



Design and Pilot of a Parenting Education Programme
to Improve Developmental Outcomes for
Disadvantaged Children and Adolescents
in Timor-Leste– Phase II



RESEARCH REPORT

**Baseline Study of Knowledge, Attitudes and Practices
towards Ten Key Focus Areas of Parenting in
Timor-Leste
2015**



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The Study was prepared by Ba Futuru and Rain Barrel Communications for the implementation of Parenting Programme led by Ministry of Social Solidarity (MSS) with support of UNICEF. The views expressed in this study are those of the authors and do not necessarily represent those of the UNICEF and MSS.

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Abbreviations Used

BdM	<i>Bolsa da Mãe</i> [Mother's Purse]
C4D	Communication for Development
CEE/CIS	Central & Eastern Europe/Commonwealth of Independent States
CLTS	Community-Led Total Sanitation
DHS	Demographic Health Survey
EAPRO	East Asia and Pacific Regional Office
FGD	Focus Group Discussion
IDI	In-depth Interview
IEC	Information, Education and Communication
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MSS	Ministry of Social Solidarity
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
SISCa	Integrated Community Health Services
ToR	Terms of Reference
VPU	Vulnerable Persons Unit

Terminology notes

Municipality and administrative posts; governance terms

The government of Timor-Leste has made changes to the terms applied to the different administrative divisions in the country, which are reflected in the words used in this report, as follows.

Previous term/name	New term
District	Municipality
Sub-district	Administrative Post
Suco (village)	Unchanged
Aldeia (sub-village)	Unchanged

Executive Summary

Overview

UNICEF conducted a study of parenting practices among *Bolsa da Mãe* (BdM) recipients in four administrative posts of Timor-Leste, through NGO Ba Futuru and Rain Barrel Communications to bring both national and international expertises together. The purpose of the research was to gauge participants' current levels of knowledge, attitudes, and practices related to parenting. The results of the research will be used to inform the design and content of a holistic parenting programme, which includes parenting programme community sessions, a communication campaign and the accompanying messages for Information, Education and Communication (IEC) materials.

Background

The recent *Situation Analysis of Children in Timor-Leste* (2014) highlights several challenges faced by children in the country. These include undernourishment; low preschool enrolment and school retention; prevalence of violence against children; teenage pregnancy and child marriage, and widespread exposure to alcohol and substance abuse. The Ministry of Social Solidarity (MSS) has identified parenting education and support as a promising modality to mitigate these challenges, with a newly-articulated theory of change that envisions positive behaviour change amongst parents and caregivers in vulnerable households. This will be achieved through a holistic, integrated and nationally-delivered programme working at three levels, including a communication campaign, parenting programme community sessions at the community level, and follow-up home visits and peer-to-peer support interventions.

The ten key focus areas for the parenting programme are:

General Parenting: Every child needs unconditional love, verbal and physical affection, emotional security and sensitivity to his or her needs and feelings.

Minimum Acceptable Diet: Feed your young child (from 6 -23 months) daily nutritious foods such as egg, liver, chicken, meat, mung bean or kidney beans.

Hygiene: Wash your hands with soap and water at important times such as before eating, before feeding young children, before cooking, after using the toilet, after cleaning baby's bottom and after touching dirty things. Stop defecating in the open.

Danger Signs and Care Seeking: Take your child immediately to a health facility if they are showing signs of serious illness.

Early Stimulation: Interact with your child in utero and from the time they are born through games and play, songs, rhymes, stories and reading.

Education: Send your child to school from an early age, keep involved in your child's learning and provide support with their homework.

Child Protection: Ensure children are cared for and supervised by an adult or a child older than 10 years old and protect your child from physical violence and all forms of abuse.

Birth Registration: Register your child immediately after birth.

Alternative Discipline: Use positive discipline approaches with your child to resolve conflict or redirect misbehaviour.

Adolescent Issues: Talk to your adolescent children about issues related to bodily changes and sex and sexuality in order to prepare them for the future.

Study Objectives

This study aims to further current understanding of caregivers' knowledge, attitudes and practices (KAP) related to parenting in Timor-Leste. The purpose of the study was to inform and strengthen the parenting programme spearheaded by MSS and supported by UNICEF and other partners. The specific objectives of the KAP survey were:

- To ascertain the level of knowledge, prevalent attitudes and existing practices related to parenting among BdM beneficiaries in four administrative posts (formerly called as sub-districts) of four municipalities (formerly called as districts);
- To better understand the socio-cultural factors that support or prevent parents from adopting certain practices;
- To explore potential opportunities and challenges in implementing the community sessions, media campaign and home visits;
- To identify preferred communication channels and trusted sources of information for the roll out of the parenting programme;
- To establish a baseline on the KAP related to parenting among the target population in four administrative posts in order to develop a monitoring and evaluation (M&E) framework to accompany the parenting project.

Methodology

The study included quantitative and qualitative components that, together, allowed the researchers to draw reliable conclusions with both generalizable findings and a deeper understanding of knowledge, attitudes, and practices, as well as socio-cultural factors related to parenting and caregiving in Timor-Leste. The fieldwork was conducted in the months of September and October 2015. The research was carried out by a local agency, Belun, with coordination and oversight by Ba Futuru. Rain Barrel consultants in consultation with Ba Futuru and UNICEF developed the study design and research tools and conducted the data analysis. A total of 995 surveys, 44 individual in-depth interviews (IDIs) and 12 focus group discussions (FGDs) were conducted in four administrative posts in four municipalities. During data analysis and reporting, results were grouped according to each of the ten key focus areas and specific recommendations and conclusions were made for each.

Target Population

The target population for this KAP survey was comprised of BdM recipient households from four administrative posts (formerly sub-districts) in four municipalities (formerly districts). These households receive conditional cash transfers and had been proposed as the targets of community sessions on good parenting practices. The target locations for the survey are listed below:

Municipality	Administrative Post
Ermera	Railaco
Lautém	Iliomar
Liquiçá	Bazartete
Viqueque	Uatucarbau

The study sample focused on above purposefully selected locations. Hence, the results only represent the population sampled for this study, and not represent whole country.

Key Findings

Basic Characteristics of the Population

All respondents were selected due to their inclusion on the BdM recipient lists provided by MSS. A majority of the respondents (90 per cent) were female and either married or living with a spouse. The average age of the respondents was 44 years and the average number of children per household was 4.3. Education levels were relatively low, with only 50 per cent of respondents having ever attended school at all. Literacy, too, was low, with only 47 per cent of respondents able to read a simple sentence. There were generally low levels of consistent exposure to and use of media among respondents, with only 14 per cent reporting ever reading the newspaper. Radio and television have higher rates of use, although far less than half of the respondents reported using these media. Internet use was low, with only 5 per cent reporting Internet use and 57 per cent of respondents reporting ownership of a mobile phone.

Summary of Findings for the Ten Key Focus Areas

Table 1 presents summary findings for communication-related indicators for each of the ten key focus areas as determined from the quantitative portion of the research. Complete results, including from qualitative inquiry, are presented in the full report.

Table 1: Summary of Findings for Ten Key Focus Areas

Key Focus Area	Communication-Related Indicator ¹	Results of Quantitative Inquiry			
		Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
General Parenting Practices	Parents and caregivers know and believe that all children need unconditional love, verbal and physical affection, emotional security and sensitivity to their needs and feelings.	Administrative Post			
		70%	62%	76%	55%
Minimum Acceptable Diet	Key Communication-Related Indicators				
	Parents and caregivers know that children should be started on solid foods at 6 months of age [3103]*.*	93%	80%	96%	82%
	Parents and caregivers know that children between 6 – 32 months of age should be fed at least three meals a day [3104]*	97%	96%	> 99%	96%
	Parents and caregivers agree with the statement that eating a variety of foods is healthy for children from 6 – 23 months of age [3113b]*	97%	97%	98%	97%
	Parents and caregivers believe that there is a link between children's diets and their future performance in school [3113c]	54%	51%	41%	61%

¹ A communication-related indicator is one that responds directly to communication interventions, such as people's knowledge or beliefs about a particular parenting practice. Typically, indicators in evaluation activities are related to measuring the extent to which practices have changed. In this report we focus on communication related indicators because they identify areas in which communication materials for parenting sessions and media campaigns should focus.

² Numbers in brackets refer to question numbers in the quantitative survey, included in Annex I.

* An asterisk indicates a statistically significant difference in the communication indicator across the administrative posts (X², p<0.05). This is discussed in additional detail in the report.

Key Focus Area	Communication-Related Indicator ¹	Results of Quantitative Inquiry			
		Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
Hygiene	Key Communication-Related Indicators Parents and caregivers know the two most important times to wash hands [3201a-a & 3201a-b]	59%	55%	60%	53%
		99%			
	Parents and caregivers know and believe that there are important times to wash hands with soap [3213a, 3213b, 3213c, 3213d]	99%			
		99%			
		> 99%			
Danger Signs and Care Seeking	Parents and caregivers know that washing hands with soap kills germs [3204b-a]*	61%	50%	62%	65%
	Parents name the two most important times to wash a baby's hands [3208a-b, 3208a-e]*	19%	12%	28%	24%
	Parents and caregivers know at least two danger signs that require immediate medical care [5101a, d, e, f]*	16%	5%	15%	21%
	Parents and caregivers can name at least one cause of diarrhea [5103a, b, c]*	53%	71%	51%	68%
	Parents know the correct time at which to take a child with diarrhea to a health care facility [5104_4] ³	< 1%	0%	1%	1%

³ The most common response to this question was "immediately"; the correct response is "if the child can not eat or drink". Further explanation about this response is provided in the report.

Key Focus Area	Communication-Related Indicator ¹	Results of Quantitative Inquiry			
		Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
	Key Communication-Related Indicators				
	Parents and caregivers believe that children in the womb can hear sounds from outside [4101]	22%	21%	9%	21%
	Parents and caregivers can name at least one reason to speak or sing to an unborn child [4102a, a – e]*	18%	20%	5%	10%
	Parents know that children learn from playful activities [4103]	79%	79%	76%	78%
	Parents and caregivers can name at least one thing children learn from early stimulation [4103a, a - d]	18%	20%	6%	10%
	Parents and caregivers believe that it is good to stimulate babies through asking questions, naming things, and laughing [4107a, 4107b, 4107d]	96%	87%	98%	82%
		96%	87%	97%	84%
		98%	96%	> 99%	89%
Early Stimulation	Parents and caregivers believe that early stimulation is beneficial [4108c]*	94%	89%	98%	86%
	Parents and caregivers have received information about taking care of babies [4109]	54%	49%	55%	49%
	Parents and caregivers believe that they should read to their children at least 10 minutes per day [4110e]*	94%	90%	93%	77%
	Parents and caregivers believe that it is important for children between 3 – 5 to attend some kind of pre-school or early education programme [4201] *	91%	96%	97%	87%
	Parents and caregivers believe that children between 3 – 5 years of age can learn useful things from attending school [4203a]	99%	> 99%	99%	98%

Key Focus Area	Communication-Related Indicator ¹	Results of Quantitative Inquiry			
		Prevalence (Railaco)	Prevalence (Ilomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
Education	Key Communication-Related Indicators				
	Parents and caregivers know that there are laws about schooling [4204]*	84%	77%	92%	73%
	Parents and caregivers of children believe that it is important for them to assist their children with homework [4205]	91%	96%	92%	90%
Child Protection	Parents and caregivers of children between 6 – 12 years of age believe that it is important that their children attend school regularly [4208e]	> 99%	99%	99%	> 99%
	Parents and caregivers believe it is not acceptable for young children 6 – 24 months of age to be left unsupervised for short periods of time (15 minutes or less) [5207a]*	84%	82%	90%	81%
	Parents believe that it is important to be able to see their 6 – 24 month child at all times [5207b]*	87%	55%	85%	55%
	Parents are aware of laws or regulations that protect children from physical or sexual abuse in Timor-Leste [5301]*	68%	42%	76%	42%
	Parents state that they would tell someone if they heard about the abuse of a child [5304]*	62%	48%	66%	38%
Parents report that they have received information about child physical and sexual abuse [5305]*	37%	41%	39%	26%	

Key Focus Area	Communication-Related Indicator ¹	Results of Quantitative Inquiry			
		Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
Birth Registration	Key Communication-Related Indicators				
	Parents believe that it is important to register their child's birth [5401]	99%	99%	99%	99%
	Parents and caregivers believe that the time it takes to register their child's birth is worth it [5402b]	> 99%	> 99%	> 99%	> 99%
Alternative Discipline	Parents and caregivers can name at least two benefits of registering children immediately after birth [5401a – g]*	74%	61%	82%	69%
	Parents and caregivers disagree with the statement that children must be physically punished to be raised properly [5205]	47%	55%	55%	54%
	Parents and caregivers believe that children learn about good behaviour when rules are explained calmly [5203f]*	96%	84%	98%	86%
Adolescent Issues	Parents and caregivers have received information about the best ways to discipline children [5202]	45%	44%	48%	39%
	Parents believe that it is good to talk with adolescent children about the changes they are experiencing in their bodies [4216]*	75%	67%	78%	67%
	Parents believe that it is important to talk with adolescent children about sex and/or sexuality [4217]*	57%	53%	67%	40%
	Parents have received information about how to talk to their adolescent children about sex and sexuality [4221]*	39%	38%	40%	25%

Table 1 provides several indications of the parenting areas in which capacity building and dialogue with parents would make the most difference in increasing knowledge about positive parenting practices. While many of the indicators are relatively high, a number of indicators of caregivers' knowledge would benefit from immediate attention, such as the appropriate time to take a child to a health facility, when to wash a baby's hands, and the importance of early stimulation, particularly while a child is still in utero. The relatively low levels of knowledge about these areas suggest that communication could make a significant difference in creating a situation in which parents and caregivers could adopt a more appropriate behaviour.

Conclusions and Recommendations for the Ten Key Focus Areas

General Parenting Practices

The general parenting module for the parenting programme community sessions was added after the research was designed. Therefore, conclusions regarding general parenting were drawn from a holistic analysis of data from the study. The average number of children in the households surveyed for the quantitative inquiry was greater than four, which suggests that respondents have many years of experience raising children and confronting a large variety of challenges related to child care in their communities. The general parenting module for the community sessions should recognize this experience and prioritize a collaborative problem-solving approach among participants in these sessions.

Minimum Acceptable Diet

- Parents were aware of infant feeding practices and reported breastfeeding and timely introduction of complementary foods.
- Communication can play an influential role in improving families' awareness about dietary diversity and the importance of maternal and child nutrition in the child's growth and development.
- Through the community sessions and follow-up support, families can also be encouraged to identify locally available, nutritious foods and to generate local solutions to prevent food insecurity.

Hygiene

- Non-availability of water and soap prevented people from consistently washing their hands.
- A recent KAP endline survey found that households in Viqueque and Ermera districts were responsive to the implementation of a Community-Led Total Sanitation (CLTS) process and had increased the number of latrines in their sucos (Mattson, 2015).
- Despite progress in the building and use of latrines in these districts, residents reported that nearly half of families still defecate in the open.

- The most common barriers to the building or improvement of latrines mentioned by respondents to the KAP Endline Survey (Mattson, 2015) were primarily the lack of resources, materials and skills.
- Communication can raise the importance of hand washing for child survival and motivate people to find the means to procure and set aside water for hand washing, and to purchase soap.
- Communication can facilitate local level advocacy to ensure adequate water supply.
- Communication should seek to inform parents of the importance of using latrines, or disposing of faeces properly in order to avoid illness and keep their children healthy.

Danger Signs and Care Seeking

- Data shows that respondents are not aware of all the danger signs, including the danger signs for pneumonia, which is the leading cause of death for young children.
- Communication will need to focus on increasing knowledge levels on different danger signs.
- Most respondents report trusting health workers.
- Community sessions can encourage discussion and seeking support from both peers and local level health workers.

Early Stimulation

- This research is among the first in developing countries that asked parents about interacting with children in utero. Levels of knowledge about the benefits of in utero stimulation are quite low.
- Respondents generally had positive attitudes about different ways for interacting with their children.
- Communication can increase awareness and change parenting practices in the area of feelings and emotional needs of children.
- Parents report focusing on the physical and material needs of the child.

Education

- Parents were committed to providing for their children to the best of their abilities.
- Parents of all educational and marital statuses struggled to feed, clothe and educate their children in order to equip them for the future.
- Communication about education should include promoting feeding and hygiene as a means to ensure a “better life” for children.

Child Protection

- Mothers are most frequently responsible for the provision of caregiving behaviours such as feeding children, taking them to health facilities, and providing stimulation in the form of play or learning activities.
- A large majority of respondents believed that it is not acceptable to leave children between 6 – 24 months of age on their own, even for short periods of time, and a majority agreed that it is important to be able to see children between 6 – 24 months of age at all times.
- Despite these reported beliefs, just under half still report leaving young children in the care of other children less than 10 years of age.
- When asked about abusive practices in their communities, most respondents reported that such behaviours never occurred, with the exception of physical punishment by a teacher at school, which was reported as occurring by just over 40 per cent of respondents.
- The most frequently mentioned persons to whom someone would report abuse were community leaders, who were also the most frequently mentioned sources of information about abuse.

Birth Registration

- Data indicate that nearly all respondents believe that birth registration has significant positive benefits for their children.
- Nearly all were confident in their ability to register a child's birth.
- Communication should focus on local level advocacy to encourage the facilitation of birth registration through the provision of suco-level services at pre-determined times each year and addressing misinformation about the process and documents required, as this was also an issue.

Alternative Discipline

- Data show that parents did not necessarily think that physical punishment results in improvements in a child's behaviour.
- Data show that parents believe that frightening a child makes them obedient.
- Communication should focus on the emotional impact of violent discipline, including threatening and fear-based methods, and its effect on a child's development.
- Communication should also inform parents about what other parents report as the frequency of violent discipline, in order to align parents' perceptions with the reality of the frequency of the use of violent discipline.

Adolescent Issues

- A majority of parents agreed that it was important to talk to adolescents about their life experiences, including sex and sexuality and other life choices.
- There is a gap between the belief that is important to talk to adolescents and actually taking the step of having the discussion with their children.
- Qualitative data indicated that parents felt adolescents were grown up and couldn't be disciplined or scolded.
- There is a lower perception, particularly in rural areas, of risk related to HIV/AIDS.
- The perception among community leaders is that people living in their areas are unreceptive to discussion of sexual and reproductive health and birth control.
- Communication should address the gap by demonstrating the impact of teenage pregnancy and HIV/AIDS on rural communities.

Further conclusions have been described in the report and can be useful contributors to the development of an evidence-based Communication for Development (C4D) programme that will address parenting in Timor-Leste. In addition, the research design will allow for the implementation of a robust evaluation of any parenting-related C4D programme, with the potential to conduct a quasi-experimental pre-post treatment/control comparison.

1. Background of the Study and Methodology

1.1 Context and Justification

The Sixth Constitutional Government of Timor-Leste has set out in its Annual Action Plans for 2016 and 2017 four key priorities of agriculture, education, health and basic infrastructure. These priorities underscore the need to improve basic human development indicators in the context of a democratic nation just 14 years post-independence. With development in these four key areas, parents and caregivers will have better resources and increased choices at their disposal as they tend to the well-being of their children. This is especially relevant given that Timor-Leste has one of the youngest demographics in the world, with a high fertility rate of 5.6 births per woman in 2010 (GOTL, DHS 2009/2010⁴) and approximately 50 per cent of the population younger than 18 years old (GOTL, Census 2015).

A key aspect of improving developmental outcomes for vulnerable children and adolescents is engaging with parents and other caregivers who are primarily responsible for their growth and personal development (Britto & Engle, 2015). The *Situation Analysis of Children in Timor-Leste* (2014) highlights several challenges faced by children in the country. These include undernourishment, low preschool enrolment and school retention, prevalence of violence against children, teenage pregnancy and child marriage, and widespread exposure to alcohol and substance abuse.

The Ministry of Social Solidarity (MSS) has identified parenting education and support as a promising modality to mitigate these challenges, with a newly-articulated theory of change that envisions positive behaviour change amongst parents and caregivers in vulnerable households. This will be achieved through a holistic, integrated and nationally-delivered programme working at three levels including a communication campaign, community sessions, and follow-up home visits and peer-to-peer support interventions.

The rationale underlying this structure comes from international research suggesting that positive and long-term impact on behaviours and practices within high-risk families requires a minimum 30-40 hours of contact time, with messages presented more than once and in more than one way (Llewelyn, 2012). As described in the Terms of Reference (ToR) for this assignment, the MSS *Bolsa da Mãe* ['Mother's Purse'] conditional cash transfer programme has been identified as a potential entry point for parent education and support for vulnerable households in Timor-Leste.

Eligibility for the programme is based on household need, including the number of children and marital status of the head of household. The maximum amount a household receives under the programme is

⁴ The data is as of 8th August, 2017. New data from DHS 2016 is expected to be released in 2017.

US\$15 per month, paid annually. This research provides essential information about parents' current knowledge, attitudes and practices towards caregiving across four domains and is intended to act as a foundation for the development of effective and inclusive communication strategies. In particular, the study will inform the design and content of community sessions and messages for the accompanying Information, Education and Communication (IEC) materials.

1.2. Overview and Objectives of the Study

This study aims to further current understanding of caregivers' knowledge, attitudes and practices (KAP) related to parenting in Timor-Leste. The research provides data, analysis and recommendations regarding caregivers' knowledge and awareness levels, beliefs and attitudes, and practices related to parenting. These practices cut across several UNICEF programme areas and include health, nutrition, education, protection, prevention of violence and adolescent issues.

The purpose of the study was to inform and strengthen the parenting programme spearheaded by the MSS and supported by UNICEF and other partners. The specific objectives of the KAP survey were:

- To ascertain the level of knowledge, prevalent attitudes and existing practices related to parenting among BdM beneficiaries in four administrative posts of four municipalities;
- To better understand the socio-cultural factors that support or prevent parents from adopting certain practices;
- To explore potential opportunities and challenges in implementing the community sessions, media campaign and home visits;
- To identify preferred communication channels and trusted sources of information for the roll out of the parenting programme;
- To establish a baseline on the KAP related to parenting among the target population in four administrative posts in order to develop a monitoring and evaluation (M&E) framework to accompany the parenting project.

The parenting programme builds on the premise that every child needs unconditional love, verbal and physical affection, emotional security and sensitivity to his or her needs and feelings. Parents create contexts for children that grow and adapt along with the needs of the child throughout different stages, from pre-natal to infancy, toddlerhood, primary school age, adolescence and young adulthood. The type and amount of support that parents provide varies based on the dependence and development of the child. This ranges from total dependency for basic survival and development, to playing a critical role in the transition to primary school and completion of secondary school, and providing the home environment in which children internalize learned behaviours, values and beliefs that will later become the foundation of their own households as adults.

Positive parenting refers to meeting the child’s holistic developmental needs; it is not only necessary for optimal development (Bornstein et al, 2012), but can mitigate the impact of risk factors for hindered development (e.g., poverty, violence, high risk behaviours and disease) by acting as a buffer to protect and promote children’s well-being (Engle et al., 2011; Alderman and King, 2006; Walker et al., 2011). To demonstrate this effect, it has been found that “enriched home environments and supportive and stimulating parenting in income-poor families can improve children’s outcomes to equal those from more economically advantaged families” (Britto & Engle, 2015).

Indicators in the realm of child rights tend to be divided into four categories of health, education, protection, and water, sanitation and hygiene. The role of parents in each of these areas is critically important. In a comprehensive review on the topic, Britto and Engle (2015) state: “...the multi-disciplinary and international literature on parenting clearly indicates that parents are one of the most influential factors in children’s development” (p. 160). This is supported by numerous other authors in the literature, including Bornstein (2002); Bradley and Corwyn, (2005); Rogoff, (2003); and Whiting and Edwards, (1998), among others.

Conceptual models of parenting include child-focused interactions and relationships between children and adults, including parents, grandparents, extended family and kinship. “Behaviours, emotions, knowledge, attitudes, beliefs and practices associated with child health, development, learning, protection and well-being” are also included under the umbrella of parenting (Yale-AÇEV, 2012). Within the many different approaches, philosophies and cultural constructions found worldwide, the primary function of parenting—indeed, a universal characteristic of primates—is facilitating survival, development and well-being of children with links to the evolution of our species and inter-generational transmission of culture, values and traditions (Britto & Engle, 2015).

Children’s development commonly is divided into several domains (e.g., physical, cognitive, socio-emotional and language); likewise, the concept of parenting may be thought of in terms of interconnected and overlapping domains. These domains were reported by Britto and Engle (2015) and Shah (2014) and have guided the development of the behavioural indicators for this phase of the parenting programme. For the purposes of this programme, we have adapted Britto and Engle’s (2015) description of the domains of parenting into Caregiving, Stimulation, Responsiveness, and Protection. These domains provide a conceptual framework for the development of the key focus areas and their associated behavioural statements. Readers should note that the domain of Protection is inclusive of several of the key behaviours contained in Britto and Engle’s (2015) description of the domain structure, including protection from harm, abuse, and neglect.

All parenting programmes, whether strictly parenting support or integrated parenting education and support, have the primary goal of helping parents and families to improve the lives of their young children through learning about child development and forming skills (Vargas-Barón, 2006). Creating awareness of caregivers’ roles in influencing children’s growth and development, while strengthening or modifying caregivers’ attitudes, beliefs and practices, have also been identified as the broad objective within parent programmes globally (Al-Hassan, 2009).

Within the four domains, UNICEF Timor-Leste and other stakeholders in the parenting programme have developed 10 key focus areas for communication- related interventions. Table 2 lists the key focus areas across the parenting domains, with their associated behavioural statements.

Table 2: Key Focus Areas across the Four Domains

Key Focus Areas and Associated Behavioural Statements
General parenting: Every child needs unconditional love, verbal and physical affection, emotional security and sensitivity to his or her needs and feelings.
Minimum Acceptable Diet: Feed your young child (from 6 - 23 months) daily nutritious foods such as egg, liver, chicken, meat, mung bean or kidney beans.
Hygiene: Wash your hands with soap and water at important times such as before eating, before feeding young children, before cooking, after using the toilet, after cleaning baby's bottom and after touching dirty things. Stop defecating in the open.
Danger Signs and Care Seeking: Take your child immediately to a health facility if they are showing signs of serious illness.
Early Stimulation: Interact with your child in utero and from the time they are born through games and play, songs, rhymes, stories and reading.
Education: Send your child to school from an early age, keep involved in your child's learning and provide support with their homework.
Child Protection: Ensure children are cared for and supervised by an adult or a child older than 10 years old and protect your child from physical violence and all forms of abuse.
Birth Registration: Register your child immediately after birth.
Alternative Discipline: Use positive discipline approaches with your child to resolve conflict or redirect misbehaviour.
Adolescent Issues: Talk to your adolescent children about issues related to bodily changes and sex and sexuality in order to prepare them for the future.

1.3. Methodology

The study included quantitative and qualitative components that, together, allowed the researchers to draw reliable conclusions with both generalizable findings and a deeper understanding of knowledge, attitudes, and practices, as well as socio-cultural factors related to parenting and caregiving in Timor-Leste. The fieldwork was conducted in the months of September and October 2015. The research was carried out by a local agency, Belun, with coordination and oversight by Ba Futuru. Rain Barrel consultants in consultation with Ba Futuru and UNICEF developed the study design and research tools and conducted the data analysis. A total of 995 surveys, 44 individual in-depth interviews (IDIs) and 12 focus group discussions (FGDs) were conducted in four administrative posts in four municipalities.

1.3.1. Target Population

The target population for this KAP survey was comprised of BdM recipient households from four administrative posts in four municipalities. These households receive conditional cash transfers and had been proposed as the targets of community sessions on good parenting practices. The target locations for the survey are listed in table 3.

Table 3: Target locations for KAP survey

Municipality	Administrative Post
Ermera	Railaco
Lautém	Iliomar
Liquiçá	Bazartete
Viqueque	Uatucarbau

These administrative posts can be broadly grouped as remote and non-remote. Iliomar and Uatucarbau are considered remote administrative posts due to their distance from the capital, Dili, and the time it takes to travel between each and Dili. Conversely, Railaco and Bazartete are considered not remote. Remoteness, or distance, can be an explanatory factor for participants' responses to some questions; those in more remote municipalities are potentially less likely to receive certain types of information or innovations carried from the capital due to poor transportation systems or communication networks (Pedersen, P.O., 1970).

The study sample focused on above purposefully selected locations. Hence, the results only represent the population sampled for this study, and not represent whole country.

1.3.2. Data Collection Tools

The behaviours included under each of the four parenting domains formed the basis of the development of the quantitative survey instrument, together with key messages identified by UNICEF Timor-Leste based on previous research and an assessment conducted by Shah (2014) in Phase I of the project. These key messages, divided into ten focus areas by Shah (2014), are hypothesised to contribute towards specific behaviours to be practiced by parents or caregivers. Survey questions were drawn from the key messages and well-established scales such as Block's (1965) Child Rearing Practices Q Report sorting exercise and Cohler et al.'s (1966) Maternal Attitude Scale. These scales have been in consistent use in the child development literature since their development. In addition, specific questions from the Multiple Indicator Cluster Surveys (MICS) instruments were included when appropriate. Although MICS surveys provide standardised questions on several child development indicators, they tend to focus on specific practices rather than on communication-related attributes such as beliefs or attitudes. In this study, the inclusion of questions on feeding practices, care seeking, violent discipline, hand washing, and support for learning provided a framework for the development of other communication-focused questions.

Qualitative data collection tools such as interview guides and focus group guides were intended to deepen, explain, and widen our understanding of the socio-cultural issues related to the four domains of parenting and particular parenting practices. Several open-ended questions were included with suggested probes. These are provided in Annex II.

1.3.3. Training and Other Technical Documents

Data collectors were trained in Timor-Leste in August/September 2015 over a period of five days, plus an additional day in which field practice was conducted. During field practice, enumerators each administered the survey a minimum of one time, which was followed by a debriefing session that reinforced the survey protocol and procedures. The training included a step-by-step discussion of the quantitative survey instrument, qualitative tools, and role-playing for the collectors. Since Belun, the research agency, had significant previous experience conducting research in the Timorese context, they were able to assist in finalisation of the data collection process and help fine-tune the questionnaire. Qualitative data collectors were trained through role-plays, discussions, and field tests of interview and focus group guides.

1.3.4. Sampling

The quantitative portion of the KAP study included the administration of survey instruments to parents who are part of the BdM programme in four administrative posts of four municipalities, as described above. These areas were chosen based on a number of factors. First, Ermera municipality was identified by Shah (2014) as one that requires increased support for caregivers, and in addition, Ermera and Viqueque are two municipalities of five that the Government of Timor-Leste and UNICEF had identified as priority, or convergence, municipalities for programme interventions, which also include Aileu, Covalima, Oe-Cusse Ambeno and, for child protection issues, Díli. The other two municipalities, Lautém and Liquiçá, were included in order to provide control groups for evaluation of the parenting programme, since UNICEF will not work in these municipalities in the next five-year period.

Within the municipalities, UNICEF Timor-Leste identified Uatucarbau and Railaco as the two administrative posts in which the Phase II pilot of the parenting programme was to take place. The two additional administrative posts, Bazartete and Iliomar, were identified as being somewhat similar to the two districts chosen for the pilots, and were expected to act as control populations for post-intervention evaluation. These administrative posts roughly correspond in terms of distance from Dili, although two (Iliomar and Uatucarbau) are considered more remote than the other two (Bazartete and Railaco). Further information on the influence of remoteness is presented later in this report.

In order to attain adequate statistical power for analysis after the collection of data (Israel, G.D., 1992), the appropriate sample size was calculated using the formula

$$n_0 = \frac{Z^2 pq}{e^2}, \text{ where:}$$

n_0 = sample size

Z^2 = a factor to achieve the required confidence level
(1.96 is used for 95% confidence level)

p = proportion of population (0.5 assumes maximum variability)

q = 1 - p

e = level of precision (0.05 standard for social science research)

This calculation yielded a sample size of 385 individuals per administrative post. However, given that each administrative post has a relatively small population of BdM recipients who could be sampled for the survey, it was possible to reduce the sample size using the formula $n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$, where:

n = adjusted sample size

n_0 = calculated sample size

N = population size

Table 4 below indicates the number of BdM recipients in each of the administrative posts, and also includes the adjusted sample size for each of the four administrative posts proposed for the KAP survey.

Table 4: Sample sizes for quantitative enquiry

Municipality	Administrative Post	BdM recipient households	Adjusted Sample Size
Ermera	Railaco	649	255
Lautém	Iliomar	563	229
Liquiçá	Bazartete	1231	308
Viqueque	Uatucarbau	480	214
Total			1006

Once the BdM recipient lists were provided to the consultants by the MSS, all recipients in each administrative post were entered into separate Excel spread sheets. Households to be surveyed were drawn randomly from each list using the following procedure:

1. Each recipient household in the administrative post was assigned a random number using Excel's random number generator.
2. The recipient households were sorted by their assigned random number.
3. The required number of recipient households (the adjusted sample size) was selected beginning with the first household in the sorted list and continuing until the required number was attained.

These drawn samples were then sorted by suco and provided to the research agency for data collection.

Achieving an adequate response rate was more challenging than expected. Because the research design included a sample frame that was generated by the MSS and used to administer the BdM programme, a relatively high response rate was expected (90 per cent). However, in the initial field research, data collectors reported that obtaining the required response rate was not achievable and that they were reaching only 55 – 60 per cent of households. There were several factors that contributed to this issue, including the fact that heads of households were away from their homes working in their fields, were involved in cultural ceremonies and unavailable for an interview, or could not be found at all, having moved to Dili or another larger municipality despite still being included on the BdM beneficiary list. Enumerators were expected to conduct three follow-up visits to each enumerated households, and after a third unsuccessful attempt to secure an interview, were to abandon the household and report it as non-responsive.

When the lower than expected response rate was reported to Ba Futuru, an additional list of households was sent to the research agency for inclusion in the sample. Because the BdM lists had been previously sorted using the procedure described above, additional households for the sample were retrieved by returning to the list of recipient households sorted by random number and selecting additional households sufficient to fill the gap in response rate, beginning with the first household not selected in the first round of sampling. In an ideal scenario, the estimated response rate would have been more closely matched with the reality encountered in the enumeration. However, the method for selecting additional households did not involve resampling or revising the lists of recipient households, thus preserving the randomness of the sample for each administrative post. Representivity for this survey is at the level of each administrative post and only among BdM recipients, as the administrative posts were purposely chosen and the entire population of BdM recipient households for each made up the sampling frame.

Final response rates were still somewhat lower than anticipated. Table 5 below presents the final sample size and calculated sample weights for each district.

Table 5: Household Response Rates per Municipality

A.P.	No. BdM HH	Final Sample Size ⁵	Responses ⁶	Household Response Rate ⁷	Calculated Sample Weight
Railaco	649	381	231	61%	2.81
Iliomar	563	392	204	52%	2.76
Bazartete	1231	482	253	52%	4.87
Uatucarbau	480	310	184	59%	2.61
Total		1565	872	56%	

The overall response rate has potential implications on the interpretation of the results. As reported by the survey company, the reasons for the low response rates vary, and include respondents being away in the fields, having moved from the administrative posts, and inaccuracies in the lists of recipient households. Thus, there is no single factor contributing to the low response rate. If this were the case, it is likely that responses would be significantly biased based on those non-responses (for example, if only those working in their fields were left out). Because the reasons for non-responses vary, assessing the impact on the overall reliability of the survey is not straightforward. However, from a communications perspective it is arguable that those who participated in the survey will also be the most likely to participate in the quarterly parenting sessions (because they were available for the survey and not away) and therefore adequately represent the target audience.

The qualitative study employed purposive sampling that included not only parents and adoptive parents, but also extended family, such as grandparents, uncles and aunts, older brothers and sisters, and other members of the community who either play a role in providing care for young children or in influencing the behaviours of primary caregivers. These included village and community chiefs (Xefi Suco and Xefi Aldeia), and traditional leaders (Lia Nain). The respondents were drawn from a list of BdM recipients provided by MSS. Individuals from households that were not selected for the quantitative survey were included in the qualitative research. The purposive sample strived to ensure an equal number of men and women, across a range of age groups and performing different responsibilities in the family and community. For each administrative post included in the study, the researchers conducted 11 individual in-depth interviews with parents who are BdM recipients, and three FGDs with community leaders and extended family members.

⁵ Final sample size = adjusted sample size (na, Table 3) plus additional households to fill in the gap in the response rate.

⁶ The number of responses refers to the final number of completed household interviews.

⁷ HH response rate is calculated as a fraction of the number of households with a completed interview over the sum of HHs with completed interviews, HHs with no competent resident at home, HHs with permanently postponed or refused interviews, and HHs for which the dwelling was not found. For more information on this calculation, refer to DHS Statistics Live: Sampling Weights (n.d.). Retrieved from <http://legacy.measuredhs.com/help/datasets/>

1.3.5. Representivity and Reading the Report

This research is representative of BdM beneficiaries at the administrative post level because each BdM recipient in each administrative post had an equal chance of being selected as a survey respondent. With this quantitative inquiry as a baseline, a survey conducted after the implementation of a communication intervention would allow for comparison between the pre- and post-intervention knowledge, attitudes, and practices of BdM recipients within administrative posts.⁸ In addition, it will be possible to compare, for example, the results of a communication intervention in one administrative post with another administrative post in which no communication intervention was conducted, particularly if the intervention is based on interpersonal communication and not mass media, which has the potential to bleed across the boundaries of administrative posts.

Sample weights were calculated to adjust for differences in response rates across the municipalities. Because this is a single-stage sample design with representivity within each administrative post, sample weights for each case are calculated using the formula N/n , where N is the number of elements in the population, in this case, the number of BdM households, and n is the number of responding households in the sample, in this case, the response rate.

In the presentation of the results of the study, two main factors that play a role in responses to certain questions have been identified. These are education level of the respondents and administrative post. When a statistically significant relationship between either of these two factors and responses to a survey question has been identified, this is noted with an explanatory statement. Where this is not marked, readers should assume that there is no statistically significant difference present between education level of respondents and their responses to the questions, or between the administrative post and their responses. Where there are not statistically significant differences between response groups, aggregated tables are most appropriate, because statistically insignificant differences should not be considered meaningful.

1.3.6. Conduct of the study

The data collection for the KAP study took place in four administrative posts as described above. Four research teams, comprised of four researchers plus a team leader completed 995 surveys in 21 working days in October/November 2015. The qualitative data was collected by two teams of researchers with one interviewer and one note-taker over eight working days. Each team completed approximately two - three IDIs and one FGD in a day.

⁸ There are a number of important caveats to this statement. First, it can be very difficult to isolate communication-related variables for pre and post comparison. Second, when variables are measured it can be difficult to conclusively attribute changes in knowledge, attitudes and practices to one particular communication intervention. Finally, there are many factors that influence people's decisions to adopt new behaviours, many of which take long periods of time to shift.

1.3.7. Ethical considerations

The administration of the study was approved by the MSS prior to the start of data collection activities. The principal researchers, including the designers of the research instruments, completed training on the ethical conduct of research prior to the start of the project.⁹

Participation in the research was voluntary and no remuneration was provided. Data collectors obtained informed consent from all respondents and informed them about the purpose of the study. Respondents were also assured that the information they provided would be kept confidential and no identifying information would be shared. Names are not used and personal details are changed where individual qualitative data is reported.

1.3.8. Quality Control Procedures

To maintain the quality of data, the supervisors monitored the performance of all of the data collectors thoroughly throughout the study. Team leaders and supervisors met daily with the data collectors to discuss the quality of work, both individually and with the data collection team. The supervisor also kept an Interviewer Progress Sheet on each data collector. The supervisor updated the progress sheet at the end of work in each geographical cluster of households. The Interviewer Progress Sheet was designed to give the supervisor an objective and continuous measure of each data collector's performance and workload. Team leaders conducted checks on each instrument to ensure correct completion.

Budgetary considerations precluded data entry in the field by team leaders, which would have assisted in ensuring that the survey forms were completed correctly. Data entry was conducted by Ba Futuru with random checks to ensure quality, after the administration of all surveys. A series of checks in the data entry process ensured that survey instruments were completed fully and correctly, and the data entry template was designed to highlight errors and guide entry (for example, responses for skips and filters were only able to be entered when an initial filter was entered correctly). When inconsistencies were noted in the dataset, these were resolved by returning to the completed paper copy of the survey instrument for clarification. Non-responses were entered as missing.

1.3.9. Treatment and Analysis of Data

Data cleaning was conducted during the data entry process and then imported into Stata. Once all data was entered into a master Excel spreadsheet, it was imported into Stata (14.1) for analysis.

Once the data was imported into Stata, the `svyset` command was used to specify the weighting variable and prepare the data for analysis. The results of the analysis are presented in subsequent sections.

⁹ All principle researchers have completed the CITI Human Subjects Research ethics training modules, available at <https://www.citiprogram.org/index.cfm?pageID=88>

All qualitative interviews and focus group discussions were audio recorded. Researchers worked in pairs, with one researcher leading the interview and the other taking detailed notes. Researchers also maintained field notes to record their observations and to cross check information. These notes were completed and typed in Tetun and then translated into English. All data was labelled, identifying the researcher, respondent, location, time and date of interview/FGD, and the translator. The data was then coded manually and crosschecked with Tetun speakers to ensure accuracy. The codes were organized into themes and patterns to feed into the overall framework of the study. Recurrent themes were identified and interpreted. In addition, unique cases or illustrative examples or explanations were also selected. Findings were organized by focus areas. Some overarching themes which applied to the general context were also presented.

Findings from the quantitative survey and the qualitative interviews and discussions were triangulated for comparison and confirmation. Triangulation is a process in which multiple data sources are compared, which allows the researchers to check the validity of the findings and conclusions. Triangulating qualitative data with large-scale quantitative samples also indicates how widespread or prevalent the findings such as knowledge levels, attitudes and current practices are. In cases where the findings are complementary, the accuracy or credibility of the study is enhanced. In cases where the findings are divergent, different perspectives, additional insights or possible reporting biases may be highlighted.

The original study design had sequenced the qualitative component to follow the quantitative survey, with the intention of using qualitative interviews to provide more in-depth explanations and insights on some of the findings in the quantitative survey. However, due to delays, budgetary issues, and implementation difficulties in conducting and completing the quantitative survey, the qualitative component was conducted simultaneously with the quantitative survey, rather than post-survey with specific direction from the quantitative portion. By their very nature, qualitative and quantitative research studies seek to understand different aspects of reality or a social phenomenon. The qualitative component utilized open-ended questions and relied on the researchers to probe further depending on the interviewee's responses. Hence, in some cases qualitative data elaborate or explain aspects of the quantitative research, and in others, the two modes of inquiry do not overlap.

2. Socio-Demographic Characteristics

2.1. Basic Characteristics of the Population

All respondents were selected due to their inclusion on the BdM recipient lists provided by MSS. Table 6 presents the basic characteristics of the respondents for all administrative posts.

Table 6: Basic Characteristics of Survey Respondents

Total Number of Respondents	872	
Gender of Respondents	Female	Male
	90%	10%
Marital Status	Married	Married, living with spouse
	88%	86%
Average number of children < 18	4.3	
Average age of Respondents	44	

Although enumerators were encouraged to administer the survey to both men and women, as indicated in table 6, 90 per cent of respondents were women. This is likely due to the fact that men who work in subsistence agriculture were not available for interviews, and the perception among respondents that parenting in general is the domain of women. Communication materials for the parenting programme will stress the importance of the participation of fathers in parenting.

Most participants (93%) are engaged in two main categories of work: as housewives (23%) and in agriculture (70%). Other categories include physical or manual skilled and unskilled service or artisanal work, such as carpentry, cutting wood, picking trash, sifting sand, or cooking salt (6%); teaching (1%) and local administration (< 1%).

2.2. Education

One of the most notable results of the basic information regarding the education level of respondents was that only 50 per cent had ever attended any school, and 43 per cent were unable to read at all. Communication materials encouraging parents who have not previously had access to education to invest in schooling for their own children should be developed in the context of low overall levels of literacy and financial constraints among beneficiaries. Literacy levels will also need to be kept in mind when developing the content of training sessions and supporting communication material.

Table 7: Education Characteristics of Respondents

	Attended any School	Completed Primary	Completed Pre-Secondary	Completed Secondary	Completed University	Completed Fourth class
Education Completed	50%	42%	33%	20%	1%	4%
Participated in literacy programme	25%					
Literacy	Unable to read 43%		Partially able to read 10%		Able to read 47%	

Education levels across the administrative posts were compared. A statistically significant difference (X^2 , $p < 0.05$) was found between the four posts in response to the general question “have you attended school”. Table 8 presents the prevalence of reported school attendance of respondents in each administrative post.

Table 8: Respondents' School Attendance in Administrative Posts

Have you attended school?	Administrative Post			
	Railaco	Iliomar	Bazartete	Uatucarbau
Yes	101	87	124	104
(percent)	24%	21%	30%	25%
No	119	107	121	72
(percent)	28%	26%	29%	17%

While there is a statistically significant difference between responses across administrative posts to the question of having attended school, there is no relationship between education level and the remoteness of the administrative post; in fact, the remote administrative post of Uatucarbau shows a higher-than-expected level of school attendance, while non-remote Railaco shows a lower-than-expected level. This result suggests that participation in education and remoteness are two separate factors that contribute independently to respondents' knowledge and attitudes toward the key focus areas. These two explanatory factors, remoteness and education, are presented throughout this report when statistically significant differences exist in order to explain differential responses to questions in each key focus area.

2.3. Exposure to Media

There were generally low levels of consistent exposure to and use of media among respondents, with only 14 per cent reporting ever reading the newspaper. Radio and television have higher rates of use, although far less than half of the respondents reported using these media. Surprisingly, only 57 per cent of respondents report owning a mobile phone, and just less than half of those who do not own one themselves have access to one in their household.

Table 9: Exposure to Media

	Overall Rate	Every Day	Once per Week	Once per Month	Preferred Station
Percentage who:					
Read the newspaper	14%	4%	38%	38%	N/A
Listen to radio	29%*	61%	30%	7%	RTL (82%)
Administrative Post	Railaco	Iliomar	Bazartete	Uatucarbau	
% Who Listen to Radio*	46%	13%	36%	14%	
Watch television	33%	61%	28%	6%	TVTL (87%)
Own a mobile phone		57%			
Have access to a mobile phone at home		34%			
Use the Internet		5%			

* There was a statistically significant difference between Iliomar and Uatucarbau and the other two administrative posts (X^2 , $p < 0.05$) in the percentage who reported listening to the radio. In this way, remoteness is an explanatory factor for the likelihood that an individual would report that they listen to the radio.

A 2011 report on media in Timor-Leste found that community radio had the potential to be a significant source of information for those households within range of such stations (Soares & Dooradi, 2011). Although community radio is increasing in prominence in the country, not all sucos have community radio stations. In the present survey, respondents were asked which station they listened to most frequently, rather than all the stations they listened to. Therefore, while community radio may represent an opportunity for the development of locally tailored, highly accessible messages, it remains less important than the national radio station, RTL, which was mentioned by 82 per cent of respondents as their preferred station.

The qualitative data also supports the popularity and reach of both television and radio. Respondents routinely mentioned that they got their information mainly from community leaders, television, radio and in some cases the telephone. Internet was only mentioned by a few respondents. In houses where families did not own TVs, radio was frequently mentioned, and in some areas without electricity families relied on community members for information. Field researchers noted that many houses had either a television set or radio and that in some cases the children were watching television while the parents were being interviewed.

2.4. Trusted Sources of Information

According to the qualitative data, the trusted sources of information were community leaders, local health workers such as nurses, midwives, Integrated Community Health Services (SISCA) volunteers, and local leaders such as the Xefi Aldeia and Xefi Suco. They also got information from neighbours and community members, as well as family members in other towns. Religious leaders, teachers, government and NGO sources were also mentioned. In cases where families did not have electricity or have access to media, they relied on interpersonal channels. The quantitative data presents trusted sources of information for different focus areas in the following sections, which are consistent with the qualitative findings, and include community leaders as trusted sources. There was a statistically significant relationship between the remoteness of the administrative post and the likelihood that a respondent would mention a particular source of information as trusted more often than another, although this was dependent to some extent on the type of information a respondent was seeking or referring to. This information is presented in the findings for each of the key focus areas.

3. Data Collected on Key Focus Areas

3.1. *Minimum acceptable diet. Feed your young child (from 6 months old) daily nutritious foods such as egg, liver, chicken, meat, mung bean or kidney beans.*

UNICEF recommended practices for Infant and Young Child Feeding (IYCF) indicate that children 6 – 23 month of age should be fed four times a day if they are not being breastfed; those children who continue to breastfeed while receiving complementary foods should be fed three times per day (UNICEF, 2011). Children should also receive appropriate levels of dietary diversity, with foods from at least four food groups (UNICEF, 2011). Together, minimum meal frequency and minimum dietary diversity form the composite indicator Minimum Acceptable Diet. The 2009/2010 DHS survey in Timor-Leste reported that only 41 per cent of children receive a minimum acceptable diet (GOTL/ National Statistics Directorate et al., 2010), while the Timor-Leste Food and Nutrition Survey 2013 (TLFNS, 2013) found that only 18 per cent of mothers achieved this benchmark (Ministry of Health, 2015).

In terms of the start of complementary feeding, the average age that women reported introducing solid foods was 5.5 months, and overall, 67 per cent of respondents reported that infants should be started on solid foods at 6 months of age. As indicated in table 1, this varied across posts, with the remote posts approximately 15 percentage points less likely to know that a child should start complementary feeding at six months. About ten per cent of respondents reported that children should be started on solid foods at 3 months of age.

In terms of feeding frequency, a large majority (78 per cent) of respondents reported that a child between the ages of 6 - 23 months of age should be fed three meals a day; ten per cent reported that they should be fed two meals a day. Ten per cent reported that they should be fed four times per day.

In the qualitative component of the study, respondents generally reported consistent knowledge that babies should be breastfed without any solid food for the first six months. They also believed that breast milk was more nutritious and beneficial to the baby. Respondents didn't specify whether or not other liquids were given along with breast milk. Soft solid foods such as rice porridge or SUN infant cereal were introduced after the first six months, and harder foods were introduced when the child was older or had teeth. Several respondents mentioned that they only fed formula if the mother couldn't breastfeed or had to leave for work, with many stating that they didn't use formula and also couldn't afford to buy formula. Families were aware that breastfeeding provided increased immunity to the child. For instance, a mother from Uatucarbau mentioned that breast milk protects children from getting sick. Qualitative data highlights the existing tendency to breastfeed coupled with the economic realities that favour breast milk over buying formula.

The local foods typically fed to infants and considered nutritious were rice, maize, potatoes, cassava, bananas, papaya leaves and yams. A mother of five stated that her family normally ate meals with only two food groups, rice and a vegetable, “if there’s some kind of meat then I’ll make meat. If there’s no meat then papaya, cassava leaves, papaya flowers, just that.”

Dietary consumption was closely linked with food availability. For example, a father of six young children from Railaco shared that his family rarely ate meat, eggs or tempe and generally had only one type of vegetable served with rice. He stressed that their diet was dependent on the household’s cash flow and food availability. If food was abundant they would eat a lot and when there was less food they would eat little; likewise if they had money they would buy certain foods, such as frozen chicken or other foods that children requested, but if they had no money they would just eat boiled maize or rice. Families also mentioned loaning food to families who were facing food shortages or a delayed crop. A mother from Uatucarbau explained “now, there’s no food, it’s just times like this when there’s no food. Some people’s [rice] was already in before ours, so we took some to eat. When ours comes in we will just give it back.”

Table 10 reports on responses to the question “what types of foods are best for babies who are just starting to eat solid food.”

Table 10: Knowledge of best first foods

Food	Per cent	Note
Rice porridge	65%	
Rice porridge with vegetables	47%	
Store bought infant cereal	24%	
Fruit	13%	
Other	5%	Most frequent “other” response was a type of rice porridge.

Respondents were also asked about the best foods for children between one and two years of age, and included multiple types of foods, such as mashed vegetables or small pieces of vegetables. Table 11 reports on the per cent of respondents stating that a particular type of food is best for children between one and two years of age.

Table 11: Reported best foods for children between 1 - 2 years of age

Food	Per cent
Plain porridge (mashed)	39%
Porridge with vegetables (mashed)	38%
Plain porridge	30%
Porridge with vegetables	39%
Fruit (mashed)	13%
Fruit (small pieces)	5%
Vegetables (mashed)	5%
Vegetables (small pieces)	4%
Meat/fish (mashed)	7%
Meat/fish (small pieces)	7%
Other (cassava, rice)	2%

Respondents were also asked about specific ways in which they fed their children aged 18 or under; these questions included the following:

Table 12: Inclusion of nutritive foods

How often do you include some type of dairy like milk or butter in a meal your child eats?	
Every day	3%
Several times a week	8%
Once a week or less	23%
Once a month or less	66%
How often do you include vegetables in a meal your child eats?	
Every day	39%
Several times a week	34%
Once a week or less	18%
Once a month or less	9%
How often do you feed your child a meal with only a starch?	
Every day	31%
Several times a week	30%
Once a week or less	26%
Once a month or less	12%
How often do you include food from your own garden in a meal for your child?*	
Every day	64%
Several times a week	21%
Once a week or less	9%
Once a month or less	6%

How often do you include an egg in a meal for your child?	
Every day	2%
Several times a week	24%
Once a week or less	43%
Once a month or less	30%
How often do you add some meat to a meal for your child?	
Every day	3%
Several times a week	15%
Once a week or less	39%
Once a month or less	44%
How often does your child eat breakfast?	
Every day	87%
Several times a week	6%
Once a week or less	2%
Once a month or less	4%

* There was a statistically significant difference in responses between parents who completed secondary education and those who had not, with parents who had no education or only primary education more likely to include food from their own garden every day or several times a week in meals for their children ($X^2, p < 0.05$).

Respondents were also asked about their attitudes toward children's diets, as indicated in table 13 below:

Table 13: Beliefs and Attitudes about Children and Food

The food my child eats will determine how they do in school when they are older	
Agree	97%
Disagree	3%
Children should eat the same foods as adults as soon as they are ready	
Agree	89%
Disagree	11%
If a child feels hungry between mealtimes, it is good for them to eat something	
Agree	87%
Disagree	13%
Because children are growing, they require a special diet	
Agree	93%
Disagree	7%
It is important that my child eats foods that are traditional to me and my family	
Agree	63%
Disagree	37%

Eating a variety of foods is healthy for children	
Agree	97%
Disagree	3%
The food I can buy at the store is better for my child to eat than local foods	
Agree	49%
Disagree	51%

The attitudes and beliefs about food reflected in table 13 suggest that communication strategies should reinforce existing attitudes and encourage parents to adopt practices that reflect their beliefs. In addition, there is important communication work to be done regarding the role of nutritious traditional foods in families' diets; this type of communication should also promote locally available foods that are less expensive than foods that are purchased in stores.

In terms of food security, 72 per cent of respondents reported that members of their household did not have enough to eat always, often, or sometimes. There was no statistically significant difference between administrative posts in the likelihood of experiencing food insecurity (defined as the reported experience of not having enough to eat always, often, or sometimes).

There are clearly opportunities in this area in which communication can play a role in supporting existing positive practices and in shifting attitudes about particular feeding practices. The data reflect that parents are aware of the benefits of breastfeeding, and generally regarding the correct duration and when to introduce complementary foods. Future communication efforts should reiterate the benefits and stress the need for early initiation and exclusive breastfeeding, particularly in remote posts which demonstrate less correct knowledge of when to introduce complementary foods. In terms of diet and increasing the intake of nutritious foods, parents need to better understand how these foods affect their child's growth and development. Given the financial constraints, parents also need to find locally available foods that are nutritious and affordable, and this should be linked to the existing belief that "because children are growing, they require a special diet".

3.2. *Hygiene. Wash your hands with soap at important times such as before eating, before feeding young children, before cooking, after using the toilet, after cleaning baby's bottom and after touching dirty things.*

Overall, 95 per cent of respondents reported that there are moments during the day when they think they should wash their hands. Respondents reported the times or moments for washing hands as follows:

- After defecating – 76%
- Before eating – 80%*
- Before feeding an infant or baby – 35%

- Before preparing food – 50%
- After changing a baby or cleaning a baby – 19%
- After eating – 7%

* There is a statistically significant difference based on education level; those completing at least secondary education more likely to report this response (X^2 , $p < 0.05$).

Other times, mentioned by less than two per cent of participants, included after working in the garden or in the morning.

When asked about the reasons for washing hands, the most important reasons reported by respondents were the following:

- To kill germs – 51%
- To avoid stomach-ache or upset – 60%
- To increase the cleanliness of hands – 62%
- Hands smell bad – 10%

A few respondents (< 2%) reported that they cleaned their hands for other reasons, such as to control health or prevent sickness. There were no statistically significant differences in responses based on education level or remoteness of the administrative post of the respondents.

The TLFNS 2013 reported that only 23 per cent of households have a hand washing facility with soap and water (Ministry of Health, 2015). In the present research, respondents were asked whether they had soap or another substance with which to clean their hands, and 96 per cent reported that they had soap or something else (such as detergent) with which to do so. There was a statistically significant difference between those in remote posts (X^2 , $p < 0.05$) and non-remote districts, although the percentage of respondents in both areas was greater than 92 per cent. Education did not play a statistically significant role in responses. The difference between the reported results in the present survey and the TLFNS may be the result of the difference between the questions: a question about a specific hand washing facility such as a sink, bucket, or tippy-tap was not included in the present survey, only whether the respondent had access to soap or another substance for hand cleaning.

From a communication perspective, this self-reported result suggests that people are aware of the necessity of something in addition to water to effectively clean hands. Respondents were then asked why they used the cleaner they had to clean their hands, and the responses mirrored those of the reasons for washing hands as reported above.

Respondents were asked more general questions about their perception of when their hands were dirty. Times they perceived their hands as dirty were as follows:

- When dirt is visible – 63%
- After using the toilet – 70%
- After eating – 27%
- After working in the field – 72%*
- When I touch something during menstruation – 4%

* There is a statistically significant difference based on education level, with those not having completed primary school more likely to provide this response (X^2 , $p < 0.05$). This is likely related to the work the respondent is engaged in.

Most respondents (96 per cent) agreed with the statement: “washing my hands with soap or ashes is easy for me.” However, 69 per cent also reported that there are times at which they would like to wash their hands but are unable to. The reasons given were as follow:

- No water available – 77%
- No soap or ashes available – 20%*
- I am too busy to wash my hands – 50%
- I have an injury or wound on my hand(s) that is sore – 14%

* There is a statistically significant difference between those in remote and non-remote posts, with those in remote posts seven percentage points more likely to report lack of soap or ashes as a reason they are unable to wash their hands.

Lack of access to water is a significant barrier to being able to wash hands. This was supported in the qualitative data where respondents expressed that getting water was a major challenge in their lives. The qualitative data also reflected that people knew the correct times to wash their hands but availability of water and soap were factors that hindered hand washing. A Xefi Suco from Railaco stated, “when there is always water, then it’s easy to wash hands. Although sometimes some wash them with soap, or some wash them with detergent, or some wash their hands just with water, they don’t use soap or detergent. But when there is no water, for that we can’t force it [hand washing].” This corroborates the quantitative findings, where the most common reason for not being able to wash hands was the unavailability of water (77 per cent) and to a lesser extent, the unavailability of soap or ash (20 per cent).

Regarding people's beliefs about the importance of hand washing, greater than 99 per cent of respondents responded affirmatively to questions asking whether it was important to wash hands after defecating, before cooking, feeding children, and after having changed a baby.

Most respondents (96 per cent) agreed that it is important to wash a baby's hands. The times at which respondents reported that a baby's hands should be washed are presented in table 14 below:

Table 14: Times when Baby's Hands Should be Washed

	Overall Per cent	Factor*			
		Education		Remoteness	
		Primary or Less	Secondary or more	Non-Remote	Remote
When they seem dirty	76% ¹	n/a	80%	71%	
Before eating	76% ^{2,3}	77%	66%	80%	70%
After eating	22%	n/a	n/a		
After touching animals	35% ⁴	n/a	46%	20%	
After defecation	28%	n/a	n/a		
After playing	34% ⁵	n/a	45%	20%	
At bath time	14% ^{6,7}	12%	22%	9%	20%

* Explanatory factors are included when differences are statistically significant.

¹ Statistically significant difference based on remoteness, with those in non-remote posts more likely to respond affirmatively.

² Statistically significant difference based on education level, with those with primary education or less more likely to respond affirmatively.

³ Statistically significant difference based on remoteness, with those in non-remote posts more likely to respond affirmatively.

⁴ Statistically significant difference based on remoteness, with those in non-remote posts more likely to respond affirmatively.

⁵ Statistically significant difference based on remoteness, with those in non-remote posts more likely to respond affirmatively.

⁶ Statistically significant differences in the responses to this question among participants based on education level, with those having completed some education less likely to respond affirmatively to this question. The reason for this is unclear, although as in previous questions, those individuals with less education may be more likely to be involved in manual labour and caring for children while they work.

⁷ Statistically significant difference based on remoteness, with those in remote posts more likely to respond affirmatively, this may be due to the type of work in which these respondents are engaged.

The responses to these questions suggest that there are significant opportunities to raise the levels of knowledge among respondents about the appropriate times to wash a baby's hands.

3.3. *Danger signs and care seeking. Take your child immediately to a health facility if they are showing signs of serious illness.*

Respondents were asked a series of questions about the scenarios that would cause them to take their child to the clinic right away. Enumerators prompted respondents to supply additional scenarios, but did not supply the symptoms. The symptoms and the per cent of respondents who reported that they would take their child to the clinic right away if they were experiencing these symptoms are:

- Child develops a fever – 88%

- Child has diarrhoea – 50%
- Child has difficulty breathing – 30%
- Child not able to drink or breastfeed – 16%
- Child become sicker – 14%
- Child has fast breathing – 11%
- Child has a cough – 11%
- Child has blood in stool – 10%
- Child is drinking poorly – 8%
- Child has malaria – 3%

These data are cause for concern, as they indicate that respondents are not aware of all the danger signs of illness: less than 15 per cent of respondents considered bloody stools, malaria, cough, fast breathing, or reduced appetite for breastfeeding as requiring immediate medical attention.

A small percentage (14 per cent) of respondents reported that their child had had diarrhoea in the last two weeks. When asked what action they had taken when this happened, frequency of responses is reported below.

- Took him/her to the clinic – 91%
- Medicated the child with a traditional remedy – 33%
- Sought advice from a community health worker/other health agent – 16%
- Offered additional foods or liquids – 14%
- Use ORS to make sure he/she was not dehydrated – 12%
- Sought advice from a traditional healer – 2%
- Did nothing – 2%

Again, respondents were not prompted with specific actions but were encouraged to name additional actions they took until they could not recall any additional actions they had taken.

The qualitative responses revealed that families were aware of the benefits of seeking medical care when their child was sick. Most people said they took their children to the health facility when they were sick and were generally satisfied with the care and information they received from the

health worker, nurse or midwife. Respondents further explained that in earlier times people preferred traditional healers but currently they recognized the value of modern medicine. The main reasons for not going to the clinic was that it was too far away or that the child was not getting better with the treatment, in which case they would seek a traditional healer. As a mother with young children from Viqueque, shared, “some who bring [their children] to the hospital, if they don’t get medicine, like this, or if they take the medicine but don’t get better, then they will turn to lighting candles... [and] doing according to the cultural ways.” Some of the shortcomings of the medical facilities noted were lack of transportation and ambulances, occasional shortfalls of medical supplies and limited surgical facilities for complicated cases or caesarean sections.

Respondents were also asked about how much food the child was offered when he/she had diarrhoea. Responses were:

- Less than usual – 45%
- More than usual – 7%
- About the same – 41%
- Nothing – 5%
- Don’t remember – 2%

All respondents were asked about their perception of the causes of diarrhoea. Perceptions about the reasons why children may develop diarrhoea are:

- Drinking dirty water – 83%¹
- Eating from a dirty dish – 50%¹
- Touching faeces and not washing hands – 39%²
- Eating too much fruit – 31%³
- Eating dirty food/eating indiscriminately – 6%
- Having dirty hands – 3%

There were no significant differences in responses to the causes of diarrhoea based on education level of respondents. However, there were statistically significant differences between responses based on the administrative post as described below.

¹ Those living in the remote posts of Uatucarbau and Iliomar were more likely than those in Bazartete and Railaco to identify drinking dirty water and eating from a dirty dish as causes (X², p<0.05).

² Those living in Railaco and Uatucarbau were more likely than those in Bazartete and Iliomar to identify having had contact with faeces as a cause (X², p<0.05). The explanatory factor in the case is not remoteness, but something else that is not clear from the data.

³ Those living in Bazartete and Uatucarbau were more likely than those living in Railaco and Iliomar to identify eating a lot of fruit as a cause (X², p<0.05). The explanatory factor in the case is not remoteness, but something else that is not clear from the data.

When asked how soon a child with diarrhoea should be taken to the clinic, 75 per cent of respondents said right away; 19 per cent said after one day, and five per cent said after two days. Less than one per cent said the child should be taken if he/she cannot eat or drink. There were no significant differences in responses based on education level or location.

3.4. *Early Stimulation. Interact with your child in utero and from the time they are born through games and play, songs, rhymes, stories and reading.*

Respondents were asked about their perceptions about very young children, including in utero. When asked whether children in the womb could hear sounds from outside, only 18 per cent agreed that they could.

There was a statistically significant relationship between education level and the likelihood that a respondent would report interacting with a foetus in utero, with those completing secondary more likely to report having done so (X^2 ; $p < 0.05$). Overall, 15 per cent reported that they interacted with the baby in utero with singing or talking. They reported that they did so because:

- The child recognizes his/her mother's voice – 60%
- The child can understand words earlier – 28%
- The child can speak earlier – 38%
- The child has a stronger bond with the parents when born – 27%
- The parents have a stronger bond with the child – 14%

There was also a statistically significant difference predicted by education level in responses to the question of whether children can learn from games, stories, singing, and other playful activities, with those respondents who had completed at least primary school more likely to agree that children do learn from these activities (X^2 , $p < 0.05$). Overall, 78 per cent of respondents agreed that children learn from games, stories, singing, and other playful activities.

When asked about the types of things they learn, respondents gave the following answers:

- How to solve problems – 24%
- Language and speaking – 52%
- How to get along with others – 75%
- How the world around them works – 29%

In the qualitative interviews parents mentioned telling young children stories to open their minds. However, when asked about other activities, they repeatedly emphasized teaching children the alphabet, numbers and counting to prepare them for school and to ensure they already know how to read before going to school. Singing and playing were also mentioned. Parents and caregivers reported telling stories and playing with their children whenever they had time or after work in the case of fathers.

Respondents were asked to recall the activities in which they or another family member had participated with their young child in the last three days, and who in the family had done so. Table 15 indicates the responses to these questions, and who was engaged in the activity. Note that participants could name more than one person who conducted the activity, so the percentages may not total 100.

Table 15: Playful activities

In the last three days, have you:	Per cent	Who?	
Told stories to your child?	81%	Mother	73%
		Father	45%
		Sibling	48%
		Grandparent	9%
Sang songs with your child?	78%	Mother	61%
		Father	31%
		Sibling	65%
		Grandparent	5%
Took your children outside the home environment?	73%	Mother	59%
		Father	48%
		Sibling	51%
		Grandparent	4%
Played games with your child?	78%	Mother	54%
		Father	34%
		Sibling	70%
		Grandparent	9%
Spent time with the child naming things, counting, or drawing?	74%	Mother	61%
		Father	45%
		Sibling	59%
		Grandparent	6%
Made and used locally available materials to help your child learn at home?	64%	Mother	29%
		Father	58%
		Sibling	57%
		Grandparent	13%

In the last three days, have you:	Per cent	Who?	
Read books or picture books with your child?	64%	Mother	40%
		Father	28%
		Sibling	75%
		Grandparent	1%
Asked other family members to do one or more of the above activities with your child?	52%	Mother	35%
		Father	27%
		Sibling	48%
		Grandparent	21%
		Other family	7%
		Neighbours	7%

In some cases, siblings are mentioned as engaging in the activity more frequently than the mother, such as in reading books, making and using locally available materials, and singing songs. The presence of older siblings who can engage with young children in these playful activities should be viewed as a significant strength of the family systems present in the administrative posts, and communication should promote the importance of siblings in contributing to the development of infants and young children. At the same time, parents and caregivers should not rely on older siblings under ten years of age for supervisory care, and it is important to make this distinction in the parenting sessions.

Respondents were also asked about the frequency of certain ways in which they interacted with their young child. These results are presented in table 16 below.

Table 16: Reported Frequency of Stimulatory Behaviours

How often do you:	Frequency	
Talk to him or her, even if they don't talk back?	Always	62%
	Sometimes	24%
	Seldom	9%
	Never	4%
Maintain his or her interest in something by talking about it?	Always	53%
	Sometimes	33%
	Seldom	6%
	Never	7%
Encourage him or her by providing praise?	Always	58%
	Sometimes	28%
	Seldom	10%
	Never	4%

How often do you:	Frequency	
Respond when he/she tries to speak?	Always	53%
	Sometimes	31%
	Seldom	11%
	Never	4%
Correct your child with harsh or angry language when he/she does something wrong?	Always	40%
	Sometimes	38%
	Seldom	16%
	Never	7%
Wear your baby in a sling or harness?	Always	60%
	Sometimes	23%
	Seldom	11%
	Never	6%

Respondents were asked a series of questions about their attitudes toward particular stimulatory behaviours when taking care of a baby. Table 17 indicates the percentage of respondents who responded affirmatively to questions.

Table 17: Attitudes Towards Stimulatory Behaviours

When taking care of a baby, is it good to:	Per cent Yes
Ask questions about things they are doing?	91%
Provide names of the things the baby is playing with?	92%
Interrupt or quickly stop activities that you find unpleasant (such as putting toys in the mouth)?	94%
Smile and laugh frequently?	96%

Respondents' reported tendencies to strongly correct babies' misbehaviours and quickly stop activities they find unpleasant have been found to detract from the socialization necessary to promote an infant's ability to learn from others as they age (Baumrind, 1966; Bornstein et al., 2012); therefore, discussion of these issues should be included in the parenting programme community sessions.

Respondents' impressions of other stimulatory and disciplinary issues were similar. For example, when asked whether they agreed or disagreed with a list of statements, they responded as indicated in table 18.

Table 18: Attitudes Towards Stimulation and Discipline of Infants

I feel that parents should always correct their baby's misbehaviours strongly¹				
Agree		58%		
Disagree		42%		
Per cent who agree with the statement disaggregated by administrative post				
	Railaco	Iliomar	Bazartete	Uatucarbau
	66%	53%	62%	46%
When my baby cries I try to feed him or her as soon as possible				
Agree		87%		
Disagree		13%		
I believe that babies can benefit from being spoken to, even if they don't understand what is being said¹				
Agree		92%		
Disagree		8%		
Per cent who agree with the statement by administrative post				
	Railaco	Iliomar	Bazartete	Uatucarbau
	94%	89%	98%	86%
When my child under five cries, it is important to me to comfort him/her right away^{1,2}				
Agree		94%		
Disagree		6%		
Per cent who agree with the statement by administrative post				
	Railaco	Iliomar	Bazartete	Uatucarbau
	98%	89%	98%	92%

¹ Statistically significant differences based on remoteness; those in non-remote posts of Railaco and Bazartete more likely to agree (X², p < 0.05).

² Statistically significant difference based on education level, with those having completed at least primary school more likely to agree (X², p < 0.05).

When asked whether they had ever received any information about the best ways to take care of their baby, 52 per cent reported that they had. Among those who answered affirmatively, the most frequently mentioned sources of this information were:

- Community agent/health worker – 72%
- Parents – 31%
- Radio – 17%
- Neighbours – 16%

- Television – 13%
- NGO or organization – 13%
- Parenting programme or class – 4%

Respondents were also asked a series of questions about their perceptions of young children's stimulation and whether they agreed or disagreed with particular statements regarding learning, play, discipline, and reading. The results are presented in table 19.

Table 19: Beliefs about Learning, Play, Discipline, and Reading

Children under three should explore and play as much as possible	
Agree	83%
Disagree	17%
Children, even those from the same family, learn differently and have different abilities	
Agree	90%
Disagree	10%
Children should attend some form of early education by age three	
Agree	87%
Disagree	13%
When a child under three cries it is important to allow them to console themselves so they learn to be strong¹	
Agree	47%
Disagree	53%
Parents should read to their children for at least 10 minutes a day²	
Agree	89%
Disagree	11%

¹ Statistically significant difference based on education level; those who did not attend any school were more likely to agree with this question (X2, $p < 0.05$).

² Statistically significant difference based on education level; those who did not attend school were less likely to agree with this question (X2, $p < 0.05$).

The data presented in table 19 suggest that education, even if it is only primary school, plays a role in influencing parents' beliefs about caregiving.

Resulting data from questions related to education of children between 3 – 5 years are presented in table 20.

Table 20: Beliefs about Education for Children between 3 - 5 Years of Age

In your opinion, is it important for children between 3 and 5 to attend some form of early education?	
Yes	93%
No	7%
In your community, are there schools for children between 3 and 5?	
Yes	78%
No	22%
What children learn between 3 and 5 can contribute to their success when they go to primary school?	
Agree	99%
Disagree	1%
It is possible for children between 3 and 5 to learn useful things at school?	
Agree	98%
Disagree	2%

The results presented in table 20 suggest that respondents are generally supportive of early childhood education for their children and that they would likely send their children to school if there was a school available in their community and they could afford the school fees. As in other key focus areas, material constraints tend to play a large part in respondents' ability to put into practice what they may desire for their children, and communication interventions should include advocacy activities that can contribute to the the creation of support systems for parents who need help with school fees, as well as the building of new schools or facilities.

3.5. *Education. Send your child to school from an early age and keep involved in your child's learning; support with homework.*

Knowledge of laws related to the education of children was relatively high, and there was a significant relationship (X^2 , $p < 0.05$) between respondents' education level and the likelihood that a parent would report awareness of laws or regulations regarding the schooling of young children. Respondents who had completed at least primary school were more likely to respond affirmatively to the question.

Table 21: Reported Knowledge of Laws Regarding Schooling of Children

Are there any laws or regulations regarding the schooling of young children that you know about?	
Yes	83%
No	17%

Overall, the qualitative data reflected that parents perceived education as a means of ensuring a "good life" in the future. Education made children "smart" and helped to improve their lives and that of their families and communities. For instance, a 70-year-old father and adoptive father explained that

sending his sons to school would enable them to look after him in the future. Another parent from Uatucarbau shared that it was important to support children’s schooling because it would be good for their future, family and nation. Parents helped their children when they could, both in terms of time and level of education. Some parents who were not literate mentioned that they were unable to help with homework or keep track of their child’s schoolwork.

There was a statistically significant relationship between education level and the likelihood that a respondent would indicate that it was “very important” to help their children with homework (X², $p < 0.05$); those with at least primary school education were more likely to report it as very important. Overall, 85 per cent of respondents said that it is “very important” for parents to help their children with their homework. Table 22 indicates the reported frequency of assistance with homework.

Table 22: Enrolment of Children 6 - 12; Frequency of Assistance with Homework

	Per cent Reporting Yes
At least one child 6 - 12 enrolled in school	89%
Of those with at least one child 6 – 12 enrolled:	
Do you assist with homework?	59%
Frequency:*	
- Rarely	32%
- Once a week	49%
- Twice a week	13%
- Three or more times per week	5%
- Not sure/Don’t remember	2%

* Due to rounding, figures do not total 100%.

Of those who do report that they assist their children with homework to some extent, 38 per cent report that they do so for less than 10 minutes each time; 24 per cent report that they spend about 10 minutes each time; 17 per cent report 20 minutes each time; 11 per cent report 30 minutes each time, and ten per cent report more than 30 minutes each time.

Although many parents stressed the importance of homework, their own lack of literacy interfered with their ability to assist their children. For example, a father of eight children in Uatucarbau stated:

“We can’t [help them with their homework] because we don’t know how to write, so we can’t do it. But just showing or giving the way to them, we can do that. But to write something such as, for example if they have material from school and they are supposed to write about it, and they haven’t finished and need help, we can’t do that. That’s the truth.”

The low levels of literacy among respondents clearly contribute to the relatively low percentage of parents who report that they help with homework.

Respondents were asked whether they agreed or disagreed with a series of statements about school and homework. Questions and responses are in table 23.

Table 23: Importance of Homework and Education Practices

Statement	Per cent agree
It is important that children have a special place to do their homework	98%
It is important that children do their homework at the same time each day	94%
It is more important to educate boys than girls*	35%
It is important that my child is enrolled in school at the right age	96%
It is important that my child attends school regularly	> 99%

* Statistically significant difference in responses (X2, $p < 0.05$) between administrative post and responses; respondents in the remote posts of Iliomar and Uatucarbau had a nearly 20 percentage points higher prevalence of agreement with this statement.

The relatively high percentage of respondents who agree with the statement that it is more important to educate boys than girls suggests that any communication intervention should include materials that promote equal access to education for girls.

Respondents were asked who makes decisions about sending children to school; this is reported in table 24 below. Note that due to rounding, the figures do not add up to 100 per cent.

Table 24: Decisions about Sending Children to School

Who makes decisions about sending children to school?	Per cent
The father	63%
The mother	18%
The child him/herself	--
Other members of the family	6%
Teachers and school staff	3%
Traditional or religious leaders	--
The community	--
The head of the village	--
Both parents together	9%

Subsequently, respondents were asked who is primarily responsible for children's success in school; answers are reported in table 25. Note that due to rounding, the figures do not total 100 per cent.

Table 25: Perceptions of Who is Responsible for Scholastic Success

Who is principally responsible for children’s success in school?	Per cent
The father	50%
The mother	16%
The child him/herself	3%
Other members of the family	4%
Teachers and school staff	21%
Traditional or religious leaders	--
The community	--
The head of the village	--
Both parents together	7%

Respondents were also asked how those who were most responsible for education were involved. Participants responded as follows:

- Educational achievement – 50%
- Duties or work associated with school – 45%
- Condition of the school – 14%
- Buying school supplies – 48%
- Payment of school fees – 29%
- Exchanges or interaction with teachers – 16%

Only three per cent of respondents reported that there were any cultural or traditional practices in their communities that are adverse to the schooling of children; of these, 35 per cent (8 respondents) reported that it was due to the fact that boys and girls had to share toilets, and 35 per cent (8 respondents) reported that it was due to the fact that girls should be “preserved” for marriage. No cultural factors that directly opposed the schooling of children (for either boys or girls) were mentioned.

The quantitative data was expanded by the qualitative data where parents consistently affirmed schooling as being just as important for girls as it is for boys. In Uatucarbau, a mother of six children was asked about whether there were differences within the community about education for boy and girls. She stated, “For their schooling, all children are just the same. We send them [all] to school.” In a focus group discussion in Railaco, a group of community leaders, including both women and men, agreed that times had changed and that it had become important to educate both boys and girls. In this discussion, a female community leader who responded to a question about whether it’s important for both girls and boys to go to school said, “They’re exactly the same.” A traditional leader added,

“Because we’ve already mentioned rights, it must be both females and males.” One Xefi said, “We can’t tell our daughters to wait in the house,” while another noted, “...in the past, for our ancestors... but for us, no. It has changed.” Community leaders’ attitudes toward educating both boys and girls may be at odds with those of their communities, particularly in Iliomar and Uatucarbau, as mentioned in table 23 regarding the question of the importance of educating boys and girls.

3.6. *Child Protection.* Ensure children are cared for and supervised and protect children from physical violence and all forms of abuse.

Respondents were asked who most often provided caregiving for their children. For all four parenting domains, mothers considered themselves to be the primary caregiver. Data from the interviews and focus groups also confirmed this finding, with mothers tasked with looking after children and household issues. Fathers were typically responsible for earning a living and working outside the house. Siblings or extended family members also helped look after children. When parents had to go somewhere they usually cooked for the children and left them under the care of a family member. Table 26 indicates who is most often responsible for providing specific caregiving behaviours.

Table 26: Caregiving behaviours

Caregiving Behaviour	Person most often providing	
Who most often feeds, dresses, and bathes the child? *	Mother	77%
	Father	2%
	Mother and/or father	18%
	All others	3%
Takes them to the clinic, health post, or hospital? *	Mother	68%
	Father	3%
	Mother and/or father	26%
	All others	2%
Most often tells stories, sings songs, counts or plays with them?	Mother	56%
	Father	5%
	Mother and/or father	27%
	Grandparent	2%
	Older sibling (> 15)	6%
	Older sibling (10 – 14)	2%
	All others	1%
Who is the child most accustomed to?	Mother	63%
	Father	4%
	Mother and/or father	26%
	Grandparents	1%

Caregiving Behaviour	Person most often providing	
Older sibling (> 15) – 2%	Older sibling (10 – 14)	2%
	All others	1%
Who is most responsible for the safety and security of the child?	Mother	47%
	Father	9%
	Mother and/or father	42%
	Grandparents	1%
	All others	1%

* Note that grandparents were not mentioned in the responses to the first two questions, although they clearly play an important role in childcare. This may suggest the opportunity for communication that empowers them to play a larger role in hands-on caregiving.

When asked whether they thought it was all right to leave their baby with an older sibling under ten years of age, 25 per cent of respondents agreed that this would be acceptable. Positive parenting practices indicate that it is not safe to leave a baby with a sibling less than ten years of age for any length of time. When respondents were also asked whether it is acceptable to leave a child between 6 – 23 months of age with a sibling under ten years of age for short periods of time (15 minutes or less), 86 per cent responded that it is not acceptable.

Respondents were asked to strongly agree, agree, disagree, or strongly disagree with five statements about specific behaviours related to taking care of young children. Table 27 presents these statements and the per cent of responses.

Table 27: Caregivers' Attitudes on Child Care

Statement	Per cent of Respondents who:	
I think it is acceptable to leave a 6 – 24 month old child on his/her own for short periods of time (15 minutes or less)	Strongly agree	--
	Agree	14%
	Disagree	69%
	Strongly disagree	17%
I think it is important that I can see my 6 – 24 month old child at all times while he/she is playing	Strongly agree	10%
	Agree	62%
	Disagree	24%
	Strongly disagree	4%
If I need to, I can find another adult or young person older than 10 to take care of my child while I do other things	Strongly agree	4%
	Agree	59%
	Disagree	33%
	Strongly disagree	4%

Statement	Per cent of Respondents who:	
My neighbours and extended family can help me take care of my child if I need help	Strongly agree	4%
	Agree	75%
	Disagree	18%
	Strongly disagree	3%
In my community it's normal to leave children less than 10 on their own overnight	Strongly agree	2%
	Agree	21%
	Disagree	60%
	Strongly disagree	16%

All respondents with a child less than five years of age ($n = 615$) were asked how often they left their baby or child under five with an older sibling under 10 years of age; of these, 47 per cent reported that they do so "often" or "sometimes"; and additional 14 per cent reported that they do this "rarely". There was a significant statistical relationship between the respondent's location and the likelihood that they would respond "often" or "sometimes" to this question, with those in the remote posts of Uatucarbau or Iliomar more likely to report leaving their child under five with an older sibling under 10 years of age ($X^2, p < 0.05$)

Over half of the respondents (58 per cent), said that they were aware of laws or regulations that protect children from physical abuse. Respondents were also asked a series of questions about how adults treat children in their communities and how often specific behaviours occurred. Table 28 below presents the questions and the results (note: due to rounding, not all items may add up to 100 per cent).

Table 28: Perceived Frequencies of Abusive Behaviours in Respondents' Communities

How often does it happen that:	Frequency reported:	
An adult uses a child as a servant in their household?	Very often	--
	Often	2%
	Sometimes	16%
	Never	70%
	Don't know	12%
An adult (over 18) tries to have sex with a child less than 18 years of age?	Very often	1%
	Often	1%
	Sometimes	11%
	Never	71%
	Don't know	16%
An adult gives some children more food than other children?	Very often	--
	Often	2%
	Sometimes	11%
	Never	72%
	Don't know	14%

How often does it happen that:	Frequency reported:	
A girl less than 18 has sex with a man more than 5 years older than her?	Very often	--
	Often	2%
	Sometimes	12%
	Never	69%
	Don't know	17%
Children less than 18 have sex with someone because they are threatened, frightened, or forced to?	Very often	1%
	Often	2%
	Sometimes	15%
	Never	67%
	Don't know	15%
A girl less than 18 is forced to have sex by her boyfriend?	Very often	1%
	Often	4%
	Sometimes	16%
	Never	65%
	Don't know	14%
A child less than 18 is touched on the genitals or buttocks when they do not want to be?	Very often	1%
	Often	4%
	Sometimes	13%
	Never	68%
	Don't know	15%
Children less than 18 are physically punished by a teacher at school?	Very often	4%
	Often	7%
	Sometimes	32%
	Never	50%
	Don't know	8%
A child less than 18 sees or hears a woman being beaten by her husband or boyfriend?	Very often	5%
	Often	13%
	Sometimes	30%
	Never	45%
	Don't know	7%
Children less than 18 spend the night away from home and no one knows where they are?	Very often	1%
	Often	8%
	Sometimes	26%
	Never	51%
	Don't know	14%

The existence of children as servants in households at all (18%) suggests that communication interventions should include information about appropriate chores for children and the need to protect children from exploitative work situations. Additionally, while the number of people who acknowledge that coercive or intergenerational sex is relatively low, the existence of these practices also suggests

that communication about child protection issues should acknowledge these realities and their consequences for the well-being of the child and the community as a whole.

When asked, 55 per cent of respondents said that they would tell someone if they heard about a child being physically or sexually abused. Of these, the most common people they would inform were:

- Community leader – 91 %
- Police – 64 %
- Traditional leader – 41 %
- Religious leader – 21 %
- School official – 11 %
- Family patriarch – 8 %
- The victim's parents or family – 5 %

Only 36 per cent of respondents reported that they had received information about child physical and sexual abuse. The most commonly mentioned sources of information were:

- Head of the village or suco – 76 %
- Police/Vulnerable Persons Unit (VPU) – 52 %
- Religious leader – 33 %
- Traditional leader – 25 %
- Radio – 17 %
- Television – 13 %
- Family – 10 %
- Neighbours – 10 %
- Child protection officer or other MSS staff – 5 %

As in other focus areas, village leaders can play an important role in sharing information about preventing child physical and sexual abuse. The qualitative data emphasized that sexual abuse was considered a serious offense. Several respondents expressed that sexual abuse was something serious that needed to be reported to the authorities. Depending on the case, they said the issue could be

resolved through the traditional leaders, settled among the families or reported to the police. Stigma and protection of family “honour” were not mentioned by respondents in the qualitative enquiry as reasons for not disclosing occurrences of abuse. Stigma is commonly recognized as a deterrent to disclosure of sexual abuse. Negative reactions, shame, blame or further victimization commonly prevent women and children from disclosing sexual abuse, and this is further exacerbated in cultures where abuse can impact family honour and lead to stigmatization (Futa, Hsu, & Hansen, 2001; Paine & Hansen, 2002; Tiura et al., 2010).

3.7. *Birth Registration. Register your child immediately after birth.*

There was no statistically significant difference between birth registration data for boys and girls; for the oldest son, 73 per cent of parents reported registering birth, and for the oldest daughter, 70 per cent of parents reported having done so. Generally, these rates are similar for all children. Education level also had no statistically significant impact on the likelihood of birth registration.

The main barrier to birth registration was the distance to the registration centre; 62 per cent mentioned this as the reason for not registering their child. Other reasons were documents required that the parent did not have (25 per cent), lack of money (9 per cent), and lack of time (14 per cent). For girls, the barriers were similar – 67 per cent mentioned that the centre was too far, 25 per cent mentioned that there were documents they did not have, 12 per cent cited lack of money, and about eight per cent said they had not had the time.

Nearly all (99 per cent) of respondents agreed that having a birth registration certificate is important. When asked how registering a child’s birth can help them, participants mentioned that it would allow children to:

- Attend school – 92%
- Vote – 5%
- Be able to go to a clinic when they are ill – 14%
- Be recognized by the legal system – 34%
- Get a job – 38%
- Get a passport or identity document – 29%
- Be a good citizen – 23%

Respondents were also asked questions about their confidence in their ability to register their child's birth. Nearly all (99%) agreed with the statement "I believe I can register my child's birth."

- The time it takes to register my child's birth is worth it for the benefits it provides – 100%
- I feel proud to register my child's birth – 99%
- Registering my child's birth shows I care about them – 99%
- Registering my child's birth means I am a good parent – 99%
- I think all children in this country should have their births registered – 99%

Although between 25 per cent and 30 per cent of children remain unregistered, parents' attitudes toward birth registration are overwhelmingly positive. The qualitative data presented similar findings. Parents appeared to know the process and seemed familiar with the paperwork required to obtain birth certificates. The main benefit of having a birth certificate, according to the parents interviewed, was for school enrolment. Parents were able to name the documentation required for registration, although many said they did not have the appropriate or required documents. These documents included baptismal certificates and birth certificates of parents, baptismal certificate of the child, and the health card provided to parents as proof of birth at a health facility.

One community leader in Railaco explained that a factor holding back some parents from filing the birth registration paperwork is that the name of the child would change after they are baptized. He elaborated that if the birth certificate and the baptismal certificate do not match, then this is a problem. This was supported by qualitative research, where in some cases parents mentioned that the baptism certificate should be completed prior to obtaining the birth certificate. This may be better understood in the context of name changes that often occur during the baptism process, as explained in stakeholder consultations with the Ministry of Justice regarding issues that have been identified as barriers to timely birth registration of Timorese children.

The registration process was typically perceived as straightforward, though some parents mentioned it was time consuming, taking over a year for some and involving transportation costs. The process could be expedited, some said, by providing some "cigarette money," which is a euphemism for a bribe. A mother from Bazartete stated that the process is very time consuming and can take up to a month. Another mother, a single parent, said it was an important document but she was alone and did not have the time or the money to register her children and would have to travel a considerable distance to apply for the certificate. Parents mentioned that local leaders often facilitated the process and covering transportation costs would help families living far away from the town.

3.8. *Alternative discipline. Use positive discipline approaches with your child to resolve conflict or redirect misbehaviour*

Respondents were asked about the ways in which they disciplined their children, and were prompted to supply multiple answers without the suggestion of specific discipline methods. The prevalence of reported methods is presented below in table 29.

Table 29: Prevalence of Discipline Methods

Discipline Method	Per cent who report using
Shouted, yelled, or screamed at him/her	82%
Swore or cursed at him/her	16%
Spanked the child on the bottom with bare hand	39%
Hit him/her on the bottom with a belt, stick, or other hard object	17%
Hit or slapped the child on the head, ears, or face	16%
Hit him/her on some other part of the body besides the bottom with a belt, stick, or other hard object	8%
Threw or knocked him/her down	1%
Explained why what they did was wrong	64%
Took away a favourite toy or other possession	14%
Took away privileges that the child would otherwise have	23%
Gave the child extra chores or work to do	10%
Put him/her in "timeout"; sent them to their room or a place for punishment	4%
Sent the child to sleep without food	1%
Other (kneeling)	2%

Subsequently, respondents were asked to rank their three most commonly used disciplinary measures. The primary method most frequently mentioned was shouting, yelling, or screaming at the child (71 per cent), followed by explaining why what they did was wrong (14 per cent); the secondary methods most often mentioned were explaining why what they did was wrong (24 per cent) and spanking the child (23 per cent); the third-most common methods (for those parents who chose another primary or secondary method) were explaining why what they did was wrong (32 per cent) and taking away privileges the child would otherwise have (15 per cent).

Less than half (44 per cent) of respondents reported having received information about the best ways to discipline their children. The percentage of respondents who mentioned these sources is presented in table 30.

Table 30: Source of Information about the Best Ways to Discipline Children

Source of information about the best ways to discipline children	Overall Per Cent who Mention	Remoteness of Post Non-Remote Per Cent	Remote Per Cent
Head of the village or suco	51 *	57	42
Parents	41 *	37	47
Health worker/doctor	37	n/a	
Religious leader	23	n/a	
Radio	12 *	18	3
NGO or organization	12	n/a	
Neighbours	12	n/a	
Television	10 *	14	4
Traditional leader	9	n/a	
Extended family	6 *	4	10
Parenting programme or class	5	n/a	
Community agents	4	n/a	

* Statistically significant difference based on remoteness (X², $p < 0.05$).

No significant differences were found in responses to these questions based on the explanatory factor of education level; however, several sources were significantly different between the remote and non-remote posts, as indicated in table 30. Of note are the head of the village or suco, who is more frequently cited in non-remote posts; radio and television, which are mentioned much more frequently in non-remote posts, and parents and extended family, which are mentioned as a source of information more frequently in remote posts.

Parents were subsequently asked a series of questions regarding their beliefs about how they discipline their children and asked to strongly agree, agree, disagree, or strongly disagree with the statement. The results are shown in table 31 below.

Table 31: Beliefs about Discipline

Statement	Per cent who:			
	Strongly Agree	Agree	Disagree	Strongly Disagree
I believe that physical punishment is the best way of disciplining a child	1	32	58	8
I believe that scolding and criticism make my child improve	1	42	52	4
I find it difficult to punish my child	6	68	24	3
It is sometimes necessary to frighten a child in order to have him/her obey	7	76	16	1
I have strict, well-established rules for my child	9	72	18	1
Children learn about good behaviour best when the rules are explained to them in a calm, gentle way	17	75	8	1
I threaten punishment more often than I actually give it	9	67	21	3

Parents were also asked specific questions about how often they used non-violent methods of disciplining their children, presented in table 32.

Table 32: Reported use of non-violent methods of discipline

Method	Per cent who report using this method:				
	Always	Often	Sometimes	Rarely	Never
I put my child somewhere by him/herself when he/she misbehaves	4	5	33	18	40
I take away privileges that my child would otherwise have when he/she misbehaves	9	21	51	14	6
I talk it over and reason with my child when he/she misbehaves	48	26	15	7	3

Finally, 47 per cent of respondents answered yes to the question: “Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?” There were no significant differences in responses according administrative post of the respondents or education level.

The qualitative data revealed that parents felt disciplining children was something that must be done at a young age. In an individual interview, a father from Uatucarbau explained that when children entered their teens they were grown up and “had feelings” so there was no need to beat them; parents should just communicate with them. He also added that the challenge was that teenagers could no longer be physically punished and therefore do not always listen to parents or change behaviours when told

to do so by parents. Some parents expressed that explaining and teaching children through morals and stories helped, while others felt that physical punishment was warranted when children did not correct their behaviour. In other cases, parents felt that mild or gentle education and explaining things would not help, whereas harsh measures or physical punishment would help. On the other hand a mother shared that by explaining things and communicating with children, one could help change their behaviours, and that they should also be praised and supported for positive behaviours.

3.9. *Adolescent issues. Discuss risky behaviours and practices with your child in a supportive rather than punitive fashion.*

Among respondents, 85 per cent had at least one child aged 13 – 18 in their household. They were asked about the best ways in which parents can help their teenage children between 13 – 18 years of age.

- Talk to them about their lives – 80%
- Pay school fees – 59%
- Give them useful chores to do – 21%
- Help with homework – 13%
- Provide them with a mobile phone – 3%
- Take them places – 3%

A majority of respondents (72 per cent) agreed that it could be helpful to discuss bodily changes with their adolescent children. There was a statistically significant relationship (X^2 , $p < 0.05$) between the location of the administrative post and the likelihood that a parent would agree that this conversation would be good to have, with those in the remote districts of Iliomar and Uatucarbau less likely to agree, as indicated in table 33.

Table 33: Discussing Bodily Changes with Adolescent Children

Is it important to discuss bodily changes with your adolescent children?*		
	Non-Remote Posts	Remote Posts
Per cent who agree in:	77%	67%

* Statistically significant (X^2 , $p < 0.05$)

The difference between remote and non-remote posts in their belief about the usefulness of discussing bodily changes with their children did not translate into reported practice, however, as there was no relationship between a respondent's administrative post and whether they had actually discussed bodily changes with their adolescent child, with 90 per cent overall reporting that they had done so.

Although discussion of sex and sexuality is perceived as a sensitive topic in Timorese society, the majority of respondents (55 per cent) agreed that it is important for parents to specifically discuss sexual relations with their adolescent children. There was a statistically significant difference between non-remote and remote administrative posts in the response to this question, with those in non-remote posts of Railaco and Bazartete more likely to agree that it is important to do so, as indicated in table 34.

Table 34: Discussing Sexual Relations with Adolescent Children

Is it important to discuss sexual relations with your adolescent children?*		
	Non-Remote Posts	Remote Posts
Per cent who agree in:	63%	47%

*Statistically significant (X², p<0.05)

The reasons respondents provided for discussing sexual relations with their adolescent children were:

- So that they would know how to take care of themselves – 73%
- So that they would be prepared for the future – 65%
- To prevent teenage pregnancy – 51%
- So that they would know right from wrong – 35%
- To prevent abuse – 16%

Of the 55 per cent of respondents who agreed that it was important to talk to teenagers about sexual relations, 90 per cent reported having spoken to the child about sexual relations. In terms of gender, of those who agreed it was important, 91 per cent stated that it was important to speak to both boys and girls about sexual relations.

Within their communities, 34 per cent of respondents reported that there are influential people in their community who talk to teenagers about sex and sexuality. These included:

- Head of the village or suco– 74%
- Health workers/doctors – 43%

- Teachers – 34%
- Religious leaders – 28%
- Traditional leaders – 26%
- NGOs – 9%
- Community agents – 3%

When asked about sources of information on how to discuss sex and sexuality with teenage children, 36 per cent of respondents reported that they had received such information. Overall, the sources reported were:

- Head of the village or suco – 72%
- Religious leader – 38%
- Traditional leader – 26%
- Radio – 18%
- Television – 15%
- Community agents – 14%
- Neighbours – 13%
- School officials – 12%
- Extended family/friends – 9%
- The PTA – 4%
- Poster/pamphlet – 2%

While community agents infrequently mentioned as a person who will talk to teenagers about sex and sexuality (3%), they are perceived as a source of information about how to do so (14%). There was a statistically significant relationship between location of administrative post and the likelihood that a respondent had received this information (X^2 , $p < 0.05$), with those in remote posts being eight percentage points less likely to have received it.

There is also a statistically significant difference between remoteness of an administrative post and the influential people who discuss sex and sexuality with adolescent children, with those in remote posts (Iliomar and Uatucarbau) more likely to mention a health worker/doctor or a teacher as someone

who would discuss sex or sexuality with an adolescent child, and those in non-remote posts (Railaco and Bazartete) more likely to mention the head of the village as someone who would do this. This is presented in table 35.

Table 35: Influential People who Discuss Sex and Sexuality with Adolescent Children

Who are the influential people in your community who talk to teenagers about sex and sexuality?		
Per cent who mentioned:	Non-Remote Posts	Remote Posts
Health Workers/Doctors*	37%	53%
Teacher*	30%	42%
Head of Village*	82%	58%

* Statistically significant (X2, $p < 0.05$)

In terms of the provision of information, those in remote administrative posts were statistically more likely to name a community agent as someone who provides information on how to talk about sex and sexuality, while in non-remote administrative posts, respondents were significantly more likely to mention the head of the village as both a source of information and a person who would talk to adolescents about sex and sexuality. These are presented in table 36.

Table 36: Source of Information about how to Talk about Sex with Adolescent Children

Did you ever receive any information about how to talk about sex and sexuality with your teenage child?		
From whom?		
Per cent who mentioned:	Non-Remote Posts	Remote Posts
Community agents*	6%	26%
Head of Village*	34%	13%
Radio*	28%	3%

* Statistically significant (X2, $p < 0.05$)

The lower frequency of radio listening in remote areas was mentioned in the previous section regarding exposure to media and has appeared here as a statistically significant factor in respondents' mentioning it as a source of information on how to discuss sex and sexuality. There were no other statistically significant differences between administrative posts and either influential people who discuss sex and sexuality or sources of information.

When asked about the issues facing adolescents, several parents discussed the lack of opportunities in their community, including jobs, recreation and sports and English or computer literacy classes. Parents shared instances of where boys and girls began dating, often times leading to dropping out from school, pregnancy and early marriage. When pregnancy or early marriage occurred, parents felt it was a result of not being able to "control" one's children. An adoptive older brother raising two younger siblings in Railaco explained that having sexual relationships early affects young people's

future and the responsibility is heavy because they are still small. He went on to explain that when a girl is pregnant early it was because her parents didn't control her well and the girl did not protect herself. Respondents also shared that in Timorese culture, issues related to sex and sexuality were not discussed with children. Mothers or female family members would discuss puberty and changing bodies with girls, but sexual relations was a taboo subject. Interestingly, a father from Railaco mentioned that they did not need to discuss sexual relations with adolescents, as they felt they were already grown up and knew about sex and bodily changes. This reveals a clear communication gap between parents and caretakers and adolescents.

Qualitative discussions with some community leaders revealed that there is resistance to the adoption of certain practices related to adolescent sexual and reproductive health among their communities. In some cases, the rural location of a particular administrative post or suco seems to provide an identity in opposition to urban areas, in which rural community members perceive themselves as insulated from things happening in the city. For example, a Xefi Suco from Railaco discussed the adoption of condoms and the prevention of HIV/AIDS:

"...we give socialization about contraception to people, especially about condoms...this gives advantages to our daughters and our sons. But this thing is something the community doesn't understand. [...] When we are like this, it's opening up the way. That's what the community, the parents, are against... [p]eople asked to come do socialization here, so as to give out this tool, but the community said, "You can't. This is not the city. This is the countryside. Therefore, we won't receive this thing, and we will not use it. Because for us here, the sickness what's it called? AIDS? That doesn't happen here." Because of this it has become a big worry for us."

The perception of this Xefi Suco was supported by the quantitative data, which suggested that those in remote posts were less likely to think that discussing sex with their adolescent children was important, as indicated in tables 31 and 32.

As suggested by the data in the tables and from the Xefi Suco, there are barriers to discussing sexual relations with teenagers, even when a parent has decided that it is important to do so. In some cases, these barriers are likely to reflect social norms against discussion of sex in Timor-Leste, particularly in areas in which residents perceive themselves as separate from the capital city and thus immune to its dangers and influences.

4. Additional Findings and Insights: Crosscutting Issues

4.1. Physical safety

When asked what threatened their children's well-being, parents were generally concerned about the physical safety of their children. Parents worried about cars driving by at high speed and putting children at risk. For example, a mother who lived near the main road was concerned that her children had to walk along the main road to go to school; therefore, she accompanies them daily. Another parent mentioned that the children were at risk when they crossed the road to go to school, causing much worry for parents. Road safety thus appeared to be a major concern for parents.

Rivers were also seen as dangerous, both because of the poor water quality leading to skin diseases and the risk posted by crocodiles. In contrast, schools were perceived as safe spaces for children where teachers cared for them. Parents expressed that children felt secure and protected in school and teachers looked after them well. A mother of six in Uatucarbau described parents' sense of security when children were in school, noting: "I don't want them to fight each other when they go to school. If someone gets hit, they go and inform [the teacher] ...immediately, it's safe."

4.2. Material constraints

Lack of financial resources weighed heavily on families. The struggle to provide for the family appeared to be a consistent theme in both the interviews and focus groups and this supports the findings from the survey data. Finances affected schooling of children, adequate food for the family and obtaining birth registration. In many cases, parents were not able to buy school supplies and uniforms, with the result that the children could not continue their schooling. A mother of several children expressed that the main concern in their community was finding adequate money for school and for daily necessities.

Men felt the pressure of providing for their family as well. A father from Bazartete described that the father was one who strives to generate income to take care of his family's basic necessities. The mother, on the other hand, takes care of children in the home by feeding, bathing them, getting them dressed and bringing them to hospital when sick. A woman raising four children in Uatucarbau expressed that it was very difficult for her as a widow to support all her children's needs; she could not afford to buy pens, books and uniforms. Although she really wanted her children to continue in school, she could not do it alone. Another mother shared that she felt sad that her oldest son decided to drop out of school at the university level because they couldn't afford to support him anymore. She explained how her son asked for money and when she was unable to give it, he just stopped going to school.

Another father who was not employed and had eight children mentioned that children also got lunch in school. Such programmes could play a significant role in encouraging families to send children to school; the prevalence of this programme is unclear. However, given the challenge of paying school fees mentioned by many respondents, communication materials should include information and strategies that could assist in the expansion of such programmes, such as advocacy by community leaders.

The material constraints impacted what food families could afford to eat. In some cases, lack of food meant skipping meals altogether. Although this was not specifically measured in the quantitative inquiry, 62 per cent of respondents did report that they feed their child a meal with only a starch every day or several times per week. In addition, parents and caregivers reported skipping meals in qualitative interviews and FGDs. Generally, families said that they eat rice with vegetables and would have some meat only if they could afford it. A widowed 50 year-old mother of five from Bazartete shared how she had to single-handedly provide for all her children and stated how hard it was to earn money. Describing her morning, she reported that the family would have breakfast if they could; if not, they would just skip eating. Likewise, if they had money they would buy something to eat for lunch, but sometimes they missed lunch altogether when money was lacking. A 34 year-old mother of four from Uatucarbau said that if they ran short of food they would ask other families to lend them some food and return it when they could. This way they managed to get enough food most of the time.

4.3. Traditions

Some of the traditional birth rituals repeatedly mentioned were eye cleansing with betel nut and coconut water and cutting the baby's hair. Other practices mentioned were burying the placenta, grilling a chicken to name a child and putting a book and pen near the baby (or with the afterbirth) soon after birth. However, given the diverse cultural context in Timor-Leste, these rituals were found to vary by region. Respondents shared that traditions were passed down from their ancestors and following them would lead to a "good life" for the new generation. Linking parenting behaviours with positive cultural practices and the idea of preserving tradition could possibly serve as a motivator for behaviour change and should be integrated in the implementation of the community sessions.

4.4. Gender

Interviews and focus group discussions did not reveal any gender-based differences in birth rituals or feeding practices. Both parents and community members emphasized the equality of boys and girls. For example, a mother of five stated that there was no difference in how she feeds her sons and daughters "because they are all my children". However, gender roles were very different and clearly delineated for boys and girls in other areas. Boys typically helped their fathers on the farm or with fishing, while girls helped with household chores such as cooking, gathering firewood or collecting water and looking after younger siblings. This mirrored the adult gender roles, where the mother is responsible for taking care of, cooking for, and feeding the children and the father is occupied with farming and earning a living.

5. Recommendations for the Parenting Programme

The study provides rich insights on a wide range of parenting practices across the key focus areas for the parenting programme. The section below presents some evidence-based recommendations for developing actual content for the programme. Specifically, methods for using the data to inform the design and content of the parenting programme community sessions and the messages for the accompanying IEC material are suggested. The recommendations are organized by key focus areas.

5.1. Minimum acceptable diet

Parents were aware of infant feeding practices and reported breastfeeding and timely introduction of complementary foods. Respondents reported consuming limited amounts of animal protein, dairy, vegetables and fruit. Meals tended to be heavy on starches. While food availability and finances dictate what families can eat, communication can play an influential role in improving families' awareness about dietary diversity and the importance of maternal and child nutrition in the child's growth and development. Through the community sessions and follow-up support families can also be encouraged to identify locally available, nutritious foods and to generate local solutions to reduce food insecurity. For instance, some people shared that they borrowed food from community members and return when they can. Such solidarity-based practices could be (when realistic and appropriate) through the community sessions to generate local solutions to food insecurity and build on existing community networks. Options for raising poultry, fishing or growing more vegetables could be discussed in the sessions. In addition, communities should be taught and encouraged to engage with local and district authorities to propose and demand structural changes that would assist in improving their nutrition situation.

5.2. Hygiene

Most parents reported that they thought they should wash their hands before eating (80 per cent) or after defecation (76 per cent). Fewer parents thought washing their hands before feeding an infant (35 per cent) and after cleaning a baby's bottom (20 per cent) were important times to do so. Both the latter times are critical for child health and nutrition and, therefore, communication should contribute to increasing families' understanding of the importance of hand washing at these particular times. Availability of water was mentioned by the majority of people (76 per cent) as the primary barrier that kept them from consistently washing their hands. In the presence of structural or supply barriers such as these, communication alone is unlikely to create impact. However, communication can raise the importance of hand washing for child survival and motivate people to find the means to purchase

soap or develop locally appropriate hand washing facilities. Likewise, communication can facilitate local level advocacy to ensure adequate water supply. The design of the community sessions and the family support team visits should also include means to enable local needs and demands to be heard by policy-makers. Family support teams are suco-level groups made up of influential key actors in the community, who take local ownership of the programme, facilitate community sessions, conduct home visits and facilitate peer support. They will be key to developing a local-level communication strategy on the key messages for each area.

5.3. Health Seeking Behaviours

Data show that respondents are not aware of all the danger signs of illness; less than 15 per cent of respondents not considered bloody stools, malaria, cough, fast breathing, or reduced appetite for breastfeeding as requiring immediate medical attention. Communication will need to focus on increasing knowledge about the different danger signs. Interestingly, most respondents reported trusting health workers, but far fewer reported seeking advice from a health worker if their child had diarrhoea. The community sessions can encourage discussion and seeking support from both peers and local level health workers, and increase the number of people who go on to receiving information and advice from local health workers.

5.4. Early Stimulation

Respondents generally had a positive attitude about interacting with their young children, including playing, telling stories, singing, and helping with homework. Messaging could focus on the linkage between early stimulation activities and brain development and socialisation, emphasising that the benefits go beyond cognitive skills and school preparedness. The social and emotional needs of children are an area that communication can increase awareness about and help change parenting practices. Parents seem to be focusing mainly on the physical and material needs of the child, so psycho-social needs could be brought to the fore in communication interventions.

5.5. Education

Parents were committed to providing for their children to the best of their abilities. They aspired for a better life for the next generation. Parents of all educational and marital statuses struggled to feed, clothe and educate their children in order to equip them for the future. Education and care practices including feeding and hygiene should be promoted as a means to ensure a “better life” for children and build on Timorese love for their children.

5.6. Child Protection

Mothers are most frequently responsible for the provision of caregiving behaviours such as feeding children, taking them to health facilities, and providing stimulation in the form of play or learning

activities. A large majority of respondents believed that it is not acceptable to leave children between 6 – 24 months of age on their own, even for short periods of time, and a majority agreed that it is important to be able to keep children between 6 – 24 months of age in sight at all times. Despite these reported beliefs, just under half still leave young children in the care of other children less than 10 years of age.

Many parents (83 per cent) believe that it is necessary to frighten or threaten their children in order to make them behave; a smaller but still relatively large percentage (46 per cent) believes that in order to bring up, raise, or educate a child properly, the child needs to be physically punished. Many parents (44 per cent) also believe that scolding and criticism make their child improve. The most frequently reported primary method of discipline was shouting, screaming, or yelling at their child (71 per cent); physical methods of discipline such as spanking, slapping, or hitting were mentioned by 40 per cent of respondents as their secondary method of disciplining their children. In line with international standards and norms, including the human-rights based approach to programming (HRBAP), these approaches to disciplining children, while seemingly well accepted in Timor-Leste, should be challenged in the parenting programme community sessions. Parents should be encouraged to find alternative, supportive means of discipline. Parents' and caregivers' perceptions of the prevalence of physical discipline can be more aligned with the frequency reported by parents.

When asked about abusive practices in their communities, most respondents reported that such behaviours never occurred, with the exception of physical punishment by a teacher at school, which was reported as occurring by just over forty per cent of respondents. The most frequently mentioned person to whom someone would report abuse was a community leader, who were also the most frequently mentioned sources of information about abuse.

Communication around issues of child protection should include a focus on child neglect, particularly around the risks of leaving infants and young children unattended or in the care of another young child. Community leaders are an important source of information about physical abuse and as someone to whom abuse is reported. The leaders should be encouraged to continue to share information about physical abuse, and a potential opportunity may lie in training these individuals about the signs and consequences of physical abuse on their communities as well as on how best to respond to reports of abuse.

5.7. Birth Registration

Data indicates that parents believe that birth registration has significant benefits for their children's future. The challenges identified by parents connected to birth registration are primarily material – first and foremost, difficulty in finding transportation to a distant registration centre. Such infrastructural barriers, together with the imposition of fees, tend to be among the most challenging to address with C4D initiatives, and may require sustained advocacy with government counterparts on the part of UNICEF and other stakeholders. On the other hand, there may be creative solutions to increase birth registration that can be supported by C4D and other communication programmes, such as mobile registration units that visit specific communities during festivals or holidays.

5.8. Alternative Discipline

Data shows that parents did not necessarily think that physical punishment or scolding and criticism result in improvements in a child's behaviour; they did, however, believe that frightening a child would make them obedient. Once again, the negative emotional and developmental impact of violent discipline needs to be communicated to parents. Through the community sessions, parents can learn about and potentially simulate alternative discipline methods and non-violent conflict resolution methods.

5.9. Adolescent Issues

Parents agreed that it was important to talk to adolescents. But the qualitative data highlighted that parents felt adolescents were grown up and couldn't be disciplined or scolded. The fact that adolescents are still children and continue to need guidance and support must be communicated to parents. In addition, the community sessions should include content on effective communication and dialogue with adolescents on sensitive issues such as sexual relations, substance abuse and career and life choices. There is a lower perception, particularly in rural areas, of risk related to HIV/AIDS. The perception among community leaders is that people living in these areas are unreceptive to discussion of sexual and reproductive health, particularly protection against sexually transmitted disease and birth control. The research indicates that a high percentage of respondents agree that it is important to discuss sex and sexuality with their children, but that there is a gap between this belief and those who actually take the step of having the discussion with their children. Communication for development programming should address this gap by demonstrating the impact of teenage pregnancy and HIV/AIDS on rural communities, as well as the virtues of empowering young people through respectful dialogue and guidance.

6. Conclusions and Limitations of the Study

The results presented in this report reflect results of quantitative and qualitative enquiries conducted in four administrative posts in Timor-Leste in October 2015. Participants in the research included only BdM recipients and therefore may not reflect trends in the general population, although it is likely that there is significant overlap in the knowledge, attitudes, and practices related to parenting behaviours across the communities in which the survey was conducted. In addition, although enumerators were specifically trained not to inform respondents that they were included due to their status as BdM recipients, this may have occurred, and may have influenced responses to questions, particularly if respondents were suspicious about a link between their answers to survey questions and continuation of benefits.

There were a number of areas in which the physical distance of administrative posts seemed to be a significant factor in attitudes toward parenting practices. For example, there was a statistically significant difference in the belief about the importance of educating both boys and girls between the two posts closer to Dili, Bazartete and Railaco, compared to Iliomar and Uatucarbau. Nearly twice the number of respondents in the more distant districts stated that it was more important to educate boys than girls (approximately 48 per cent vs. 24 per cent). Parents in the more distant districts were also more likely to leave a young child with a sibling under 10, and were less likely to agree that it is important to discuss sexual relations with their teenage children (40 per cent and 53 per cent in Uatucarbau and Iliomar, respectively, agreed; 57 per cent and 67 per cent in Bazartete and Railaco, respectively, agreed). These examples demonstrate that distance from Dili and the corresponding ease of access to the city plays a role in shaping respondents' ideas about parenting. The development of communication interventions, therefore, should emphasise remote locations, and focus on these remote administrative posts should also result in greater shifts in knowledge, attitudes and practices regarding parenting.

Attaining an appropriate response rate was challenging for the reasons explained in the report. Additional households for each administrative post was provided to the research agency and the total number of completed surveys eventually reached 994. However, in the data entry process it was determined that only 872 of these surveys included households with children, thus lowering the overall response rate. As described in this report, an adequate sample size is required to be able to identify statistically significant relationships between variables in the survey. The report does note a number of areas in which education level may have had an impact on the likelihood of particular responses, but achieving the required sample size would likely yield additional insights into relationships between variables. However, while the low response rate is less than ideal, the expected impact on the intended audience for the parenting programme is expected to be marginal, as those parents who responded to the survey are likely to be those who participate in the parenting programme. In any case, this fact suggests directions for future research and interventions.

Timing and budgetary issues also played a part in limiting the amount of data collected. Lack of time, the difficulty in achieving an appropriate response rate, and capacity issues made it impossible for the research agency to conduct data entry in the field, which in turn made it impossible to conduct mid-research analysis and align the qualitative portion with preliminary results of the quantitative portion. The qualitative inquiry thus consisted of appropriate questions based on the literature, some of which have provided useful insights into parenting practices, but which are unfortunately not particularly effective in deepening all aspects of the quantitative inquiry.

In general, qualitative research relies heavily on the role of the researcher and the rapport they establish with the interviewees as they continue to probe and pose follow-up questions. How much researchers probe and what they ask is not something that can be controlled or guided without the risk of asking “leading” questions. Therefore, in some cases responses to certain questions were not provided or where information was provided it may have lacked the depth required to fully understand social norms or practices. The skill level of the researcher and a social context in which people do not necessarily open up to outsiders may both undermine the depth and detail of the qualitative accounts. Finally, as in many cases where research is conducted in a native language and transcripts are translated into English, a certain level of meaning may be lost in the process.

While quality controls were in place in the conduct of this study, the timing and budgetary issues mentioned above have had an impact on the researchers’ ability to fully align the qualitative and quantitative portions of the study.

This report is intended to inform the development of a C4D-based parenting programme and therefore, as with the data collection instruments, is focused on communication related inquiry, which includes respondents’ perceptions, attitudes, and beliefs regarding the ten key focus areas. The length of the survey instrument and the time required for its administration was an important consideration in its design and later revision with the assistance of the research agency and UNICEF Timor-Leste programme sections.

Despite the challenges involved in the conduct of this study, there are numerous very useful conclusions to be drawn regarding respondents’ knowledge, attitudes, and practices regarding parenting and childcare. These conclusions have been described in the report and can be useful contributors to the development of an evidence-based C4D programme that will address parenting in Timor-Leste beyond the life of the current project. In addition, the research design will allow for the implementation of a robust evaluation of any parenting-related C4D programme, with the potential to conduct a quasi-experimental pre-post treatment/control comparison.

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Annexes

SEKSAUN RC: KARAKTERÍSTIKA SIRA HUSI RESPONDENTE SECTION RC: CHARACTERISTICS OF THE RESPONDENT																								
ú. No.	PERGUNTAS QUESTIONS	KÓDIGU CODE	HAKSOIT BA SKIP																					
RC1	Marka sexu husi respondente <i>Note sex of respondent</i>	MANE 1 FETO..... 2																						
RC2	Ita nia loron moris iha sá data? <i>When is your birthday?</i> BELE HUSU TAN: Iha sá tinan? Iha sá fulan? Iha sá loron? CAN ASK MORE: <i>In what year?</i> <i>In what month?</i> <i>On what day?</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;">/</td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;">/</td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> <tr> <td style="text-align: center;">LORON</td> <td></td> <td style="text-align: center;">FULAN</td> <td></td> <td style="text-align: center;">TINAN</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">DAY</td> <td></td> <td style="text-align: center;">MONTH</td> <td></td> <td style="text-align: center;">YEAR</td> <td></td> <td></td> </tr> </table> LA HATENE LORON: 98 DON'T KNOW: DAY 98 LA HATENE FULAN: 99 DON'T KNOW: MONTH 99 LA HATENE TINAN: 9998 DON'T KNOW: YEAR 9998	_ _	/	_ _	/	_ _	_ _	_ _	LORON		FULAN		TINAN			DAY		MONTH		YEAR			
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RC2A	Ita nia tinan hira? <i>How old are you?</i>	IDADE: _ _ AGE:																						
RC3	Ita kaben-na'in ka lae? <i>Are you married?</i> NOTA BA ENUMERADÓR SIRA: "KABEN-NAIN" INKLUI MÓS KABEN TRADISIONAL LIUHUSI BARLAKE KA HELA HAMUTUK FORMA TIHA FAMILIA NOTE TO ENUMERATORS: "MARRIED" ALSO INCLUDES TRADITIONAL MARRIAGE OR COMMON LAW MARRIAGE (HAVING FORMED A FAMILY HOUSEHOLD TOGETHER)	SIM, KABEN-NAIN.....1 <i>YES, MARRIED</i> LAE, LA KABEN-NAIN.....2 → RC4 <i>NO, UNMARRIED</i> FEEN/LA'EN MATE ONA.....3 → RC4 <i>WIDOW/ WIDOWER</i> SOE MALU ONA.....4 → RC4 <i>DIVORCED/ PERMANENTLY SEPARATED</i>	SE KARIK 2, 3 ka 4 RC4																					
RC3A	Ita nia kaben (la'en / fe'en) hela hamutuk ho ita iha uma-kain ida ne'e? <i>Does your spouse (husband/wife) stay in this household with you?</i>	SIM..... 1 <i>YES</i> LAE..... 2 <i>NO</i> SIM MAIBE DALA RUMA DEIT 3 <i>YES BUT ONLY SOMETIMES</i>	SE KARIK 0 → PARA																					
RC4	Ita nia oan rasik ho tinan 18 mai kraik nain hira mak hela ho ita iha? <i>How many of your children aged 18 and under live with you?</i>	PRENSE NÚMERU (OAN RASIK) _ _ <i>ENTER NUMBER (OWN CHILDREN)</i>																						
RC4A	Ita tán labarik seluk ruma ne'ebé tinan 18 mai kraik no hela hamutuk ho ita ka lae? <i>Are there any other children aged 18 and under who live with you?</i>	SIM..... 1 <i>YES</i> LAE..... 2 <i>NO</i> SIM MAIBE DALA RUMA DEIT 3 <i>YES BUT ONLY SOMETIMES</i>																						
RC4B	Sira nain hira? <i>How many of them?</i>	PRENSE NÚMERU (OAN RASIK) _ _ <i>ENTER NUMBER (OWN CHILDREN)</i>																						

RC4C	Entaun, hamutuk labarik ho tinan 18 mai kraik nain hira mak hela ho ita iha uma ne'e? NOTA BA ENUMERADÓR: KONTA HAMUTUK RC4 + RC4B HODI CHECK, NO BELE KLARIFÍKA SE PRESIZA. Then, all together how many children aged 18 and under live with you in this house? NOTE TO ENUMERATOR: ADD TOGETHER RC4+RC4B TO CHECK, AND CLARIFY IF NEEDED.	PRENSE NÚMERU (OAN RASIK) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER TOTAL NUMBER	SE KARIK 0 → PARA
SE KARIK RC4 = 0, PARA TIHA HO SURVEY IDA NE'E. BELE DEHAN OBRIGADU/ OBRIGADA BA RESPONDENTE HODI FILA IF RC4C = 0, STOP THE SURVEY. SAY THANK YOU TO THE RESPONDENT AND RETURN			
RC5	Husi totál labarik hirak ne'ebe hela ho ita, ho tinan 18 mai kraik, nain hira mak mane? (Oan rasik no oan haki'ak) From this total number of children who live with you, aged 18 and under, how many are boys?	PRENSE NÚMERU LABARIK MANE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ENTER NUMBER OF BOYS	SE KARIK 0 → RC6
RC5A	Favór ida ita halista hela labarik mane hirak ne'e nia tinan, hahú ho ida ne'ebé mak bo'ot liu. <u>Maibe iha parte ida ne'e kona-bá labarik mane sira ne'ebé ho tinan 18 mai kraik deit.</u> NOTA BA ENUMERADÓR: <ul style="list-style-type: none"> Ba labarik sira ho tinan 3 tó 18 uza TINAN deit. Ba labarik sira ho tinan 3 mai kraik uza formatu TINAN FULAN. Please list the age of these boys, starting from the oldest. <u>However, this section is for boys aged 18 and under only.</u> NOTE TO ENUMERATORS: <ul style="list-style-type: none"> For children aged 3 to 18 years use only YEARS. For children less than 3 use the format YEARS MONTHS. 	HAKEREK TINAN BA LABARIK SIRA HO TINAN 18 MAI KRAIK DEIT! RECORD AGES OF CHILDREN UNDER 18 YEARS OLD ONLY! LM 1: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN BOY 1: YEAR MONTH LM 2: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 3: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 4: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 5: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 6: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 7: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 8: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 9: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN LM 10: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TINAN FULAN	
RC5B	Husi labarik mane sira ne'e, ida ne'ebé mak iha ona sertidaun RDTL? Of these boys, which ones have certificates of RDTL citizenship [signifying they have had their birth registered with the government]?	LM 1 <input type="checkbox"/> (ida ne'ebé tinan boot liu) (oldest) LM 2 <input type="checkbox"/> LM 3 <input type="checkbox"/> LM 4 <input type="checkbox"/> LM 5 <input type="checkbox"/> LM 6 <input type="checkbox"/> LM 7 <input type="checkbox"/> LM 8 <input type="checkbox"/> LM 9 <input type="checkbox"/>	Se "HOTU IHA ONA SERT. RDTL" → RC6

	<p>PRENSE KÓDIGU IHA SORIN BA LABARIK MANE SIRA IDA-IDAK: IHA = 1 LAIHA = 2 LA HATENE = 9</p> <p>ENTER CODES ON THE SIDE FOR BOYS INDIVIDUALLY: HAVE = 1 DON'T HAVE = 2 DON'T KNOW = 9</p>	<p>LM 10 _ _ (ida ne'ebé tinan kiik liu) (youngest)</p> <p>CHECK KATAK PRENSE BA NÚMERU TOTÁL LABARIK MANE NE'EBÉ IHA LETEN SE "HOTU IHA ONA SERT. RDTL" → RC6</p> <p>CHECK THAT NUMBERS MATCH THE TOTAL NUMBER OF BOYS FROM ABOVE IF "ALL HAVE BIRTH CERTIFICATE" → RC6</p>	
RC5C	<p>Tamba sá mak sira ne'e seidak iha sertidaun RDTL? [M] BELE HUSU TÁN: Iha seluk tán? Why do they not yet have their certificates of RDTL citizenship?</p>	<p>Fatin ne'ebé atu rejistu do'ok liu A Too far Karun liu B Too expensive Presiza dokumentus seluk ne'ebé laiha/lakon C Other documents required that I didn't have Hau la latene / laiha esplikasaun ruma..... D Don't know/no reason Selu-seluk tán (esplika) X Other (specify)</p>	[M]
RC6	<p>Husi total labarik ho tinan 18 mai kraik ne'ebe hela ho ita, nain hira mak feto? (Oan rasik no oan haki'ak) From the total number of children who live with you, how many are girls? (biological and adopted/step children)</p>	<p>PRENSE NÚMERU LABARIK FETO _ _ _ _ ENTER NUMBER OF GIRLS SE KARIK LAIHA LABARIK FETO → RC8 IF NO GIRLS → RC8</p>	SE KARIK "0" → RC8
RC6A	<p>Favór ida ita halista hela labarik feto hirak ne'e nia tinan, hahú ho ida ne'ebé mak bo'ot liu. <u>Maibe iha parte ida ne'e kona-bá labarik feto sira ne'ebé ho tinan 18 mai kraik deit.</u></p> <p>NOTA BA ENUMERADÓR:</p> <ul style="list-style-type: none"> Ba labarik sira ho tinan 3 tó 18 uza TINAN deit. Ba labarik sira ho tinan 3 mai kraik uza formatu TINAN FULAN. <p>Please list the age of these girls, starting from the oldest. <u>However, this section is for girls aged 18 and under only.</u></p> <p>NOTE TO ENUMERATORS:</p> <ul style="list-style-type: none"> For children aged 3 to 18 years use only YEARS. For children less than 3 use the format YEARS MONTHS. 	<p>HAKEREK TINAN BA LABARIK SIRA HO TINAN 18 MAI KRAIK DEIT! RECORD AGES OF CHILDREN UNDER 18 YEARS OLD ONLY!</p> <p>LM 1: _ _ _ _ _ _ _ _ TINAN FULAN GIRL 1: YEAR MONTH</p> <p>LM 2: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 3: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 4: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 5: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 6: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 7: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 8: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 9: _ _ _ _ _ _ _ _ TINAN FULAN</p> <p>LM 10: _ _ _ _ _ _ _ _ TINAN FULAN</p>	Se "HOTU IHA ONA SERT. RDTL" →RC8
RC7	<p>Husi labarik feto sira ne'e, ida ne'ebé mak iha ona sertidaun RDTL? Of these girls, which ones have certificates of RDTL citizenship [signifying they have had their birth registered with the government]?</p>	<p>LF 1 _ _ (ida ne'ebé tinan boot liu) (oldest) LF 2 _ _ LF 3 _ _ LF 4 _ _ LF 5 _ _ </p>	[M]

	<p>PRENSE KÓDIGU IHA SORIN BA LABARIK FETO SIRA IDA-IDAK: IHA = 1 LAIHA = 2 LA HATENE = 9</p> <p>ENTER CODES ON THE SIDE FOR GIRLS INDIVIDUALLY: HAVE = 1 DON'T HAVE = 2 DON'T KNOW = 9</p>	<p>LF 6 <input type="text"/></p> <p>LF 7 <input type="text"/></p> <p>LF 8 <input type="text"/></p> <p>LF 9 <input type="text"/></p> <p>LF 10 <input type="text"/> (ida ne'ebé tinan kiik liu) (youngest)</p> <p>CHECK KATAK PRENSE BA NÚMERU TOTÁL LABARIK FETO NE'EBÉ IHA LETEN SE "HOTU IHA ONA SERT. RDTL" → RC8 CHECK THAT NUMBERS MATCH THE TOTAL NUMBER OF GIRLS FROM ABOVE IF "ALL HAVE BIRTH CERTIFICATE" → RC8</p>	
RC7A	<p>Tamba sá mak sira ne'e seidaun iha sertidaun RDTL? [M] BELE HUSU TÁN: Iha seluk tán?</p> <p>If there are daughters whose birth has not been registered, can you please tell me why?</p>	<p>Fatin ne'ebé atu rejistu do'ok liu A Too far</p> <p>Karun liu B Too expensive</p> <p>Presiza dokumentus seluk ne'ebé laiha/lakon C Other documents required that I didn't have</p> <p>Hau la latene / laiha esplikasaun ruma..... D Don't know/no reason</p> <p>Selu-seluk tán (esplika) X Other (specify)</p>	[M]
RC8	<p>Hanoin konaba labarik ne'ebé hela ho ita ne'ebé tinan kiik liu. NOTA BA ENUMERADÓR: Bele husu nia naran ka nota katak labarik ne'e mak respondent nia oan-mane ki'ik ka oan-feto ki'ik. Think about the youngest child who lives with you. NOTE TO ENUMERATOR: Can ask their name or note that this child is the respondent's youngest son or youngest daughter.</p>		
RC8A	<p>Hanoin konaba labarik ida ne'ebé kiik liu:</p> <p>Sé mak bainbain fó hán, fó hariis, no fó hatais nia?</p> <p>NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3</p> <p>MAIBE SE KARIK NIA HILI HUSI KATEGORIA 2+, HUSU TÁN BA NIA: Sé mak halo barak liu?</p> <p>Thinking about the youngest child: Who usually feeds, bathes, and dresses him/her?</p> <p>NOTE TO ENUMERATOR: IF "MOTHER & FATHER" → PICK 3</p> <p>BUT IF S/HE PICKS FROM 2+ CATEGORIES, ASK MORE: Who does it the most?</p>	<p>LABARIK NIA: THE CHILD'S:</p> <p>Inan 01 Mother</p> <p>Aman 02 Father</p> <p>Inan ho Aman..... 03 Mother and Father</p> <p>Avo-feto / Avo-mane 04 Grandmother / Grandfather</p> <p>Biin/Maun Rasik ho tinan 15+ 05 Older biological sister/brother aged 15+</p> <p>Biin/Maun Rasik ho tinan 10-15 06 Older biological sister/brother aged 10-15</p> <p>Biin/Maun Rasik ho tinan 1-6 07 Older biological sister/brother aged 1-6</p> <p>Amaa Boot/ Amaa Kiik/ Tia 08 Aunt</p> <p>Apaa Boot/ Apaa Kiik/ Tiu 09 Uncle</p> <p>Labarik nia Família ida seluk 10 Other family member of the child</p> <p>Viziñu 11 Neighbour</p> <p>Selu-seluk tán (esplika) : 99 Other (explain)</p>	
RC8B	<p>Hanoin konaba labarik ida ne'ebé kiik liu:</p> <p>Sé mak lori nia postu saúde, klinika ka óspital wainhira presiza?</p> <p>NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3</p> <p>MAIBE SE KARIK NIA HILI HUSI KATEGORIA 2+, HUSU TÁN BA NIA: Sé mak halo barak liu?</p>	<p>LABARIK NIA: THE CHILD'S:</p> <p>Inan 01 Mother</p> <p>Aman 02 Father</p> <p>Inan ho Aman..... 03 Mother and Father</p> <p>Avo-feto / Avo-mane 04 Grandmother / Grandfather</p> <p>Biin/Maun Rasik ho tinan 15+ 05 Older biological sister/brother aged 15+</p>	

	<p>Thinking about the youngest child:</p> <p>Who brings the him/her to the health post, clinic or hospital when needed?</p> <p>NOTE TO ENUMERATOR: IF "MOTHER & FATHER" → PICK 3</p> <p>BUT IF S/HE PICKS FROM 2+ CATEGORIES, ASK MORE: Who does it the most?</p>	<p>Biin/Maun Rasik ho tinan 10-15 06 Older biological sister/brother aged 10-15</p> <p>Biin/Maun Rasik ho tinan 1-6 07 Older biological sister/brother aged 1-6</p> <p>Amaa Boot/ Amaa Kiik/ Tia 08 Aunt</p> <p>Apaa Boot/ Apaa Kiik/ Tiu 09 Uncle</p> <p>Labarik nia Família ida seluk 10 Other family member of the child</p> <p>Viziñu 11 Neighbour</p> <p>Selu-seluk tán (esplika) : 99 Other (explain)</p>	
<p>RC8C</p>	<p>Hanoin konaba labarik ida ne'ebé kiik liu:</p> <p>Sé mak bainbain konta istoria, kanta, sura número ho halimar ho nia?</p> <p>NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3</p> <p>MAIBE SE KARIK NIA HILI HUSI KATEGORIA 2+, HUSU TÁN BA NIA:</p> <p>Sé mak halo barak liu?</p> <p>Thinking about the youngest child:</p> <p>Who usually tells stories, sings, counts numbers and plays with him/her?</p> <p>NOTE TO ENUMERATOR: IF "MOTHER & FATHER" → PICK 3</p> <p>BUT IF S/HE PICKS FROM 2+ CATEGORIES, ASK MORE: Who does it the most?</p>	<p>LABARIK NIA: THE CHILD'S:</p> <p>Inan 01 Mother</p> <p>Aman 02 Father</p> <p>Inan ho Aman 03 Mother and Father</p> <p>Avo-feto / Avo-mane 04 Grandmother / Grandfather</p> <p>Biin/Maun Rasik ho tinan 15+ 05 Older biological sister/brother aged 15+</p> <p>Biin/Maun Rasik ho tinan 10-15 06 Older biological sister/brother aged 10-15</p> <p>Biin/Maun Rasik ho tinan 1-6 07 Older biological sister/brother aged 1-6</p> <p>Amaa Boot/ Amaa Kiik/ Tia 08 Aunt</p> <p>Apaa Boot/ Apaa Kiik/ Tiu 09 Uncle</p> <p>Labarik nia Família ida seluk 10 Other family member of the child</p> <p>Viziñu 11 Neighbour</p> <p>Selu-seluk tán (esplika) : 99 Other (explain)</p>	
<p>RC8D</p>	<p>Hanoin konaba labarik ida ne'ebé kiik liu:</p> <p>Sé mak nia toman liu?</p> <p>NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3</p> <p>MAIBE SE KARIK NIA HILI HUSI KATEGORIA 2+, HUSU TÁN BA NIA:</p> <p>Sé mak barak liu?</p> <p>Thinking about the youngest child:</p> <p>With whom is s/he most comfortable or feels closest to?</p> <p>NOTE TO ENUMERATOR: IF "MOTHER & FATHER" → PICK 3</p> <p>BUT IF S/HE PICKS FROM 2+ CATEGORIES, ASK MORE: Who is the most?</p>	<p>LABARIK NIA: THE CHILD'S:</p> <p>Inan 01 Mother</p> <p>Aman 02 Father</p> <p>Inan ho Aman 03 Mother and Father</p> <p>Avo-feto / Avo-mane 04 Grandmother / Grandfather</p> <p>Biin/Maun Rasik ho tinan 15+ 05 Older biological sister/brother aged 15+</p> <p>Biin/Maun Rasik ho tinan 10-15 06 Older biological sister/brother aged 10-15</p> <p>Biin/Maun Rasik ho tinan 1-6 07 Older biological sister/brother aged 1-6</p> <p>Amaa Boot/ Amaa Kiik/ Tia 08 Aunt</p> <p>Apaa Boot/ Apaa Kiik/ Tiu 09 Uncle</p> <p>Labarik nia Família ida seluk 10 Other family member of the child</p> <p>Viziñu 11 Neighbour</p> <p>Selu-seluk tán (esplika) : 99 Other (explain)</p>	

<p>RC8E</p>	<p>Hanoin konaba labarik ida ne'ebé kiik liu:</p> <p>Sé mak responsavel katak nia seguru husi perigu?</p> <p>NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3</p> <p><i>MAIBE</i> SE KARIK NIA HILI HUSI KATEGORIA 2 +, HUSU TÁN BA NIA:</p> <p>Sé mak barak liu?</p> <p>Thinking about the youngest child:</p> <p>Who is responsible so that s/he is safe from danger?</p> <p>NOTE TO ENUMERATOR: IF "MOTHER & FATHER" → PICK 3</p> <p><i>BUT</i> IF S/HE PICKS FROM 2+ CATEGORIES, ASK MORE: Who does it the most?</p>	<p>LABARIK NIA: THE CHILD'S:</p> <p>Inan 01</p> <p>Mother</p> <p>Aman 02</p> <p>Father</p> <p>Inan ho Aman 03</p> <p>Mother and Father</p> <p>Avo-feto / Avo-mane 04</p> <p>Grandmother / Grandfather</p> <p>Biin/Maun Rasik ho tinan 15 + 05</p> <p>Older biological sister/brother aged 15 +</p> <p>Biin/Maun Rasik ho tinan 10-15 06</p> <p>Older biological sister/brother aged 10-15</p> <p>Biin/Maun Rasik ho tinan 1-6 07</p> <p>Older biological sister/brother aged 1-6</p> <p>Amaa Boot/ Amaa Kiik/ Tia 08</p> <p>Aunt</p> <p>Apaa Boot/ Apaa Kiik/ Tiu 09</p> <p>Uncle</p> <p>Labarik nia Família ida seluk 10</p> <p>Other family member of the child</p> <p>Viziñu 11</p> <p>Neighbour</p> <p>Selu-seluk tán (esplika) : 99</p> <p>Other (explain)</p>	
<p>RC9</p>	<p>Ita nia oan rasik ho tinan 18 mai kraik balun hela ho ema seluk ka lae?</p> <p>Do you have any children aged 18 and under who live with someone else?</p>	<p>SIM 1</p> <p>YES</p> <p>LAE 2 SE "LAE" → RC11</p> <p>NO</p>	
<p>RC9A</p>	<p>Nain hira? How many?</p>	<p>PRENSE NÚMERU <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ENTER THE NUMBER</p>	
<p>RC9B</p>	<p>Sira tinan hira? How old are they?</p> <p>SE LA HATENE TINAN 98 SE LA HATENE FULAN 99</p> <p>IF DON'T KNOW YEAR 98 IF DON'T KNOW MONTH 99</p>	<p>OAN 1: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p> <p>CHILD 1: YEAR MONTH</p> <p>OAN 2: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p> <p>OAN 3: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p> <p>OAN 4: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p> <p>OAN 5: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p> <p>OAN 6: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>TINAN FULAN</p>	
<p>RC9C</p>	<p>Tamba sá mak ita nia oan [sira] ne'e la hela hamutuk ho ita?</p> <p>[M] Multiple responses possible</p> <p>What are the reasons that these children don't stay in your household?</p>	<p>Tambá eskola A</p> <p>They are going to another school</p> <p>Família sira mak tau matan ba sira B</p> <p>They are being cared for by extended family</p> <p>Sira hetan difikuldade ruma iha uma ne'e C</p> <p>They had difficulty in this household</p> <p>Selu-seluk tán (esplika) : X</p> <p>Other (explain)</p>	
<p>RC11</p>	<p>Iha membru família balun no oan sira tinan 18 ba leten ne'ebé hela hamutuk ho ita?</p> <p>(hatee ba sira ne'ebé tinan 18 ba leten tamba labarik sira inklui ona iha RC9)</p> <p>Are there any other family members and/or your children aged 18 and older who live with you?</p>	<p>SIM 1</p> <p>YES</p> <p>LAE 2 SE "LAE" → RC1101</p> <p>NO</p>	

	<i>(include only those who are aged 18 and older because children are already included in RC9)</i> Ita bolu sira oinsá?		
RC11A	KA : BELE HUSU NIA HANESAN NE'E: Ita nia relasaun família ho sira halo nusá? [M] Multiple responses possible What is their relationship to you? (multiple responses possible)	RESPONDENTE NIA: / RESPONDENT'S: Kuinada A Sister-in-law Kuinadu B Brother-in-law Biin ka Alin-feto (tinan 18 ba leten) C Sister Maun ka Alin-mane (tinan 18 ba leten)..... D Brother Inan/Aman E Mother/Father Banin-feto/Banin-mane..... F Mother-in-law/Father-in-law Oan ho tinan 18 ba leten G Respondent's child aged 18 and above Selu-seluk tán (esplika): X Other	

SEKSAUN 1: KONTEXTU / SECTION 1: BACKGROUND			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
1101	Iha uma ne'e kuartu ba toba nian iha hira? In this household, how many rooms are there for sleeping?	PRENSE NÚMERU KUARTU TOBA NIAN __ __ Number of rooms for sleeping	
1102	Ita eskola ka lae? Have you attended school?	SIM..... 1 YES LAE..... 2 SE "LAE" → RC1103 NO	2 → 1103
1102A	Ita eskola tó iha ne'ebé: eskola primária (SD), eskola pre-sekundária (SMP), eskola sekundária (SMA), universidade, ka 40 Classe? What is the highest level of schooling you attained: primary, secondary, college/tertiary, or 4th class?	PRIMÁRIA..... 1 PRIMARY PRE-SEKUNDÁRIA..... 2 SECONDARY 1 SEKUNDÁRIA.....3 → 1104 SECONDARY 2 UNIVERSIDADE.....4 → 1104 COLLEGE/TERTIARY 40 CLASSE (PORTUGESE).....5 → 1104 4TH CLASS (PORTUGESE)	1, 2 → 1103
1103	Ita tuir ona programa alfabetizasaun nian ka lae? Have you ever participated in a literacy program?	SIM..... 1 YES LAE..... 2 NO	
1103A	FÓ HATUDU KARTAUN: Bele lee took ne'e mai hau. Obrigadu / Obrigada SHOW THE CARD: Can you read this card for me? Thank you.	Labele lee 1 Cannot read at all Bele lee liafuan ida-rua deit..... 2 Can only read parts of the sentence Bele lee fraze tomak 3 Can read the whole sentence Problema vizaun/ matan 4 Vision problems, hearing problems	
1104	Ita tama ona iha grupu ekonomiku ka dezenvolvimentu sosiál ruma ka lae (hanesan kooperativu, grupu fetu, grupu hakiak animal, ka selu-seluk tán)? Are you a member of an economic or social development group or association (such as a cooperative, women's group, livestock raising group, or similar)?	SIM..... 1 YES LAE..... 2 NO	

1105	Ita ba igreja ka mosque, ka fatin-reza nian, dala hira? TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Semana ida dala 2 ba leten ka, Semana ida dala ida, ka Fulan ida dala ida, ka Tinan ida dala ida ka rua deit, ka Nunka ba? Do you take part in a religious service more than once per week, once per week, once or twice per month, once or twice a year, never?	Semana ida dala 2+ 1 More than once per week Semana ida dala ida (semana-semana) 2 Once per week Fulan ida dala ida 3 Once or twice a month Tinan ida dala ida ka rua deit 4 Once or twice a year Nunka ba 5 Never							
1106	Husi tinan kotuk tó agora, ita nia atividade loro-loron hanesan saida? What has been your principle economic activity over the last twelve months?	HAKEREK NIA ATIVIDADE IHA NE'E WRITE THE ACTIVITY HERE Kódigu Atividade / Activity Code ____ ____							
1106A	Ita halao atividade ida ne'e durante tinan tomak la para, ka tuir tempu deit ka dala ruma deit? Do you work all year round, during one season, or from time to time?	Tinan tomak la para 1 All year round Tuir tempu deit 2 During one season Dala ruma deit 3 From time to time							
1107	Se karik derepente ita hetan problema ruma no prezisa tebes osan \$500, tuir ita nia hanoin, ida ne'e bele hetan ho oinsá: araska tebe-tebes ka, araska ka, la susar ka la susar tebe-tebes? If you need to raise \$500 immediately, do you think it would be very easy, easy, somewhat difficult, or very difficult to find this money?	Araska tebe-tebes 1 Very difficult Araska 2 Somewhat difficult La Susar 4 Easy La Susar tebe-tebes 5 Very Easy							
1108	Oinsá ho osan ne'ebé ita iha, dala barak liu ita gasta ou uza ba halo saida deit? Bele dehan mai hau buat tolu, hahú ho ida ne'ebé uza osan barak liu. How is your household's money mostly spent? Tell me your top 3.	1. Be'e mós / Clean water 2. Hahán / Food 3. Eskola / Education 4. Transporte / Transport 5. Saude / Health care 6. Ropa / Clothes 7. Uma/rai / House/land 8. Karau / Cattle 9. Sabaun / Soap 10. Tua / Alcohol 11. Sigaru, tabuku no/ka bua-malus / Cigarettes, tobacco and/or betelnut 12. Pulsa telefone / Telephone 13. Kultura/lia (mate, ai-funan, kore-metan, halo uma lulik, nsst.) / Cultural events (funerals, memorials, etc.) 14. Selu-seluk tán (esplika) : / Other (specify)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 33%;">1^o 1st</td> <td style="width: 33%;">2^o 2nd</td> <td style="width: 33%;">3^o 3rd</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	1 ^o 1 st	2 ^o 2 nd	3 ^o 3 rd	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 ^o 1 st	2 ^o 2 nd	3 ^o 3 rd							
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SESXAUN 2: ASESU BA MÉDIA NO INFORMAUN SECTION 2: ACCESS TO MEDIA AND INFORMATION			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
DIAK. AGORA HAU ATU HUSU PERGUNTAS BALUN KONA BA OINSA ITA AKSESU HO MÉDIA NO INFORMAUN. GOOD. NOW I AM GOING TO ASK SOME QUESTIONS ABOUT YOUR ACCESS TO MEDIA AND INFORMATION.			
2101	NOTA BA ENUMERADÓR: HANOIN FILA FALI, RESPONDENTE HATENE LEE KA LAE? SE LAE → 2102		SE "LAE" → 2102
2101A	Ita lee jornál ka lae? Do you read the newspaper?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2102 NO	
2101B	Oinsá ita lee jornál: loro-loron ka, pelumenus semana ida dala ida ka, fulan ida dala ida ka menus husi fulan ida dala ida? Do you read a newspaper every day, at least once a week, once a month, or less than once a month?	Loro-loron 1 Every day Pelumenus semana ida dala ida 2 At least once a week Fulan ida dala ida 3 Once a month Menus husi fulan ida dala ida 4 Less than once a month	
2102	Ita rona rádiu ka lae? Do you listen to the radio?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2103 NO	→2103
2102A	Oinsá ita rona rádiu: loro-loron ka, pelumenus semana ida dala ida ka, fulan ida dala ida ka menus husi fulan ida dala ida? Do you listen to the radio every day, at least once a week, once a month, or less than once a month?	Loro-loron 1 Every day Pelumenus semana ida dala ida 2 At least once a week Fulan ida dala ida 3 Once a month Menus husi fulan ida dala ida 4 Less than once a month	
2102B	Wainhira ita rona rádiu, ita rona barak liu mak rádiu ida ne'ebé? When you listen to the radio, which radio station do you listen to the most?	Rádiu komunitária 1 Community radio station Rádiu Timor-Leste 2 Radio Timor-Leste Rádiu Timor Kmanek 3 Radio Timor Kmanek Rádiu Timor Maubere 4 Radio Timor Maubere Selu-seluk tán (esplika) : 9 Other (explain)	
2103	Ita haree ka nontong televizaun ka lae? Do you watch televizaun?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2104 NO	2 →2104
2103A	Oinsá ita nontong televizaun: loro-loron ou kalan-kalan ka, pelumenus semana ida dala ida ka, fulan ida dala ida ka menus husi fulan ida dala ida? Do you watch television every day, at least once a week, once a month, or less than once a month?	Loro-loron ou kalan-kalan 1 Every day or night Pelumenus semana ida dala ida 2 At least once a week Fulan ida dala ida 3 Once a month Menus husi fulan ida dala ida 4 Less than once a month	

2103B	Wainhira ita nontong televizaun, ita nontong barak liu ida ne'ebé: TVTL ka, STL ka, Televizaun seluk (hanesan Indonesia ka Portugal nian)? When you watch television, what station do you like the most?	TVTL..... 1 Timor-Leste Television (national station) Televizaun STL 2 TV station A Televizaun seluk (Indo, Portugese)..... 3 Other TV station (Indonesian, Portugese) Selu-seluk tán (esplika) : 9 Other (specify)	
2104	Ita iha telefone ka lae? Do you have a mobile phone?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2105 NO	1 → 2105
2104A	Entaun iha ema ida ne'ebé iha telefone, no hela iha uma-kain ida ne'e? Is there someone else in your household with a mobile phone?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2105 NO	2 → 2105
2104B	Ita bele uza husi nia telefone ne'e ka lae? Do you have access to this mobile phone?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2105 NO	2 → 2105
2105	Ita uza internet ka lae? Do you use the internet?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2105 NO	2 → 3101
2105A	Ita uza internet liuhusi telefone ka komputadór? [M] Multiple responses possible Do you use the internet via mobile phone or computer?	Telefone HP A Mobile telephone Komputadór B Computer	[M]
2105B	Oinsá ita uza internet: loro-loron ka, pelumenus semana ida dala ida ka, fulan ida dala ida ka menus husi fulan ida dala ida? During the last month, have you used the internet nearly every day, at least once a week, less than once a week, or not at all?	Loro-loron ou kalan-kalan 1 Every day or night Pelumenus semana ida dala ida 2 At least once a week Fulan ida dala ida 3 Once a month Menus husi fulan ida dala ida 4 Less than once a month	

SEKSAUN 3: TAU MATAN BA LABARIK / SECTION 3: CAREGIVING 3.1: NUTRISAUN BA LABARIK 3.1: NUTRITION OF CHILDREN UNDER 5			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
AGORA HAU ATU HUSU ITA PERGUNGAS BALUN NE'EBÉ KONA BA FÓ HÁN BA LABARIK HUSI TINAN 5 MAI KRAIK. NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT FEEDING CHILDREN UNDER 5.			
3101	Ita nia oan kí'ik sei fó susu-inan ka lae? Are you breastfeeding at this time?	SIM..... 1 YES LAE..... 2 SE "LAE" → 2102 NO	
3102	VERÍFKA SE IHA LABARIK IDA ENTRE IDADE FULAN 6 – TINAN 1 FULAN 11 IHA UMA-KAIN NE'E SE LOS HUSU NIA NARAN : _____ NO HAKERREK NIA IDADE: __ __ __ __ TINAN FULAN VERIFY IF THERE IS A CHILD AGED 6 MONTHS TO ONE YEAR 11 MONTHS OLD IN THIS HOUSEHOLD IF YES ASK HIS/HER NAME: AND WRITE HIS/HER AGE YEAR MONTH		SE "LAE" → 3103
3102A	Hanoin kona ba ita nia oan [NARAN], nia fulan hira mak ita hahú atu fo hahán ruma ba nia? Thinking about your child [NAME], at how many months did you start feeding him/her solid food?	FULAN __ __ NUMBER OF MONTHS SEIDAUK FÓ HÁN NIA 9 NOT YET FEEDING COMPLIMENTARY FOODS	→2103
3103	Tuir ita nia hatene, bebé tó fulan hira mak ita tenke hahú fo hahán? According to your own knowledge, at what age should infants be started on solid foods?	NÚMERU FULAN __ __ Number of months	
3104	Tuir ita nia hatene, loron ida fó hán dala hira ba bebé ho fulan 6 – 23? TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Loron 1 dala 1 ka, Loron 1 dala 2 ka, Loron 1 dala 3 ka, Bazeia ba nia hamlaha deit? In your opinion, how many times a day should a babies of age 6 – 23 months be fed?	Loron ida dala ida..... 1 Once a day Loron ida dala rua 2 Twice a day Loron ida dala tolu 3 Three times a day Bazeia ba nia hamlaha 4 As often as I feel the child is hungry Selu-seluk tán (esplika) : 9 Other (specify)	
3105	Tuir ita nia hatene, tipu hahán saida maka diak liu ba bebé sira ne'ebé foin komesa atu hán buat ruma? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? According to your knowledge, what types of foods are best for babies who are just starting to eat solid food?	Sasoru tanan A Rice porridge Sasoru kahur modu B Rice porridge cooked with vegetables Su'un C Store bought infant cereal Ai-fuan D Fruit Selu-seluk tán (esplika) : X Other (specify)	[M]
3106	Tipu hahán saida mak diak liu ba labarik sira entre tinan 1 ho tinan 2? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? What types of foods are best for children between 1 and 2 years of age?	Sasoru de'ut tanan deit..... A Plain porridge (mashed/smooth) Sasoru de'ut kahur modo B Porridge cooked with vegetables (mashed/smooth) Sasoru tanan deit C Plain porridge Sasoru kahur modo D Porridge cooked with vegetables Ai-fuan de'ut E Fruit (mashed/smooth) Ai-fuan tetak F Fruit (small pieces)	[M]

	PROMPT: Are there others?	Modo / Ai-fuan rai-laran de'ut..... G Vegetables (mashed/smooth) Modo / Ai-fuan rai-laran tetakH Vegetables (small pieces) Na'an / lkan de'ut I Meat/Fish (mashed/smooth) Na'an / lkan tetak J Meat/Fish (small pieces) Selu-seluk tán (esplika) :X Other (specify)	[M]				
3107	AGORA HAU ATU HUSU KONA BA TIPU HAHÁN BALUN NO OINSÁ PREPARASAUN HAHÁN BA ITA NIA OAN SIRA, HO TINAN 18 MAI KRAIK. NOW I AM GOING TO ASK ABOUT SOME TYPES OF FOOD AND HOW FOOD IS PREPARED FOR YOUR CHILDREN, AGED 18 AND UNDER.						
		LORO-LORON EVERY DAY	SEMANA IDA DALA RUA KA LIU TWICE A WEEK OR MORE	SEMANA IDA DALA IDA ONCE A WEEK	FULAN IDA DALA IDA KA MENUS LIU ONCE A MONTH OR LESS		
3107A	Dala hira mak ita: Fó susu-be'en ruma ba ita nia oan, hanesan susu-be'en Indomilk, susu enaak, ka susu rahun? [Ia inklui susu-inan] <i>NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN:</i> Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e? HOW OFTEN DO YOU: Include some type of dairy like milk or butter in a meal that your child eats?	4	3	2	1		
31078	Dala hira mak ita: Kahur ai-hán produ tu lokál ruma hanesan izemplu modo-tahan, tomate, lekeru, nsst. iha ita nia oan nia hahán? <i>NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN:</i> Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e? HOW OFTEN DO YOU: Include vegetables with the meal that your child eats?	4	3	2	1		
3107C	Dala hira mak ita: Fo hán ba labarik ho hahán tanan deit, la kahur ho modo ruma hanesan etu tanan, batar tanan, talas, ka fehuk? <i>NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN:</i> Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e? HOW OFTEN DO YOU: Feed your child a meal with only a starch (rice, maize, cassava, etc.)?	4	3	2	1		

3107D	<p>Dala hira mak ita: Tein ai-hán ne'ebé mai husi ita nia to'os rasik hodi fó hán ba ita nia oan? NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e?</p> <p>HOW OFTEN DO YOU: Include food from your own garden in a meal for your child?</p>	4	3	2	1
3107E	<p>Dala hira mak ita: Kahur manutolon ida ba ita nia oan nia hahán? NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e?</p> <p>HOW OFTEN DO YOU: Include an egg in a meal for your child?</p>	4	3	2	1
3107F	<p>Dala hira mak ita: Tau na'an ka ikan ruma hodi fó hán ba ita nia oan? NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e?</p> <p>HOW OFTEN DO YOU: Add some type of meat to a meal for your child?</p>	4	3	2	1
3107G	<p>Dala hira mak: Ita nia oan ha'an matabixu? NOTA BA ENUMERADÓR: TUIR RESPONDENTE NIA HATÁN MAK HILI HUSI SORIN, MAIBE SE PRESIZA BELE HUSU TÁN: Loro-loron ka, semana ida dala rua ka liu, ka semana ida dala ida deit, ka fulan ida dala ida ka menus liu husi ne'e?</p> <p>HOW OFTEN DOES : Your child eat breakfast?</p>	4	3	2	1
3108	<p>Tuir ita nia hanoin, iha ka lae hahán balun ne'ebé bandu labarik fulan 6 tó tinan 1 fulan 11 atu labele hán? In your opinion, are there foods that are prohibited or not advised for children between 6 – 23 months of age?</p>	SIM..... 1 YES..... LAE..... 2 NO.....			
3109	<p>Tuir ita nia hanoin, iha ka lae hahán balun ne'ebé fó benefísiu diak liu ba labarik fulan 6 tó tinan 1 fulan 11 atu hán? In your opinion, are there foods that are especially beneficial for children between 6 – 23 months of age?</p>	SIM..... 1 YES..... LAE..... 2 NO.....			
3110	<p>Sé mak deside hahán saida mak atu tein? Who in your family decides what food will be cooked?</p>	Inan 1 Mother..... Aman 2 Father.....			

		Oan-feto boot 3 Oldest daughter Avo-feto 4 Grandmother Selu-seluk tán (esplika): 9 Other	
	Dala hirak mak akontese katak hahán la to'ó ba uma-kain: sempre, dala barak, dala ruma deit, ladún, ka nunka? How often does it happen that members of your household do not have enough to eat: always, often, sometimes, rarely, or never?	Sempre 1 Always Dala barak 2 Often Dala ruma de'it 3 Sometimes Ladún 4 Rarely Nunka 5 Never	
AGORA HAU ATU LEE LIAFUAN BALUN KONA-BÁ LABARIK SIRA NIA HAHÁN. FAVÓR RESPONDE BA LIAFUAN IDA-IDAK HO KONKORDA KA LA KONKORDA. NOW I AM GOING TO READ YOU SOME STATEMENTS ABOUT CHILDREN'S DIET. PLEASE RESPOND TO EACH WITH WHETHER YOU AGREE OR DISAGREE.			
			KONKORDA AGREE
			LA KONKORDA DISAGREE
3113	Tanbá labarik sira nia isin sei nurak hela, tan ne'e mak sira presiza hahán espesial ne'ebé diferente ho hahán ne'ebé ema bo'ot sira hán. BELE HUSU TÁN: Konkorda ka la konkorda? Because children are growing they require a special diet CAN ASK: Do you agree or disagree?	1	2
3113A			
3113B	Wainhira labarik sira hán hahán oi-oin mak sira nia saude diak liu. BELE HUSU TÁN: Konkorda ka la konkorda? Eating a variety of foods is healthy for children CAN ASK: Do you agree or disagree?	1	2
3113C			
	Tipu no kualidade hahán ne'ebé hau nia oan hán sei determina nia susesu iha eskola wainhira nia boot. BELE HUSU TÁN: Konkorda ka la konkorda? The food my child eats determines how they will do in school when they are older CAN ASK: Do you agree or disagree?	1	2
	Di'ak liu labarik sira han hanesan ho ema boot sira wainhira sira prontu ona atu hán BELE HUSU TÁN: Konkorda ka la konkorda? Children should eat the same food as adults as soon as they are ready CAN ASK: Do you agree or disagree?	1	2
	Importante mai hau katak hau nia oan hán háhán ne'ebé avo sira hán (marotu, saboku, batar da'an, sedok, nsst.) BELE HUSU TÁN: Konkorda ka la konkorda? It is important that my child eats foods that are traditional to me and my family CAN ASK: Do you agree or disagree?	1	2
	Se karik labarik sira sente hamlaha entre tempu hán matabixu ho hán meudia nian, ka hán meudia no hán kalan nian, diak ba sira atu hán tan buat ruma BELE HUSU TÁN: Konkorda ka la konkorda? If children feel hungry between mealtimes, it is good for them to eat something CAN ASK: Do you agree or disagree?	1	2
	Hahán ne'ebé hau bele sosa iha loja ka kiosk mak diak liu ba hau nia oan atu hán duke produutu lokál. BELE HUSU TÁN: Konkorda ka la konkorda? The food I can buy at the store is better for my child to eat than local foods. CAN ASK: Do you agree or disagree?	1	2

3.2 FASE LIMAN / 3.2 HANDWASHING			
AGORA HAU ATU HUSU ITA PERGUNTAS BALUN KONA-BÁ OINSA ITA FASE ITA NIA LIMAN. NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HOW YOU WASH YOUR HANDS.			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
3201	Durante loron ida nia laran, husi dader tó kalan, iha tempu ruma ne'ebé mak ita hanoin presiza fase liman ka lae? <i>Think about a typical day. Are there some moments of the day when you think that you should wash your hands?</i>	SIM..... 1 YES LAE..... 2 SE "LAE" → 3202 NO	2 → 3203
3201A	Tempu hirak ne'e bainhira? <i>[M] Multiple responses possible</i> HUSU TÁN: Iha seluk tan? <i>When are these times?</i> PROMPT: <i>Are there others?</i>	Wainhira ba tiha sintina boot A <i>After defecation</i> Antes atu hán..... B <i>Before eating</i> Antes atu fó hán ba bebé..... C <i>Before feeding an infant or baby</i> Antes atu tein / halo modo D <i>Before preparing food</i> Depois de hamós labarik nia kidun..... E <i>After changing a baby or cleaning a baby</i> Wainhira hán tiha ona F <i>After eating</i> Selu-seluk tán (esplika) : X <i>Other (specify)</i> La hatene..... Y <i>Don't know</i>	[M]
3203	Tuir ita nia hanoin jeralmente, tanba sá mak tenke fase liman? <i>[M] Multiple responses possible</i> <i>In your opinion, generally speaking what are the reasons for washing your hands?</i>	Atu hamate kutun ka mikróbiu A <i>To kill germs</i> Atu prevene kabun moras B <i>To avoid stomach ache or upset</i> Atu halo liman mós C <i>To increase the cleanliness of hands</i> Hau nia liman iis la diak D <i>My hands smell bad</i> Selu-seluk tán (esplika) : X <i>Other (specify)</i> La hatene..... Y <i>Don't know</i>	[M]
3204	Ita iha buat ruma ne'ebé bele uza hodi fase liman? <i>Do you have soap or other things with which to wash your hands?</i>	SIM..... 1 YES LAE..... 2 SE "LAE" → 3205 NO	2 → 3205
3204A	Saida mak ita iha? <i>What do you have?</i>	Sabaun 1 <i>Soap</i> Ahi-kedesan 2 <i>Ashes</i> Selu-seluk tán (esplika) : X <i>Other (specify)</i>	
3204B	Tamba sá mak ita uza [RESPOSTA HUSI 3204A] ne'e hodi fase ita nia liman? <i>[M] Multiple responses possible</i> <i>Why do you use [ANS FROM ABOVE] to wash your hands?</i>	Atu hamate kutun, jerme ka mikróbiu A <i>To kill germs</i> Atu prevene kabun moras B <i>To avoid stomachache or upset</i> Atu halo liman mós C <i>To increase the cleanliness of hands</i> Hau nia liman iis la diak D <i>My hands smell bad</i> Selu-seluk tán (esplika): X <i>Other (specify)</i>	[M]

3204C	Dala hira mak ita uza ida ne'e [RESPOSTA HUSI 3204A] hodi fase ita nia liman? How often do you wash your hands with [FROM ABOVE]?	Sempre..... 1 Always Dala ruma 2 Sometimes Ladún..... 3 Rarely	
3205	Wainhira mak ita hanoin katak ita nia liman foer? [M] Multiple responses possible When do you think your hands are dirty?	Wainhira hau bele haree rai-rahun iha liman A When the dirt is visible Wainhira hau ba soe be'e/ sintina bo'ot..... B After using the toilet Wainhira hau hán tihá..... C After eating Wainhira hau fila mai husi to'os D After working in the field Wainhira hau kona buat ruma iha tempu mens E When I touch something during menstruation Selu-seluk tán (esplika): X Other (specify)	[M]
3206	Ita konkorda ka la konkorda ho liafuan ne'e: "La susar mai hau atu bele fase hau nia liman". Would you agree or disagree with this statement: "Washing my hands with soap or ashes is easy for me"	KONKORDA 1 AGREE LA KONKORDA 2 DISAGREE	
3207	Dala ruma akontese ka lae iha tempu ne'ebé ita hakarak fase liman maibe labele? Are there ever times that you would like to wash your hands but you cannot?	SIM..... 1 YES LAE..... 2 SE "LAE" → 3208 NO	2 → 3208
3207A	Se nune'e, tamba sá mak ita labele? [M] Multiple responses possible When this happens, what are the reasons that you cannot wash your hands?	Laiha bee A No water available Laiha sabaun ka ahi-kedesan B No soap or ashes available Hau servisu barak liu / Hau sebuk liu C I am too busy to wash my hands Hau nia liman kanek / moras los..... D I have an injury or a wound on my hand(s) that is sore Selu-seluk tán (esplika) : X Other (specify)	[M]
3208	Tuir ita nia hanoin, diak atu fase bebé nia liman ka lae? In your opinion, is it good to wash baby's hands?	SIM..... 1 YES LAE..... 2 SE "LAE" → 3213 NO	2 → 3213
3208A	Se nune'e, wainhira mak presiza atu fase bebé nia liman? [M] Multiple responses possible When should a baby's hands be washed?	Haree ba bebé nia liman foér A When they seem dirty Antes atu hán..... B Before eating Wainhira hán hotu..... C After eating Wainhira kaer animál ruma D After touching animals Wainhira ba tiha sintina boot E After defecation Wainhira nia halimar hotu..... F After playing Wainhira fó haris nia G At bath time Selu-seluk tán (esplika): X Other (specify)	[M]

3208B	Bainbain, sé mak fase bebé nia liman? <i>Who usually washes your baby's hands?</i> NOTA BA ENUMERADÓR: SE KARIK "INAN-AMAN" → HILI 3 MAIBE SE KARIK NIA HILI HUSI KATEGORIA 2+, HUSU TÁN BA NIA: Sé mak barak liu? NOTE TO ENUMERATOR: IF "BOTH PARENTS" → PICK 3 BUT IF THEY CHOOSE FROM 2+ CATEGORIES, ASK HIM/HER: Who does it the most?	LABARIK NIA: / THE CHILD'S: Inan 01 Mother Aman 02 Father Inan ho Aman 03 Mother and Father Avo-feto / Avo-mane 04 Grandmother / Grandfather Biin/Maun Rasik ho tinan 15+ 05 Older biological sister/brother aged 15+ Biin/Maun Rasik ho tinan 10-15 06 Older biological sister/brother aged 10-15 Biin/Maun Rasik ho tinan 1-6 07 Older biological sister/brother aged 1-6 Amaa Boot/ Amaa Kiik/ Tia 08 Aunt Apaa Boot/ Apaa Kiik/ Tiu 09 Uncle Labarik nia Família ida seluk 10 Other family member of the child Viziñu 11 Neighbour Selu-seluk tán (esplika): 99 Other (explain)	
3213	AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN SE KARIK ITA HANOIN KATAK LIAFUAN NE'E LOOS KA SALA. I AM NOW GOING TO READ YOU SOME STATEMENTS. PLEASE TELL ME IF YOU THINK THE STATEMENT IS TRUE OR FALSE.		
3213A	"Importante atu fase liman ho sabaun wainhira troka tiha labarik nia ropa foer ka hamos nia kidun hotu tiha." BELE HUSU TÁN: <i>Ida ne'e loos ka sala?</i> "It is important to wash hands with soap after having changed a baby's dirty clothes or cleaning his/her bottom." CAN ASK: <i>Is this true or false?</i>	LOOS 1 TRUE SALA 2 FALSE	
3213B	"Importante atu fase liman ho sabaun antes atu tein ka halo modo." BELE HUSU TÁN: <i>Ida ne'e loos ka sala?</i> "It is important to wash hands with soap before cooking or preparing food." CAN ASK: <i>Is this true or false?</i>	LOOS 1 TRUE SALA 2 FALSE	
3213C	"Importante atu fase liman ho sabaun antes atu fó hán ba oan sira." BELE HUSU TÁN: <i>Ida ne'e loos ka sala?</i> "It is important to wash hands with soap before feeding the children." CAN ASK: <i>Is this true or false?</i>	LOOS 1 TRUE SALA 2 FALSE	
3213D	"Importante atu fase liman ho sabaun wainhira ba tiha sintina boot." BELE HUSU TÁN: <i>Ida ne'e loos ka sala?</i> "It is important to wash hands with soap after defecation." CAN ASK: <i>Is this true or false?</i>	LOOS 1 TRUE SALA 2 FALSE	

3214	AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN SE ITA KONKORDA KA LA KONKORDA. LAIHA HATÁN NE'EBÉ LOOS KA SALA. AMI INTERESE BA ITA NIA HANOIN. I AM NOW GOING TO READ YOU SOME STATEMENTS. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THE STATEMENT. THERE ARE NO RIGHT OR WRONG ANSWERS; WE ARE INTERESTED IN YOUR OPINION.	KONKORDA AGREE	LA KONKORDA DISAGREE
3214A	"Hau bele fase hau nia liman ho sabaun ka ahi-kedesan antes hau prepara hahán ruma hodi hán ka tein." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I am able to wash my hands with ashes or soap before preparing something for a meal or cooking." CAN ASK: Do you agree or disagree?	1	2
3214B	"Hau bele fase hau nia liman ho sabaun ka ahi-kedesan depois de ba sintina boot." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I am able to wash my hands with soap or ashes after using the toilet." CAN ASK: Do you agree or disagree?	1	2
3214C	"Hau bele fase hau nia liman ho sabaun ka ahi-kedesan antes atu hán." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I am able to wash my hands with soap or ashes before eating." CAN ASK: Do you agree or disagree?	1	2
SEKSAUN 4: ESTIMULA NO RESPONDE HO DIAK BA LABARIK / SECTION 4: STIMULATION AND RESPONSIVENESS 4.1: ESTIMULASAUN NO DEZENVOLVIMUNTU LABARIK SEDU NIAN 4.1: STIMULATION AND ECD			
DIAK. AGORA HAU ATU HUSU PERGUNTAS BALUN KONA BA BEBÉ SIRA. GOOD. NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT BABIES.			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
4101	Tuir ita nia hanoin, bebé hirak ne'ebé sei iha inan nia isin bele rona lian ruma husi liur ka lae? According to your knowledge, are children in the womb able to hear sounds from outside?	SIM..... 1 YES LAE..... 2 NO	
4102	Wainhira ita nia bebé sei iha inan nia isin, imi koalia ka kanta ba nia ka lae? When your baby was in utero, did you talk to or sing to him/her?	SIM..... 1 YES LAE..... 2 SE "LAE" → 4103 NO	2 → 4103
4102A	Tamba sa mak imi kanta no koalia ba imi nia bebé ne'e, wainhira nia sei iha inan nia isin? [M] Multiple responses possible HUSU TÁN: Iha seluk tán? Why did you talk and sing to your unborn baby?	Nia bele hatene nia inan/aman nia lian A The child recognizes his/her mother's voice Nia bele komprende uluk liafuan balu B The child can understand words earlier Nia bele koalia sedu..... C The child can speak earlier Nia sei toman liu ho nia inan-aman D The child has a stronger bond with the parents when he/she is born Nia inan-aman sei toman liu ho bebé ne'e..... E The parents have a stronger bond with the child Selu-seluk tán (esplika X Other (specify)	[M]

4103	Tuir ita nia hatene, labarik sira bele aprende liuhusi konta istória, kanta, no atividade halimar nian? <i>According to your knowledge, do children learn from games, stories, singing songs, and other playful activities?</i>		SIM..... 1 YES LAE..... 2 SE "LAE" → 4105 NO	
4103A	Saida mak labarik sira bele aprende liu husi, konta istória, kanta, no atividade halimar nian? [M] <i>Multiple responses possible</i> HUSU TÁN: Sei iha buat ruma tán? <i>What types of things do children learn from games, stories, songs, and play?</i> <i>Probe: Is there anything else?</i>		Oinsá atu resolve problema A <i>How to solve problems</i> Oinsá atu koalia / konaba lingua..... B <i>Language and speaking</i> Oinsá atu habelun malu C <i>How to get along with others</i> Atu bele komprende situasaun moris loro-loron nian D <i>How the world around them works</i> Selu-seluk tán (esplika) X Other (specify)	[M]
4105	DURANTE LORON TOLU LIUBÁ NIA LARAN, ITA KA MEMBRU FAMÍLIA IDA NE'EBÉ TINAN 15 KA LIU HALO ATIVIDADE HANESAN TUIRMAI NE'E HAMUTUK HO LABARIK HO TINAN 5 MAI KRAIK KA LAE? <i>IN THE PAST THREE DAYS, DID YOU OR ANOTHER FAMILY MEMBER OLDER THAN 15 ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH A CHILD UNDER THE AGE OF FIVE?</i>			
4105A	ATIVIDADE <i>ACTIVITY</i>	S/L/HL <i>Y/N/DK</i>	SÉ? <i>WHO?</i>	
	Konta istória ba ita nia oan? <i>Told stories to your child?</i>	SIM1 → YES	Inan A <i>Mother</i> Aman B <i>Father</i> Biin/Maun C <i>Older sibling</i> Avo D <i>Grandparent</i> Selu-seluk tán (esplika) : X <i>Other (explain)</i>	[M]
		LAE 2 → 4105B NO LA HATENE 9 → 4105B DON'T KNOW		
4105B	Kanta hamutuk ho ita nia oan? <i>Sang songs with your child?</i>	SIM1 → YES	Inan A <i>Mother</i> Aman B <i>Father</i> Biin/Maun C <i>Older sibling</i> Avo D <i>Grandparent</i> Selu-seluk tán (esplika) : X <i>Other (explain)</i>	[M]
		LAE 2 → 4105C NO LA HATENE 9 → 4105C DON'T KNOW		
4105C	Lori ita nia oan ba pasiar? <i>Took your children outside the home environment?</i>	SIM1 → YES	Inan A <i>Mother</i> Aman B <i>Father</i> Biin/Maun C <i>Older sibling</i> Avo D <i>Grandparent</i> Selu-seluk tán (esplika) : X <i>Other (explain)</i>	[M]

		LAE 2 → 4105D NO LA HATENE 9 → 4105D DON'T KNOW		
4105D	Halimar buat ruma hamutuk ho it nia oan? Played games with your child?	SIM1 → YES	Inan A Mother B Aman B Father C Biin/Maun C Older sibling D Avo D Grandparent X Selu-seluk tán (esplika) : X Other (explain)	[M]
		LAE 2 → 4105E NO LA HATENE 9 → 4105E DON'T KNOW		
4105E	Pasa tempu hamutuk ho ita nia oan hodi fokoñese sasán, konta número hamutuk, ka halo pintura ruma? Spend time with the child naming things, counting, or drawing?	SIM1 → YES	Inan A Mother B Aman B Father C Biin/Maun C Older sibling D Avo D Grandparent X Selu-seluk tán (esplika) : X Other (explain)	[M]
		LAE 2 → 4105F NO LA HATENE 9 → 4105F DON'T KNOW		
4105F	Uza produ tu lokál ruma hodi kria materiál ne'ebé bele ajuda ita nia oan atu aprende iha uma-laran? Made and used locally available learning materials to help your child learn in the home setting?	SIM1 → YES	Inan A Mother B Aman B Father C Biin/Maun C Older sibling D Avo D Grandparent X Selu-seluk tán (esplika) : X Other (explain)	[M]
		LAE 2 → 4105G NO LA HATENE 9 → 4105G DON'T KNOW		
4105G	Lee livru hamutuk ho ita nia oan? Read books or picture books with child?	SIM1 → YES	Inan A Mother B Aman B Father C Biin/Maun C Older sibling D Avo D Grandparent X Selu-seluk tán (esplika) : X Other (explain)	[M]
		LAE 2 → 4105H NO LA HATENE 9 → 4105H DON'T KNOW		

<p>4105 H</p>	<p>Husu tulun ba família sira atu halo atividade hirak ne'e hamutuk ho ita nia oan? NOTA BA ENUMERADÓR: <i>(Ida ne'e aplika ba atividade ida deit ka rua ba leten, hanesan deit)</i></p> <p>Asked other family members to do one or more of the activities above with your child? NOTE TO ENUMERATOR: <i>(This can apply to one or more activities described above)</i></p>	<p>LAE 2 → 4106 NO LA HATENE 9 → 4106 DON'T KNOW</p>	<p>Inan A Mother Aman B Father Biin/Maun C Older sibling Avo..... D Grandparent Selu-seluk tán (esplika) : X Other (explain)</p>	<p>[M]</p>	
<p>4106</p>	<p>VERIFÍKA: IHA LABARIK HO TINAN 2 MAI KRAIK. HAKEREK NIA NARAN: _____ [NARAN] SE KARIK IHA LABARIK NAIN 2+ NE'EBÉ TINAN 2 MAI KRAIK, HANOIN BA IDA NE'EBÉ KI'IK LIU.</p> <p>AGORA HAU ATU HUSU PERGUNTAS RUMA KONA BA ITA NIA OAN NE'EBÉ HO TINAN 2 MAI KRAIK, OINSÁ ITA TAU MATAN BA NIA.</p> <p>VERIFY: IS THERE A CHILD UNDER 2 _____ [NAME] NOW I AM GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR YOUNGEST CHILD AND THE WAYS YOU TOOK CARE OF THAT CHILD.</p>	<p>SE "LAIHA" → 4107</p>			
		<p>SEMPRE ALWAYS</p>	<p>DALA RUMA SOME TIMES</p>	<p>LADÚN NOT VERY OFTEN</p>	<p>NUNKA NEVER</p>
<p>4106A</p>	<p>Wainhira ita taun matan ba [NARAN], dala hira mak ita koalia ba nia, mezmu nia seidauk bele responde: sempre ka, dala ruma ka, ladún ka, nunka? When you take care of [NAME], how often do you Talk to him/her, even if he/she does not talk back: Always, sometimes, not very often or never?</p>	<p>4</p>	<p>3</p>	<p>2</p>	<p>1</p>
<p>4106B</p>	<p>Wainhira ita taun matan ba [NARAN], dala hira mak: ita halo nia interese nafatin ba buat ruma ne'ebé nia halo, uza ita nia liafuan ruma hodí koalia konaba buat ne'ebé nia halo dadaun: sempre ka, dala ruma ka, ladún ka, nunka? When you take care of [NAME], how often do you Maintain his/her interest in something they are doing by talking about it: Always, sometimes, not very often or never?</p>	<p>4</p>	<p>3</p>	<p>2</p>	<p>1</p>
<p>4106C</p>	<p>Wainhira ita taun matan ba [NARAN], dala hira mak: ita fó korajen ba nia liuhusi gava nia? (hanesan, "matenek", "ita halo ne'e kapás," "bonitu/bonita", nsst): sempre ka, dala ruma ka, ladún ka, nunka? When you take care of [NAME], how often do you Encourage him/her by providing praise for him/her: Always, sometimes, not very often or never?</p>	<p>4</p>	<p>3</p>	<p>2</p>	<p>1</p>
<p>4106D</p>	<p>Wainhira ita tau matan ba [NARAN], dala hira mak: ita hatán ba bebé wainhira nia koko atu koalia, liuhusi ita nia liafuan kompletu: sempre ka, dala ruma ka, ladún ka, nunka? When you take care of [NAME], how often do you Respond when he/she tries to speak, with complete words/phrases: Always, sometimes, not very often or never?</p>	<p>4</p>	<p>3</p>	<p>2</p>	<p>1</p>

4106E	Wainhira [NARAN] halo buat ruma ne'ebé sala ka la tuir ita nia hakarak, dala hira mak ita haloos nia ho siak ka hirus: sempre ka, dala ruma ka, ladún ka, nunka? When you take care of [NAME], how often do you correct him/her with strong/harsh language: Always, sometimes, not very often or never?	4	3	2	1
4106F	Dala hira mak ita kele ita nia bebé ba ita nia kabas? When you take care of [NAME], how often do you wear your baby in a sling or harness: Always, sometimes, not very often or never?	4	3	2	1
4107	Wainhira ita tau matan ba bebé ida : When you take care of a baby:	4	3	2	1
4107A	Diak atu husu perguntas ba bebé kona ba buat ne'ebé nia halo? Is it good to ask the baby questions about things they are doing?	4	3	2	1
4107B	Diak atu temi sasan hirak ne'ebé nia halimar dadaun ka nia halo hela? Is it good to provide names of things the baby is playing with or doing?	4	3	2	1
4107C	Diak atu hapara lalais atividade hirak ne'ebé ita sente ladi'ak (hanesan nia hatama ninia halimar sira iha nia ibun)? Interrupt or quickly stop activities that you find unpleasant (such as putting toys in the mouth)?	4	3	2	1
4107D	Diak atu oin midar no hamnasa beibeik? Smile and laugh frequently?	4	3	2	1
4108	<p>AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN SE ITA KONKORDA KA LA KONKORDA. LAIHA RESPOSTA NE'EBÉ LOOS KA SALA, SÓ AMI INTERESE DEIT BA ITA NIA HANOIN.</p> <p>NOW I AM GOING TO READ YOU A FEW STATEMENTS. PLEASE ANSWER BY TELLING ME WHETHER YOU AGREE OR DISAGREE. WE ARE INTERESTED IN YOUR OPINIONS AND THERE ARE NO RIGHT OR WRONG ANSWERS.</p>				
				KONKORDA AGREE	LA KONKORDA DISAGREE
4108A	"Hau sente katak inan-aman sira tenke siak bebé ne'ebé halo sala." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I feel that parents should always correct their baby's misbehaviors strongly." CAN ASK: Do you agree or disagree?			1	2
4108B	"Wainhira hau nia bebé tanis hau tenke fó haan nia lalais kedas." BELE HUSU TÁN: Ita konkorda ka la konkorda? "When my baby cries I try to feed him/her as soon as possible." CAN ASK: Do you agree or disagree?			1	2
4108C	"Hau fiar katak diak ba bebé wainhira koaliala ba nia, maske nia la komprende ba saida mak ema koaliala." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I believe that babies can benefit from being spoken to, even if they don't understand what is being said." CAN ASK: Do you agree or disagree?			1	2
4108D	"Wainhira hau nia oan ho tinan 5 mai kraik tanis, hau sei hamaus lalais nia." BELE HUSU TÁN: Ita konkorda ka la konkorda? "When my child under five cries, it is important to me to comfort him/her right away." CAN ASK: Do you agree or disagree?			1	2

4109	Ita simu ona informasaun ruma kona ba oinsá ita bele kuida labarik ho diak liu? Have you received any information about the best ways to take care of your baby?	SIM..... 1 YES LAE..... 2 SE "LAE" → 4110 NO	2 → 4110
4109A	Ita simu informasaun sira ne'e husi ne'ebé? Iha seluk tan? [M] Multiple responses possible Where did you get the information about taking care of your baby? (multiple responses) CAN ASK: Do you agree or disagree?	Husi hau nia inan-aman rasik A My own parents (father/mother) Husi viziñu sira B My neighbors Husi saude nian C Community agent/health worker Rádiu..... D The radio Televisaun E The television Internet F The internet Jornál.....G Newspaper NGO ka Grupu Lokál ruma.....H An NGO or organization Treinamentu ruma ka programa kuida labarik nian..... I A parenting program or class Selu-seluk tán (esplika) X Other (specify)	[M]
4110	AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN SE ITA KONKORDA KA LA KONKORDA. LAIHA RESPOSTA NE'EBÉ LOOS KA SALA, SÓ AMI INTERESE DEIT BA ITA NIA HANOIN. NOW I AM GOING TO READ YOU A FEW STATEMENTS. PLEASE ANSWER BY TELLING ME WHETHER YOU AGREE OR DISAGREE. WE ARE INTERESTED IN YOUR OPINIONS AND THERE ARE NO RIGHT OR WRONG ANSWERS.		
		KONKORDA AGREE	LA KONKORDA DISAGREE
4110A	"Labarik sira tinan 3 mai kraik tenke halimar barak." BELE HUSU TÁN: Ita konkorda ka la konkorda? "Children less than 3 years of age should explore and play as much as possible." CAN ASK: Do you agree or disagree?	1	2
4110B	"Labarik sira bele matenek ne'ebé la hanesan, maske husi família ida deit." BELE HUSU TÁN: Ita konkorda ka la konkorda? "Children, even those from the same family, learn differently and have different abilities." CAN ASK: Do you agree or disagree?	1	2
4110C	"Wainhira labarik halo tinan 3, nia tenke ba ona eskola pre-eskolar ka TK." BELE HUSU TÁN: Ita konkorda ka la konkorda? "Children should attend some form of early childhood education by the age of 3." CAN ASK: Do you agree or disagree?	1	2
4110D	"Wainhira labarik tinan 5 mai kraik tanis, diak liu husik nia nonook rasik." BELE HUSU TÁN: Ita konkorda ka la konkorda? "When a child under 5 cries it is important to allow them to console themselves so they learn to be strong." CAN ASK: Do you agree or disagree?	1	2
4110E	"Inan-aman tenke lee ba oan sira pelumenus minutu 10 loron-loron." BELE HUSU TÁN: Ita konkorda ka la konkorda? "Parents should read to their children for at least 10 minutes per day." CAN ASK: Do you agree or disagree?		

4.2: EDUKASAUN 4.2: EDUCATION			
SUPPORTA NO RESPONDE HO DIAK BA LABARIK TINAN 3 – 5 SUPPORT AND RESPONSIVENESS FOR CHILDREN 3 – 5 YEARS			
Ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
4201	Tuir ita nia hanoin, importante ka lae ba labarik sira ho tinan 3 – 5 atu eskola pre-eskolar ka TK? <i>In your opinion, is it important for children aged between 3 – 5 to attend some kind of pre-school or early education program?</i>	SIM..... 1 YES LAE..... 2 NO	
4202	Iha ita nia komunidad, iha ka lae eskola ba labarik ho tinan 3-5? <i>In your community, are there schools for children between ages 3 – 5?</i>	SIM..... 1 YES LAE..... 2 NO	
4203	AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN SE ITA KONKORDA KA LA KONKORDA, LAIHA RESPONDE NE'EBÉ LOOS KA SALA, SÓ AMI INTERESE DEIT BA ITA NIA HANOIN. <i>I AM NOW GOING TO READ YOU SOME STATEMENTS ABOUT EDUCATION FOR VERY YOUNG CHILDREN. PLEASE TELL ME IF YOU AGREE OR DISAGREE WITH THE STATEMENT. THERE ARE NO RIGHT OR WRONG ANSWERS; WE ARE INTERESTED IN YOUR OPINION.</i>		
		KONKORDA AGREE	LA KONKORDA DISAGREE
4203A	"Buat ne'ebé labarik sira aprende wainhira sira sei tinan 3 tó 5, ida ne'e sei tulun sira sai susesu wainhira sira eskola iha eskola primária." <i>BELE HUSU TÁN: Ita konkorda ka la konkorda?</i> <i>"What children learn between the ages of 3 – 5 can contribute to their success when they go to primary school."</i> <i>CAN ASK: Do you agree or disagree?</i>	1	2
4203B	"Labarik sira ho tinan 3 tó 5 bele aprende buat ruma ne'ebé diak iha eskola." <i>BELE HUSU TÁN: Ita konkorda ka la konkorda?</i> <i>"It is possible for children for children between the ages of 3 – 5 to learn useful things at school."</i> <i>CAN ASK: Do you agree or disagree?</i>	1	2
SUPPORTA NO RESPONDE HO DIAK BA LABARIK TINAN 6 – 12 SUPPORT AND RESPONSIVENESS FOR CHILDREN 6 – 12 YEARS			
DIAK. AGORA HAU ATU HUSU PERGUNTAS BALUN KONA-BÁ LABARIK SIRA HO TINAN 6 TÓ TINAN 12. <i>GOOD. NOW I AM GOING TO ASK SOME QUESTIONS ABOUT CHILDREN AGED 6 TO 12 YEARS OLD.</i>			
4204	Tuir ita nia hatene, iha lei ka regulamentu ruma kona ba edukasaun ba labarik sira? <i>Are there any laws or regulations regarding schooling of young children you know about?</i>	SIM..... 1 YES LAE..... 2 NO	
4205	Tuir ita nia hanoin, importante ka lae inan-aman ajuda sira nia oan halo sira nia TPC ka PR? BELE ESPLIKA BA RESPONDENTE: TPC = trabalho para casa PR = pekerjaan rumah <i>How important do you think it is that parents help their children with their homework?</i>	Importante liu 1 Very important Importante oituan..... 2 Somewhat important Ladun importante 3 A little bit important La importante liu..... 4 Not important at all	

4206	VERIFÍKA: Iha ka lae labarik ne'ebé entre tinan 6 – 12 (se "LAE" → 4208) Hakerek naran ba labarik ida ne'ebé ho idade entre tinan 6 ho 12 iha ne'e: [NARAN] VERIFY: Is there a child between 6-12 years old? (if NO → 4208) Write the name of the child who is between 6-12 years old		SE LA IHA → 4208
4206A	[NARAN] eskola ona ka lae? SE PRESIZA BELE KLARIFIKA: Nia daftar ona ba eskola ka lae? Is [NAME] enrolled in school?	SIM..... 1 YES LAE..... 2 SE "LAE" → 4208 NO	
4207	Hanoin kona ba [NARAN] Ita dala ruma ajuda nia halo nia TPC? Thinking about [NAME] Do you ever assist your child with his/her homework?	SIM..... 1 YES LAE..... 2 SE "LAE" → 4208 NO	2 → 4208
4207A	Durante semana ida nia laran dala hira mak ita tulun ita nia oan halo ninia TPC? How many times a week do you assist your child with his or her homework?	Menus husi semana ida dala ida..... 1 → 4208 Less than once a week Semana ida dala ida 2 Once a week Semana ida dala rua 3 Twice a week Semana ida dala tolu 4 Three times a week Semana ida dala ha'at 5 Four times a week Semana ida dala lima ka liu 6 Five or more times a week La hatene..... 7 → 4208 Don't know	1 or 7 → 4208
4207B	Wainhira ita ajuda ita nia oan hodi halo nia TPC, uza minutu hira? Each time you assist your child with his/her homework, how much time do you spend?	Menus husi minutu 10..... 1 Less than 10 minutes each time Bain-bain minutu 10 2 10 minutes each time Bain-bain minutu 20 3 20 minutes each time Bain-bain minutu 30 4 30 minutes each time Liu minute 30 5 More than 30 minutes each time	
4208	AGORA HAU ATU LEE LIAFUAN BALUN KONA BA EDUKASAUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN SE ITA KONKORDA KA LA KONKORDA. NOW I AM GOING TO READ YOU SOME STATEMENTS ABOUT EDUCATION. PLEASE STATE WHETHER YOU AGREE, STRONGLY AGREE, DISAGREE, OR STRONGLY DISAGREE WITH THE STATEMENT.		
		KONKORDA AGREE	LA KONKORDA DISAGREE
4208A	"Importante katak labarik iha nia fatin rasik hodi estuda no halo nia TPC." BELE HUSU TÁN: Ita konkorda ka la konkorda? "It is important that children have a special place to do their homework." CAN ASK: Do you agree or disagree?	1	2
4208B	"Importante ba labarik sira atu halo sira nia TPC loro-loron ho oras ne'ebé hanesan." BELE HUSU TÁN: Ita konkorda ka la konkorda? "It is important that children do their homework at the same time each day." CAN ASK: Do you agree or disagree?	1	2
4208C	"Importante liu ba labarik mane sira atu ba eskola duke labarik fetu sira." BELE HUSU TÁN: Ita konkorda ka la konkorda? "It is more important to educate boys than girls." CAN ASK: Do you agree or disagree?	1	2

4208D	<p>“Importante katak hau nia oan hahu nia eskola kuandu nia idade tó ona.” BELE HUSU TÁN: Ita konkorda ka la konkorda? “It is important that my child is enrolled in school at the right age.” CAN ASK: Do you agree or disagree?</p>	1	2
4208E	<p>“Importante katak hau nia oan ba eskola loron-loron.” BELE HUSU TÁN: Ita konkorda ka la konkorda? “It is important to me that my child attends school regularly.” CAN ASK: Do you agree or disagree?</p>	1	2
4209	<p>Iha ita nia família, sé mak foti desizaun kona ba haruka oan sira ba eskola?</p> <p>NOTA BA ENUMERADÓR: SE KARIK SIRA DEHAN INAN-AMAN HAMUTUK HILI 9 NO HAKEREK IDA NE'E.</p> <p>MAIBE, SE KARIK SIRA DEHAN EMA HUSI KATEGORIA 2 ENTAUN HUSU BA NIA: Se mak foti desizaun ikus?</p> <p><i>In the case of your family, who makes decisions about sending children to school?</i> <i>In your opinion, who is the person principally responsible for the scholastic success of children?</i></p> <p>NOTE TO ENUMERATOR: IF THEY SAY BOTH PARENTS, PICK 9 AND WRITE THIS.</p> <p>BUT IF THEY SAY PEOPLE FROM 2 CATEGORIES ASK HIM/HER: Who has the final say?</p>	<p style="text-align: center;">HILI IDA DEIT! PICK ONLY ONE!</p> <p>Labarik nia Aman 1 <i>The father of the child</i></p> <p>Labarik nia Inan 2 <i>The mother of the child</i></p> <p>Labarik mak responsavel rasik..... 3 <i>The child him/her self</i></p> <p>Membru família sira..... 4 <i>Other members of the family</i></p> <p>Mestri/a sira 5 <i>Teachers and school staff</i></p> <p>Lia Na'in 6 <i>Traditional or religious leaders</i></p> <p>Komunidade tomak 7 <i>The community</i></p> <p>Xefi Suco/ Xefi Aldeia 8 <i>The head of the village</i></p> <p>Selu-seluk tán (esplika) : 9 Other (specify)</p>	
4211	<p>Tuir ita nia hanoin, sé mak responsavel ba labarik nia susesu iha eskola?</p> <p>NOTA BA ENUMERADÓR: SE KARIK SIRA DEHAN INAN-AMAN HAMUTUK HILI 9 NO HAKEREK IDA NE'E.</p> <p>MAIBE, SE KARIK SIRA DEHAN EMA HUSI KATEGORIA 2 ENTAUN HUSU BA NIA: Se mak responsavel barak liu?</p> <p><i>In your opinion, who is the person principally responsible for the scholastic success of children?</i></p> <p>NOTE TO ENUMERATOR: IF THEY SAY BOTH PARENTS, PICK 9 AND WRITE THIS.</p> <p>BUT IF THEY SAY PEOPLE FROM 2 CATEGORIES ASK HIM/HER: Who is the most responsible?</p>	<p style="text-align: center;">HILI IDA DEIT!</p> <p>Labarik nia aman..... 1 <i>The father of the child</i></p> <p>Labarik nia inan 2 <i>The mother of the child</i></p> <p>Labarik mak responsavel ba ninia susesu rasik 3 <i>The child him/her self</i></p> <p>Membru família sira..... 4 <i>Other members of the family</i></p> <p>Mestri/a sira 5 <i>Teachers</i></p> <p>Lia Na'in 6 <i>Traditional or religious leaders</i></p> <p>Komunidade tomak 7 <i>The community</i></p> <p>Xefi Suco/ Xefi Aldeia 8 <i>The head of the village</i></p> <p>Seluk (esplika) 9 Other (specify)</p>	
4211A	<p>Saida mak nia halo?</p> <p>[M] Multiple responses possible</p> <p>HUSU TÁN: Iha seluk tan?</p> <p>PROMPT: In what part of education of the child is the person most responsible involved?</p>	<p>Ajuda labarik atinje rezultadu eskola nian (lugar)..... A <i>Educational achievement</i></p> <p>TPC ka PR..... B <i>Duties or work</i></p> <p>Kondisaun uma eskola nian C <i>Condition of the school</i></p> <p>Sosa sasán/ropa/xapatu eskola nian D <i>Buying school supplies</i></p> <p>Selu osan eskola nian E <i>Payment of school fees</i></p> <p>Koalia/ enkontru ho mestri/a sira F <i>Exchanges or interaction with teachers</i></p> <p>Selu-seluk tán (esplika) X Other (specify)</p>	[M]

4213	<p>Iha ka lae prátika kultura ka kostume ruma iha ita nia komunidade nia laran ne'ebé bandu labarik sira atu labele ba eskola? <i>Are there any cultural practices/traditions/beliefs or customs in your community that are opposed to the schooling of children?</i></p>	<p>SIM..... 1 YES LAE..... 2 SE "LAE" → 4215 NO LA HATENE..... 8 – SE "L.H." → 4215 DON'T KNOW</p>	<p>2→ 4215 8→ 4215</p>
4213A	<p>Se karik IHA, ne'e saida? [M] <i>Multiple responses possible</i> HUSU TÁN: Iha buat seluk tan? If YES, what?</p>	<p>Kuandu hari'is fatin ida de'it ba labarik mane no labarik feto sira tenke uza hanesan.....A <i>Shared toilets for boys and girls</i> Labarik sira lalika eskola tambá sira prezisa hein atu forma familia/ kaben de'it..... B <i>Girls should be preserved for marriage</i> Labarik mane sira nia destiñu mak halo to'os / natar..... C <i>Boys are destined for farm/agricultural work</i> Edukasaun kontra ami nia fiar..... D <i>Education is against traditional norms and values</i> Iha eskola dala ruma sira koalia kona ba buat ne'ebé lulik no labele atu koalia..... E <i>Education deals with taboo subjects</i> Labarik feto labele ba eskola wainhira nia mens F <i>Girls cannot go to school when they are menstruating</i> Selu-seluk tán (esplika) : X Other (specify)</p>	
<p>SUPORTA NO RESPONDE HO DIAK BA LABARIK HO IDADE 13 – 18 SUPPORT AND RESPONSIVENESS FOR CHILDREN 13 - 18</p>			
<p>AGORA HAU ATU HUSU KONA BA LABARIK HO TINAN HUSI 13 TÓ 18. [SE KARIK LAIHA, ITA SEI HUSU KONABA NIA HANOIN JERÁL] NOW I AM GOING TO ASK ABOUT CHILDREN AGED 13 TO 18 YEARS OLD.</p>			
4215	<p>Dalan diak saida mak ita hanoin atu tulun oan sira husi tinan 13 tó 18? [M] <i>Multiple responses possible</i> Iha seluk tan? What do you think are the best ways that parents can help their teenage children? (multiple answers possible; prompt but do not supply responses) Anything else?</p>	<p>Ajuda iha TPC ka PRA <i>Help with homework</i> Selu osan eskola nian B <i>Pay school fees</i> Koalia ho sira kona ba sira nia moris C <i>Talk to them about their lives</i> Fornese telefone ida be sira D <i>Provide them with a mobile phone</i> Lori sira ba pasiar iha fatin ruma E <i>Take them places</i> Fó servisu ba sira ne'ebé sei ajuda uma-kain..... F <i>Give them useful chores to do</i> Selu-seluk tán (esplika) : X Other (specify)</p>	<p>[M]</p>
4216	<p>Husi tinan 13 tó 18, foinsa'e sira sira hetan mudansa isin lolon barak. Tuir ita nia hanoin, diak atu koalia ho sira kona ba ida ne'e ka lae? SE KARIK RESPONDENT LA KOMPRENDE, BELE FÓ EZEMPLU TUIRMAI NE'E: Feto sira komensa hetan menstrasau no susun. Mane sira hasun rahun komesa moris no mudansa husi lian. From 13-18 years old, adolescents experience many bodily changes. In your opinion, is it good to talk with them about this? IF THE RESPONDENT DOESN'T UNDERSTAND, CAN GIVE THE FOLLOWING EXAMPLE: Girls begin menstruation and develop breasts. Boys start to grow facial hair and have changes in their voice.</p>	<p>SIM..... 1 YES LAE..... 2 SE "LAE" → 4217 NO</p>	<p>2→ 4217</p>

	VERÍFKA KA HANOIN FILA FALI: Iha ka lae labarik ne'ebé entre tinan 13 – 18 SE LAE → 4217 VERIFY: Is there a child between 13-18 years old? IF NOT → 4217	2→ 4217	
4216A	Ita koalia ona ho ita nia oan foinsa'e konaba ida ne'e ka lae? Have you talked to your adolescent child about this?	SIM.....1 – SE "SIM"→ 4217 YES LAE..... 2 NO	1→ 4217
4216B	Se nune'e, tamba sá mak ita la koalia ho nia? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? If so, why did you not talk to him/her?	Tamba la hatene liafuan ne'ebé atu uza A Because I don't know the words to use Tamba ida ne'e lulik / labele atu koalia..... B Because it is taboo / can't talk about it Tamba hau nia inan-aman la koalia ho hau kuandu hau foinsa'e C Because my parents didn't talk to me about it when I was an adolescent Selu-seluk tán (esplika) : X Other (specify) La hatene..... Y Don't know	[M]
4217	Tuir ita nia hanoin, diak atu koalia ho oan foin sa'e sira kona ba relasaun seksuál ka lae? In your opinion, is it important for parents to discuss sexual relations with their adolescent children?	SIM.....1 YES LAE..... 2 – SE "SIM"→ 4219 NO	1→ 4219
4217A	Se nune'e, tamba sá? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? PROBE: Are there others?	Atu nia bele prepara an ba tempu oin mai..... A So that they would be prepared for the future Atu prevene isin rua sedu..... B To prevent teenage pregnancy Atu nia bele hatene oinsá atu kuidadu-an rasik..... C So that they would know how to take care of themselves Atu prevene abuzu D To prevent abuse Atu nia bele hatene saida mak diak no la diak E So they would know right from wrong Selu-seluk tán (esplika) : X Other (specify) Laiha / La Hatene Y Nothing/Don't Know	
	VERÍFKA KA HANOIN FILA FALI: Iha ka lae labarik ne'ebé entre tinan 13 – 18 SE LAE → 4218 VERIFY: Is there a child between 13-18 years old? IF NOT → 4218		
4217B	Ita koalia ona ho ita nia oan foinsa'e konaba relasaun seksuál ka lae? Have you ever spoken to your teenage child about sexual relations?	SIM.....1 YES LAE..... 2 NO	
4218	Tuir ita nia hanoin, inan-aman sira presiza atu koalia kona ba relasaun seksuál no mudansa isin lolon hamutuk ho sira nia oan mane deit, ka oan fetu deit, ka oan mane ho oan fetu hotu? In your opinion, should parents discuss sex and sexuality with sons, daughters, or both sons and daughters?	OAN MANE SIRA 1 SONS OAN FETO SIRA 2 DAUGHTERS OAN MANE HO OAN FETO HOTU..... 3 BOTH DAUGHTERS AND SONS LAIHA / LA HATENE 9 DON'T KNOW	
4219	Iha ita nia komunidade, iha ka lae ema ne'ebé mak responsavel hodi koalia ho joven sira ho tinan 13-18 kona ba relasaun seksuál ho mudansa isin? Are there people influential in your community (not your family) who talk to teenagers about sex and sexuality?	SIM.....1 YES LAE..... 2 – SE "SIM"→ 4221 NO LAIHA / LA HATENE.....9 – SE "L.H."→ 4221 DON'T KNOW	2→ 4221

4219A	<p>Se iha, entaun sé?</p> <p>[M] Multiple responses possible</p> <p>HUSU TÁN: Iha seluk tan?</p> <p>If YES, who are those people?</p>	<p>SISCA ka saude nian A Health workers / doctors</p> <p>Apoiú Tekniku Sosiál ka Animadór Sosiál MSS nian B Community agents</p> <p>Mestri/a C Teacher</p> <p>Xefi Suco / Xefi Aldeia E The head of the village or suco</p> <p>Lia Na'in F Traditional leader</p> <p>Padre/Madre/Lider Igreja G Religious leader</p> <p>NGO H NGO</p> <p>Seluk (esplika) X Other (specify)</p>	[M]
4221	<p>Ita simu ona informasaun ruma kona ba oinsá atu bele koalia ho ita nia oan foinsa'e kona ba relasaun seksuál ka mudansa isin lolon nian ka lae?</p> <p>Did you ever receive any information about how to discuss sex and sexuality with your teenage child?</p>	<p>SIM..... 1 YES LAE..... 2 – SE "SIM"→ 5101 NO</p>	2→ 4219
4222	<p>Ita simu informasaun sira ne'e husi ne'ebé?</p> <p>[M] Multiple responses possible</p> <p>HUSU TÁN: Iha seluk tan?</p> <p>From what sources did you receive this information?</p> <p>PROMPT: Anywhere else?</p>	<p>Apoiú Tekniku Sosiál ka Animadór Sosiál MSS nian A Community agents</p> <p>Ofisiais eskola nian (mestri/a, eskola nia boot) B School officials (teachers, principal)</p> <p>Komite Manejamentu Eskola nian (SMC) C The PTA</p> <p>Xefi Suco / Xefi Aldeia D The head of the village or suco</p> <p>Lia Na'in E Traditional leader</p> <p>Padre/Madre/Lider Igreja F Religious leader</p> <p>Família G Extended family/friends</p> <p>Viziñu/kolega sira H Neighbors</p> <p>Rádiu J The radio</p> <p>Televisaun K The television</p> <p>Pamfletu ka poster ruma L The internet</p> <p>Internet M The internet</p> <p>Facebook N Facebook</p> <p>Seluk-seluk tán (esplika) X Other (specify)</p> <p>La hatene/ Haluha Y Don't know/ Don't remember</p>	

SEKSAUN 5: PROTESAUN SECTION 5: PROTECTION			
5.1: SINÁL PERIGU NO BUKA ATENTIMENTU 5.1: DANGER SIGNS AND CARE SEEKING			
DIAK. AGORA HAU ATU HUSU PERGUNTAS BALUN KONA-BÁ TAU MATAN BA LABARIK SIRA WAINHIRA MORAS. GOOD. NOW I AM GOING TO ASK SOME QUESTIONS ABOUT TAKING CARE OF CHILDREN WHEN THEY ARE SICK.			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
5101	<p>Dalaruma labarik sira moras maka'as no tenke lori lalais ba sentru saúde. Sinál moras saida mak sei halo ita lori lalais labarik ida ho tinan 5 mai kraik lalais ba sentru saúde?</p> <p>[M] Multiple responses possible</p> <p>HUSU TÁN: Sinál moras sira seluk tan?</p> <p>NOTA BA ENUMERADÓR: Husu tan sinal ka sintoma sira seluk tó respondente la hanoin hetan ona sintoma seluk tán. Sirkulu sintoma hotu-hotu ne'ebé temi, maibé labele prompt ho sujestaun ruma.</p> <p>Sometimes children have severe illnesses and should be taken immediately to a health care facility. What types of symptoms would cause you to take a child under the age of 5 to a health facility right away?</p> <p>PROBE: Any other symptoms?</p> <p>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</p> <p>Circle all symptoms mentioned, but do not prompt with any suggestions</p>	<p>Labarik labele hemu ka susu A Child not able to drink or breastfeed</p> <p>Labarik hetok moras tan..... B Child becomes sicker</p> <p>Labarik isin manas..... C Child develops a fever</p> <p>Labarik dada iis lalais..... D Child has fast breathing</p> <p>Labarik dada iis araska..... E Child has difficulty breathing</p> <p>Labarik tee iha raan F Child has blood in stool</p> <p>Labarik hemu susar G Child is drinking poorly</p> <p>Labarik tee-been H Child has diarrhea</p> <p>Selu-seluk tán (esplika) : X Other (specify)</p> <p>Selu-seluk tán (esplika) : Y Other (specify)</p> <p>Selu-seluk tán (esplika) : Z Other (specify)</p>	[M]
5102	<p>Durante semana rua liu ba nia laran, ita nia oan hetan tee-been ka lae?</p> <p>NOTA BA ENUMERADÓR: "Tee-been" signifika labarik ba sintina tee-been dala 3 ka liu durante loron ida nia laran.</p> <p>Did your child suffer from diarrhea in the last two weeks?</p> <p>NOTE TO ENUMERATOR: Diarrhea is defined as three or more runny stools per day.</p>	<p>SIM.....1 YES</p> <p>LAE..... 2 – SE "SIM"→ 5103 NO</p> <p>LA HATENE.....3 – SE L.H.→ 5103 DON'T KNOW</p> <p>LA HATÁN.....8 – SE L.H. → 5103 NO ANSWER</p>	2, 3, 8, → 5103
5102A	<p>Saida mak ita halo wainhira ita nia oan hetan tee-been?</p> <p>[M] Multiple responses possible</p> <p>HUSU TÁN: Iha buat seluk tán?</p> <p>Kontinua atu husu ba nia tó labele hanoin-hetan buat ruma atu aumenta.</p> <p>Tau sirklu ba aksaun hotu ne'ebé mak nia mensiona, maibe labele atu fó sugestaun ba nia.</p>	<p>Lori nia ba klinika A Took him/her to the clinic</p> <p>Uza ORS atu asegura nia la mate hamrook B Used ORS</p> <p>Fó haan ka hemu tan..... C Offered more food to eat or liquids to drink</p> <p>Fó aimoruk tradisionál ba labarik D Gave traditional medicine to the child</p> <p>Husu konsellu hosi pesoál saúde komunidade nian ida ka ajente saúde seluk E Consulted with a community health worker or other health agent</p>	[M]

	<p>When your child had diarrhea, what did you do?</p> <p>PROBE:</p> <p style="padding-left: 40px;">Anything else?</p> <p>Keep asking for actions until the mother/caretaker cannot recall any additional actions she/he took. Circle all actions mentioned, but do not prompt with any suggestions.</p>	<p>Husu tulun hosi matan dook ida F Asked for help from a traditional/cultural healer Hein deit hodi haree saida mak atu akonteseG Waited to see what would happen La halo buat idaH Did nothing Selu-seluk tán (esplika) : X Other (specify) La hatene / Haluha Y Don't know / Don't remember</p>	
5102B	<p>Wainhira ita nia oan hetan tee-been, ita fó hán nia oinsá: fó hán hanesan bainbain ka, fo hán barak liu ka, fó hán oituan ka, inan fó susu deit?</p> <p>When your child had diarrhea, how do you feed him/her? offered the usual amount to eat, offered more than the usual amount to eat, offered less than the usual amount to eat, or offered nothing to eat with only breastmilk?</p>	<p>Hanesan bainbain..... 1 Usual amount to eat Barak liu 2 More than the usual amount to eat Oituan 3 Offered less than the usual amount to eat Inan fó deit susu 4 Offered nothing to eat with only breastmilk La hatene..... 8 Don't know</p>	[M]
5103	<p>Bele esplika, tambá sá mak labarik sira hetan tee-been?</p> <p>[M] Multiple responses possible HUSU TÁN: Se iha buat seluk tán?</p> <p>Can you tell me, what do you think are the causes of diarrhea in children? (multiple responses – prompt but do not provide answers) Anything else?</p>	<p>Hemu bee foer.....A Drinking unboiled/dirty water Han iha bikan ne'ebe foer..... B Eating from a dirty dish Liman kona tee no la fase liman C Unwashed hands that have contacted faeces Han aifuan barak liu D Eating a lot of fruit Selu-seluk tán (esplika) : X Other (explain)</p>	[M]
5104	<p>Tuir ita nia hanoin, wainhira mak ita presiza lori labarik ne'ebé mak hetan tee-been ba fasilidade saude nian?</p> <p>In your opinion, when should a child with diarrhea be taken to a clinic/health facility?</p>	<p>Lori kedas ba 1 Take immediately Liutiha loron ida 2 After one day Liutiha loron rua..... 3 After two days Se labarik labele haan ka hemu 4 If the child cannot eat or drink La hatene..... 8 Don't know Selu-seluk tán (esplika) : 9 Other (explain)</p>	[M]

5.2: DISCIPLINE			
DIAK. IHA SEKSAUN TUIRMAI NE'E, AMI INTERESE ATU HATENE OINSÁ INAN-AMAN SIRA FÓ HANORIN NO DISIPLINA BA SIRA NIA OAN SIRA. LABARIK SIRA DALARUMA HALO BUAT HIRAK NE'EBÉ SALA, LA HALO TUIR, KA HALO SIRA NIA INAN-AMAN HIRUS. AMI HAKARAK ATU HATENE SAIDA MAK ITA HALO ONA WAINHIRA ITA NIA OAN HALO BUAT RUMA SALA KA HALO ITA RAN NAKALI KA HIRUS. PERGUNTA HIRAK NE'E HOTU BAZEIA BA ITA NIA KOÑESIMENTU NO HANAIN; LAIHA RESPOSTA IDA MAK SALA KA LOS.			
IN THIS SECTION, WE ARE INTERESTED IN UNDERSTANDING THE WAYS THAT PARENTS DISCIPLINE THEIR CHILDREN. CHILDREN OFTEN DO THINGS THAT ARE WRONG, DISOBEY, OR MAKE THEIR PARENTS ANGRY. WE WOULD LIKE TO KNOW WHAT YOU HAVE DONE WHEN YOUR CHILD DID SOMETHING WRONG OR MADE YOU UPSET OR ANGRY. ALL OF THESE QUESTIONS ARE BASED ON YOUR OWN KNOWLEDGE AND OPINION; THERE ARE NO RIGHT OR WRONG ANSWERS.			
ú.	PERGUNTAS	KÓDIGU	HAKSOIT BA
5201	Wainhira ita nia oan nakar, oinsá ita atu hanorin nia? [M] MULTIPLE RESPONSES POSSIBLE HUSU TÁN NO KOKO ATU HETAN TOLU KA LIU: Iha buat ruma tán? When your child misbehaves, how do you discipline that child? Note: Multiple responses. Let the person respond but don't suggest answers. PROMPT FOR MORE RESPONSES, TRY TO GET THREE OR MORE: Is there anything else?	Hakilar nia..... A Shouted, yelled, or screamed at him/her Tolok nia..... B Swore or cursed at him or her Basa ka baku nia kidun ho liman C Spanked the child on the bottom with my bare hand Baku nia iha kidun ho sintu, ai, ka buat tos seluk D Hit him/her on the bottom with a belt, stick, or other hard object Baku ka basa labarik iha nia ulun, tilun ka oin E Hit or slapped the child on the head, ears or face Baku nia isin lolon seluk (la inklui nia kidun) ho sintu, ai ka buat tos seluk F Hit him/her on some other part of the body besides the bottom with a belt, stick or other hard object Soe ka dudu nia to'o monu ba rai..... G Threw or knocked him/her down Esplika tansá mak buat ne'ebé nia halo ona ne'e sala..... H Explained why what they did was wrong Prende ka hadau tiha ninia sasán halimar ka sasán seluk ne'ebé nia gosta I Took away a favorite toy or other possession Bandu nia atu labele halo buat ruma ne'ebé nia gosta J Took away privileges that the child would otherwise have Aumenta tán servisu ne'ebé nia tenke halo..... K Gave the child extra chores or work to do Sulan nia iha kuartu laran ka haruka nia hamriik metin iha fatin ida L Put him or her in "time out" or sent to his/her room or a place for punishment (corner, chair, etc) Haruka labarik ba toba ho kabun mamuk M Sent the child to sleep without food Selu-seluk tán (esplika) : X Other (specify)	[M]
5201A	Ida ne'ebé mak ita uza barak liu? Depois? NOTA BA ENUMERADÓR: Ida ne'e bazeia ba resposta ne'ebé iha leten. Which three of the above do you think you use most often?	1º <input type="checkbox"/> 2º <input type="checkbox"/> 3º <input type="checkbox"/>	
	Ita simu ona informasaun ruma kona ba dalan diak liu atu hanorin ita nia oan sira wainhira nakar? Have you received any information about the best ways to discipline your children?	SIM.....1 YES LAE..... 2 – SE LAE→ 5203 NO	2 → 5203
5202A	Ita simu informasaun sira ne'e husi ne'ebé? [M] Multiple responses possible HUSU TÁN: Iha seluk tan?	Hau nia inan-aman rasik A My own parents Viziñu/kolega sira B Neighbors Apoiu Tekniku Sosiál ka Animadór Sosiál MSS nian..... C Community agents SISCA ka Saude nian..... D Health worker / doctor	[M]

	<p>Where did you get the information about disciplining children? (multiple responses)</p>	<p>NGO ka organizasaun ruma E NGO or organization Programa kuidadu labarik nian ka treinamentu..... F A parenting program or class Xefi Suco / Xefi Aldeia G The head of the village or suco Lia Na'in H Traditional leader Padre/Madre/Lider Igreja I Religious leader Família..... J Extended family Rádiu..... K The radio Televisaun L The television Pamfletu ka poster ruma M The internet Internet / Facebook N The internet Selu-seluk tán (esplika) : X Other (specify) La hatene/ Haluha Y Don't know/ Don't remember</p>			
5203	<p>AGORA HAU ATU LEE LIAFUAN BALUN KONA BA KUIDADU LABARIK. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN KONKORDA KA LA KONKORDA. BELE MOS KONKORDA TEBE-TEBES KA LA KONKORDA TEBE-TEBES. FAVÓR RESPONDE LOLOOS, TAMBA AMI HUSU BA ITA NIA OPINAUN.</p> <p>I AM GOING TO NOW READ YOU A SET OF STATEMENTS ABOUT HOW YOU DISCIPLINE YOUR CHILD. PLEASE TELL ME WHETHER YOU AGREE OR DISAGREE WITH THE STATEMENT. YOU CAN ALSO STRONGLY AGREE OR STRONGLY DISAGREE. PLEASE RESPOND TRUTHFULLY; WE ARE ASKING FOR YOUR OPINION.</p>				
		KONKORDA TEBE-TEBES STRONGLY AGREE	KONKORDA AGREE	LA KONKORDA DISAGREE	LA KONKORDA TEBE-TEBES STRONGLY DISAGREE
5203A	<p>"Hau fiar katak kastigu fíziku hanesan baku mak dalan di'ak liu hodi hanorin labarik ida." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? I believe that physical punishment is the best way of disciplining a child. CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1
5203B	<p>"Hau fiar katak kuandu hau bolu hau nia oan 'beik-teen', ida ne'e ajuda nia hadiak nia a'an." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? I believe that scolding and criticism makes my child improve. CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1
5203C	<p>"Hau sente susar tebes atu kastigu hau nia oan." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? I find it difficult to punish my child. CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1

5203D	<p>“Dalaruma presija atu halo ta’uk labarik atu nune’e nia bele halo tuir ita nia hakarak.” <i>BELE HUSU TÁN:</i> Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>It is sometimes necessary to frighten a child in order to have him/her obey.</i> <i>CAN PROMPT:</i> Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
5203E	<p>“Hau iha regulamentu ne’ebé makaas ba hau nia oan sira hodi halo tuir.” <i>BELE HUSU TÁN:</i> Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>I have strict, well-established rules for my child.</i> <i>CAN PROMPT:</i> Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
5203F	<p>“Wainhira esplika regulamentu ho diak no kalma ba labarik sira, mak sira sei halo tuir no aprende hahalok ne’ebé diak.” <i>BELE HUSU TÁN:</i> Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>Children learn about good behavior best when the rules are clearly explained in a calm, gentle way.</i> <i>CAN PROMPT:</i> Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
5203G	<p>“Dala barak hau ameasa deit atu kastigu hau nia oan duke hau kastigu nia.” <i>BELE HUSU TÁN:</i> Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>I threaten punishment more often than I actually give it.</i> <i>CAN PROMPT:</i> Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
5204	<p>TUIRMAI, FAVOR DEHAN HELA MAI DALA HIRA MAK ITA UZA MÉTODU HIRAK TUIRMAI NE’E HODI FÓ DISIPLINA BA ITA NIA OAN. ITA BELE HATÁN SEMPRE, DALA BARAK, DALA RUMA, LADÚN KA NUNKA. <i>IN THIS SECTION, PLEASE TELL ME HOW OFTEN YOU USE THE FOLLOWING METHODS TO DISCIPLINE YOUR CHILD</i></p>					
		SEMPRE ALWAYS	DALA BARAK OFTEN	DALA RUMA SOME TIMES	LADÚN NOT VERY OFTEN	NUNKA NEVER
	<p>“Hau sulan hau nia oan mesak iha fatin ruma wainhira nia nakar.” <i>BELE HUSU TÁN:</i> Ita halo hanesan ne’e sempre ka, dala barak ka, dala ruma ka, ladún ka nunka? <i>“I put my child somewhere by himself/herself for a while when he/she misbehaves.”</i> <i>CAN PROMPT:</i> Do you this always, often, sometimes, not very often, or never?</p>	5	4	3	2	1
	<p>“Hau bandu hau nia oan atu labele halo buat ruma ne’ebé nia gosta wainhira nia nakar.” <i>BELE HUSU TÁN:</i> Ita halo hanesan ne’e sempre ka, dala barak ka, dala ruma ka, ladún ka nunka? <i>“I take away privileges that my child would otherwise have when he/she misbehaves.”</i> <i>CAN PROMPT:</i> Do you this always, often, sometimes, not very often, or never?</p>	5	4	3	2	1
	<p>“Hau koalia ho lian mamar ba hau nia oan ne’ebé nakar, hodi fo hanoin nia ba dalan diak nian.” <i>BELE HUSU TÁN:</i> Ita halo hanesan ne’e sempre ka, dala barak ka, dala ruma ka, ladún ka nunka?</p>	5	4	3	2	1

5203D	<p>"I talk it over and reason with my child when he/she misbehaves." <i>CAN PROMPT:</i> Do you this always, often, sometimes, not very often, or never?</p>								
5205	<p>Tuir ita nia hanoin, loos ka lae? "Labarik sira tenke hetan kastigu fiziku; ida ne'e signifika katak inan-aman fo hanorin nia ho loloos." In your opinion, is this true or not? "Children must be physically punished; this means that parents are teaching them properly."</p>	SIM / BELE..... 1 YES / CAN LAE / LABELLE..... 2 NO / CAN'T LA HATENE / LAIHA OPINAUN..... 8 DON'T KNOW / DON'T HAVE OPINION							
5206	<p>Se karik husik hela ita nia bebé ho nia biin ka maun ne'ebé tinan 10 mai kriak, ida ne'e bele ka lae? Do you think it is OK to leave your baby with an older sibling under 10 years of age?</p>	SIM / BELE..... 1 YES / CAN LAE / LABELLE..... 2 NO / CAN'T LA HATENE / LAIHA OPINAUN..... 8 DON'T KNOW / DON'T HAVE OPINION							
5207	<p>AGORA HAU ATU LEE TAN LIAFUAN BALUN KONA BA KUIDADU LABARIK. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN KONKORDA KA LA KONKORDA. BELE MOS KONKORDA TEBE-TEBES KA LA KONKORDA TEBE-TEBES. FAVÓR RESPONDE LOLOOS, TAMBA AMI HUSU BA ITA NIA OPINAUN.</p> <p>NOW I AM GOING TO READ YOU A SET OF STATEMENTS ABOUT TAKING CARE OF CHILDREN. PLEASE TELL ME WHETHER YOU STRONGLY AGREE, AGREE, DISAGREE, OR STRONGLY DISAGREE WITH THE STATEMENT. PLEASE RESPOND TRUTHFULLY; WE ARE ASKING FOR YOUR OPINION.</p>								
		KONKORDA TEBE-TEBES STRONGLY AGREE	KONKORDA AGREE	LA KONKORDA DISAGREE	LA KONKORDA TEBE-TEBES STRONGLY DISAGREE				
5207A	<p>"Hau hanoin katak bele husik bebé ho idade fulan 6 tó tinan 1 fulan 11 mesak deit iha tempu badak nia laran, hanesan la tó minutu 15." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? "I think it is acceptable to leave a 6 – 24 month child on his/her own for short periods of time (15 minutes or less)." CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1				
5207B	<p>"Hau hanoin importante mai hau atu haree hela deit hau nia bebé ho fulan 6 tó tinan 1 fulan 11 wainhira nia halimar." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? "I think it is important that I can see my 6 – 24 month old child at all times when he or she is playing." CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1				
5207C	<p>"Se presiza, hau bele husu ba hau nia viziñu sira ka labarik ida ho tinan 10 ba leten, atu tau matan ba hau nia oan wainhira hau halo servisu ruma." BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? "If I need to I can find another adult or young person older than 10 to watch or take care of my child while I do other things." CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1				

5207D	<p>“Hau nia viziñu ho família sira bele ajuda tau matan ba hau nia oan sira, wainhira hau presiza sira nia tulun.” BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>“My neighbors and extended family can help me take care of my children if I need help.”</i> CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
5207E	<p>“Iha hau nia komunidadade, normál ka bainbain deit atu husik mesak labarik sira ho tinan 10 mai kraik durante kalan ida tomak.” BELE HUSU TÁN: Ita konkorda tebe-tebes, konkorda, la konkorda ka la konkorda tebe-tebes? <i>“In my community it’s normal to leave children less than 10 on their own overnight.”</i> CAN PROMPT: Do you strongly agree, agree, disagree or strongly disagree?</p>	4	3	2	1	
VERIFÍKA: IHA KA LAE LABARIK HO TINAN 5 MAI KRAIK? SE LAIHA → 5301 VERIFY: IS THERE A CHILD UNDER 5 YEARS OLD? IF NO → 5301						
5208	<p>Dala hira mak ita husik ita nia bebé ka oan ho tinan 5 mai kraik ho nia maun ka biin ne’ebé mak ho tinan 10 mai kraik: dala barak, dala ruma, ladún ka nunka? <i>How often do you leave your baby or child under 5 with an older sibling who is less than 10 years of age: often, sometimes, not very often or never?</i></p>	Dala barak..... 1 <i>Often</i> Dala ruma 2 <i>Sometimes</i> Ladún..... 3 <i>Not very often</i> Nunka 4 <i>Never</i> La hatene..... 9 <i>Don’t know</i>				
5.3: PROTESAUN LABARIK 5.3: CHILD PROTECTION						
5301	<p>Ita rona ona kona ba lei Timor-Leste nian ruma ne’ebé atu proteje labarik sira husi abuzu fíziku ka abuzu seksuál? NOTA BA ENUMERADÓR: SE KARIK RESPONDENTE LA HATENE ABUZU FÍZIKU KA ABUZU SEKSUÁL MAK SAIDA, ENTAUN TAU “LAE” NOTE TO ENUMERATOR: IF THE RESPONDENT DOESN’T KNOW WHAT IS PHYSICAL OR SEXUAL ABUSE, THEN MARK “NO” <i>Are you aware of any laws or regulations that protect children from physical or sexual abuse in Timor-Leste?</i></p>	SIM..... 1 YES LAE..... 2 NO				
5303	<p>IHA SEKSAUN TUIRMAI NE’E, HAU ATU LEE LIAFUAN BALUN RUMA KONA-BÁ OINSÁ EMA BOOT SIRA TRATA LABARIK SIRA IHA ITA NIA KOMUNIDADE LARAN. EMA BO’OT SIGNIFÍKA EMA HO TINAN 18 BA LETEN. LABARIK SIGNIFÍKA HUSI BEBÉ TÓ TINAN 18, INKLUI LABARIK MANE HO LABARIK FETO HOTU. LAIHA RESPOSTA NE’EBÉ LOOS KA SALA, TAMBÁ AMI HUSU DEIT BA ITA NIA HANOIN. IN THIS SECTION, I AM GOING TO READ SOME STATEMENTS ABOUT HOW ADULTS TREAT CHILDREN IN YOUR COMMUNITY. PLEASE TELL ME HOW OFTEN THE ACTION HAPPENS: VERY OFTEN, OFTEN, SOMETIMES, OR NEVER. WE ARE INTERESTED IN YOUR OPINIONS ABOUT THE ACTION; THERE ARE NO RIGHT OR WRONG ANSWERS.</p>					
		DALA BARAK LIU VERY OFTEN	DALA BARAK OFTEN	DALA RUMA SOME TIMES	LADÚN NOT VERY OFTEN	NUNKA NEVER
5303A	<p>Iha komunidadade ida ne’e, dala hira mak: Ema boot ida uza labarik ida hanesan atan iha nia uma-laran: dala barak liu, dala barak, dala ruma, ka nunka? <i>In this community, how often does it happen that: An adult uses a child as a servant in their household? Very often, often, sometimes or never?</i></p>	5	4	3	2	1

5303B	<p>Iha komunidadade ida ne'e, dala hira mak: Ema ida ho tinan 18 ba leten koko atu halo relasaun seksuál ho labarik ne'ebé ho tinan 18 mai kraik: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: An adult (over 18) tries to have sex with a child less than 18 years of age? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303C	<p>Iha komunidadade ida ne'e, dala hira mak: Ema boot ida fó hahan barak liu ba nia oan balun duke nia oan sira seluk: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: An adult gives some children more food than other children? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303D	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik feto ida menus husi tinan 18 halo relasaun seksuál ho mane ida ne'ebé ho idade bo'ot liu nia tinan 5: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: A girl less than 18 has sex with a man more than 5 years older than her? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303E	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik ida menus husi tinan 18 halo relasaun seksuál ho ema ida tanbá ameasa, halo tauk nia ka obriga nia: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: Children less than 18 have sex with someone because they are threatened, frightened or forced to? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303F	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik feto ida menus husi tinan 18 ne'ebé nia namoradu obriga nia atu halo relasaun seksuál: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: A girl less than 18 is forced to have sex by her boyfriend? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303G	<p>Iha komunidadade ida ne'e, dala hira mak: Ema ida kaer ka lamas labarik nia sasán lulik ka nia kidun wainhira labarik ne'e lakohi: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: A child less than 18 is touched on the genitals or buttocks when they do not want to be? Very often, often, sometimes or never?</p>	5	4	3	2	1
5303H	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik sira hetan kastigu fiziku husi mestri ka mestra iha eskola: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: Children less than 18 are physically punished by a teacher at school? Very often, often, sometimes or never?</p>	5	4	3	2	1

5303I	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik ida haree ka rona feto ida hetan baku husi nia la'en ida ka nia namoradu: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: A child less than 18 sees or hears a woman being beaten by her husband or boyfriend? Very often, often, sometimes or never?</p>	5	4	3	2	1	
5303J	<p>Iha komunidadade ida ne'e, dala hira mak: Labarik sira menus husi tinan 18 toba kalan ida iha fatin seluk no laiha ema ida mak hatene sira ba ne'ebé: dala barak liu, dala barak, dala ruma, ka nunka? In this community, how often does it happen that: Children less than 18 spend the night away from home and no one knows where they are? Very often, often, sometimes or never?</p>	5	4	3	2	1	
5304	<p>Se karik ita rona kona ba labarik ida hetan abuzu fiziku ka abuzu seksual, ita se fó hatene ba ema ka lae? If you heard about a child having received physical abuse or sexual abuse, would you tell someone?</p>	SIM..... 1 YES LAE.....2 – SE "LAE" →5305 NO					
5304A	<p>Se nune'e, ita sei fó hatene ba sé? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? Who would you inform? PROMPT: Are there others?</p>	Xefi Suco / Xefi Aldeia A Community leader Lia Na'in B Traditional leader Maun Bo'ot C Family patriarch Mestria D School official Padre/Madre/Líder igreja E Religious leader Polisia / VPU F Police / Vulnerable Persons Unit Oficiais Protesaun Labarik ka MSS nian G Community worker ONG/Organizasaun H NGO/Organization Selu-seluk tán (esplika) : X Other (specify)					[M]
5305	<p>Ita simu ona informasaun balun kona ba abuzu fiziku no abuzu seksual hasoru labarik ka lae? Have you received any information about child physical and sexual abuse?</p>	SIM..... 1 YES LAE.....2 – SE "LAE" →5401 NO					
5305A	<p>Ita simu informasaun sira ne'e husi ne'ebé? [M] Multiple responses possible HUSU TÁN: Iha seluk tan? Where did you receive this information? (multiple responses; prompt for additional)</p>	Polisia ka VPU A Police / Vulnerable Persons Unit Oficiais Protesaun Labarik (OPL) ka MSS nian seluk hanesan Apoio Tekniku Sosiál ka Animadór Sosiál B Child Protection Officer or other MSS staff such as Social Workers or Social Animators Xefi Suco / Xefi Aldeia C The head of the village or suco Lia Na'in D Traditional leader Padre/Madre/Líder Igreja E Religious leader Família F Extended family/friends Viziñu/kolega sira H Neighbors Rádio J The radio Televisaun K The television Pamfletu ka poster ruma L The internet					[M]

		Internet M The internet Selu-seluk tán (esplika) :X Other (specify)	
5.4: REJISTRASAUN MORIS 5.4: BIRTH REGISTRATION			
DIAK. AGORA HAU ATU HUSU PERGUNTAS BALUN KONA-BÁ SERTIDAUN RDRTL NIAN BA LABARIK SIRA. GOOD. NOW I AM GOING TO ASK SOME QUESTIONS ABOUT BIRTH REGISTRATION FOR CHILDREN.			
5401	Tuir ita nia hanoin, halo bebé ka labarik nia sertidaun RDRTL importante ka lae? In your opinion, is it important to make a baby or child's birth certificate?	SIM..... 1 YES LAE.....2 – SE "LAE" →5402 NO	
5401A	Importante tamba sá? [M] Multiple responses possible Iha seluk tán? Why is it important? (multiple responses) Prompt: Anything else?	Eskola A Attend school Vota B Vote Bele ba klinika/ ospítal wainhira nia moras C Be able to go to a clinic when they are ill Bele hetan rekoñesementu husi sistema legál D Be recognized by the legal system Hetan servisu E Get a job Hetan passaporte ka identidade F Get a passport or identity document Sai sidadaun ne'ebé diak G Be a good citizen Selu-seluk tán (esplika) :X Other (specify)	
5402	AGORA HAU ATU LEE LIAFUAN BALUN. FAVÓR HATÁN BAZEIA BA ITA NIA HANOIN KONKORDA KA LA KONKORDA. I AM GOING TO NOW READ YOU A SET OF STATEMENTS. PLEASE TELL ME WHETHER YOU AGREE OR DISAGREE.		
		KONKORDA AGREE	LA KONKORDA DISAGREE
5402A	"Hau fiar katak hau bele halo nia oan nia sertidaun RDRTL." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I believe I can register my child's birth" CAN PROMPT: Do you agree or disagree?	1	2
5402B	"Hau prontu atu fó hau nia tempu hodi halo sertidaun RDRTL ba hau nia oan, tambá ne'e bele fó diak ba hau nia oan nia moris." BELE HUSU TÁN: Ita konkorda ka la konkorda? "The time it takes to register my child's birth is worth it for the benefits it provides." CAN PROMPT: Do you agree or disagree?	1	2
5402C	"Hau sente orgullu no kontenti liu atu bele halo sertidaun RDRTL ba hau nia oan." BELE HUSU TÁN: Ita konkorda ka la konkorda? "I feel proud to register my child's birth." CAN PROMPT: Do you agree or disagree?	1	2
5402D	"Wainhira hau rejistu hau nia oan nia moris, ida ne'e hatudu ba nia katak hau kuidadu nia." BELE HUSU TÁN: Ita konkorda ka la konkorda? "Registering my child's birth shows the child that I care about them." CAN PROMPT: Do you agree or disagree?	1	2

5402F	<p>"Wainhira hau halo ona sertidaun RDTL ba hau nia oan, ida ne'e signifika katak hau [INAN / AMAN] ne'ebé diak."</p> <p><i>BELE HUSU TÁN:</i> Ita konkorda ka la konkorda?</p> <p><i>"Registering my child's birth means I am a good parent."</i></p> <p><i>CAN PROMPT:</i> Do you agree or disagree?</p>	1	2
5402G	<p>"Hau hanoin katak labarik sira hotu iha Timor-laran tomak presiza hetan sertidaun RDTL."</p> <p><i>BELE HUSU TÁN:</i> Ita konkorda ka la konkorda?</p> <p><i>"I think all children in this country should have their births registered."</i></p> <p><i>CAN PROMPT:</i> Do you agree or disagree?</p>	1	2

Ita hakarak atu simu tán informasaun ruma kona ba kuidadu labarik nian?

SIM
 LAE
 YES NO

Would you like to receive any information about parenting?

Konkluzau

OBRIGADU/ OBRIGADA ba ita nia tempu hodi fó resposta ba ami nia pergunta sira.

Atu fo hatene deit katak tuir prátika halao survey sira hanesan nee, entrevista barak mak hau nia xefi sira husi NGO Belun ka NGO Ba Futuru sei mai check iha semana oin mai. Ita sei la hatene uluk se entrevista ida ne'e ema sei mai check ka lae; maibe se karik representante ida husi NGO Belun ka NGO Ba Futuru mai check katak entrevista ida ne'e halao duni ohin loron karik, favór ida ita labele hakfodak.

Objetivu ida deit husi check ida ne'e atu asegura katak entrevista hirak nee halao tuir lolos padraun no iha duni kualidade. Se karik iha duni check, atu fó hatene deit ita katak ita nia resposta hotu-hotu sei sai konfidensial no segredu nafatin. Prosesu tomak peskiza ida ne'e estruturadu atu asegura ita nia konfidensialidade iha aspetu hotu-hotu. Dala ida tán obrigadu ba ita nia tempu. Ita rua halao ona entrevista ida ne'e, signifika katak ita boot ajuda ona atu hadiak kuidadu ba labarik no hadiak situasaun ba labarik Timor-Leste nian iha futuru.

OBSERVASAUN ENUMERADÓR NIAN
(SE IHA)
ENUMERATOR OBSERVATIONS
(IF ANY)

Annex 2: Qualitative Instrument

Focus Group Discussion Guide

For community leaders and extended family members.

Name of Facilitator: _____

Name of Town/Neighborhood/Village: _____

Date of discussion: _____

No. of Participants: _____

Gender: M ____ F ____

List names of participants and title or relationship (e.g. pastor, priest, teacher, grand parent, aunt):

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Name: _____ Title/Relationship: _____

Introduction:

Greetings, I am _____ and I am here on behalf of Belun, and we are working with the NGO Ba Futuru in collaboration with UNICEF. We want to understand local cultural practices regarding childcare and raising children in your area.

Purpose of study:

The information you provide will help us understand the needs, opportunities and challenges facing families in Timor-Leste as they raise their children. What we learn from you will help us plan a program on parenting. We will discuss various issues that affect children from birth up to adolescence and adulthood. The issues will cover children's health, wellbeing, discipline, protection and safety. The interview will take about 1.50 hours. If you agree and have the time, we can begin our conversation now. We will first take your permission to interview you and then begin with the questions.

BACKGROUND AND GENERAL INFORM

1. Please tell me about your community. What is it like to live in this neighbourhood/village?

- What is the situation of children in the community?
- What are some of the major risks or concerns to their wellbeing?
- What can families and communities do to ensure or promote their wellbeing?

CAREGIVING: SUPPORTING CHILDREN'S HEALTH, HYGIENE AND NUTRITION

Newborn, Infant and Child Care:

2. Think about the initial days, weeks and first year months of a child from your community. What are some of the major concerns or challenges that parents might face in raising newborn children?

- Is there a medical facility here? If not, why?
- If there is a medical facility, do parents take their children when they are ill? If not, why?
- Do you think there are ways that more parents could be encouraged to use the medical facility?
- Who do people trust most when it comes to getting information about health and health care?

Birth registration:

3. When a child is born in your village or community, what are some of the things that are usually happen?

- Are there some traditional rites and rituals? Could you describe them? Are they different for boys and girls?
- Do most parents register their children's births? Is it beneficial? Why or why not?
- Who decides to register or not register a child?
- Who usually takes the child for registration?

Infant and Young Child Nutrition:

4. Please tell us about feeding practices for a newborn and infant.

- What are babies in your community fed on at birth?
- Are babies given any fluids other than breastmilk in the first 6 months? What fluids, and why are they given?
- What are some reasons why women decide to breastfeed?

5. Please tell us about feeding practices for infants from 6 -23 months.

- When are solid foods introduced? What are the foods?
- Are there some foods prohibited for infants? Please give us some examples.
- Are there some foods that people believe are particularly good for children? What foods are those?
- When a family sits down for a meal, can you tell me, who is usually served first? Generally, how much would a person eat at a typical meal?
- Do boys and girls eat different things when they are very young?
- Are there some times when people don't have enough to eat? What do they do in these cases? Is there anyone who helps them?
- What are some locally available foods that you believe are good for young children?
- Who decides in the family what infants are fed with?
- Who can women or new mothers seek advice from on feeding their children?
- What are some of the biggest challenges families face in keeping their child well fed? (Probe for food security both availability and access to adequate food).

Hygiene and handwashing:

6. What are some things you consider to be clean or unclean in your community? Please give examples.

7. Here, what do people use to wash their hands? (Probe for soap, ash, or other).

- When are hands considered to be dirty?

- Do you think it's easy for people to be able to wash their hands when they want to? If so, what makes it easy? If not, what is making it difficult for them?
- Is washing hands and hygiene something people talk about in your community? Who do people trust when they want to get information about hygiene?
- Are there any ideas you might have or things you have seen that might make it easier for people to wash their hands?

STIMULATION: SUPPORTING CHILDREN'S COGNITIVE DEVELOPMENT

Early Stimulation:

8. In this community how do you think people interact with babies?

- In your experience do parents in this community read or play games with young babies? If they do, why do you think that is? If not, why not?

Early childhood education:

9. Do you think that early childhood education (when the child is between 3 and 5 years old) is important for a child? Why?

- Do you think children can learn things that can help them later when they are around 3 years of age?

Primary and Secondary Schooling:

10. What are the benefits of sending a child to (primary) school?

- Is there a difference in the importance of education for girls and boys?
- What are some factors that prevent parents from sending their child to school?
- Who decides whether or not to send a child to school?
- Who else can inform or influence the decision to send a child to school?
- What do you think of the schools near you?

PROTECTION FROM HARM, ABUSE AND NEGLECT

Discipline:

11. What are your views on disciplining a child?

- In your experience, what is the best way to resolve conflict or improve misbehaviour?
- Do you think that non-violent ways that parents can work to teach children how to behave? Why or why not?
- Do you think explaining things when a child makes a mistake helps? Why or why not?

Violence against children:

Violence against children is common in all parts of the world, both in developed and developing societies.

12. What are some forms of violence and abuse children in your community face? (Probe for physical and emotional violence, sexual abuse, child labour, exploitation).

- Which forms do you think are the most serious? Can these be addressed and how?
- Does violence and abuse affect a child's future? How?
- What can the community do to protect a child from violence and abuse?
- When a child faces violence or abuse, what happens? What do they or their parents do? (Probe for report, speak to someone, do nothing or tell nobody).
- Whom can families seek information from regarding violence against children?

13. Are there any cultural issues that you think that contribute to or are linked with violence against children? What are they? Could you describe one or two?

INFORMATION

14. Can we talk about where you get information?

- Where do people generally get information from about what's happening in the country and community? For example radio, television, internet or people you know.

- Where do people get information about children's health, well-being, education and protection? This could be media as well as people in your family and community.
- What are the media channels people in your community have access to?
- Who do people trust the most for information about children's care and well-being and why?

15. Finally, you all have answered so many of our questions. Do you all have any questions for us?

Thank you so much for your time and your answers to these questions. We sincerely appreciate your time and your thoughts about raising children.

In-depth Interview Guide for Parents of Secondary School aged Children

For Parents and caregivers of secondary school aged children (12-18 years). This includes mother, father or primary caregiver and may include older siblings (over 18) who are engaged in the care of children.

Name of Interviewer: _____

Name of Town/Neighborhood/Village: _____

Date of Interview: _____

Full Name of Respondent: _____

Gender: _____

Age: _____

Relationship to child: Mother _____ Father _____ Older Sibling _____

Primary Caregiver (please specify relationship) _____

Introduction:

Greetings, I am _____ and I am here on behalf of a NGO Ba Futuru and UNICEF. We want to understand local cultural practices regarding childcare and raising children in your area.

Purpose of study:

The information you provide will help us understand the needs, opportunities and challenges facing families in Timor-Leste as they raise their children. What we learn from you will help us plan a program on parenting. We will discuss various issues that affect children from birth up to early adolescence and adulthood. The issues will cover children's health, wellbeing, discipline, protection and safety. The interview will take about 1.5 hours. If you agree and have the time, we can begin our conversation now. We will first take your permission to interview you and then begin with a few questions to get to know more about you.

BACKGROUND AND GENERAL INFORMATION:

16. Please tell me about your community. What is it like to live in this neighbourhood/village?

- What is the situation of children in the community?
- What are some of the major risks or concerns to their wellbeing?
- What can families and communities do to help children?

17. Tell us more about your family

- What do the people in your family do around the home?

STIMULATION: SUPPORTING CHILDREN'S COGNITIVE DEVELOPMENT

Secondary Schooling:

18. What do you see as the benefits of sending your child to school?

- Is there a difference in the importance of education for girls and boys?
- Are there any things that prevent you from sending your child to school?

(Probe for socio-cultural as well as economic factors. Example distance, cost of uniform, school supplies or lunch money).

- Who in your family decides whether or not to send a child to school?
- Who can you talk to or seek advice from about your child's education?
- What do you think of the schools near you?
- What happens to a child when he or she does something wrong in school?
- Do you think your child is cared for and protected or safe in school? Please explain why or why not. Is this different for girls and boys?

19. Are there ways that you can help your child to learn?

- What is the role you play as a parent or caregiver in the child's school?
- How does your child feel about homework? (Probe for when they do it, for how long and if there is a regular time or place to do it).
- How do you support your child with their homework? Please give us examples? (Probe for time, frequency and type of help).
- Are there some educational activities you do with your child? Which ones?
- Are you involved with your child's school? In what ways?
(Probe for PTA or communication with school management or teachers).

20. What are some of the benefits of completing high school?

- Are there some reasons that your child might miss school or not attend school regularly? What are these reasons?
- Why do some children drop out of school?
- How old are children when they drop out?
- What can be done to help children stay in school?

PROTECTION FROM HARM, ABUSE AND NEGLECT

Discipline:

21. What are your views on disciplining a child?

- What do you do when a child does something wrong or makes a mistake? Please give us an example.
- In your opinion, how does physical punishment or emotional violence affect a child? For example - hitting or beating a child, excessive scolding, name calling, criticism.
- In your opinion, what is the best way to resolve conflict or improve misbehaviour?
- Do you think explaining things when a child makes a mistake helps? Why or why not?
- When your child does something good (e.g. does well in school or helps a friend), what do you do/say?

Violence against children:

Violence against children is common in all parts of the world, both in developed and developing societies.

22. What are some forms of violence and abuse children in your community face? (Probe for physical and emotional violence, sexual abuse, child labour, exploitation).

- Which forms do you think are the most serious? Can these be addressed and how?
- Does violence and abuse affect a child's future, and how?

- What can you do to protect your child from violence and abuse?
 - What can the community do to protect a child from violence and abuse?
 - When a child faces violence or abuse, what do you do? (Probe for report, speak to someone, do nothing or tell nobody).
 - Whom can you seek information from regarding violence against children? (Probe for family and community member).
 - Is there anywhere else you get information about child protection? For example: Radio or television?
23. Are there any cultural issues that you think that contribute to or are linked with violence against children? What are they? Could you describe one or two?

INFORMATION

24. Can we now talk about where you get information?
- Where do people generally get information from about what's happening in the country and community? For example from the radio, television, internet or people they know?
 - Where do people get information about children's health, well-being, education and protection? This could be media as well as people in your family and community.
 - What are the media channels people in your community have access to?
Who do people trust the most for information about children's care and well-being and why?
25. Finally, you have answered so many of our questions. Do you have any questions for us? Thank you so much for your time and your answers to these questions. We sincerely appreciate your time and your thoughts about raising children.

In-depth Interview Guide for Parents of Primary School aged Children

For Parents and caregivers of children up to primary school age (0-12 years). This includes mother, father or primary caregiver and may include older siblings (over 18) who are engaged in the care of children.

Name of Interviewer: _____

Name of Town/Neighborhood/Village: _____

Date of Interview: _____

Name of Respondent: _____

Gender: _____

Age: _____

Relationship to child: Mother ____ Father ____ Older Sibling ____

Primary Caregiver (please specify relationship) _____

Introduction:

Greetings, I am _____ and I am here on behalf of a NGO Ba Futuru and UNICEF. We want to understand local cultural practices regarding childcare and raising children in your area.

Purpose of study:

The information you provide will help us understand the needs, opportunities and challenges facing families in Timor-Leste as they raise their children. What we learn from you will help us plan a program on parenting. We will discuss various issues that affect children from birth up to early adolescence. The issues will cover children's health, wellbeing, discipline, protection and safety. The interview will take about 1.50 hours. If you agree and have the time, we can begin our conversation now. We will first take your permission to interview you and then begin with a few questions to get to know more about you.

BACKGROUND AND GENERAL INFORMATION

26. Please tell me about your community. What is it like to live in this neighbourhood/village?

- What is the situation of children in the community?
- What are some of the major risks or concerns to their wellbeing?
- What can families and communities do to ensure or promote their wellbeing?

CAREGIVING: SUPPORTING CHILDREN'S HEALTH, HYGIENE AND NUTRITION

Newborn, Infant and Child Care:

27. How do you and your spouse negotiate child bearing and rearing?

- How do you distribute child care roles and responsibilities? Please share some examples of who does what for the child.

28. Think about the initial days, weeks and first year months of a child from your community. What are some of the major concerns or challenges that parents might face in raising newborn children?

- Is there a medical facility here? If not, why?
- If there is a medical facility, do parents take their children when they are ill? If not, why?
- Do you think there are ways that more parents could be encouraged to use the medical facility?
- Who do people trust most when it comes to getting information about health and health care?
- How can your experiences be improved?

Birth registration:

29. When a child is born in your village or community, what are some of the things that are usually happen?

- What are some traditional rites and rituals? Are they different for boys and girls?
- What do you think about birth registration?
- Is your child registered? Why or why not?
- Who decided to register or not register the child?
- What was the process and what was needed?
- Who took the child for registration?

Infant and Young Child Nutrition:

30. Please tell us about how you would feed a newborn or infant child.

- What are babies in your community fed on at birth?
- Are babies given any fluids other than breastmilk in the first 6 months? What fluids, and why are they given?
- What are some reasons why women decide to breastfeed?

31. Please tell us about feeding practices for infants from 6 -23 months.

- When are solid foods introduced? What are the foods?
- Are there some foods prohibited for infants? Please give us some examples.
- Are there some foods that people believe are particularly good for children? What foods are those?
- When a family sits down for a meal, can you tell me, who is usually served first? Generally, how much would a person eat at a typical meal?
- Do boys and girls eat different things when they are very young?
- Are there some times when people don't have enough to eat? What do they do in these cases? Is there anyone who helps them?
- What are some locally available foods that you believe are good for young children?
- Who decides in the family what infants are fed with?
- Who can women or new mothers seek advice from on feeding their children?
- What are some of the biggest challenges families face in keeping their child well fed? (Probe for food security both availability and access to adequate food).

Hygiene and handwashing:

32. What are some things you consider to be clean or unclean in your community? Please give examples.

- Here, what do people use to wash their hands? (Probe for soap, ash, or other).
- When are hands considered to be dirty?

- Do you think it's easy for people to be able to wash their hands when they want to? If so, what makes it easy? If not, what is making it difficult for them?
- Is washing hands and hygiene something people talk about in your community? Who do people trust when they want to get information about hygiene?
- Are there any ideas you might have or things you have seen that might make it easier for people to wash their hands?

STIMULATION: SUPPORTING CHILDREN'S COGNITIVE DEVELOPMENT

Early Stimulation:

1. In this community how do you think people interact with babies?
 - In your experience do parents in this community read or play games with young babies? If they do, why do you think that is? If not, why not?
2. Please describe how you envision your child's future? What do you want for him or her?
 - What are some ways you can make this a reality for your child?

Primary Schooling:

3. Now we will discuss your child's education. What do you see as the benefits of sending your child to (primary) school?
 - Is there a difference in the importance of education for girls and boys?
 - What are some factors that prevent you from sending your child to school? (Probe for socio-cultural as well as economic factors. Example distance, cost of uniform, school supplies or lunch money).
 - Who in your family decides whether or not to send a child to school?
 - Who can you talk to or seek advice from about your child's education?
 - What do you think of the schools near you?
 - What happens to a child when he or she does something wrong in school?
 - Do you think your child is cared for and protected or safe in school? Please explain why or why not. Is this different for girls and boys?

4. What is the role you play as a parent or caregiver?

- Do you spend time reading to your child? Why or why not?
- How does your child feel about homework? (Probe for when they do it, for how long and if there is a regular time or place to do it).
- How do you support your child with their homework? Please give us examples? (Probe for time, frequency and type of help).
- What are some educational activities you do with your child?
- How are you involved with your child's school? (Probe for PTA or communication with school management or teachers).

PROTECTION FROM HARM, ABUSE AND NEGLECT

Discipline:

5. What are your views on disciplining a child?

- In your experience, what is the best way to resolve conflict or improve misbehaviour?
- Do you think that non-violent ways that parents can work to teach children how to behave? Why or why not?
- Do you think explaining things when a child makes a mistake helps? Why or why not?

Neglect:

6. Are there some times when a child under 5 years of age is left alone or unattended by an adult? When might this happen?

- If you need to leave a child and go somewhere, what do you do? Whom do you leave your child with?
- How long would you leave your child unattended?

Violence against children:

Violence against children is common in all parts of the world, both in developed and developing societies.

7. Are there any cultural issues that you think that contribute to or are linked with violence against children? What are they? Could you describe one or two?

INFORMATION

8. Can we talk about where you get information?
- Where do people generally get information from about what's happening in the country and community? For example, are they using radio, television, internet or people they know?
 - Where do people get information about children's health, well-being, education and protection? This could be media as well as people in your family and community.
 - What are the media channels people in your community have access to?
 - Who do people trust the most for information about children's care and well-being and why?
9. Finally, you have answered so many of our questions. Do you have any questions for us?

Annex III: Study Objectives and Protocol

DESIGN AND PILOT OF A PARENTING PROGRAMME TO IMPROVE DEVELOPMENTAL OUTCOMES FOR DISADVANTAGED CHILDREN AND ADOLESCENTS IN TIMOR-LESTE – PHASE II Knowledge, Attitude & Practices (KAP) Survey Objectives

Ba Futuru

Rain Barrel Communications

28 July 2015

The knowledge, attitude and practices (KAP) study included in this project is intended to provide data, analysis and conclusions regarding caregivers' current knowledge, attitudes, and practices related to parenting practices. These practices cut across several UNICEF programme areas and include health, nutrition, education, protection, sexual and reproductive health (SRH), prevention of violence, reduction of early marriage. The programme will include a vast range of practices or behaviours that can be broadly categorised into parenting domains as described by Shah (2014) that include caregiving, stimulation, responsiveness and protection.¹⁰

The specific objectives of the KAP survey are:

- To ascertain the level of knowledge, prevalent attitudes and existing practices related to parenting among Bolsa da Mae beneficiaries in four administrative posts (formerly sub-districts) of four municipalities (formerly districts);
- To better understand the socio-cultural factors that support or prevent parents from adopting certain practices;
- To explore potential opportunities and challenges in implementing the community sessions, media campaign and home visits;
- To identify preferred communication channels and trusted sources of information for the roll out of the parenting programme;
- To establish a baseline on the KAP related to parenting among the target population in four administrative posts in order to develop a monitoring and evaluation (M&E) framework to accompany the parenting project.

The study will include quantitative and qualitative components that together will allow the researchers to draw reliable conclusions about the data. These components also will inform the programme with both generalizable findings and a deeper understanding of socio-cultural practices related to parenting and caregiving in Timor-Leste.

¹⁰ For a more in-depth discussion of conceptual models of parenting involving inter-dependent domains of parenting and related domains of child development, please see Phase II Inception Report, Section IV.

The design of research instruments will focus on determining the ways in which participants know, understand, perceive, and adopt (or do not adopt) key behaviours related to the four parenting domains noted above. Review of literature suggests that many of the practices in the domain of **caregiving** are well understood and data about them is available. Therefore, we propose to focus on the remaining three domains: stimulation, responsiveness, and protection, which are less well understood and less represented in the existing data, while including specific aspects of the caregiving domain for which there is still minimal data.

The quantitative portion of this study will include a survey administered to parents who are *Bolsa da Mae* recipients in four administrative posts in the municipalities of *Ermera, Lautein, Likisá, and Viqueque*. The survey will consist of questions about parents' level of knowledge about, attitudes toward, and practices concerning the four domains of parenting across four stages of child development.

The qualitative study will employ purposive sampling that includes not only parents, but also extended family, such as grandparents, uncles and aunts, and other members of the community who either play a role in providing care for young children or in influencing the behaviours of primary caregivers. For each administrative post included in the study, we propose to conduct between 10 – 15 individual in-depth interviews (IDIs) with parents who are *Bolsa da Mae* recipients, and one or two Focus Group Discussions (FGDs) with community leaders and extended family members.

In addition, we propose that the KAP survey consider four stages of child development: antenatal, 0 – 5, 6 – 12, and 13 – 18, and each of the four parenting domains for each. Rather than focusing on the specific behaviours, the survey will focus on knowledge and attitudes toward specific behaviours and the relationship between knowledge and attitudes and the practices identified at each stage.

Table 1 provides an overview of the behaviours included under each of the four parenting domains. Additionally, a set of key messages have been identified by UNICEF Timor-Leste based on previous research and an assessment conducted by Shah (2014) in the first phase of the project. These key messages, divided into nine focus areas by Shah, will contribute towards specific behaviours to be practiced by parents or caregivers. Survey questions will be drawn from the key messages and well-established scales such as Block's (1965) Child Rearing Practices Q Report sorting exercise and Cohler et al.'s (1966) Maternal Attitude Scale.¹¹

¹¹ Block, J.H. (1965). The child-rearing practices report: A set of Q items for description of parental socialization attitudes and values. Berkeley: University of California, Institute of Human Development.
Cohler, B.J., Weiss, J.L., & Grunebaum, H.U. (1966). The maternal attitude scale: A questionnaire technique for studying child rearing attitudes in mothers of young children. Preliminary manual, Massachusetts Health Center: Harvard University.

Table 15: Specific Behaviours in the Four Domains

Caregiving
Health: Parents and caregivers seek appropriate health interventions when necessary at all stages of their children's development.
Nutrition: Parents and caregivers provide adequate nutrition for themselves and their children at all stages of their children's development.
Hygiene / WASH: Parents maintain good hygiene and sanitation practices; parents understand the importance of providing clean water for their children to drink.
Sexual and reproductive health (SRH): Parents educate their children about appropriate and safe sexual practices.
Stimulation
Language interactions: Parents read, sing, and talk to their children (depending on the stage of development).
Learning materials: Parents provide appropriate learning materials for their children.
Physical interactions: Parents facilitate and encourage their children to engage in sports or games.
Role modeling: Parents act as role models for appropriate behaviours such as solving problems without violence, reading, and exercising.
Responsiveness/Socialization
Building trust and attachment: Parents build trust and attachment through consistent interaction with their children.
Behavioural interactions: Parents interact physically with their children (hugs, holding, touch).
Responsiveness: Parents provide prompt, developmentally appropriate and needs-based responses to children's behavior.
Values, identity, and attitudes: Parents promote development of values, attitudes towards life, personal identity w/in community.
Culture, socialization, and religion: Parents express and share cultural, social, and religious morals and expectations with their children.
Protection/Structure
Protection from harm: Parents provide stage-appropriate levels of supervision and safety.
Protection from neglect: Parents are responsive to their children's physical, emotional, mental, and social needs.
Protection from abuse: Parents protect children from violence and avoid corporal punishment.
Discipline: Parents provide positive discipline and stage-appropriate behavioural management.
Security: Parents provide a safe, secure and consistent environment.

Conclusion

The next steps will include developing the survey protocol and the research instruments. The instruments will include the draft of the survey questionnaire, FGD and IDI guidelines. The data management and analysis plan will also be developed and shared with both UNICEF and MSS. The training of the field staff is scheduled for 27-29 August, contingent to the timely selection and recruitment of the research teams.

DESIGN AND PILOT OF A PARENTING PROGRAMME TO IMPROVE DEVELOPMENTAL OUTCOMES FOR DISADVANTAGED CHILDREN AND ADOLESCENTS IN TIMOR-LESTE – PHASE II

Knowledge, Attitude & Practices (KAP) Survey Protocol

11 August 2015

The focus of this protocol document is the specific administration of the quantitative component of the KAP study, including the target population, sampling calculation and methods, and survey administration. Objectives and overall methodology have been provided in the Phase II Inception Report and in the KAP Survey Objectives.

Target Population

The target population for this KAP survey will be comprised of Bolsa da Mae recipient households of four administrative posts (formerly sub-districts) of four municipalities (formerly districts). As explained previously, these households receive conditional cash transfers and have been proposed as the targets of community sessions on good parenting practices. The target locations for the survey are described in Table 1.

Table 1. Target locations for KAP survey

Municipality	Administrative Post
Ermera	Railaco
Lautém	Iliomar
Liquiçá	Bazartete
Viqueque	Uatucarbau

Calculating Sample Size

The quantitative portion of the KAP study will include the administration of survey instruments to parents who are part of the *Bolsa da Mae* programme in four administrative posts of four municipalities as described above. Ermera municipality has been identified by Shah (2014) as one that requires increased support for caregivers. In addition, Ermera and Vikeke are two municipalities of five that Government and UNICEF have identified as priority, or convergence, municipalities for programme interventions, which also include Aileu, Covalima, Oecusse and, for child protection issues, Díli.

Table 2 below indicates the number of Bolsa da Mae recipients in each of the administrative posts. In order to attain adequate statistical power for analysis after the collection of data, the appropriate sample size was calculated using the formula $n_0 = \frac{Z^2 pq}{e^2}$, where:

- n_0 = sample size
- Z^2 = confidence level (1.96 is used for 95% CI)
- p = proportion of population (0.5 assumes maximum variability)
- $q = 1 - p$
- e = level of precision (0.05 standard for social science research).

This calculation yields a sample size of 385 individuals per administrative post.¹² However, given that each administrative post has a relatively small population of Bolsa da Mae recipients who could be sampled for the survey, it is possible to reduce the sample size using the formula $n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$, where:

- n = adjusted sample size
- n_0 = calculated sample size
- N = population size

For example, in Uatu Karbau administrative post in Viqueque, there are 493 Bolsa da Mae recipient families. Using the formula above, the required sample size for this administrative post will be 217 individuals. Table 6 also includes the adjusted sample size for each of the four administrative posts proposed for the KAP survey.

Table 2. Sample sizes for quantitative enquiry

Municipality	Administrative Post	BdM recipient households	Adjusted Sample Size
Ermera	Railaco	649	255
Lautém	Iliomar	563	229
Liquiçá	Bazartete	1231	308
Viqueque	Uatucarbau	480	214
Total			1006

Sampling

The required number of *Bolsa da Mae* recipients in each of the selected administrative posts will be chosen at random from a list provided by MSS. Once the *Bolsa da Mae* lists are provided to the consultants by the MSS, we will generate separate lists for each administrative post and draw the sample of those households to be surveyed. We propose to use Excel to generate a random sample from the list, using the built-in random number generating function. In this process, each value in the list is assigned a random number. These numbers are then sorted in ascending order and the required number of individuals, from 1 to sample size, will be chosen from the top of the list.

¹² Israel, G. D. (1992). Determining sample size. *Program Evaluation and Organizational Development*, IFAS. University of Florida, PEOD-6.

Level of Representivity

Because each *Bolsa da Mae* recipient in each administrative post has an equal chance of being selected as a survey respondent, this research is representative at the administrative post level. With this quantitative inquiry as a baseline, a survey conducted after the implementation of a communication intervention will allow for comparison between the pre and post-intervention knowledge, attitudes, and practices of *Bolsa da Mae* recipients within administrative posts.¹³ In addition, it is possible to compare, for example, the results of a communication intervention in one administrative post with another administrative post in which no communication intervention was conducted. The calculated sample size represents a 95% confidence level and a confidence interval of 5%, which is typical for social science surveys at this level.

Administration of the Questionnaires

The data collection for the quantitative component of the KAP study will take place in four administrative posts as described above. A research team of four researchers plus a team leader will be capable of completing between seven and 15 household surveys per day. For four teams, the approximate required time to complete the survey for the approximately 1000 households required for the sample will be between 15 and 44 days in the field., as indicated in Table 3. Training of quantitative research teams will take place between August 27 – 29, with pretesting immediately following training. Participants for the pretest will be recruited ahead of time in an administrative post outside the four identified for the KAP study, in order to avoid any potential distortion of the sample for the subsequent implementation of the study. The team leaders, Ba Futuru and Rain Barrel, in consultation with UNICEF, will discuss any revisions to the survey instrument.

Table 3. Days required for each Administrative Post

Municipality	Administrative Post	Sample Size	Days
Ermera	Railaco	255	17 – 36
Lautein	Iliomar	229	15 – 32
Likisá	Bazartete	308	20 – 44
Vikeke	Uatu Karbau	214	15 – 31

Data Collector ID

Each data collector will be given a 2-digit ID by their supervisor/field coordinator and this will be their personal ID for the whole study. Each data collector will use this ID on the household identification form.

¹³ There are a number of important caveats to this statement. First, it can be very difficult to isolate communication-related variables for pre and post comparison. Second, when variables are measured it can be difficult to conclusively attribute changes in knowledge, attitudes and practices to one particular communication intervention. Finally, there are many factors that influence people's decisions to adopt new behaviours, many of which take long periods of time to shift.

Sampling

Each *Bolsa da Mae* household will be identified ahead of time, based on the sampling method described above. Therefore, when each team arrives at the administrative post, data collectors should find each previously identified household and administer the survey to a caregiver in the household. NOTE: If a household cannot be located, data collectors MUST NOT substitute another household. Instead, the household should be recorded as “not located”.

ID Numbers

Each household and interview is identified by a unique ID. To maintain confidentiality, no names or addresses are linked to the interview, only this unique ID. The ID is made up of the following components:

- Municipality (1 – 4)
- Administrative Post (1 – 4)
- Household number (from the sample): 1 – 2XX, depending on the sample size for each administrative post.

This creates a 5 digit code: X-X-XXX

The supervisor will allocate households to each data collector and inform them of the corresponding ID number that they will enter onto the Household Identification Form prior to the questionnaire.

Sampling at the Household Level

Once the household has been selected and the supervisor has assigned the household ID to a data collector, they will then approach those households to sample one person from each household for interview. The steps in the process are outlined in more detail below:

1. Fill in the top section of the *Household Identification Form*.
2. Approach the household and briefly explain the survey.
3. Ask to speak to the mother, father, or other BdM recipient (a caregiver) in the household. Be sure that the person who is selected for the questionnaire is a BdM recipient.
4. Ask to speak to the selected person in private.
5. If none of the people above are at home try to make an appointment or make a return visit on another day.

6. If the selected person is at home, conduct the interview with him/her.
7. Introduce the study to the selected person.
8. Get his/her informed consent.
9. Administer the survey.
10. Fill in the remaining sections of the *Household Identification Form*.
11. Continue to the next allocated household, repeating this process from step one.

Approaching the Household

When you arrive at the property you need to briefly explain the study and why you are there to the first person that you meet.

In all communication and discussion about the study, it should be described as about raising children. This description will also be on identification documents and in all correspondence and communication regarding the study.

Ask to Speak to the Selected Person in Private

If the selected person is not at home, data collectors should try to make an appointment or make a return visit. They need to make at least three return visits (or appointments), and if they are not able to get the interview by then they will have to record the household as non-responding.

Introduce the Study to the Selected Person

Once a data collector has found a private space to speak with a respondent, they will introduce the study to him/her by reading the informed consent document to her/him. This leaflet explains the purpose of the study, rights as a respondent, the confidentiality of the information provided, and the contact details of the research coordinator or principal investigator. Even illiterate respondents must be given consent forms.

When data collectors are speaking to respondents, please explain that:

- a) The research is being undertaken the raising of children.
- b) To really understand the issues, we have to speak to a large number of people living in all different circumstances.

- c) Because everyone is different, we are choosing people to interview for the research using chance – rather like throwing a dice. We do not know anything about the lives of the people we are asking to interview before we start talking to them, only that they are BdM recipients.
- d) We very much hope they will help us in our work because it is only by understanding all people that we can begin to develop ways of making the lives better for those who need help.

Get Informed Consent

If the respondent agrees to participate, all data collectors must get informed consent, using the Informed Consent Form, before beginning the interview. The concept of informed consent and its implications are explained below.

Individual Consent and Voluntary Participation. It is important that all respondents participate in the study out of their own free will and are not pressured in any way to participate. For this reason, at the start of every interview, each data collector must complete the consent procedure. Even if a caregiver agrees to take part in the study, he/she may stop the interview at any point or skip any question that he/she does not want to respond to. Information about the study is provided to the respondent in the informed consent document. If the respondent is highly literate, the data collectors should give it to him or her to read; if they think he or she may not be literate, they must read it.

Data collectors may test the person's understanding of the informed consent document by asking, "I said everything you say will be kept confidential; what do you understand this to mean?" Data collectors need to ensure that all participants understand that no one other than the data collectors will ever know it was he/she who provided this information. If he/she does not seem confident of this, data collectors can assure the respondent that no identifying information about him/her will be kept and that his/her response will be put together with hundreds of other people's responses so that it will be impossible to trace what is said back. Data collectors may ask other similar questions if the participant seems not to understand the survey well.

When data collectors are satisfied that the respondent fully understands what is involved, they may ask him/her to sign the Informed Consent Form. They will also explain that it will be kept separate from his or her answers so that the two cannot be linked.

Confidentiality. Much of the information provided by the respondents may be extremely personal. It is vital that data collectors ensure the confidentiality of the information collected during the survey.

For this reason:

- They must not share any information collected through this study with anyone, including their family and friends, or with another respondent.
- They cannot interview in their own community or people they know.

- When they leave a household or accommodation, they must always check that they haven't left something behind.

Remember, we are promising confidentiality, and this is how we gain people's trust.

The informed consent form is to be read to the respondent (or the respondent given it to read if he/she would prefer). The data collector should obtain the participant's verbal consent to continue with the questionnaire and mark the appropriate box on the survey form.

Supervisors will collect informed consent forms at the end of each day and will store them in the project office. These need to be retained by the project manager.

Administer the Survey

Conduct the interview with the person, according to the procedures outlined in this training.

Conclude the Survey

When the interview is complete, and the data collector has reached the end of the questionnaire, they should thank the person for his/her time and leave the household.

Complete the Remaining Sections of the Household Identification Form

After each household visit, the data collector will identify a result code (interview completed, partially complete, not completed). When it is not completed, they will identify a result code that most closely describes why it was not completed. Each visit made to the household is also recorded with the interviewer name and date. The proper completion of this form is crucial for the research team to monitor the progress of the study.

Quality Control Procedures

To maintain the quality of data, the supervisors and field editor will check the performance of all of the data collectors thoroughly throughout the study. Appropriate action will be taken if problems are identified.

The supervisor will meet daily with the data collectors to discuss the quality of work, both individually and with the data collection team. This will give the data collectors an opportunity to talk about any situations they encountered in the field that were not covered in training. The group should discuss

whether or not the situation was handled properly and how similar situations should be handled in the future. Team members can learn from one another in these meetings and should feel free to discuss their own mistakes without fear of embarrassment.

The supervisor will also keep an Interviewer Progress Sheet on each data collector. The supervisor will update the progress sheet at the end of work in each cluster. The Interviewer Progress Sheet is designed to give the supervisor an objective and continuous measure of each data collector's performance and workload.

Conclusions

Using the above protocol, the quantitative survey will be administered between 1 September and 30 September 2015. Data analysis will follow, and will include cleaning of data and generating tables for presentation and discussion of trends. Survey instruments will be developed per the Objectives document, using already-existing instruments when appropriate.

Annex IV: Executive Summary (translation) / Sumariu ba estudu

Estudu Bazelinã kona-ba Konesementu, Atitude no Prátika Kuidadu Oan iha Area Xavi oin 10 iha Timor-Leste

Objetivu husi estudu:

Estudu ne'e nia objetivu mak atu haklean komprensaun kona-ba inan aman no ema ne'ebé kuidadu oan nia koñesementu, attitude no pratika relasiona ho hahalok kuidadu oan iha Timor-Leste. Estudu ne'e nia intensaun atu informa no haforsa Programa hametin familia ne'ebé lidera husi MSS no apoiu husi UNICEF no parseiro sira seluk.

Metodologia

Estudu ne'e hala'ó ho komponente koleksaun dados quantitativu no kualitativu hodi hamosu konkluzaun ida lolos ho rezultadu ne'ebé bele generaliza no ho komprensaun klean kona-ba KAP nune'e mos ba fatores sosio kultura relasiona ho hahalok kuidadu no hakiak oan iha Timor-Leste. Servisu koleksaun dados iha baze hala'ó husi ONG Lokal Belun no koordena husi ONG Ba Futuro iha Setembru no Outuburo 2015.

Populasaun Alvu

Populasaun alvu husi estudu KAP ne'e mak benefisiarius uma kain Bolsa da Mae. Benefisiariu hirak ne'e simu apoiu transferensia osan husi MSS no sai hanesan mos comunidade alvu ba sesaun komunitaria kona-ba pratika kuidadu oan nian. Total populasaun tuir survey nain 995, individual nain 44 tuir intrevista individual no Diskusaun Grupu Foku 12 iha Postu Administrativu 4 mak Ermera (Railaco), Lautém (Iliomar), Liquiçá (Bazartete), and Viqueque (Uatucarbau).

Sumario husi Rezultadu:

Maioria husi respondente (90%) mak feto, kaben nain ka hela ho nia kaben. Idade media husi respondente sira mak tinan 44 no idade media ba labarik mak idade 4.3. Nivel edukasaun husi respondente sira jeralmente menus ho %50 deit mak atende eskola iha tempu balun iha nia moris. Literasia mos menus ho %47 husi respondente mak bele lee fraze simples balun. Jeralmente pursentu asesu no uza media ho konsistene menus entre respondent sira ho % 14 mak lee jornal. Radio no Televizaun iha taxa uza ne'ebé a'as liu maske menus husi metadu husi respondente.

Area Xavi	Indikador relasiona ho komunikasaun ¹	Rezultadu husi koleasaun dadus quantitativu tuir Postu Administrativu			
		Railaco	Iliomar	Bazartete	Uatucarbau
Dieta/ Rekerimentu Nutrisaun Minimu	Inan aman no ema ne'ebé tau-matan oan hatene katak labarik ho idade fulan 6 tenke hahu ona ho aihan mamar ^{2*}	70%	62%	76%	55%
	Inan aman no ema ne'ebé kuidadu oan hatene katak labarik idade fulan 6 to'o 32 tenke han aihan loron ida dala tolu *	93%	80%	96%	82%
	Inan aman no ema ne'ebé kuidadu labarik konkorda ho estatamentu katak han hahan ho variadade / oi-oin mak fo saude diak ba labarik sira idade fulan 6 to'o 23 *	97%	96%	> 99%	96%
	Inan aman no ema ne'ebé kuidadu oan fiar katak iha ligasaun entre sira nia oan sira nia hahan no nia dezenpeñu eskola iha future	97%	97%	98%	97%
	Inan aman no ema ne'ebé kuidadu oan la konkorda katak hahan ne'ebé sira hola iha loja mak di'ak liu ba sira nia oan sira duke hahan local *	54%	51%	41%	61%
Izieniku	Inan Aman no ema ne'ebé tau-matan labarik hatene tempu rua ne'ebé importante liu atu fasi liman	59%	55%	60%	53%
	Inan Aman no ema ne'ebé tau-matan labarik hatene katak iha tempu ne'ebé importante tebes atu fasi liman ho sabaun	99%			
	Inan Aman no ema ne'ebé tau-matan labarik hatene katak fasi liman ho sabaun oho mikrobius a'at*	61%	50%	62%	65%
	Inan Aman bele temi tempu importante rua ne'ebé presija fasi bebe nia liman*	19%	12%	28%	24%
Sina Perigu no buka tratamentu	Inan Aman no ema ne'ebé tau-matan labarik hatene mais ou menus sinal perigu oin rua ne'ebé presija atensaun imidiata*	16%	5%	15%	21%
	Inan Aman no ema ne'ebé tau-matan labarik bele temi mais ou menus kauza husi diareia oin rua	53%	71%	51%	68%
	Inan Aman no ema ne'ebé tau-matan labarik hatene tempu lolos atu lori sira nia oan ho diareia ba fasilidade saude ³	< 1%	0%	1%	1%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak labarik iha inan nia knotak bele rona lian husi liur	22%	21%	9%	21%

¹ Indikadores relasiona ho komunikasaun mak buat ida ne'ebé responde direktamente ba intervensaun komunikasaun, hanesan ema nia koñesementu ka fiar kona-ba pratika kuidadu oan particular ida. Tipikamente, indikadores iha atividade avaliasaun mak buat ne'ebé sai sasukat iha to'o iha ne'ebé ona mak mudansa ida akontese. Iha relatoriu ida ne'e, ita foka liu ba indikadores hirak relasiona ho komunikasaun tamba buat hirak ne'e identifika area hirak ne'ebe mak materiais komunikasaun ba sesaun komunitaria no kampaña media tenke foka ba.

² Númeru hirak iha parente (Indonesia: dalam kurung) ne'e refere ba númeru pergunta iha estudu kuantitativu, inklui iha Anexu I.

Simbolu * indika diferensia signifkante estatistiku iha indikadores komunikasaun ba Postu Administrativu tomak (X2, p<0.05). Ida ne'e diskute klean iha relatoriu kompletu.

³ Resposta normal ba pergunta ida ne'e iha tempu ne'eba mak "imidiatamente"

; responde ne'ebe los mak "karik labarik labele hank a hemu". Isplikasaun liutan kona-a resposta ida ne'e bele hetan iha relatoriu kompletu.

Area Xavi	Indikador relasiona ho komunikasaun ¹		Rezultadu husi koleasaun dadus quantitativu tuir Postu Administrativu			
			Railaco	Iliomar	Bazartete	Uatucarbau
Estimulasaun Sedu	Inan Aman no ema ne'ebé tau-matan labarik bele temi mais ou menus razaun oin ida tamba saida presija katan ka konta istoria ba bee iha inan nia knotak*		18%	20%	5%	10%
	Inan Aman no ema ne'ebé tau-matan labarik hatene katak labarik sira aprende husi atividade halimar nian		79%	79%	76%	78%
	Inan Aman no ema ne'ebé tau-matan labarik bele temi mais ou menus buat oin ida nee'ebe labarik sira bele aprende husi istimulasaun sedu		18%	20%	6%	10%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak diak atu estimula labarik sira liu husi husu pergunta, temi sasan nia naran no hamnasa [4107a, 4107b, 4107d: question number]	a*	96%	87%	98%	82%
		b*	96%	87%	97%	84%
		d*	98%	96%	> 99%	89%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak estimulasaun sedu iha benefisiu diak*		94%	89%	98%	86%
	Inan Aman no ema ne'ebé tau-matan labarik have simu ona informasaun kona-ba kuidadu bebe		54%	49%	55%	49%
	Inan Aman no ema ne'ebé tau-matan labarik sira fiar katak presija lee ba sira nia oan sira mais ou menus minute 10 loron ida*		94%	90%	93%	77%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak importante ba labarik tinan entre 3 – 5 atu atende pre-skolar ka programa edukasaun sedu *		91%	96%	97%	87%
Inan Aman no ema ne'ebé tau-matan labarik fiar katak labarik idade entre tinan 3 to'o 5 bele aprende buat importante liu husi atende eskola		99%	> 99%	99%	98%	
Edukasaun	Inan Aman no ema ne'ebé tau-matan labarik hatene katak iha lei kona-ba eskola*		84%	77%	92%	73%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak importante ba sira atu assiste sir ania oan nia TPC		91%	96%	92%	90%
	Inan Aman no ema ne'ebé tau-matan labarik husi labarik tinan 6 – 12 fiar katak importante ba sira nian atu ba eskola regular		> 99%	99%	99%	> 99%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak labele husik labarik fulan 6 – 24 mesak ba tempu barak (minute 15 ka menus)*		84%	82%	90%	81%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak importante atu hare'e hetan hela deit sira nia oan idade fulan 6 to'o 24*		87%	55%	85%	55%

Area Xavi	Indikador relasiona ho komunikasaun ¹	Rezultadu husi koleasaun dadus quantitativu tuir Postu Administrativu			
		Indikador xavi relasiona ho komunikasaun	Railaco	Iliomar	Bazartete
Protesaun Labarik	Inan Aman no ema ne'ebé tau-matan labarik hatene lei no regulamentu kona-ba protesasaun labarik*	68%	42%	76%	42%
	Inan Aman no ema ne'ebé tau-matan labarik sira sei hatete ba ema ruma kuandu sira rona iha abuzu ba labarik*	62%	48%	66%	38%
	Inan Aman no ema ne'ebé tau-matan labarik relata katak sira simu ona informasaun kona-ba abuzu fiziku no sexual ba labarik*	37%	41%	39%	26%
Registu Labarik	Inan Aman no ema ne'ebé tau-matan labarik fiar katak importante atu regista sira nia oan	99%	99%	99%	99%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak tempu ne'ebé gasta hodi trata registu ba oan sira iha valor tebes	> 99%	> 99%	> 99%	> 99%
	Inan Aman no ema ne'ebé tau-matan labarik bele temi mais ou menus razasaun oin rua tamba saida presija regista oan*	74%	61%	82%	69%
Disiplina Alternativu	Inan Aman no ema ne'ebé tau-matan labarik la konkorda ho estatamentu katak labarik sira presija simu sansaun atu bele bo'ot sai ema diak	47%	55%	55%	54%
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak labarik sira aprende kona-ba hahalok diak bainhira sira hare'e tuir ema bo'ot halo*	96%	84%	98%	86%
	Inan Aman no ema ne'ebé tau-matan labarik simu ona informasaun kona-ba dixiplina pozitivu	45%	44%	48%	39%
Preukupasaun Adoloxente	Inan Aman no ema ne'ebé tau-matan labarik fiar katak diak atu koalia ho sira nia oan adoloxente kona-ba mudansa iha sira nia isin lolon*	75%	67%	78%	
	Inan Aman no ema ne'ebé tau-matan labarik fiar katak importante atu koalia ho adoloxente sira kona-ba sexu no sexualidade*	57%	53%	67%	40%
	Inan Aman no ema ne'ebé tau-matan labarik sira simu ona informasaun kona-ba adoloxente nia sexu no sexualidade*	39%	38%	40%	25%

Konkluzan:

Numeru labarik sira iha uma kain ne'ebé tuir estudu jeralmente liu nain 4 ne'ebé mos hatudu katak respondente sira iha ona esperiensa tinan barak kona-ba tau-matan no hakiak oan no hasoru ona dezafius barak relasiona ho kuidadu oan iha sira nia komunidadade. Modul jeral ba sesaun komunitaria tenke rekoñese no prioritiza aproximasaun rejolve provlema ne'ebé kolaborativu. Konkluzan liu tan isplika iha relatoriu kompletu no bele benefisia atu uza hodi dezvoltvi programa komunikasaun ba dezvoltvimentu bazeada ba evidensia. Liu tan, estudu ne'ebé dezeña sei fo dalan ba implementasaun avaliasaun ne'ebé klean liu tan ho potencialidade atu konvoka quasi-experimental exame pre-post ba grupu programa no grupu komparativu.



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