care were considerably lower than the rates of skilled birth attendance (43%), and the reported rates for maternal health checks after delivery (32%) were higher than the reported rates of health checks for newborns (25%). During many facility births, these post-delivery consultations are provided while the woman is still recuperating at the facility, and the coverage rate for facility births (32%) is similar to the percentage of women who reported receiving postpartum care. Further investigation is needed to determine whether these results are a consequence of poor health education levels in women regarding what constitutes postpartum and postnatal care, or whether there is a gap in follow-up by district midwives.

### *Knowledge of danger signs in the post-partum period*

It is important for women to know the danger signs of the postpartum period. This is particularly true when rates of facility delivery or skilled attendance at birth are low as they are in Timor-Leste. When asked to name postpartum danger signs for mothers during delivery, on average only half of surveyed



women could name two or more danger signs (Table 24). It was higher in Ainaro (58%) compared to Manufahi (42%). Additionally, only 40% of mothers in the program area could identify two or more danger signs indicating that a newborn child that would require immediate medical attention (Table 24). It is interesting to note that knowledge of danger signs for delivery, postpartum, and in newborns are not consistent within each subdistrict—sometimes knowledge is higher in one of the three categories than in others. A focused educational campaign should rectify these differences.

### **Section 3: Family Planning**

Access to family planning services can save women’s lives. UNFPA estimates that one in three deaths related to pregnancy and childbirth could be avoided if all women had access to contraceptive services. Timorese women surveyed were asked about their knowledge of the benefits of spacing their pregnancies, contraceptives methods, and their use of specific contraceptives.

#### *Ideal child spacing*

When asked about their opinion on how long after the birth of one child a woman should wait before trying to become pregnant again, 81% of women reported that they should wait at least two years (Table 25). These results were relatively consistent between the districts. Interestingly, women in Manufahi wanted to wait longer than women from Ainaro: 43% of women in Manufahi wanted to wait at least three years whereas 22% of women from Ainaro wanted to wait that long.

Women were asked to about the risks of becoming pregnant too soon after the birth of a child. Seventy-seven percent of women could identify at least one risk of inadequate birth intervals (Table 26). The percentage of women who could identify a risk factor was lower in Manufahi (71%) than in Ainaro (84%). The most commonly reported risk was that it was “bad for the health of the mother and the baby”. This answer was mentioned by 44% of women overall. However, more specific risks, such as low birth weight (13%), preterm birth (1%), and miscarriage (2%) were mentioned far less commonly (Table 26).

#### *Knowledge of family planning methods*

When women were asked to spontaneously name methods that could be used to space pregnancies, 91% of women in Manufahi and 85% of women in Ainaro were able to name any method, and slightly fewer women in both districts were able to name any modern method (90% and 82% respectively) (Table 26). The subdistricts of Turisca and Maubisse had the highest percentages, 17% and 28% respectively, of women who could not identify a single method for child spacing. Of the methods that were identified by women, the injectable method was the most commonly listed, followed by the pill and implants (Table 27).

#### *Use of contraceptives*

Women were asked if they were currently using a method to delay or avoid getting pregnant, and for those using a method, the type of contraception they were using. Fully 56% of women in Manufahi report using a method; this was significantly lower at 29% in Ainaro (Table 29). The percent of women who are currently using a modern method of contraception is slightly lower: 54% in Manufahi and 23%

in Ainaro report they are currently using a modern method of contraception. These findings are interesting in light of the similarly high percentages of women who believe they should wait 2 or more years before their next pregnancy across both districts: the value for delaying birth is not being translated into action in Ainaro.

Among women surveyed, injectable contraception is the most commonly used in the program area (Table 30). Forty-five percent of women in Manufahi and 13% in Ainaro are currently using an injectable contraceptive. All other methods of contraception were used by less than 5% of the population. Interestingly, implants were reportedly used by between 6-8% of women in four of the subdistricts—Same, Ainaro, Hatu Udo, and Alas—demonstrating their growing popularity in Timor-Leste.

#### **Section 4: Cell phone ownership and use in Manufahi and Ainaro**

Several studies conducted in Timor-Leste over the past few years have shown a rapid escalation in mobile phone ownership. HAI's KPC survey collected data on mobile phone ownership and use to inform implementation of the Mobile Moms project. Women surveyed in Manufahi and Ainaro reported high rates of household mobile phone ownership: 69% in Manufahi and 66% in Ainaro (Table 31). Alas subdistrict had the lowest rates of household ownership at 36%, while in all other subdistricts a majority of women reported that there was a mobile phone in their household. Not only are there phones in the majority of households, but over a quarter of households reported owning two phones, and 8% said they had 3 or more in the household (Table 32).

Of women who reported mobile phone ownership in the household, 70% in Manufahi and 95% in Ainaro reported that they owned their own phone (Table 33). This finding is crucial in ensuring that women should be able to receive and preserve messages meant predominantly for them. The program does, however, hope to tailor messages to be shared among family members, so the subdistricts in which a lower percentage of women reported that they own their own phones—Turiscaí (58%) and Same (68%)—will hopefully give us more insight into how often messages are shared and discussed with partners and other family members.

Text messaging is very common in Timor-Leste. Most Timorese buy inexpensive scratch phone credit (locally called *pulsa*) sold on the street to add time on their phones. Because text messaging uses far less phone credit compared to making phone calls it is typically the preferred mobile phone communication method. Therefore, it was not surprising that women who report household ownership of a phone are experienced with text messaging. Fully 98% of all women who report access to a mobile phone used the phone to send or receive text messages (Table 34). Over 70% of women with a phone in the household sent messages at least daily (Table 35).

#### **EXAMINING POTENTIAL BARRIERS TO MOBILE PHONE USE**

Household ownership of mobile phones does not guarantee that these phones are used by women, that the phones are charged and available for use on a daily or weekly time frame, or that women might be able to read SMS messages that they receive. In the following section, we examine some of these possible barriers.

### *Recharging mobile phones*

When families own a mobile phone, they are very resourceful to find methods to charge their phone. Overall, 56% of women reported that they charge their mobile phone in their home using electricity, a solar charger, or a battery (Table 36). Fifteen percent of women used electricity at another site and 26% of women used a solar charger at another site. Occasionally women reported using generators to charge phones. The mix of methods used varies by subdistrict. For example in Alas, only 16% of women reporting using electricity to charge their mobile phones at their home or another site versus 61% using a solar charger. In Ainaro subdistrict, however, 86% of women report using electricity. What is important was that all mobile phone owners found a way to charge their phone.

### *Mobile phone signal strength*

Among surveyed women who reported mobile phone ownership in the household, 95% in Manufahi and 99% in Ainaro said that a cell phone signal was available either in their home or within a five minute walk of their home (Table 37). These high percentages make us hopeful that signal coverage is adequate for this program. We only asked this question of women who already owned phones, however so it is difficult to know whether cell phone coverage in these districts is almost universally available or whether the presence of a cell phone signal near to the home may be a precursor to households allocating resources to purchase a mobile phone.

### *Literacy*

An important component of the Mobile Moms/Liga Inan project is providing pregnant women with text messages about healthy maternal behavior and appropriate care seeking practices. Women surveyed were asked if they could speak, read or write Tetun, the local language spoken by the majority of Timorese and the language that will be used for the Mobile Moms/Liga Inan text messages. Seventy-three percent of women in Manufahi and 59% of women in Ainaro stated that they could read Tetun (Table 38). Of those women who said that they were unable to read in the Tetun language, all stated that there was someone in the household or nearby who could assist them in reading a message in Tetun (Table 39). Husbands were most often mentioned, followed by other family members.

## **Section 5: Message preferences in Manufahi District**

In order to tailor our program more specifically to the preferences of the women who will receive the SMS messages in the Mobile Moms/Liga Inan program, women in Manufahi District were asked in which language they would prefer to receive health-related text messages and which time of day they would prefer to receive them. Almost all women (98%) said they would like to receive messages in Tetun, the most widely spoke language in Timor-Leste (Table 40). This varied little cross the four subdistricts. Greater variation was found for message timing: both morning and afternoon were equally preferred overall, however the mix of daytime preferences varied by subdistrict (Table 41).

## Recommendations

This survey indicates that there is a need to increase both the rates of full attendance at ANC by pregnant women in the project area, and also improve the knowledge and several key practices related to the pregnancy, delivery and postpartum periods.

*Build on the rapid growth of cell phone ownership and use among families in Manufahi District to implement, test, and rigorously evaluate a mobile phone strategy aimed to increase health knowledge and uptake of maternal services among pregnant women*

- Improve understanding and recall of health messages
- Remind women of the importance of returning for the full complement of ANC visits
- Increase women’s knowledge of danger signs during pregnancy, delivery, and postpartum to ensure that they will seek care when medical attention is required
- Improve knowledge of health practices around delivery for those women who have a home delivery, including properly boiling umbilical cord-cutting equipment, immediately providing colostrum to newborns, and seeing a midwife for care within two days of delivery
- Provide a ready means of contact with the midwife or clinic in case of the need for transport to the facility

- Review methods of estimating due dates with district midwives, especially in Same subdistrict
- Standardize the practice of establishing a birth plan during ANC visits to facilitate the increase of skilled birth attendance at delivery
- Examine current practices around distribution of anti-parasite drugs to determine the reasons for low recall by pregnant

*Assist midwives to strengthen the ANC care they provide*

*Continue to support PSF to deliver health promotion messages to pregnant women and communities*

- Increase women’s knowledge of danger signs during pregnancy, delivery, and postpartum to ensure that they will seek care when medical attention is required

## Conclusion

A high percentage of women have at least one interaction with the health system in Manufahi and Ainaro districts. This provides a powerful platform for improving maternal and newborn health; however it is difficult to provide all necessary care in a single visit. Assuring that key messages are shared during that visit and that all relevant services are available is important, but we also need to focus on assuring that women return for additional consultations. Improving the connection between midwives and women, and ensuring that the consultation is a positive, reinforcing experience, is important to increasing health knowledge and health seeking behaviors among women.

The Mobile Moms/Liga Inan project is designed to help MOH midwives remind women of key health messages and to return for other key health services, as well as improve the feeling of connection between women and midwives. By using mobile phones, which women already have, and sending simple text messages, which women frequently use, we can send these messages to women in their homes. Some women may read the messages to themselves on their own phone, but other women may share these messages with family members through a shared mobile phone or assistance during translation. Sharing these messages or asking for help increases the number of people exposed to these key health messages, and is a strength of the program and not a weakness. More people will read messages about the importance of taking iron tablets, receiving tetanus toxoid vaccinations, or starting breastfeeding within one hour of delivery.

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**Table 1: Demographics of study population\***

*Table 1: Estudo demografia populasaun\**

Area	Average age of Woman (Years)	Average Years of School	Average Number of Children per Woman	Number of Women interviewed
<i>Area</i>	<i>Medida idade inan (Tinan)</i>	<i>Medida tinan eskola</i>	<i>Medida numeru oan husi kada inan</i>	<i>Numeru inan tuir intervista</i>
Alas	27.4	5.5	3.6	72
Fatuberliu	27.8	8.5	3.9	72
Same	26.6	7.0	3.5	72
Turiscail	28.2	7.1	4.5	77
<b>Manufahi District Total</b>	<b>27.0</b>	<b>7.0</b>	<b>3.7</b>	<b>293</b>
Ainaro	28.8	8.6	4.0	72
Hatu Udo	27.2	6.2	3.4	72
Hatubuilico	28.9	5.3	4.6	72
Maubisse	28.8	4.5	5.1	72
<b>Ainaro District Total</b>	<b>28.5</b>	<b>5.9</b>	<b>4.4</b>	<b>288</b>
<b>Combined District Total</b>	<b>27.8</b>	<b>6.5</b>	<b>4.1</b>	<b>581</b>

\*The data presented in this and all following tables are weighted with respect to variations at the sample level, the subdistrict population, and district population as follows:

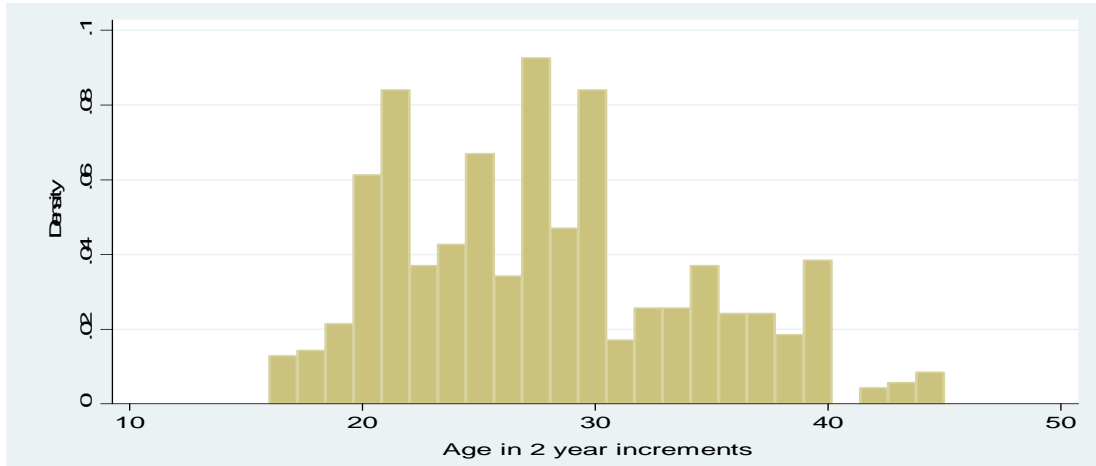
- at the **subdistrict** level: the data is weighted with respect to variations in sample size only
- at the **district** level: the data is weighted with respect to variations in sample size and the variations in population of the subdistrict
- at the **combined district** level: the data is weighted with respect to variations in sample size, the variations in population of the subdistrict, and variations in the population of the district

\*Dadus ne'ebé apresenta iha ne'e no tabela sira tuir mai ne'e tetu ona ho variasaun iha nivel amostra, populasaun sub-distritu, no distritu hanesan tuirmai ne'e:

- Iha nivel **sub-distritu**: dadus sira tetu haktuir variasaun iha amostra nia tamañu de'it
- Iha nivel **distritu**: dadus analiza tuir variasaun iha tamañu amostra, variasaun populasaun iha sub-distritu
- Iha nivel **distritu kombinadu**: dadus analiza ka tetu tuir variasaun iha tamañu amostra, variasaun populasaun iha distritu

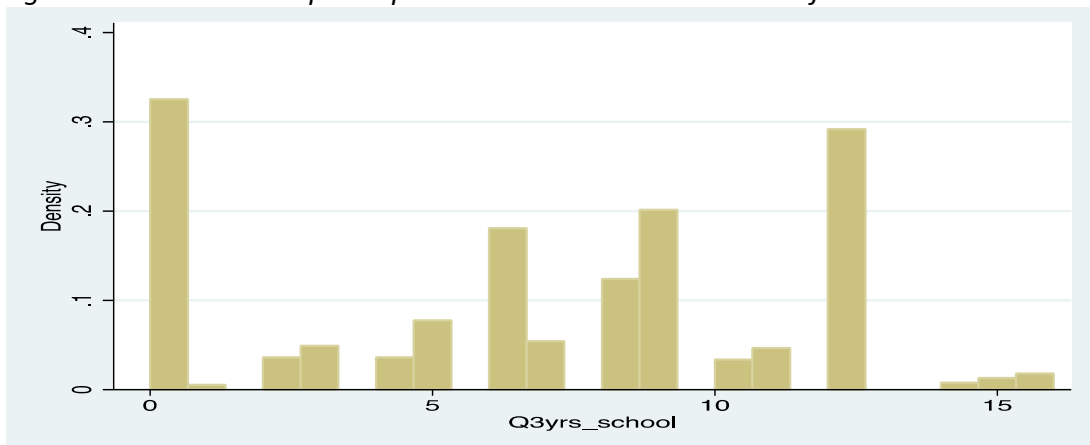
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*Figure 1: Distribusaun participante nia idade iha grupo tinan rua husi Manufahi no Ainaro*



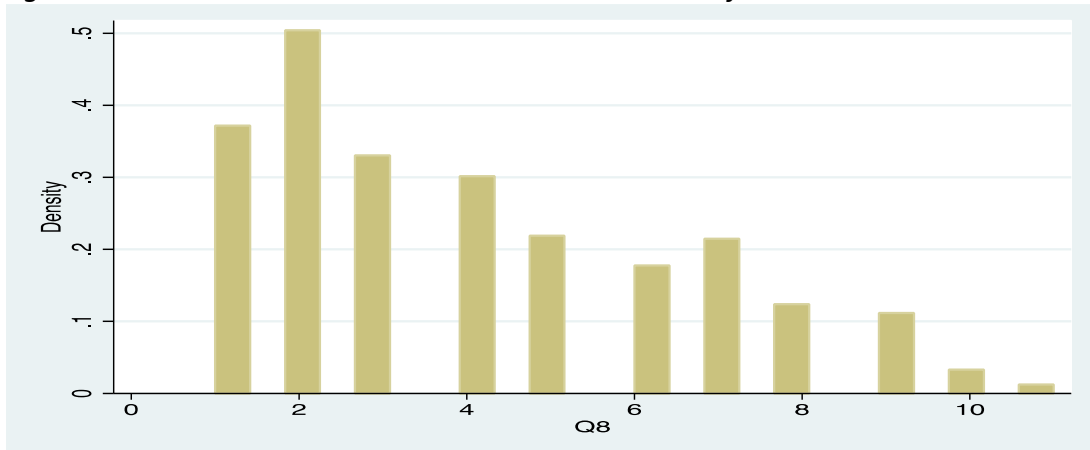
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**Table 2: Materials used floor and roofing among survey participants**

*Table 2: Materias ne'ebe uja ba uma kakuluk no rai (Uma Laran) husi participante*

Program Area	Roof Material			Floor Material				Total Women
	Palm Leaves	Sheet Iron	Other	Earth	Concrete	Wood/Bamboo	Other	
Area Programa	<i>Uma Kakuluk</i>			<i>Rai iha Uma Laran</i>				<i>Inan total</i>
	<i>Tali Tahan</i>	<i>Kalen</i>	<i>Seluk</i>	<i>Rai</i>	<i>Semente</i>	<i>Ai ou Fafulu ka Au</i>	<i>Seluk</i>	
Alas	51%	43%	6%	68%	19%	12%	0%	72
Fatuberliu	22%	78%	0%	53%	43%	4%	0%	72
Same	22%	78%	0%	60%	35%	6%	0%	72
Turiscai	3%	87%	10%	65%	34%	1%	0%	77
<b>Manufahi District Total</b>	<b>23%</b>	<b>75%</b>	<b>2%</b>	<b>60%</b>	<b>34%</b>	<b>6%</b>	<b>0%</b>	<b>293</b>
Ainaro	7%	93%	0%	56%	39%	3%	3%	72
Hatu Udo	51%	46%	3%	64%	32%	4%	0%	72
Hatubuilico	10%	90%	0%	71%	29%	0%	0%	72
Maubisse	22%	68%	10%	75%	25%	0%	0%	72
<b>Ainaro District</b>	<b>21%</b>	<b>75%</b>	<b>4%</b>	<b>67%</b>	<b>30%</b>	<b>1%</b>	<b>1%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>22%</b>	<b>75%</b>	<b>3%</b>	<b>64%</b>	<b>32%</b>	<b>4%</b>	<b>0%</b>	<b>581</b>

**Table 3: Women who report having specific household commodities\***

*Table 3: Inan ne'ebe relata iha sasan uma laran spesifiko*

Program Area	Electricity	Radio	Television	Mobile Phone	Bicycle	Motor bike	Car/ Truck	Horse/ Animal Transport	Total Women
<i>Area Programa</i>	<i>Electricidade</i>	<i>Radio</i>	<i>Televizaun</i>	<i>Telemovel</i>	<i>Bicikleta</i>	<i>Motor</i>	<i>Kareta ka trek</i>	<i>Kuda ka animale ne'ebe usa ba transporte</i>	<i>Inan total</i>
Alas	19%	22%	7%	36%	22%	13%	1%	43%	72
Fatuberliu	54%	19%	22%	59%	48%	21%	6%	20%	72
Same	50%	35%	24%	69%	17%	18%	0%	44%	72
Turiscari	42%	36%	20%	49%	6%	13%	2%	67%	77
<b>Manufahi District Total</b>	<b>46%</b>	<b>31%</b>	<b>21%</b>	<b>62%</b>	<b>20%</b>	<b>17%</b>	<b>1%</b>	<b>44%</b>	<b>293</b>
Ainaro	54%	29%	42%	72%	6%	31%	4%	15%	72
Hatu Udo	19%	38%	7%	60%	1%	8%	3%	56%	72
Hatubuilico	3%	46%	14%	65%	0%	24%	0%	35%	72
Maubisse	17%	46%	13%	47%	4%	11%	1%	49%	72
<b>Ainaro District Total</b>	<b>24%</b>	<b>40%</b>	<b>19%</b>	<b>59%</b>	<b>3%</b>	<b>18%</b>	<b>2%</b>	<b>39%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>35%</b>	<b>35%</b>	<b>20%</b>	<b>61%</b>	<b>12%</b>	<b>18%</b>	<b>1.6%</b>	<b>41%</b>	<b>581</b>

\*This table displays the proportion of total responses. Women could report more than one answer.

\*Tabela ne'e hatudu proporsionalidade husi total resposta. Inan bele reporta liu tan husi resposta ida.

## Tables for Results on Maternal and Newborn Health

**Table 4: Percent of women with children between the ages of 0-23 months who received antenatal care (ANC) from a skilled health provider**

*Table 4: Percentajen inan ho oan ho idade fulan 0-23 ne'ebe simu konsulta isin rua (ANC) husi pesoa saúde*

Program Area	Percent women who received at least 1 ANC visit	Percent women who received 4 or more ANC visits	No ANC visits	Total Women
<i>Area Programa</i>	<i>Percentajen husi inan ne'ebe simu vizita ANC dala 1 ka liu</i>	<i>Percentajen husi inan ne'ebe simu vizita ANC dala 4 ka liu</i>	<i>Percentajen husi inaan ne'ebe la simu ANC</i>	<i>Inan Total</i>
Alas	96%	75%	4%	72
Fatuberliu	99%	72%	1%	72
Same	93%	83%	7%	72
Turiscai	84%	45%	16%	77
<b>Manufahi District Total</b>	<b>93%</b>	<b>76%</b>	<b>7%</b>	<b>293</b>
Ainaro	90%	67%	10%	72
Hatu Udo	83%	71%	17%	72
Hatubuilico	93%	69%	7%	72
Maubisse	94%	64%	6%	72
<b>Ainaro District Total</b>	<b>91%</b>	<b>67%</b>	<b>9%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>92%</b>	<b>72%</b>	<b>8%</b>	<b>581</b>

**Table 5: Reported sites of antenatal care among women who reported they attended at least one ANC visit\***

*Table 5: Reporta fatin ne'ebe inan uja atu hetan konsulta isin rua entre inan ne'ebe reporta katak sira atende Vizita ANC maizumenus dala ida*

Program Area	Home	Hospital	Maternity	Community Health Center (CHC)	Health Post	SISCA	Outreach Event	Private Clinic	Other	Women who received at least 1 ANC
<i>Area Programa</i>	<i>Uma</i>	<i>Hospital</i>	<i>Maternidade</i>	<i>CHC</i>	<i>Postu Saúde</i>	<i>SISCa</i>	<i>Eventu outreach</i>	<i>Clinika privadu</i>	<i>Seluk</i>	<i>Inan ne'ebe simu ANC dala 1 ka liu</i>
Alas	0%	1%	1%	26%	42%	35%	4%	0%	0%	69
Fatuberliu	0%	1%	0%	85%	14%	1%	0%	0%	16%	71
Same	0%	21%	1%	58%	22%	18%	0%	0%	0%	67
Turiscari	2%	6%	0%	94%	0%	2%	0%	0%	0%	66
<b>Manufahi District Total</b>	<b>0%</b>	<b>14%</b>	<b>1%</b>	<b>62%</b>	<b>21%</b>	<b>16%</b>	<b>1%</b>	<b>0%</b>	<b>2%</b>	<b>273</b>
Ainara	0%	0%	0%	83%	15%	0%	0%	2%	0%	65
Hatu Udo	2%	0%	0%	48%	42%	7%	0%	0%	0%	60
Hatubuilico	1%	1%	0%	27%	31%	13%	0%	25%	0%	67
Maubisse	0%	82%	0%	9%	7%	0%	0%	6%	0%	68
<b>Ainara District Total</b>	<b>1%</b>	<b>33%</b>	<b>0%</b>	<b>37%</b>	<b>21%</b>	<b>4%</b>	<b>0%</b>	<b>8%</b>	<b>0%</b>	<b>260</b>
<b>Combined District Totals</b>	<b>0%</b>	<b>23%</b>	<b>1%</b>	<b>50%</b>	<b>21%</b>	<b>10%</b>	<b>0%</b>	<b>4%</b>	<b>1%</b>	<b>533</b>

\*This table displays the proportion of total responses. Women could report more than one answer.

\*Tabela ne'e hatudu proporsionalidade husi total resposta. Inan bele reporta liu tan husi resposta ida.

**Table 6: Timing of initiation of the first antenatal care visit**

*Table 6: Fulan ne'ebe inan simu konsulta isin rua dala primero*

Program Area	1-3 months	4-6 moths	7-9 months	Don't Know or Forgot	Women who received ANC
<i>Area Programa</i>	<i>Fulan 1-2</i>	<i>Fulan 4-6</i>	<i>Fulan 7-9</i>	<i>La hatene ka haluha</i>	<i>Inan ne'ebe simu ANC</i>
Alas	78%	19%	3%	0%	69
Fatuberliu	71%	29%	0%	0%	71
Same	55%	40%	4%	0%	67
Turiscail	37%	51%	12%	0%	66
<b>Manufahi District Total</b>	<b>58%</b>	<b>37%</b>	<b>4%</b>	<b>0%</b>	<b>273</b>
Ainara	40%	60%	0%	0%	65
Hatu Udo	52%	48%	0%	0%	60
Hatubuilico	49%	46%	3%	1%	67
Maubisse	15%	75%	10%	0%	68
<b>Ainara District Total</b>	<b>34%</b>	<b>61%</b>	<b>5%</b>	<b>0%</b>	<b>260</b>
<b>Combined District Totals</b>	<b>46%</b>	<b>49%</b>	<b>5%</b>	<b>0%</b>	<b>533</b>

**Table 7: Women who obtained at least one ANC visit who received selected services**

*Table 7: Inan ne'ebe hetan visita ANC maizumenus dala ida mak servi ho selesionado*

Program Area	Weight Taken	Blood Pressure Measured*	Stomach Examined	Women who received ANC
<i>Area Programa</i>	<i>Tetu Todan</i>	<i>Koko tensaun</i>	<i>Koko kabun</i>	<i>Inan ne'ebe simu ANC</i>
Alas	91%	93%	100%	69
Fatuberliu	96%	88%	100%	71
Same	99%	100%	99%	67
Turiscail	69%	79%	90%	66
<b>Manufahi District Total</b>	<b>95%</b>	<b>96%</b>	<b>98%</b>	<b>273</b>
Ainara	100%	98%	100%	65
Hatu Udo	100%	100%	100%	60
Hatubuilico	100%	97%	97%	67
Maubisse	100%	100%	99%	68
<b>Ainara District</b>	<b>100%</b>	<b>99%</b>	<b>99%</b>	<b>260</b>
<b>Combined District Totals</b>	<b>97%</b>	<b>97%</b>	<b>98%</b>	<b>533</b>



**Table 8: Women who received any antenatal care who report that a midwife calculated their Estimated Due Date (EDD) during ANC**

*Table 8: Inan ne'ebe simu ANC ne'ebe dehan katak parteira halo kalkulasaun ba estimasaun loron partus (EDD) nian durante inan mai halo kuidado antenatal*

Program Area	Women who received EDD	No EDD	Do not know	Women who received any ANC
<i>Area Programa</i>	<i>Inan ne'ebe simu EDD</i>	<i>Inan ne'ebe la simu EDD</i>	<i>La hatene</i>	<i>Inan ne'ebe simu ANC</i>
Alas	91%	9%	0%	69
Fatuberliu	99%	1%	0%	71
Same	64%	34%	1%	67
Turiscail	86%	14%	0%	63
<b>Manufahi District Total</b>	<b>74%</b>	<b>25%</b>	<b>1%</b>	<b>270</b>
Ainaro	100%	0%	0%	65
Hatu Udo	97%	3%	0%	60
Hatubuilico	97%	1%	1%	67
Maubisse	93%	7%	0%	68
<b>Ainaro District Total</b>	<b>96%</b>	<b>4%</b>	<b>0%</b>	<b>260</b>
<b>Combined District Total</b>	<b>85%</b>	<b>14%</b>	<b>1%</b>	<b>530</b>

**Table 9: Women surveyed who can identify 2 or more danger signs of pregnancy**

*Table 9: Inan ne'ebe iha estudo nee bele identifika sinal perigo durante isin rua nina 2 ka liu*

Program Area	Knows 0-1 danger signs in pregnancy	Knows 2 or greater danger signs in pregnancy	Total women
<i>Area programa</i>	<i>Hatene Sinal perigo 0-1 iha isin rua</i>	<i>Hatene sinal perigo 2 ka liu husi isin rua</i>	<i>Total Inan</i>
Alas	51%	49%	72
Fatuberliu	48%	52%	72
Same	43%	57%	72
Turiscail	54%	46%	77
<b>Manufahi District Total</b>	<b>46%</b>	<b>54%</b>	<b>293</b>
Ainaro	31%	69%	72
Hatu Udo	46%	54%	72
Hatubuilico	35%	65%	72
Maubisse	61%	39%	72
<b>Ainaro District Total</b>	<b>46%</b>	<b>55%</b>	<b>288</b>
<b>Combined District Total</b>	<b>46%</b>	<b>54%</b>	<b>581</b>

**Table 10: Women who received tetanus toxoid (TT) vaccinations during their last pregnancy and over their lifetime**

*Table 10: Inan ne'ebe simu vacina tetanus toxoid (TT) durante isin rua ba sira nia oan ida ikus (kiik) ka inan ne'ebe simu durante moris tomak*

Program Area	Last pregnancy		Lifetime		Total Women
	Any TT	2+ TT	2+ TT	Never	
Area Programa	<i>Isin rua ikus</i>		<i>Durante moris tomak</i>		Total Inan
	<i>Dala 1 ka liu</i>	<i>2+ TT</i>	<i>2+ TT</i>	<i>Nunka</i>	
Alas	85%	75%	93%	4%	71
Fatuberliu	96%	89%	95%	1%	72
Same	86%	75%	85%	7%	72
Turiscai	67%	51%	78%	11%	77
<b>Manufahi District Total</b>	<b>85%</b>	<b>74%</b>	<b>86%</b>	<b>6%</b>	<b>292</b>
Ainaro	76%	64%	83%	4%	72
Hatu Udo	78%	71%	89%	8%	72
Hatubuilico	69%	63%	78%	15%	72
Maubisse	72%	51%	79%	7%	72
<b>Ainaro District Total</b>	<b>74%</b>	<b>60%</b>	<b>82%</b>	<b>8%</b>	<b>288</b>
<b>Combined District Total</b>	<b>79%</b>	<b>67%</b>	<b>84%</b>	<b>7%</b>	<b>580</b>

**Table 11: Percent of women who received iron supplementation during their last pregnancy**

*Table 11: Persentajen inan ne'ebe hemu aimoruk aumanta ran durante isin rua ikus*

Program Area	Women who took any iron tablets	Women who took more than 90 tablets	Did not know or do not remember	Total Women
<i>Area Programa</i>	<i>Inan ne'ebe hemu tableta aumanta ran</i>	<i>Inan ne'ebe hemu tablet 90 ka liu</i>	<i>La hatene ka haluhan</i>	<i>Total Inan</i>
Alas	86%	66%	0%	72
Fatuberliu	96%	84%	0%	72
Same	90%	31%	0%	72
Turiscail	87%	53%	2%	77
<b>Manufahi District Total</b>	<b>90%</b>	<b>45%</b>	<b>0%</b>	<b>293</b>
Ainaro	88%	33%	0%	72
Hatu Udo	78%	77%	0%	72
Hatubuilico	92%	62%	0%	72
Maubisse	88%	71%	1%	72
<b>Ainaro District Total</b>	<b>87%</b>	<b>61%</b>	<b>1%</b>	<b>288</b>
<b>Combined District Total</b>	<b>88%</b>	<b>52%</b>	<b>0%</b>	<b>581</b>

**Table 12: Women who took intestinal parasite drugs during their last pregnancy**

*Table 12: Inan ne'ebe hemu aimoruk intestinal parasite durante sira nia isin rua ida ikus nee*

Program Area	Women who took intestinal parasite drugs	Women who did not take intestinal parasite drugs	Did not know	Total Women
<i>Program Area</i>	<i>Inan ne'ebe hemo aimoruk contra intestinal parasite</i>	<i>Inan ne'ebe la hemu aimoruk contra intestinal parasite</i>	<i>La hatene</i>	<i>Total Inan</i>
Alas	17%	81%	3%	72
Fatuberliu	6%	89%	5%	72
Same	23%	77%	0%	71
Turiscail	45%	55%	0%	77
<b>Manufahi District Total</b>	<b>22%</b>	<b>77%</b>	<b>1%</b>	<b>292</b>
Ainaro	1%	99%	0%	72
Hatu Udo	24%	71%	6%	72
Hatubuilico	11%	89%	0%	72
Maubisse	21%	78%	1%	72
<b>Ainaro District Total</b>	<b>14%</b>	<b>84%</b>	<b>1%</b>	<b>288</b>
<b>Combined District Total</b>	<b>19%</b>	<b>80%</b>	<b>1%</b>	<b>580</b>

**Table 13: Reported methods available for women to contact midwives around the time of birth (multiple responses possible)\***

*Table 13: Relatori ba metode sira ne'ebe iha ba inan sira hodi kontakto parteira iha tempu ne'ebe atu partus\**

Program Area	In person only	By household phone	By other phone	Send messenger	Other <sup>1</sup>	Not able to contact midwife
<i>Area Programa</i>	<i>Ba hasoru deit</i>	<i>Husi telefone uma</i>	<i>Husi telefone seluk</i>	<i>Haruka mensagen</i>	<i>Seluk<sup>1</sup></i>	<i>La bele atu kontakto ho parteira</i>
Alas	6%	15%	3%	38%	1%	40%
Fatuberliu	2%	0%	6%	74%	0%	17%
Same	10%	50%	25%	13%	0%	8%
Turiscai	3%	16%	8%	66%	0%	17%
<b>Manufahi District Total</b>	<b>7%</b>	<b>35%</b>	<b>18%</b>	<b>30%</b>	<b>0%</b>	<b>14%</b>
Ainaro	24%	54%	10%	21%	0%	7%
Hatu Udo	18%	18%	7%	43%	0%	19%
Hatubuilico	15%	40%	4%	21%	0%	21%
Maubisse	11%	22%	4%	38%	3%	31%
<b>Ainaro District Total</b>	<b>16%</b>	<b>33%</b>	<b>6%</b>	<b>31%</b>	<b>1%</b>	<b>21%</b>
<b>Combined District Total</b>	<b>12%</b>	<b>35%</b>	<b>12%</b>	<b>30%</b>	<b>1%</b>	<b>18%</b>

<sup>1</sup> Other methods include via community health worker.

\* This table displays the proportion of total responses. Women could respond to more than one method.

<sup>1</sup> Métopu seluk inklui liuhosi traballadór saúde comunidade.

\* Tabela ne'e hatudu proporsau total resposta. Inan bele hatán liu hosi métopu ida.

**Table 14: Percentage of women who had a skilled birth attendant (doctor, midwife, or nurse) present at last birth**

*Table 14: Persentajen inan ne'ebe simu supporta husi pesoal saúde treinado (Dotor, Parteira ka Infermeiro) durante partus ida ikus nee*

Program Area	Skilled birth attendant present	Total women
<i>Area Programa</i>	<i>Presensa pesoal saúde treinado</i>	<i>Total inan</i>
Alas	36%	72
Fatuberliu	63%	72
Same	53%	72
Turiscai	16%	77
<b>Manufahi District Total</b>	<b>48%</b>	<b>293</b>
Ainaro	63%	72
Hatu Udo	44%	72
Hatubuilico	18%	72
Maubisse	29%	72
<b>Ainaro District Total</b>	<b>38%</b>	<b>288</b>
<b>Combined District Total</b>	<b>43%</b>	<b>581</b>

**Table 15: Place of last delivery for women with a child 0-23 months of age**

*Table 15: Fatin partu ida ikus nian ba inan ho oan idade 0-23*

Program Area	At Home	Health facility (Hospital, CHC, or health post)	Totals women
<i>Area Programa</i>	<i>Iha uma</i>	<i>Fasilidade Suade (Ospital, CHC, ka postu saúde)</i>	<i>Total Inan</i>
Alas	83%	17%	72
Fatuberliu	71%	29%	72
Same	58%	42%	72
Turiscai	99%	1%	77
<b>Manufahi District Total</b>	<b>68%</b>	<b>32%</b>	<b>293</b>
Ainaro	46%	54%	72
Hatu Udo	76%	24%	72
Hatubuilico	93%	7%	72
Maubisse	72%	28%	72
<b>Ainaro District Total</b>	<b>71%</b>	<b>29%</b>	<b>288</b>
<b>Combined District Total</b>	<b>69%</b>	<b>31%</b>	<b>581</b>

**Table 16: Method of transportation used to reach health facility among women who delivered at a health facility**

*Table 16: Metode ba uza transporte atu ba to iha fasilidade saúde ba inan sira ne'ebe partus iha fasilidade saúde*

Program Area	Walk	Private Car	Public	Ambulance or MOH vehicle	Other <sup>1</sup>	Total Women Who Reported Transportation
<i>Area Programa</i>	<i>Lao</i>	<i>Kareta Privado</i>	<i>Transporte publiko</i>	<i>Ambulancia ka kareta MdS</i>	<i>Seluk<sup>1</sup></i>	<i>Total inan ne'ebe relata kona ba transporte</i>
Alas	9%	18%	18%	55%	0%	11
Fatuberliu	9%	0%	22%	69%	0%	21
Same	0%	0%	13%	77%	10%	30
Turiscai	0%	0%	0%	100%	0%	1
<b>Manufahi District Total</b>	<b>2%</b>	<b>1%</b>	<b>15%</b>	<b>75%</b>	<b>8%</b>	<b>63</b>
Ainara	21%	8%	8%	49%	15%	39
Hatu Udo	29%	0%	6%	59%	6%	17
Hatubuilico	0%	0%	40%	60%	0%	5
Maubisse	30%	5%	5%	55%	5%	20
<b>Ainara District Total</b>	<b>24%</b>	<b>5%</b>	<b>8%</b>	<b>53%</b>	<b>10%</b>	<b>81</b>
<b>Combined District Total</b>	<b>12%</b>	<b>3%</b>	<b>12%</b>	<b>64%</b>	<b>9%</b>	<b>144</b>

<sup>1</sup> Other includes: rental truck, fireman care, police car, motorcycle, other family's motorcycle, private motor cycle, and family's transport.

<sup>1</sup> Seluk inklui: aluga kamioneta, bonbeirus, polisia nia karreta, motór, família seluk sira-nia motór, motór privadu, no família nia transporte.

**Table 17: Reported travel time to nearest health facility where a woman could deliver**

*Table 17: Relatori kona ba tempu viajen ba besik fasilidade saúde atu hodi partus*

Program Area	30 minutes or less	30-60 minutes	60-90 minutes	90-120 minutes	120-150 minutes	150-180 minutes	Greater than 180 minutes	Total women
<i>Area Programa</i>	<i>Minutu 30 ka menus</i>	<i>Minutu 30-60</i>	<i>Minutu 60-90</i>	<i>Minutu 90-120</i>	<i>Minutu 120-150</i>	<i>Minutu 150-180</i>	<i>Liu tan 180 minutu</i>	<i>Total inan</i>
Alas	48%	23%	1%	18%	0%	3%	7%	71
Fatuberliu	42%	28%	10%	7%	6%	2%	4%	72
Same	44%	39%	4%	7%	1%	4%	0%	72
Turiscail	36%	21%	13%	9%	2%	18%	1%	77
<b>Manufahi District Total</b>	<b>44%</b>	<b>33%</b>	<b>6%</b>	<b>9%</b>	<b>2%</b>	<b>5%</b>	<b>1%</b>	<b>292</b>
Ainaro	53%	31%	7%	10%	0%	0%	0%	72
Hatu Udo	43%	18%	6%	15%	4%	4%	10%	72
Hatubuilico	44%	29%	11%	13%	0%	3%	0%	72
Maubisse	24%	21%	17%	22%	4%	10%	3%	72
<b>Ainaro District Total</b>	<b>38%</b>	<b>25%</b>	<b>11%</b>	<b>16%</b>	<b>2%</b>	<b>5%</b>	<b>3%</b>	<b>288</b>
<b>Combined District Total</b>	<b>41%</b>	<b>29%</b>	<b>8%</b>	<b>12%</b>	<b>2%</b>	<b>5%</b>	<b>2%</b>	<b>580</b>

**Table 18: Women who reported clean cord cutting practices during the birth of their last child**

*Table 18: Inan ne'ebe relata pratika koa husar moos durante partus sira nian oan ida ikus*

Program Area	% of children age 0-23 months who had clean cord cutting at the time of birth	Total women
<i>Area Programa</i>	<i>% husi oan idade fulan 0-23 ne'ebe husar koa ho mos iha tempu partu</i>	<i>Total Inan</i>
Alas	43%	72
Fatuberliu	63%	72
Same	58%	72
Turiscail	64%	77
<b>Manufahi District Total</b>	<b>58%</b>	<b>293</b>
Ainaro	75%	72
Hatu Udo	60%	72
Hatubuilico	61%	72
Maubisse	78%	72
<b>Ainaro District Total</b>	<b>71%</b>	<b>288</b>
<b>Combined District Total</b>	<b>64%</b>	<b>581</b>

**Table 19: Women reporting application of substance on the umbilical cord before or after delivery of the placenta, by substance**

*Table 19: Inan ne'ebe relata tau buat ruma ba bebe nia husar antes ka depois de ka'an moris*

Program Area	Cow Dung	Any type of oil	Antiseptic	Ashes	Other	Nothing	Total Women
<i>Area Programa</i>	<i>Karau ten</i>	<i>Mina ruma</i>	<i>Betadin</i>	<i>Aahukdes an</i>	<i>Seluk</i>	<i>La tau buat ruma</i>	<i>Inan Total</i>
Alas	0%	0%	7%	7%	8%	77%	71
Fatuberliu	0%	3%	12%	0%	17%	69%	68
Same	1%	1%	7%	4%	4%	81%	67
Turiscail	0%	1%	7%	2%	15%	75%	77
<b>Manufahi District Total</b>	<b>1%</b>	<b>1%</b>	<b>8%</b>	<b>4%</b>	<b>7%</b>	<b>78%</b>	<b>283</b>
Ainaro	0%	1%	30%	1%	19%	46%	69
Hatu Udo	0%	1%	7%	0%	25%	65%	71
Hatubuilico	0%	0%	10%	1%	27%	62%	71
Maubisse	0%	0%	0%	8%	0%	92%	71
<b>Ainaro District Total</b>	<b>0%</b>	<b>1%</b>	<b>10%</b>	<b>4%</b>	<b>14%</b>	<b>69%</b>	<b>283</b>
<b>Combined District Totals</b>	<b>0%</b>	<b>1%</b>	<b>9%</b>	<b>4%</b>	<b>11%</b>	<b>74%</b>	<b>566</b>



**Table 20: Percentage of children 0-23 months of age who were put to the breast within one hour after delivery and percentage who were given colostrum**

*Table 20: Percentajen husi oan idade fulan 0-23 ne'ebe simu susu ona iha oras ida nia laran depois the partus no simu susuben kinur*

Program Area	Percentage of children who received breastmilk within one hour of delivery	Percentage of children who received colostrums	Total women
<i>Area Programa</i>	<i>Persentajen husi oan ne'ebe tau kedas ba inan atu fo susu iha oras ida nia laran depois de moris</i>	<i>Persentajen husi oan ne'ebe simu susuben kinur</i>	<i>Total inan</i>
Alas	47%	97%	72
Fatuberliu	36%	99%	72
Same	56%	93%	72
Turiscail	43%	100%	75
<b>Manufahi District</b>	<b>51%</b>	<b>95%</b>	<b>291</b>
Ainaro	75%	99%	72
Hatu Udo	41%	93%	70
Hatubuilico	70%	93%	71
Maubisse	51%	77%	70
<b>Ainaro District</b>	<b>60%</b>	<b>88%</b>	<b>283</b>
<b>Combined District Total</b>	<b>55%</b>	<b>92%</b>	<b>574</b>

**Table 21: Percentage of newborns who received another food prior to receiving breastmilk or during their first month after birth**

*Table 21: Percentajem bebe foin moris ne'ebe hemu buat ruma antes de simu susuben inan nian ka hemu buat seluk durante fulan primero depois de moris*

Program Area	Gave other foods prior to breastfeeding	Total Women	Provided substance other than breastmilk during first month	Total Women
<i>Program Area</i>	<i>Fo hahan ruma ba bebe antes de fo susuben inan nian</i>	<i>Inan Total</i>	<i>Fo hahan ruman durante fulan primero depois de moris</i>	<i>Total Women</i>
Alas	15%	72	18%	72
Fatuberliu	27%	72	26%	72
Same	17%	71	24%	72
Turiscail	31%	74	7%	75
<b>Manufahi District</b>	<b>20%</b>	<b>289</b>	<b>21%</b>	<b>291</b>
Ainaro	19%	72	25%	72
Hatu Udo	23%	70	7%	69
Hatubuilico	41%	71	3%	71
Maubisse	17%	70	10%	70
<b>Ainaro District</b>	<b>24%</b>	<b>283</b>	<b>12%</b>	<b>282</b>
<b>Combined District Totals</b>	<b>22%</b>	<b>572</b>	<b>17%</b>	<b>573</b>

**Table 22: Women who received a postpartum visit within two days of delivery**

*Table 22: Inan sira ne'ebe simu vizita postpartum iha loron rua nia laran husi partus*

Program Area	Postpartum Visit within 2 days	Postpartum Visit after 2 days	No Post Partum Care	Total Women
<i>Area Programa</i>	<i>Vizita postpartum iha loron 2 nia laran</i>	<i>Vizita postpartum depois de loron 2</i>	<i>La hetan kuidadus postpartum</i>	<i>Inan total</i>
Alas	19%	56%	25%	72
Fatuberliu	22%	44%	34%	72
Same	31%	36%	33%	72
Turiscai	9%	42%	49%	77
<b>Manufahi District</b>	<b>26%</b>	<b>40%</b>	<b>34%</b>	<b>293</b>
Ainaro	61%	15%	24%	72
Hatu Udo	32%	40%	28%	72
Hatubuilico	44%	1%	55%	71
Maubisse	22%	46%	32%	72
<b>Ainaro District</b>	<b>38%</b>	<b>28%</b>	<b>34%</b>	<b>287</b>
<b>Combined District Total</b>	<b>32%</b>	<b>34%</b>	<b>34%</b>	<b>580</b>

**Table 23: Percent of babies that received a postnatal visit from a trained health worker within two days of birth**

*Table 23: Persentajen bebe ne'ebe simu vizita postnatal husi pesoal saúde treinado iha loron rua nia laran husi moris*

Area	Newborn Check within 2 days	Newborn Check after 2 days	No Newborn Check	Total Women
<i>Area</i>	<i>Vizita postnatal iha loron 2 nia laran</i>	<i>Vizita postnatald epois de loron 2</i>	<i>La hetan kuidadus postnatal</i>	<i>Inan total</i>
Alas	13%	57%	31%	72
Fatuberliu	18%	21%	62%	72
Same	24%	28%	49%	72
Turiscai	8%	68%	25%	77
<b>Manufahi District</b>	<b>20%</b>	<b>37%</b>	<b>44%</b>	<b>293</b>
Ainaro	63%	15%	22%	72
Hatu Udo	31%	33%	36%	72
Hatubuilico	18%	40%	42%	72
Maubisse	18%	64%	18%	72
<b>Ainaro District</b>	<b>32%</b>	<b>43%</b>	<b>25%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>25%</b>	<b>38%</b>	<b>36%</b>	<b>581</b>

**Table 24: Knowledge of danger signs danger signs during delivery and in newborns**

*Table 24: Inan sira ne'ebe hatene sinal perigu durante partus no iha ba bebe foin moris*

<b>Program Area</b>	<b>Knows 2 or more danger signs during delivery</b>	<b>Knows 2 or more danger signs in newborns</b>	<b>Knows 2 or more danger signs for women postpartum</b>	<b>Total women</b>
<b>Area Programa</b>	<b><i>Hatene sinal perigo durante partus 2 ka liu</i></b>	<b><i>Hatene sinal perigo bebe foin moris 2 ka liu</i></b>	<b><i>Hatene sinal perigu ba inan depois de partus 2 ka liu</i></b>	<b><i>Total inan</i></b>
Alas	36%	56%	50%	72
Fatuberliu	37%	75%	38%	72
Same	29%	32%	39%	72
Turiscaili	35%	48%	51%	77
<b>Manufahi District Total</b>	<b>32%</b>	<b>42%</b>	<b>42%</b>	<b>293</b>
Ainara	51%	40%	75%	72
Hatu Udo	36%	36%	60%	72
Hatubuilico	26%	11%	65%	72
Maubisse	24%	50%	42%	72
<b>Ainara District Total</b>	<b>33%</b>	<b>37%</b>	<b>58%</b>	<b>288</b>
<b>Combined District Total</b>	<b>32%</b>	<b>40%</b>	<b>50%</b>	<b>581</b>

## Tables of Results on Family Planning

**Table 25: Reported ideal birth interval among women with children 0-23 months of age**

*Table 25: Relatorio kona ba espaso oan ideal husi inan ne'ebe ho oan idade fulan 0-23*

Program Area	Number of years women reported was best to space between children:				Total Women
	One Year	Two Years	Three or more years	Don't Know	
Area Programa	Numeru tinan katak inan sira hanoin apropiadu atu espasu entre oan:				Inan Total
	Tinan ida	Tinan rua	Tinan tolu ka liu	La Hatene	
Alas	19%	31%	43%	7%	72
Fatuberliu	15%	36%	46%	4%	72
Same	17%	38%	44%	1%	72
Turiscai	17%	44%	35%	4%	77
<b>Manufahi District Total</b>	<b>17%</b>	<b>37%</b>	<b>43%</b>	<b>3%</b>	<b>292</b>
Ainaro	22%	49%	26%	3%	72
Hatu Udo	19%	56%	24%	1%	72
Hatubuilico	19%	67%	14%	0%	72
Maubisse	13%	65%	22%	0%	72
<b>Ainaro District Total</b>	<b>18%</b>	<b>60%</b>	<b>22%</b>	<b>1%</b>	<b>288</b>
<b>Combined District Total</b>	<b>17%</b>	<b>48%</b>	<b>33%</b>	<b>2%</b>	<b>580</b>

**Table 26: Reported risks of getting pregnant too soon after the birth of a child\***

*Table 26: Relata risiko husi hetan isin rua fali iha tempu badak nia laran depois partus*

Program Area	Baby born too small	Baby born too early	Mother can die	Mother can miscarry	Mother can suffer anemia	Bad for health of mother and/or baby	Mother cannot work between pregnancies	Other	Total Women
<i>Area Programa</i>	<i>Bebe moris kik liu</i>	<i>Bebe moris sedu liu</i>	<i>Inan bele mate</i>	<i>Ina bele abortus</i>	<i>Inan bele sofre anemia</i>	<i>Ladiak ba inan ka bebe nia saúde</i>	<i>Laiha tempo atu halo servico</i>	<i>Seluk</i>	<i>Inan Total</i>
Alas	10%	0%	15%	4%	17%	33%	35%	1%	72
Fatuberliu	4%	0%	13%	6%	0%	55%	46%	4%	72
Same	18%	0%	24%	4%	22%	22%	26%	11%	72
Turiscái	2%	5%	9%	6%	3%	36%	58%	7%	77
<b>Manufahi District</b>	<b>13%</b>	<b>1%</b>	<b>20%</b>	<b>5%</b>	<b>16%</b>	<b>29%</b>	<b>34%</b>	<b>8%</b>	<b>293</b>
Ainaro	29%	0%	3%	0%	3%	74%	15%	18%	72
Hatu Udo	7%	1%	11%	0%	1%	43%	40%	4%	72
Hatubuilico	21%	3%	7%	1%	0%	79%	21%	11%	72
Maubisse	1%	0%	4%	0%	4%	44%	71%	4%	72
<b>Ainaro District</b>	<b>13%</b>	<b>1%</b>	<b>6%</b>	<b>0%</b>	<b>3%</b>	<b>59%</b>	<b>42%</b>	<b>9%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>13%</b>	<b>1%</b>	<b>13%</b>	<b>2%</b>	<b>10%</b>	<b>44%</b>	<b>38%</b>	<b>9%</b>	<b>581</b>

\*This table displays the proportion of total responses. Women could report more than one answer.

\*Tabela ne'e hatudu proporsionalidade husi total resposta. Inan bele reporta liu tan husi resposta ida.

**Table 27: Women who could spontaneously name a contraceptive method**

*Table 27: Inan ne'ebe bele identifika naran methodu contraceptive ruma*

Program Area	Any Method	Any modern method	No method known	Total Women
<i>Area Programa</i>	<i>Identifika methodu 1 ka liu</i>	<i>Identifika methodu modernu 1 ka liu</i>	<i>La hatene methodu ida</i>	<i>Inan Total</i>
Alas	83%	82%	17%	72
Fatuberliu	79%	76%	21%	72
Same	81%	79%	19%	72
Turiscai	70%	69%	30%	77
<b>Manufahi District</b>	<b>80%</b>	<b>78%</b>	<b>20%</b>	<b>293</b>
Ainaro	79%	75%	21%	72
Hatu Udo	90%	89%	10%	72
Hatubuilico	83%	81%	17%	72
Maubisse	57%	47%	43%	72
<b>Ainaro District</b>	<b>70%</b>	<b>64%</b>	<b>30%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>75%</b>	<b>72%</b>	<b>25%</b>	<b>581</b>

**Table 28: Knowledge of contraceptive methods by women as determined by spontaneous recall \***

*Table 28: Koinesimentu kona ba methodu kontraseptivu husi inan sira ne'ebe sira identifika rasik*

Program Area	Female Sterilization	Male Sterilization	Pill	IUD	Injectables	Implants	Condom	LAM	Cyclebeads	Rhythm Method	Other	Total Women
Alas	14%	0%	46%	36%	78%	40%	14%	1%	17%	11%	1%	72
Fatuberliu	4%	0%	63%	26%	73%	55%	23%	4%	16%	14%	0%	72
Same	1%	0%	25%	15%	74%	31%	6%	3%	1%	3%	4%	72
Turisc'ai	2%	2%	52%	6%	64%	8%	0%	0%	2%	7%	5%	77
<b>Manufahi District Total</b>	<b>3%</b>	<b>0%</b>	<b>36%</b>	<b>18%</b>	<b>73%</b>	<b>32%</b>	<b>8%</b>	<b>2%</b>	<b>5%</b>	<b>6%</b>	<b>3%</b>	<b>293</b>
Ainara	11%	1%	46%	21%	65%	33%	8%	12%	18%	18%	4%	72
Hatu Udo	6%	0%	50%	32%	82%	51%	3%	0%	3%	6%	1%	72
Hatubuilico	11%	0%	50%	15%	76%	36%	1%	0%	4%	3%	1%	72
Maubisse	8%	3%	28%	10%	40%	18%	10%	8%	6%	14%	10%	72
<b>Ainara District Total</b>	<b>9%</b>	<b>1%</b>	<b>41%</b>	<b>17%</b>	<b>61%</b>	<b>31%</b>	<b>7%</b>	<b>6%</b>	<b>8%</b>	<b>11%</b>	<b>5%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>6%</b>	<b>1%</b>	<b>38%</b>	<b>18%</b>	<b>67%</b>	<b>32%</b>	<b>7%</b>	<b>4%</b>	<b>7%</b>	<b>9%</b>	<b>4%</b>	<b>581</b>

\*This table displays the proportion of total responses. Women could report more than one answer.

\*Tabela ne'e hatudu proporsionalidade husi total resposta. Inan bele reporta liu tan husi resposta ida.

**Table 29: Women with children 0-23 months of age who are currently using any family planning method, by whether it is a modern or traditional method**

*Table 29: Inan ne'ebe ho oan idade fulan 0-23 mak agora dadaun uza metode planeamentu familiar modernu ka tradisional*

<b>Program Area</b>	<b>Any Modern Method</b>	<b>Other Method</b>	<b>Not Using Contraception</b>	<b>Total Women</b>
<i>Area programa</i>	<i>Usa methodu modernu</i>	<i>Usa methodu seluk</i>	<i>La usa methodu</i>	<i>Inan Total</i>
Alas	50%	1%	49%	72
Fatuberliu	39%	4%	57%	72
Same	61%	0%	39%	72
Turiscai	36%	8%	56%	77
<b>Manufahi District Total</b>	<b>54%</b>	<b>2%</b>	<b>45%</b>	<b>293</b>
Ainaro	27%	8%	65%	72
Hatu Udo	42%	1%	57%	72
Hatubuilico	17%	3%	80%	72
Maubisse	25%	6%	69%	72
<b>Ainaro District Total</b>	<b>23%</b>	<b>6%</b>	<b>71%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>40%</b>	<b>3%</b>	<b>57%</b>	<b>581</b>



**Table 30: Family planning methods used by women with children under 2 years of age\***

Table 30: Methodu planementu familiar ne'ebe uza husi inan ne'ebe iha bebe tinan 2 mai kraik

Program Area	Not Using Contraception	Female Sterilization	Male Sterilization	Pill	IUD	Injectable	Implant	Condom	LAM	Standard Days Beads	Calendar Method	Other	Total Women
Alas	49%	3%	0%	6%	1%	31%	8%	0%	0%	1%	1%	0%	72
Fatuberliu	57%	0%	1%	3%	0%	35%	0%	0%	0%	0%	5%	0%	72
Same	39%	0%	0%	1%	1%	52%	6%	0%	0%	0%	0%	0%	72
Turiscari	56%	0%	0%	5%	0%	31%	0%	0%	1%	0%	1%	7%	77
<b>Manufahi District</b>	<b>45%</b>	<b>0%</b>	<b>0%</b>	<b>3%</b>	<b>1%</b>	<b>45%</b>	<b>5%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>1%</b>	<b>293</b>
Ainara	65%	0%	0%	1%	1%	13%	6%	0%	3%	3%	8%	0%	72
Hatu Udo	57%	0%	0%	3%	0%	31%	7%	0%	1%	0%	0%	1%	72
Hatubuilico	80%	0%	0%	0%	1%	13%	1%	1%	0%	0%	3%	0%	72
Maubisse	69%	4%	1%	4%	0%	13%	0%	1%	0%	1%	3%	3%	72
<b>Ainara District</b>	<b>71%</b>	<b>2%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>13%</b>	<b>2%</b>	<b>1%</b>	<b>1%</b>	<b>1%</b>	<b>4%</b>	<b>1%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>57%</b>	<b>1%</b>	<b>0%</b>	<b>2%</b>	<b>1%</b>	<b>30%</b>	<b>3%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>2%</b>	<b>1%</b>	<b>581</b>

\* Note that some rows do not add up to 100% given that these results are rounded to the nearest full number and this table includes many variables.

\* Nota katak linha balu la bele aumenta tan to'o 100% tanba rezultadu sira-ne'e iha besik hela n'umeru kompletu (hanesan 1.13% ka 1.06%) no tabela ne'e inklui variable balu.

## Tables of Results on Mobile Phone Ownership and Use in Manufahi and Ainaro

**Table 31: Women who reported mobile phone ownership in household**

*Table 31: Inan sira ne'ebe iha telemovel rasik iha uma*

Program Area	Household owns mobile phone	Household does not have mobile phone	Total women
<i>Area Programa</i>	<i>Iha telemovel iha uma</i>	<i>Laiha telemovel</i>	<i>Total Inan</i>
Alas	36%	64%	72
Fatuberliu	60%	40%	72
Same	79%	21%	72
Turiscari	54%	46%	77
<b>Manufahi District</b>	<b>69%</b>	<b>31%</b>	<b>293</b>
Ainaro	75%	25%	72
Hatu Udo	64%	36%	72
Hatubuilico	69%	31%	72
Maubisse	58%	42%	72
<b>Ainaro District</b>	<b>66%</b>	<b>34%</b>	<b>288</b>
<b>Combined District Total</b>	<b>67%</b>	<b>33%</b>	<b>581</b>

**Table 32: Number of mobile phones per household for women with any mobile phones in the home**

*Table 32: Numero telemovel kada uma kain husi inan ne'ebe iha telemovel ida ka liu*

Program Area	No phone	One	Two	Three or more phones	Total women
<i>Area Programa</i>	<i>Telemovel la iha</i>	<i>Ida</i>	<i>Rua</i>	<i>Telemovel tolu ka liu</i>	<i>Inan total</i>
Alas	64%	21%	10%	5%	72
Fatuberliu	40%	32%	17%	11%	72
Same	21%	43%	25%	11%	72
Turiscari	46%	35%	12%	7%	77
<b>Manufahi District</b>	<b>31%</b>	<b>38%</b>	<b>21%</b>	<b>10%</b>	<b>293</b>
Ainaro	25%	21%	39%	15%	72
Hatu Udo	37%	37%	23%	3%	72
Hatubuilico	31%	34%	35%	0%	72
Maubisse	42%	35%	19%	4%	72
<b>Ainaro District</b>	<b>34%</b>	<b>30%</b>	<b>9%</b>	<b>7%</b>	<b>288</b>
<b>Combined District Totals</b>	<b>33%</b>	<b>35%</b>	<b>24%</b>	<b>8%</b>	<b>581</b>

**Table 33: Percentage of women who report there is their “own” phone in the household**

*Table 33: Persentajen inan sira ne’ebe iha telemovel rasik*

Program Area	Own Phone	Uses Family Phone	Total Women with Household Mobile Phone
<i>Area Programa</i>	<i>Telemovel rasik</i>	<i>Uza telemovel familia nian</i>	<i>Total inan ho telemovel iha uma kain</i>
Alas	81%	19%	26
Fatuberliu	84%	14%	43
Same	68%	32%	57
Turiscail	58%	42%	46
<b>Manufahi District</b>	<b>70%</b>	<b>30%</b>	<b>172</b>
Ainaro	96%	4%	54
Hatu Udo	91%	9%	46
Hatubuilico	98%	2%	50
Maubisse	93%	7%	42
<b>Ainaro District</b>	<b>95%</b>	<b>5%</b>	<b>192</b>
<b>Combined District Total</b>	<b>82%</b>	<b>18%</b>	<b>364</b>

**Table 34: Women who report using their mobile phone to send or receive text message**

*Table 34: Inan ne’ebe iha relatori uza sira nia telemovel rasik hodi haruka no simu mensagen*

Program Area	Women who send or receive SMS messages	Women who do not send or receive messages	Women with a phone in the household
<i>Area Programa</i>	<i>Inan ne’ebe simu ka haruka mensagen</i>	<i>Inan ne’ebe la simu ka haruka mensagen</i>	<i>Inan ho telemovel iha uma kain</i>
Alas	100%	0%	26
Fatuberliu	98%	2%	43
Same	100%	0%	57
Turiscail	96%	4%	46
<b>Manufahi District</b>	<b>99%</b>	<b>1%</b>	<b>172</b>
Ainaro	98%	2%	54
Hatu Udo	96%	4%	46
Hatubuilico	94%	6%	50
Maubisse	98%	2%	42
<b>Ainaro District</b>	<b>97%</b>	<b>3%</b>	<b>192</b>
<b>Combined District Total</b>	<b>98%</b>	<b>19%</b>	<b>364</b>

**Table 35: Frequency of text message sending among women who own mobile phones**

*Table 35: Entre inan sira ne'ebe haruka mensagen frequentemente husi sira nia telemovel rasik*

Program Area	Once a day or more	Once a Week	Once a Month	Never	Women who own a phone in their household
<i>Area Programa</i>	<i>Loron ida dala ida ka liu</i>	<i>Semana ida dala ida</i>	<i>Fulan ida dala ida</i>	<i>Nunka</i>	<i>Inan ne'ebe iha telemovel rasik iha sira nia uma kain</i>
Alas	77%	19%	0%	4%	26
Fatuberliu	74%	24%	0%	2%	43
Same	81%	12%	4%	4%	57
Turiscari	52%	33%	5%	10%	46
<b>Manufahi District Total</b>	<b>77%</b>	<b>16%</b>	<b>3%</b>	<b>4%</b>	<b>167</b>
Ainara	58%	23%	8%	11%	54
Hatu Udo	76%	11%	2%	11%	46
Hatubuilico	42%	26%	0%	32%	50
Maubisse	86%	10%	2%	2%	42
<b>Ainara District Total</b>	<b>67%</b>	<b>17%</b>	<b>3%</b>	<b>13%</b>	<b>191</b>
<b>Combined District Total</b>	<b>72%</b>	<b>16%</b>	<b>3%</b>	<b>8%</b>	<b>358</b>

**Table 36: Methods reported by women to charge mobile phones**

*Table 36: Relatori kona ba metode husi inan sira atu chas telemovel*

Program Area	Electricity at home	Solar charger at home	Battery at home	Electricity other site	Solar charger at other site	Other <sup>1</sup>	Total Women with Household Mobile Phone
<i>Area Programa</i>	<i>Eletricidade iha uma</i>	<i>Solar cell iha uma</i>	<i>Bataria iha Uma</i>	<i>Eletricidade iha fatin seluk</i>	<i>Solar cell iha fatin seluk</i>	<i>Seluk<sup>1</sup></i>	<i>Total inan ho telemovel iha uma</i>
Alas	12%	38%	12%	4%	23%	12%	26
Fatuberliu	56%	7%	0%	9%	29%	0%	43
Same	51%	9%	8%	11%	15%	6%	53*
Turiscari	36%	26%	3%	8%	25%	2%	46
<b>Manufahi District Totals</b>	<b>34%</b>	<b>10%</b>	<b>1%</b>	<b>20%</b>	<b>33%</b>	<b>2%</b>	<b>168</b>
Ainaro	67%	0%	0%	19%	13%	2%	54
Hatu Udo	24%	7%	0%	26%	35%	9%	46
Hatubuilico	10%	24%	4%	2%	60%	0%	50
Maubisse	26%	12%	0%	31%	31%	0%	42
<b>Ainaro District Totals</b>	<b>47%</b>	<b>13%</b>	<b>6%</b>	<b>10%</b>	<b>18%</b>	<b>5%</b>	<b>192</b>
<b>Combined District Total</b>	<b>41%</b>	<b>11%</b>	<b>4%</b>	<b>15%</b>	<b>26%</b>	<b>3%</b>	<b>360</b>

<sup>1</sup> Other methods include: own generator, generator in another location, another person's generator, and the community's office.

\*3 non-responses in Same

<sup>1</sup> Métodu seluk inklui: jeradór rasik, jeradór iha fatin seluk, jeradór ema seluk nian, no comunidade nia ofisiu.

\*Participante nain 3 la fo resposta iha Same

**Table 37: Reported distance to cell phone signal among women with children 0-23 months of age who have a cell phone in their household**

*Table 37: Relatori kona ba distancia ba signal telemovel husi inan ho oan idade fulan 0-23 ne'ebe iha telemovel rasik iha uma*

Program Area	Have Signal at home or within 5 minute Walk	Total Women with Household Mobile Phone
<i>Area Programa</i>	<i>Hetan Signal iha uma ka lao 5 minutus</i>	<i>Total inan ho telemovel iha uma</i>
Alas	85%	25
Fatuberliu	96%	43
Same	96%	57
Turiscari	94%	46
<b>Manufahi District</b>	<b>95%</b>	<b>172</b>
Ainaro	100%	54
Hatu Udo	100%	46
Hatubuilico	100%	50
Maubisse	98%	42
<b>Ainaro District</b>	<b>99%</b>	<b>192</b>
<b>Combined District Total</b>	<b>97%</b>	<b>364</b>

**Table 38: Level of Tetun language literacy reported by women with children 0-23 months of age**

*Table 38: Nivel education iha lingua Tetun tuir relatori husi inan ne'ebe iha oan idade fulan 0-23*

Program Area	Cannot Speak, Read or Write	Speak Only	Speak and Read Only	Speak, Read and Write	Total Women
<i>Area Programa</i>	<i>La koalia, le'e ka hakerek</i>	<i>Koalia deit</i>	<i>Koalia no le'e deit</i>	<i>Koalia, le'e no hakerek</i>	<i>Total Inan</i>
Alas	18%	17%	7%	58%	72
Fatuberliu	8%	8%	0%	85%	72
Same	8%	21%	4%	67%	72
Turiscari	6%	14%	9%	71%	77
<b>Manufahi District</b>	<b>9%</b>	<b>18%</b>	<b>5%</b>	<b>68%</b>	<b>293</b>
Ainaro	0%	22%	0%	78%	72
Hatu Udo	6%	32%	1%	61%	72
Hatubuilico	1%	43%	8%	47%	72
Maubisse	0%	54%	3%	43%	72
<b>Ainaro District</b>	<b>1%</b>	<b>40%</b>	<b>3%</b>	<b>56%</b>	<b>288</b>
<b>Combined District Total</b>	<b>5%</b>	<b>29%</b>	<b>4%</b>	<b>62%</b>	<b>581</b>

**Table 39: Available assistance in reading tetun messages by women who reported being unable to read the Tetun language themselves (multiple answers reported\*)**

*Table 39: Iha ema ne'ebe ajuda le'e mensagen iha tetun ba inan sira ne'ebe tuir relatori labele atu le'e iha lian Tetun*

Program Area	Husband	Child	Other Family Member	Neighbor
<i>Area Programa</i>	<i>Laen/Kaben</i>	<i>Oan</i>	<i>Membru familia seluk</i>	<i>Vizinho</i>
Alas	40%	20%	28%	4%
Fatuberliu	58%	26%	32%	8%
Same	29%	10%	33%	38%
Turiscari	20%	61%	39%	16%
<b>Manufahi District</b>	<b>32%</b>	<b>17%</b>	<b>33%</b>	<b>29%</b>
Ainara	19%	13%	69%	13%
Hatu Udo	41%	15%	41%	0%
Hatubuilico	31%	19%	47%	6%
Maubise	54%	33%	21%	5%
<b>Ainara District</b>	<b>42%</b>	<b>25%</b>	<b>36%</b>	<b>6%</b>
<b>Combined District Total</b>	<b>38%</b>	<b>21%</b>	<b>35%</b>	<b>15%</b>

\*This table displays the proportion of total response. Women could report more than one person.

\*Tabela ne'e hatudu proporsan total resposta. Feto sira bele relata liu hosi ema ida.

## Tables on Results of SMS Message Preferences in Manufahi District

**Table 40: Preferred language for text messages among women in Manufahi District**

*Table 40: Lingua ne'ebe prefere liu ba texto mensagen nian husi inan iha Distritu Manufahi*

Program Area	Tetun	Bahasa	Mambae	Other <sup>1</sup>	Total women
<i>Area Programa</i>	<i>Tetun</i>	<i>Bahasa</i>	<i>Mambae</i>	<i>Seluk<sup>1</sup></i>	<i>Total inan</i>
Alas	100%	0%	0%	0%	72
Fatuberliu	95%	1%	0%	4%	72
Same	99%	0%	0%	1%	72
Turiscail	97%	0%	3%	0%	77
<b>Manufahi District Total</b>	<b>98%</b>	<b>0%</b>	<b>0%</b>	<b>1%</b>	<b>293</b>

<sup>1</sup> Other responses included Tetun Terik and no preference. Portuguese and English were other options, but no women reported either language.

<sup>1</sup> Resposta seluk inklui Tetun Terik no laiha preferensia. Portugés no Inglés hanesan opsaun seluk, maibé laiha feto ida mak relata prefere dalen dalen sira-ne'e.

**Table 41: Preferred time of day to receive health-related text messages in Manufahi District**

*Table 41: Tempu iha loron ne'ebe prefere liu atu simu mensagen saúde nian iha Distrito Manufahi*

Program Area	Morning	Afternoon	Evening	No Preference	Total women
<i>Area Programa</i>	<i>Dader</i>	<i>Lokraik</i>	<i>Kalan</i>	<i>Laiha preferensia</i>	<i>Total inan</i>
Alas	51%	27%	14%	7%	72
Fatuberliu	72%	16%	10%	2%	72
Same	28%	44%	14%	14%	72
Turiscail	18%	27%	16%	40%	77
<b>Manufahi District Total</b>	<b>36%</b>	<b>36%</b>	<b>14%</b>	<b>15%</b>	<b>293</b>