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Timor-Leste: Nutrition Profile

Malnutrition in childhood and pregnancy has many adverse consequences for child survival and long-term well-being. It also has far-reaching consequences for human capital, economic productivity, and national development overall. These consequences of malnutrition should be a significant concern for policy makers in Timor-Leste, where in 2013 an estimated 90,000 children under 5, or 50 percent, suffered from chronic malnutrition (stunting or low height-for-age) and 40 percent of children are anemic (Development Initiatives 2017; GDS and ICF 2017).

Background

Timor-Leste, a country of 1.27 million people, is among the newest nations in the world, having gained independence from Indonesia in 2002. After a period of political instability and violence, Timor-Leste has achieved and maintained stability. Free, fair, and peaceful democratic elections were held in 2012 (World Bank 2017; USAID Timor-Leste 2013).

Revenue from oil production in the Timor Sea is the primary source of funds for the Timor-Leste budget and has propelled the country to lower middle-income status (World Bank 2017). Despite this, 64 percent of the population experiences multidimensional poverty, which is concentrated in rural areas, where 66 percent of the population lives (UNDP 2016; FAOSTAT 2017; World Bank 2017). After oil, agriculture is the most important sector of the economy and is the primary livelihood for 70 percent of the population (FAO n.d.; USAID/Timor-Leste 2017). Production of maize and rice, the main food crops, and coffee, the primary cash crop, has been erratic and production of crops overall is low. Land degradation, deforestation, and extreme and changing weather threaten agricultural livelihoods (FAO n.d.).

Currently, Timor-Leste ranks 106th out of 157 countries in terms of progress toward meeting the Sustainable Development Goals (Sachs et al. 2017) and is 133rd out of 188 countries on the Human Development Index (UNDP 2016). Sixty percent of the population is younger than 25, making it one of the youngest countries in the world (World Bank 2017). The 2016 total fertility rate is fairly high at 4.2 children per woman, but represents a substantial decrease from the 2003 rate of 7.8 children per woman (GDS and ICF 2016). Despite steady reductions in young child mortality since 2003, neonatal, infant, and under 5 mortality rates were still high in 2016 at 19, 30, and 41 deaths per 1,000 live births, respectively (GDS and ICF 2016). In 2009–2010, the most recent survey data available, Timor-Leste had a very high maternal mortality ratio (577 per 100,000 live births) and 42 percent of deaths among women 15–49 were related to pregnancy or childbearing (NSD, MOF, ICF Macro 2010).

Nutrition and Food Security Situation

Although the depth of the food deficit has declined over the past decade, Timor-Leste is a food deficit country with 27 percent of the population suffering from food deprivation (FAOSTAT; FAO et al. 2017) In 2009–2010, 58 percent of children under 5 were stunted, which is considered very high according to the World Health Organization (WHO) and UNICEF Public Health Prevalence Thresholds (WHO and UNICEF 2017). Stunting was higher in rural areas (61 percent) than urban areas (49 percent) and varied across districts, from 31 percent in Aileu to 73 percent in Bobonaro. In 11 of 13 districts, over half of children were stunted. Differences in stunting levels can be seen according to maternal education and wealth levels—53 percent of children whose mothers have secondary education were stunted, while the prevalence rises to 63 percent among children whose mothers have no formal education. Similarly, 47 percent of children in the highest wealth quintile are stunted, while 63 percent of children in the lowest wealth quintile are stunted (NSD, MOF and ICF Macro 2010). However, despite these differences, levels of stunting are of grave concern among all education and wealth groups and in every district in Timor-Leste.

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Anemia affects 40 percent of children 6–59 months, increasing their risk of impaired cognitive development, stunted growth, and morbidity from infectious diseases. Child anemia prevalence varies among geographic regions, from 19 percent in Manufahi to 61 percent in Liquiça. However, anemia is equally prevalent among urban and rural children and varies little according to wealth status (GDS and ICF 2016).

Malnutrition among women affects their health and the health of their children, increasing risk of infection and poor pregnancy outcomes and reducing productivity. In 2009–2010 over one-quarter (27 percent) of women 15 to 49 were underweight; this increased to one-third among adolescent girls 15–19. These levels indicate a serious public health problem according to WHO (NSD, MOF and ICF Macro 2010; WHO 2010). Meanwhile, anemia affects 23 percent of women 15–49 years, which is considered a moderate public health problem by WHO (GDS and ICF 2017; WHO 2010).

Several factors are contributing to poor nutrition outcomes in Timor-Leste. Only half of children 0–6 months are exclusively breastfed and only 35 percent are still exclusively breastfed at 4–5 months, neither of which have improved since 2009–2010. In 2009–2010, less than half of breastfed children (41 percent) and only 5 percent of non-breastfed children, were fed a minimum acceptable diet (MAD), including a minimum frequency and diversity of foods (NSD, MOF and ICF Macro 2010). In addition, childbearing begins early in Timor-Leste. By age 19, 18 percent of adolescent girls have begun childbearing, which is virtually unchanged from 2008–2009, when 20 percent of 19-year-old girls had begun child-bearing (GDS, and ICF 2017; NSD, MOF, ICF Macro 2010). This has serious consequences because adolescent girls are more likely than older mothers to be malnourished and have a low birth weight baby, who is more likely to become malnourished and be at increased risk of illness and death, than those born to older mothers. The risk of stunting is 23 percent higher among first-born children of mothers under 18 years in East Asia, and as such, early motherhood is a key driver of malnutrition (Fink et al. 2014).

Timor-Leste Nutrition Data (DHS 2009–2010 and 2016)		
Population 2016 (UNICEF 2017)	1.27 million	
Population under 5 years (0–59 months) 2016 [UNICEF 2017]	206,000	
	DHS 2009-10	DHS 2016
Prevalence of stunting among children under 5 years (0–59 months)	58%	NA
Prevalence of underweight among children under 5 years (0–59 months)	45%	NA
Prevalence of wasting among children under 5 years (0–59 months)	19%	NA
Prevalence of low birth weight (less than 2.5 kg) (of children whose birth weights are known)	10%	NA
Prevalence of anemia among children 6–59 months	38%	40%
Prevalence of anemia among women of reproductive age (15–49 years)	21%	23%
Prevalence of thinness among women of reproductive age (15–49 years)	27%	NA
Prevalence of thinness among adolescent girls (15-19 years)	33%	NA
Prevalence of children 0–5 months exclusively breastfed	52%	50%
Prevalence of children 4–5 months exclusively breastfed	35%	35%
Prevalence of early initiation of breastfeeding (i.e., put to the breast within one hour of birth)	82%	NA
Prevalence of children who receive a pre-lacteal feed	13%	NA
Prevalence of breastfed children 6–23 months receiving minimum acceptable diet	41%*	NA
Prevalence of overweight/obesity among children under 5 years (0–59 months)	5%	NA
Prevalence of overweight/obesity among women of reproductive age (15-49 years)	5%	NA
Coverage of iron for pregnant women (for at least 90 days)	16%	NA

Coverage of vitamin A supplements for children (6–59 months in the last 6 months) (if available)	51%	NA
Percentage of children 6–59 months living in households with iodized salt		NA

NA: Not Available
**In 2010, MAD included feeding of 3+ food groups; in 2016 MAD included 4+ food groups.*

Global and Regional Commitment to Nutrition and Agriculture

Timor-Leste is not currently participating in any global or regional commitments to nutrition and agriculture.

National Nutrition Policies/Legislation, Strategies, and Initiatives

Timor-Leste's commitment to improving nutrition is outlined in the following documents, which are aligned with the government's National Development Plan 2011–2030:

- National Nutrition Strategy 2014-2019
- Breastfeeding Promotion Policy (2009)
- National Food and Nutrition Security Policy

The Timor-Leste National Nutrition Strategy is a multisectoral strategy that seeks to reduce maternal and child undernutrition and micronutrient deficiency through implementation of nutrition-sensitive and nutrition-specific actions and development of policies and programs. It focuses on the first 1,000 days—from pregnancy until the child's second birthday (Democratic Republic of Timor-Leste ND).

USAID Programs: Accelerating Progress in Nutrition

As of January 2018, the following USAID programs with a focus on nutrition were active in Timor-Leste.

Selected Projects and Programs Incorporating Nutrition in Timor-Leste		
Name	**Dates**	**Description**
Reinforce Basic Health Services Activity	2015-2020	The Reinforce Basic Health Services Activity supports the Ministry of Health to strengthen skills of health workers to provide effective reproductive, maternal, and newborn healthcare. The activity also works with communities to increase demand for family planning, reproductive, maternal, and child health services (USAID n.d.).
USAID's Avansa Agrikultura Project	2015-2020	USAID's Avansa Agrikultura Project is a horticulture value chain activity aimed at addressing the key challenges of rural poverty, natural resource degradation, food insecurity, and undernutrition. It works to increase productivity along key horticulture value chains that include vegetables, fruits, and legumes. Through the promotion of sustainable production practices, increased functionality of farmer groups and associations, improved market linkages, and increased availability and access to quality agricultural inputs and services, including finance, the project aims to stimulate economic activity and growth in targeted rural communities and municipalities. In an effort to promote sustainability, the project works to strengthen policies and the enabling environment relevant to the sector and to increase resilience to climate change and improve natural resource management.

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