



# KAP Endline Survey

Parenting Programme to Improve Developmental Outcomes  
for Disadvantaged Children and Adolescents in Timor-Leste

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2021

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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
IPV	Intimate Partner Violence
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitudes and Practices
M&E	Monitoring and Evaluation
MSC	Most Significant Change
MICS	Multiple Indicator Cluster Survey
MSSI	Ministry of Social Solidarity and Inclusion
NGO	Non-Governmental Organization
ORS	Oral Rehydration Salts
SISCA	Integrated Community Health Services
ToR	Terms of Reference
VAC	Violence against Children
VAWG	Violence against Women and Girls
VPU	Vulnerable Persons Unit

# Executive Summary

## Overview

The *Hametin Família* parenting programme, developed by Ministry of Social Solidarity and Inclusion and NGO Ba Futuru with the support of UNICEF following a baseline Knowledge, Attitudes and Practices (KAP) study conducted in 2015 in collaboration with Rain Barrel Communications, was implemented in the pilot municipalities of Ermera and Viqueque between 2017 and 2019. In December 2020 – June 2021, Ba Futuru, with support from Rain Barrel Communications, conducted an endline KAP study of parenting practices that built on the 2015 baseline study to determine the impact of the *Hametin Família* parenting programme on parents' KAP in the two pilot municipalities. This report presents the results of this study and compares the pilot municipalities to the control municipalities of Lautém and Liquiçá, where the *Hametin Família* programme was not implemented. These results are also compared to the data collected in the 2015 baseline KAP study, which was conducted in the same four districts as the present study.

## Background

The first phase of the parenting programme was conducted in 2014 and included the development of a framework for caregiver education and support. The second phase was conducted between 2015 - 2020 and included a baseline Knowledge, Attitudes and Practices (KAP) study that informed the design and delivery of the *Hametin Família* parenting programme which included a multi-media campaign, community-based parenting sessions and home visits. Between 2017 and the present, the *Hametin Família* programme was piloted in two administrative posts (Railaco and Uatucarbau) in two municipalities, Ermera and Viqueque. The aim was to reach all 87 sucos in these two targeted municipalities. The third phase of the programme comprises this endline study and the subsequent adaptations to the programme for national scale up. This KAP endline study includes a qualitative and quantitative component and aims to assess the impact of the parenting programme.

The design of *Hametin Família* programme followed social and behaviour change communication principles and included consistent and repeated messaging across mediated and interpersonal channels. Central to the design of the parenting programme was the concept of communication as a dialogic, two-way process enabling community stakeholders to be involved in decisions that relate to them, and that solutions and messages should be locally contextualized, culturally relevant and also consider regional variations. These principles informed the overall programme design, research, and delivery, including the focus on home visits with peers and the design of the community sessions. The programme was intended to contribute to behaviour change across ten focus areas, which are:

**General Parenting:** Understand that parents are the biggest influence in their children's lives, and that having an engaged father is very important to children's lives.

<sup>1</sup> While the survey respondents were all Bolsa da Mãe (BdM) recipients, the *Hametin Família* programme was distributed universally to anyone in the area, not restricted to BdM recipients. Parenting sessions would have had participants who were both BdM and non-BdM.

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

**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.

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

**Nutrition:** 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.

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

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

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

**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.

In addition to the ten focus areas, this endline study also measured parents' KAP related to fathers' involvement in parenting, violence against women and children (VAWG) and intimate partner violence (IPV), and their involvement in the *Hametin Família* programme.

## Study Objectives

The overall objective of this endline study is to assess current understandings of parents' knowledge, attitudes, and practices (KAP) related to parenting in Timor-Leste and identify areas in which the *Hametin Família* programme had a positive effect on them.

The study sought to assess the implementation of targeted (community sessions), and intensive (home visits and peer-to-peer support) interventions, as well as respondents' exposure to and perceptions of mass media interventions such as radio spots. These objectives were informed by an additional review of literature, including a detailed report on the *Hametin Família* programme, updated global best practices, findings from the baseline KAP survey, and consultations with East Timorese parents, caregivers and other key stakeholders, as described in the Terms of Reference (ToR).

The specific objectives of the KAP survey, according to the ToR, were to:

- Understand the changes in KAP in parents and caregiver recipients of Bolsa da Mãe cash transfers, from 2015 to 2020, in the four identified administrative posts;
- Understand if the changes in KAP differ in the pilot (case) municipalities when compared to the control municipalities;
- Understand if—and to what extent—the implementation of the parenting programme *Hametin Família* contributed to the observed changes in KAP, by comparing the responses of parents/caregivers who participated in the programme with those who did not;
- Understand if there are differences in the changes in KAP according to the type of participation and satisfaction of the participants with the quality and relevance of the programme (home visits, community sessions, theatre performances, radio messages or father's network), the type of community environment (rural or non-rural), the sex of participants, the languages spoken and other variables;
- Understand the changes of parents on gender specific roles and relations between husband and wife in overall wellbeing of the household; and,
- Understand if there are differences in the extent and ways in which fathers who participated in the parenting programme are involved in parenting compared to those who were not involved in the parenting programme.

## Methodology

The study included quantitative and qualitative components that, together, allowed the researchers to draw reliable conclusions about the effect of the *Hametin Família* programme across the ten focus areas, and the additional areas of fathers' involvement in parenting and VAWG. The fieldwork was conducted in January and February 2021 and was overseen by Ba Futuru, which organized a research team from the University of Timor-Leste. 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 889 surveys, 33 individual in-depth interviews (IDIs) and eight focus group discussions (FGDs) were conducted in the four administrative posts in four municipalities. An additional ten Most Significant Change (MSC) stories were collected in the pilot municipalities.<sup>1</sup> Results from data analysis are grouped according to each of the ten key focus areas and include specific recommendations. Additional overarching recommendations for the *Hametin Família* programme are included in the final section of this report.

## Key Findings

### Basic Characteristics of the Population

All respondents were selected due to their inclusion on the BdM recipient list provided by MSSl. The BdM list used for this study was the same list used in the 2015 baseline. A majority of the respondents (96 per cent) were female and either married or living with a spouse. The average age of the respondents was 45 years and the average number of children per household was 3.6. Education levels were relatively low, with only 54 per cent of respondents having ever attended school at all. Literacy, too, was low, with only 40 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 11 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 4 per cent reporting Internet use and 61 per cent of respondents reporting ownership of a mobile phone.

### Summary of Findings for the Ten Key Focus Areas

Table 1 on the following pages 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.

#### Key Focus Area

General Parenting Practices

#### Communication-Related Indicator<sup>2</sup>

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.

#### Results of Quantitative Inquiry

This focus area was not specifically included in the quantitative survey, but was discussed in community parenting sessions.

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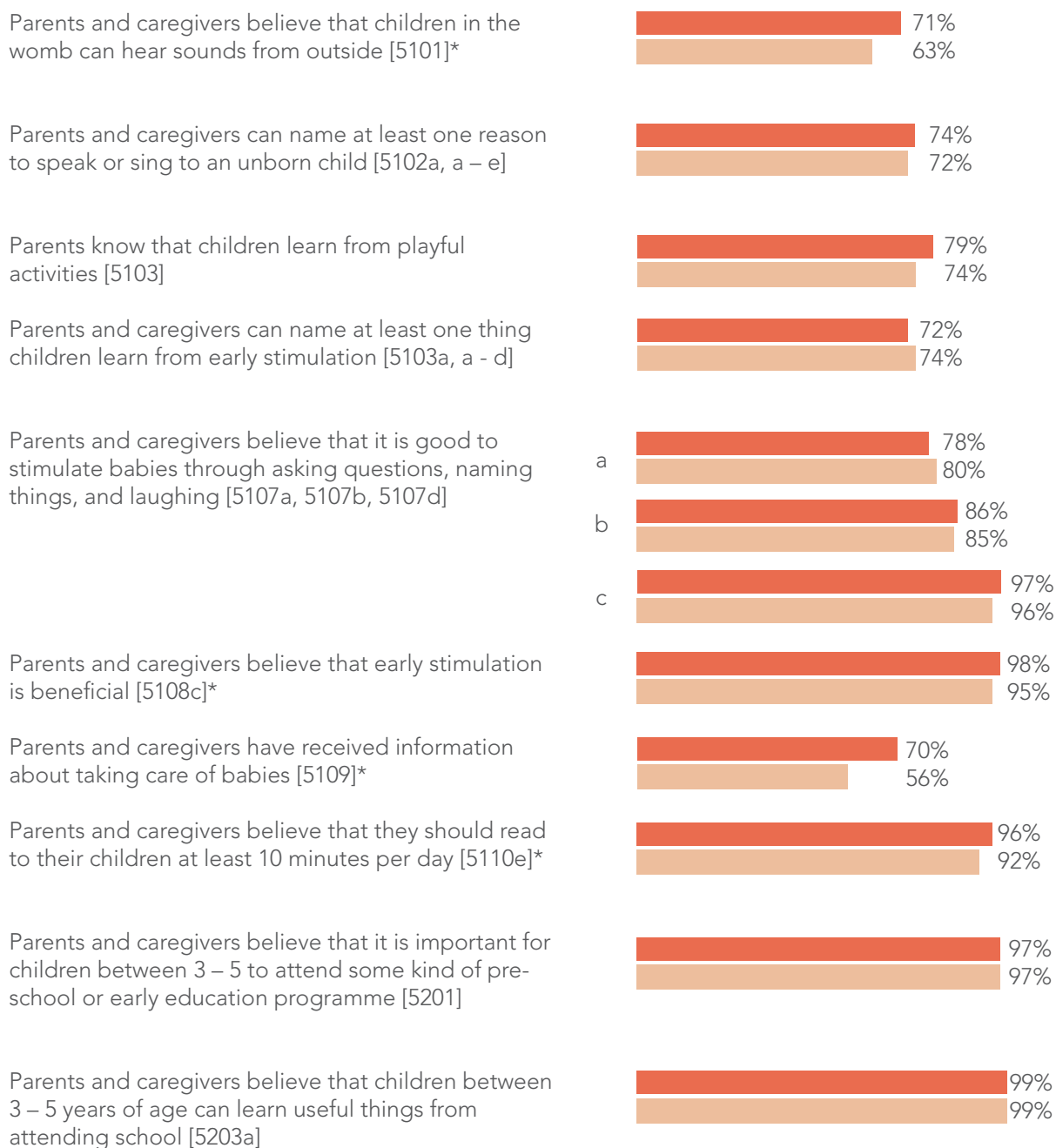
<sup>2</sup> A communication-related indicator is one that responds directly to communication interventions, such as people's knowledge or beliefs about a particular parenting practice. Typically, indicators in evaluation activities are related to measuring the extent to which practices have changed. 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.

Figure 1: Summary of Findings for Ten Key Focus Areas for Pilot and Control Groups

## Early Stimulation

### Key Communication-Related Indicators

Pilot Ermera and Viqueque  Control Lautém and Liquiçá 



## Child Protection

### Key Communication-Related Indicators

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) [6207a]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents believe that it is important to be able to see their 6 – 24 month child at all times [6207b]



Parents are aware of laws or regulations that protect children from physical or sexual abuse in Timor-Leste [6301]\*



Parents state that they would tell someone if they heard about the abuse of a child [6304]



Parents report that they have received information about child physical and sexual abuse [6305]\*



## Positive Discipline

### Key Communication-Related Indicators

Parents and caregivers disagree with the statement that children must be physically punished to be raised properly [6205]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents and caregivers believe that children learn about good behaviour when rules are explained calmly [6203f]



Parents and caregivers have received information about the best ways to discipline children [6202]



## Nutrition

### Key Communication-Related Indicators

Parents and caregivers know that children should be started on solid foods at 6 months of age [4103]<sup>3\*</sup>

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents and caregivers know that children between 6 – 32 months of age should be fed at least three meals a day [4104]



Parents and caregivers agree with the statement that eating a variety of foods is healthy for children from 6 – 23 months of age [4113b]



Parents and caregivers believe that there is a link between children's diets and their future performance in school [4113c]\*



Parents disagree with the statement that the food they buy at the store is better for their children than local foods [4113g]



## Hygiene

### Key Communication-Related Indicators

Parents and caregivers know the two most important times to wash hands [4201a-a & 4201a-b]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents and caregivers know and believe that there are important times to wash hands with soap [4213a, 4213b, 4213c, 4213d]



Parents and caregivers know that washing hands with soap kills germs [4204b-a]



Parents name the two most important times to wash a baby's hands [4208a-b, 4208a-e]



<sup>3</sup> 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.

## Birth Registration

### Key Communication-Related Indicators

Parents believe that it is important to register their child's birth [6401]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents and caregivers believe that the time it takes to register their child's birth is worth it [6402b]



Parents and caregivers can name at least two benefits of registering children immediately after birth [6401a – g]\*



## Health Danger Signs and Care Seeking

### Key Communication-Related Indicators

Parents and caregivers know at least two danger signs that require immediate medical care [6101a, d, e, f]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



Parents and caregivers can name at least one cause of diarrhoea [6103a, b, c]



Parents know the correct time at which to take a child with diarrhoea to a health care facility [6104\_4] <sup>4</sup>

< 1  
< 1

<sup>4</sup> The most common response to this question was "immediately" (68 per cent, control; 75 per cent, pilot); the correct response is "if the child cannot eat or drink". Further explanation about this response is provided in the report.

## Education for All Children

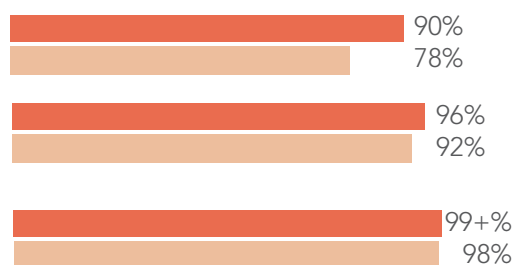
### Key Communication-Related Indicators

Parents and caregivers know that there are laws about schooling [5204]\*

Parents and caregivers of children believe that it is very important for them to assist their children with homework [5205]\*

Parents and caregivers of children between 6 – 12 years of age believe that it is important that their children attend school regularly [5208e]

Pilot Ermera and Viqueque Control Lautém and Liquiçá



## Adolescent Issues

### Key Communication-Related Indicators

Parents believe that it is good to talk with adolescent children about the changes they are experiencing in their bodies [5216]\*

Parents believe that it is important to talk with adolescent children about sex and/or sexuality [5217]\*

Parents have received information about how to talk to adolescent children about sex and sexuality [5221]

Pilot Ermera and Viqueque Control Lautém and Liquiçá

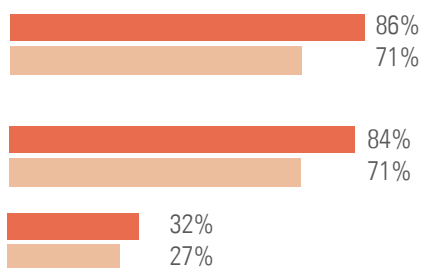


Table 1 indicates areas in which there were significant differences between the pilot and control areas for communication related indicators. The number of areas in which statistically significant positive differences are indicated between pilot and control groups suggests that stakeholders such as the MSSSI, UNICEF, and others, should begin the process of scaling up the implementation of the parenting programme to broader audiences, beginning with the control municipalities included in this study. Recommendations for specific aspects of the parenting programme that should be considered for revision are presented in the report.

Table 2 presents a tally of variables which exhibit statistically significant positive differences between pilot and control groups, categorized according to knowledge, attitudes, and practices. The table is intended to highlight areas of the parenting programme that could benefit from attention during the revision process prior to scaling up or implementation in new municipalities. Variables not related to knowledge, attitudes, and practices, such as those concerning food security, availability of resources such as soap and water for handwashing, and whether a parent has received information about a specific aspect of parenting are not included in this table. Detailed recommendations on what specific aspects of the programme should be revised are presented in the report and this table should not be used for revisions without consulting the report.

**Table 2: Pilot vs. Control Group Outcomes for Key Variables Divided According to Knowledge, Attitudes and Practices (2021)**

Focus Area	Knowledge	Attitudes	Practices
General Parenting	Positive changes in parenting result from positive changes in other variables.		
Early Stimulation	2/2 <sup>5</sup>	4/5 <sup>6</sup>	5/7 <sup>7</sup>
Child Protection	2/2 <sup>8</sup>	0/1 <sup>9</sup>	9/10 <sup>10</sup>
Positive Discipline	0/2 <sup>11, 12</sup>	0/5 <sup>13, 14</sup>	2/14 <sup>15</sup> , 1/1 <sup>16</sup>
Nutrition	1/1 <sup>17</sup> , 0/4 <sup>18</sup> , 0/11 <sup>19</sup>	0/2 <sup>20</sup>	3/7 <sup>21</sup>
Hygiene	2/6 <sup>22</sup> , 0/4 <sup>23</sup> , 1/5 <sup>24</sup> , 0/7 <sup>25</sup>	4/4 <sup>26</sup>	n/a
Birth Registration	1/1 <sup>27</sup>	5/5 <sup>28</sup>	n/a
Health Danger Signs and Care Seeking	0/10 <sup>29</sup> , 1/1 <sup>30</sup>	n/a	0/7 <sup>31</sup>
Education for All Children	1/1 <sup>32</sup>	2/5 <sup>33</sup>	1/1 <sup>34</sup>
Adolescent Issues	4/5 <sup>35</sup>	2/2 <sup>36</sup>	2/3 <sup>37, 38, 39</sup>

<sup>5</sup> Table 9: In Utero Early Stimulation Variables Table 10: Do Children Learn from Playful Activities?

<sup>6</sup> Table 15: Information Source for Caring for Babies

<sup>7</sup> Table 11: Early Stimulation Activity Behaviours

<sup>8</sup> Table 17

<sup>9</sup> Table 18

<sup>10</sup> Table 20

<sup>11</sup> Table 25

<sup>12</sup> The two variables in this set indicate positive shifts between 2015 and 2021.

<sup>13</sup> Table 25

<sup>14</sup> Although there were no variables in this set that indicated positive difference between pilot and control groups, there were significant positive shifts between 2015 and 2021 on 6 of the 7 variables in this set.

<sup>15</sup> Table 22: Discipline Methods Used by Parents

<sup>16</sup> Table 24: Positive Discipline Composite

<sup>17</sup> Table 26

<sup>18</sup> Table 27

<sup>19</sup> Table 28

<sup>20</sup> Table 30

<sup>21</sup> Table 29

<sup>22</sup> Table 33: Handwashing Moments

<sup>23</sup> Table 34

<sup>24</sup> Table 35

<sup>25</sup> Table 37: When Should a Baby's Hands be Washed?

<sup>26</sup> Table 38: Attitudes Toward Importance of Handwashing

<sup>27</sup> p. 62

<sup>28</sup> p. 62. The very high levels of positive knowledge and attitudes about birth registration indicate that an observable difference between pilot and control groups is unexpected and unlikely.

<sup>29</sup> Table 39

<sup>30</sup> Table 43

<sup>31</sup> Table 40. There were positive results regarding the likelihood of taking a child to the clinic when they had diarrhoea (98%) that illustrated changes between 2015 and 2021.

<sup>32</sup> Table 44

<sup>33</sup> Table 46

<sup>34</sup> Table 45: Enrolment of Children 6 - 12; Assistance with Homework

<sup>35</sup> Table 52

<sup>36</sup> Table 49, Table 50

<sup>37</sup> Table 49

<sup>38</sup> Table 52

<sup>39</sup> Table 54: Discussed Menstruation with Teenage Child

## Conclusions and Recommendations for the Ten Key Focus Areas

### General Parenting Practices



Any recommendations for general parenting practices will be based on recommendations from the other 9 focus areas. Because general parenting practices are impacted by the other focus areas, it was not included in the quantitative study. Taking this into consideration, there have been positive changes to general parenting practices, including an increase in early stimulation, better awareness of child protection, more consistent use of positive parenting practices, and an increased focus on understanding the benefits of education for children. There is room for growth to general parenting practices, such as nutrition, hygiene, health danger signs, adolescent issues and IPV/VAWG. Qualitative data on general parenting practices are discussed in the full report. Changes to general parenting will be positively affected by changes to other aspects of the programme.

### Early Stimulation



Study results indicate that the parenting programme has had a positive impact on parents' KAP related to early stimulation and has increased parents' willingness and ability to engage in early stimulation behaviours. Revisions to the parenting programme should consider attitudes toward caregiving of very young children, presented in table 11, which did not show significant shifts between 2015-2021. The many areas in which positive shifts are shown suggest that this portion of the parenting programme is, overall, having the desired impact among participants.

### Child Protection



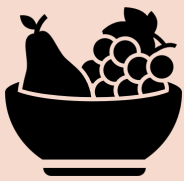
There have been significant improvements in the perception of the frequency of abusive behaviours toward children, which may indicate that there is reduced prevalence of the behaviours. There was an increase in the percentage of parents who reported that they were aware of laws regarding child protection, and an increase in parents' reporting that it is unacceptable to leave a child unsupervised at all or in the care of another child under the age of 10. However, there are areas which could be improved. For example, a smaller percentage of people reported receiving information about child abuse, which is something that the parenting programme could provide. When considering who they would go to if they heard about child abuse, less than 30 per cent mentioned the police and only 54 per cent mentioned a community leader. This may indicate relatively low levels of trust in government/official institutions; however, traditional leaders were also not mentioned frequently (31 per cent). Work needs to be done on trusted authorities who can help parents resolve issues related to protection of children from exploitation and abuse.

### Positive Discipline



Overall, there were several positive shifts toward more positive approaches to discipline illustrated in both quantitative and qualitative data. Revisions to the parenting programme should continue to focus on ways to empower parents to use positive approaches – through activities such as role plays, discussions, and other collaborative work – so that parents feel more comfortable using these approaches and understand their value. Children should be included in these discussions so they are part of the capacity building process.

### Nutrition



Results in the nutrition focus area are somewhat mixed. Some of the challenges of the programme are likely due to the overall situation related to food insecurity, which, while improved since 2015, remains a significant challenge for many families. It is a positive development that parents know to begin complementary feeding at 6 months, but if available food at that time is of poor nutritional quality, it is unlikely that development outcomes or milestones will be reached at greater frequency. Updates to the parenting programme must take this into consideration and respond to the question “where and how do parents get nutritious food?” It may be that kitchen gardens, cash crops (rather than starches), and other innovations could help to fill the nutrition gap.

### Hygiene



The results around hygiene were somewhat mixed. Although nearly all people have access to water and soap with which to wash their hands and report doing so in some important moments, this is not consistent in all cases when handwashing should be done. Updates to the parenting programme should focus on two areas: first, knowledge around illness and its causes (germs and bacteria) and second, on the benefits of consistently washing a baby's hands to keep them safe.

### Birth Registration



The levels of positive knowledge and attitudes related to birth registration are quite high among survey respondents. Revisions to the *Hametin Família* should consider ways to address the structural barriers to birth registration. Nearly all parents believe that birth registration is positive and want to register their child's birth; if they cannot, it is due to difficulty with transportation or another structural issue. The parenting programme should continue to stress the benefits, but there also need to be investments made in service provision aspects of birth registration.

### Health Danger Signs and Care Seeking



Significant effort needs to be made to address parents' KAP related to danger signs/care seeking. For example, parents do not know when to take a child with diarrhoea to the health facility. Respondents do not seem to know the seriousness of respiratory ailments. Very few mentioned treating diarrhoea with oral rehydration salts (ORS), which is a well-accepted and established approach to avoiding dehydration and saving children's lives. Even more concerning is the knowledge related to how illness occurs. Revisions to the parenting programme must focus on helping parents identify situations in which a child must be taken to a medical facility, particularly around respiratory issues. In addition, it would be beneficial for parents to feel confident that they can help their child with diarrhoea by providing ORS solution, while maintaining their practice of taking a child with diarrhoea to the clinic as soon as possible. The programme should also give parents the opportunity to learn about vectors for illness and disease, so that they may better understand the reasons for good hygiene as well as the importance of timely clinic visits.

### Education for All Children



The *Hametin Família* programme has had positive effects on parents' KAP related to education. Parents assist with homework more frequently now than in 2015, and in greater numbers in pilot areas. Qualitative data suggest that parents in all areas appreciate education for the opportunities it provides their children to change their economic and social status, and that (at least qualitatively) girls' and boys' education are equally valued. More remains to be done on gender issues as they relate to education, particularly around the issues of school infrastructure, which needs to be in place and supportive of girls attending school. Infrastructure and communication-based training on educating and caring for children with disabilities is also recommended.

### Adolescent Issues



While many of the indicators in this focus area are positive, there are some in which revisions to the parenting programme should focus. Specifically, few parents (less than 40 per cent) report having received information about how to discuss bodily changes and sex and sexuality with their children. The community sessions, home visits, or theatre programme could all incorporate these topics effectively and help parents find ways to have these uncomfortable discussions.

## Gender and Violence



The problem of violence against women and children remains serious in Timor-Leste, and while there are some positive trends suggested by both the quantitative and qualitative data, significant efforts must be made to ameliorate the situation and, ideally, influence people's perceptions toward violence in Timorese society. Recommendations for improving the *Hametin Família* programme's impact on gender and violence related indicators include: providing greater resources for recruiting fathers and men for participation in both parenting programmes and fathers' networks, working with community leaders to develop stronger systems for addressing intimate partner and domestic violence, and a renewed focus on the inclusion of men in the parenting programme overall.

This quasi-experimental design, with pilot and control groups, provided strong evidence that the parenting programme has had an important impact on parenting knowledge, attitudes, beliefs and practices in the pilot municipalities.

Further conclusions and recommendations have been provided in the report and can be useful contributors to the revisions of the *Hametin Família* programme.

## Acknowledgements

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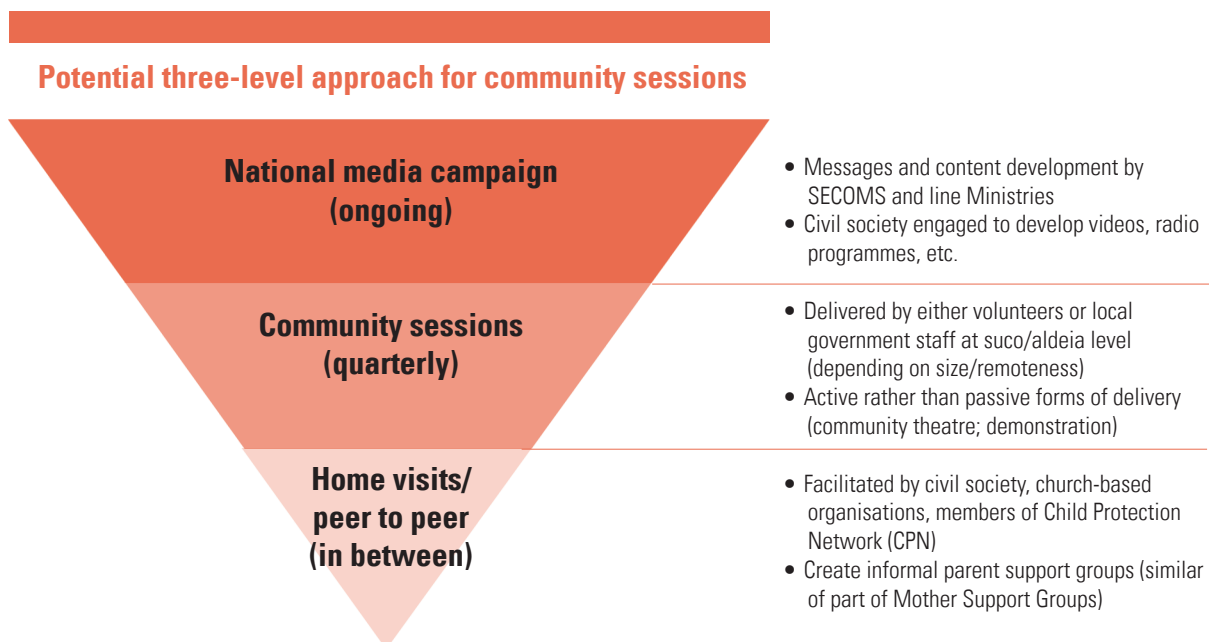
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# 1. Background of the Study and Methodology

## 1.1. Context and Justification

Timor-Leste based NGO Ba Futuru, in collaboration with Rain Barrel Communications, an international communications consulting firm, was contracted by UNICEF Timor-Leste to conduct an endline assessment of a parenting programme called *Hametin Familia* that sought to improve developmental outcomes for children and youth. The parenting programme envisioned positive behaviour change amongst parents and caregivers in vulnerable households, which would be achieved through a holistic, integrated, and nationally-delivered programme. Working at three levels, *Hametin Familia* includes a non-targeted national level communication campaign, targeted parenting programme sessions at the community level, and intensive follow-up home visits and peer-to-peer support interventions (see Figure 2). The rationale underlying this structure was derived from international research suggesting that positive and long-term impact on behaviours and practices within high-risk families requires extended contact time, with messages presented more than once and in more than one way. The MSSI *Bolsa da Mãe* ['Mother's Purse'] conditional cash transfer programme was identified as a potential entry point for parent education and support for vulnerable households in Timor-Leste.

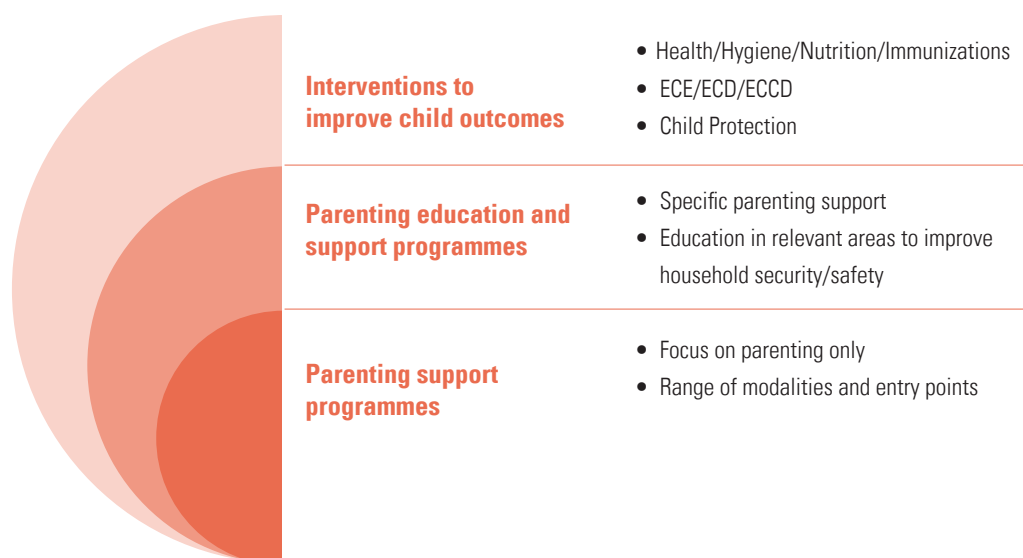
**Figure 2. A model for delivering messages through the community sessions**



The first phase of the parenting programme was conducted in 2014 and included the development of a framework for caregiver education and support. The second phase was conducted between 2015 - 2020 and included a baseline Knowledge, Attitudes and Practices (KAP) study that informed the design and delivery of the *Hametin Família* parenting programme which included a multi-media campaign, community-based parenting sessions and home visits. Between 2017 and the present, the *Hametin Família* programme was piloted in two administrative posts (Railaco and Uatucarbau) in two municipalities, Ermera and Viqueque. The aim was to reach all 87 sucos in these two targeted municipalities. Parenting programme sessions were not restricted to *BdM* recipients; they were open universally to any parents in the area. The third phase of the programme comprises this endline study and the subsequent adaptations to the programme for national scale up. This KAP endline study includes a qualitative and quantitative component and aims to assess the impact of the parenting programme implemented in Phase II.

The *Hametin Família* parenting programme complemented interventions in other sectors, particularly health, education and social services or protection, and included two broad categories of *parenting education and support* and *parenting support* (See Figure 3). Both categories include services that help parents to parent better; however, the former also includes information on other aspects that might improve household conditions such as income generation, job training, literacy, food security, and general nutrition (Britto and Engle, 2013).

**Figure 3. Parenting support programmes as part of broader intervention package**



The design of *Hametin Familia* programme followed social and behaviour change communication principles and included consistent and repeated messaging across mediated and interpersonal channels. Central to the design of the parenting programme was the concept of communication as a dialogic, two-way process enabling community stakeholders to be involved in decisions that relate to them, and that solutions and messages should be locally contextualized, culturally relevant and consider regional variations. These principles informed the overall programme design, research, and delivery, including the focus on home visits with peers and the design of the community sessions. The programme was intended to contribute to behaviour change across ten focus areas:

**General Parenting:** Understand that parents are the biggest influence in their children's lives, and that having an engaged father is very important to children's lives.

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

**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.

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

**Nutrition:** 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.

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

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

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

**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.

During the baseline KAP study, prevalence levels were established for multiple indicators in each focus area. The baseline study was conducted in four administrative posts in four municipalities, of which two served as pilot areas (Railaco and Uatucarbau) and two as control (Illiomar and Bazartete). Along with prevalence levels, this endline study investigates the progress of the parenting programme around several additional factors such as shifts in gender norms and violence against women and children (VAWG). Importantly, while the parenting programme was open to all parents, regardless of enrolment in *BdM*, this KAP endline study was only conducted with *BdM* recipients. Thus, it is

possible that the reaches of the *Hametin Família* programme are even broader than is able to be captured by this data.

## 1.2. Overview and Objectives of the Study

### 1.2.1. Study Objectives

The overall objective of this endline study is to assess current understandings of caregivers' knowledge, attitudes, and practices (KAP) related to parenting in Timor-Leste and identify areas in which the *Hametin Família* programme had a positive effect on them.

The study sought to assess the implementation of targeted (community sessions), and intensive (home visits and peer-to-peer support) interventions, as well as respondents' exposure to and perceptions of mass media interventions such as radio spots. These objectives were informed by an additional review of literature, including a detailed report on the *Hametin Família* programme, updated global best practices, findings from the baseline KAP survey, and consultations with East Timorese parents and caregivers and other key stakeholders, as described in the ToR.

The specific objectives of the KAP survey, according to the ToR, were to:

- Understand the changes in KAP in parents and caregiver recipients of *Bolsa da Mãe* cash transfers, from 2015 to 2020, in the four identified administrative posts;
- Understand if the changes in KAP differ in the pilot (case) municipalities when compared to the control municipalities;
- Understand if—and to what extent—the implementation of the parenting programme *Hametin Família* contributed to the observed changes in KAP, by comparing the responses of parents/caregivers who participated in the programme with those who did not;
- Understand if there are differences in the changes in KAP according to the type of participation and satisfaction of the participants with the quality and relevance of the programme (home visits, community sessions, theatre performances, radio messages or father's network), the type of community environment (rural or non-rural), the sex of participants, the languages spoken and other variables;
- Understand the changes of parents on gender specific roles and relations between husband and wife in overall wellbeing of the household; and,
- Understand if there are differences in the extent and ways in which fathers who participated in the parenting programme are involved in parenting compared to those who were not involved in the parenting programme.

The majority of these objectives were achieved through the use of the same data collection tools used in 2015, with the addition of specific questions related to Violence against Women and Children,

the fathers' network and fathers' involvement in parenting, and exposure to the *Hametin Família* programme. When appropriate, comparisons were made between outcomes and exposure to different *Hametin Família* components.

Due to limitations on the qualitative interview guide (amount of time for survey; COVID-19 restrictions; sensitive topics discussed) we did not get detailed information on the type of participation and satisfaction. This is discussed further in the limitations section.

### 1.3. Methodology

As in the baseline study, the present (endline) study included quantitative and qualitative components in the same four municipalities, and among the same population, i.e., *BdM* recipients. This report focuses mainly on comparisons between the pilot group and control group, as indicated in table 3 below.

**Table 3: Pilot (Case) and Control Groups**

Municipality	Administrative Post	Pilot/Control
Ermera	Railaco	Pilot
Lautém	Iliomar	Control
Liquiçá	Bazartete	Control
Viqueque	Uatucarbau	Pilot

The quantitative and qualitative samples for the present study were drawn in a manner that allows for these, and potentially other, comparisons.

Preparation for the fieldwork was conducted between December 2020 – January 2021, with the lead agency, Ba Futuru, recruiting a data collection team from the University of Timor-Leste (UNTL). A team leader, data entry specialist, and enumerators were included in the selection, with support from Ba Futuru when appropriate for certain data collection tasks, such as collecting Most Significant Change stories. Once the data collection team was in place, a series of workshops was conducted by the Rain Barrel Communications team to train the enumerators on the use of the research instruments and the data entry tools. This training took place in January 2021 over a two-week period via Zoom. Enumerators practiced using the data collection tools, learned about ethical research practices, and role-played field work scenarios. A dedicated session on researching violence related issues was also included.

Data collection was carried out between January 31 and February 28, 2021. A team of 11 students from the University of Timor Leste served as enumerators under the guidance of a team lead who provided oversight. The enumerators spent 29 days in the field and collected an average of 20 surveys per day. The qualitative component was more time intensive and enumerators conducted 2-3 interviews or 1-2 focus group discussion per day. The team faced several challenges in collecting data due to the ongoing COVID-19 pandemic and the rainy season, and therefore were not able to complete the anticipated number of interviews in Iliomar, Viqueque, and Lautém municipalities. Table 4 provides the timeline for the data collection.

**Table 4: Timeline for Data Collection**

Municipality	Field Dates
Lautém	January 31-February 5
Viqueque	February 6-12
Líquiçá	February 15-21
Ermera	February 22-28

## 1.4. Target Population

As in the baseline study, the target population for this KAP survey included *BdM* recipient households from four administrative posts (formerly sub-districts) in four municipalities (formerly districts). Selected vulnerable households from these municipalities receive conditional cash transfers. Out of these four municipalities, respondents in two of the administrative posts (Ermera, Viqueque) were also exposed to the pilot parenting programme.

## 1.5. Data Collection Tools

Data was collected using three distinct methods: quantitative, through a questionnaire; qualitative, which included focus group discussions (FGDs) and in-depth interviews (IDIs), using question guides for each; and using the Most Significant Change (MSC) stories technique. Data collection tools were developed by the Rain Barrel Team in consultation with UNICEF Timor-Leste and were intended to allow for comparison with the data collected at baseline in 2015. The tools were reviewed by UNICEF Timor Leste and the Regional Office and pre-tested by the enumerators.

### 1.5.1. Quantitative (Survey) Tool

The survey tool included all of the questions in the baseline survey along with a number of other questions intended to further inform the development of a revised parenting programme. These included:

- Several questions on the fathers' programme that was part of the *Hametin Família* programme;
- A set of standard questions drawing from UNICEF and other organizations' tools on VAWG/ VAC; and
- Questions about exposure to the *Hametin Família* programme.

### 1.5.2. Qualitative Tools

The qualitative component consisted of interview and focus-group questions related to the ten parenting focus areas; experience with the *Hametin Família* programme; VAWG; and roles of fathers and mothers. These qualitative interviews sought to provide context for the results of the quantitative

inquiry, areas for comparison with the baseline KAP study, and new information on VAWG and gender norms. Two separate in-depth interview guides were developed, one for caregivers of infant-primary school aged children, and one for caregivers of secondary school aged children. Several of the questions were the same across both IDI guides with questions augmented and tailored for the appropriate age group. Focus group discussions sought to understand community level knowledge, attitudes, and practices related to the ten key areas across age ranges and were conducted among community leaders, members of community organizations, and service providers.

### 1.5.3. The MSC Tool

In addition to the FGDs and IDIs, MSC stories were collected from parents and caregivers in the two pilot municipalities. A total of ten stories were collected. These stories aimed to capture—in participants’ own words—the changes that may have resulted from the parenting programme. An MSC tool was prepared during the design of the parenting programme and used during the present study to record stories. The stories focused on the most significant changes that resulted from the programme and more specifically, gender related changes that ensued as a result of the programme. The MSC tool also included questions on the participants’ involvement with the *BdM* programme and the role of community trainers.

## 1.6. Sampling

In this section, the sampling methods for both quantitative and qualitative inquiry are presented.

### 1.6.1. Quantitative Sampling

Table 5 below indicates the number of *BdM* recipients in each of the administrative posts, along with the proposed and final sample sizes. Because this endline study is intended to compare results from two groups (pilot and control, or those who received the parenting programme and those who did not) a two-proportions sample size calculation was performed in Stata 15 to determine the correct sample size.<sup>40</sup> This calculation method is generally used to compare a single variable across case/control groups, but this study compares multiple variables; therefore, the calculation of sample size was performed for the variables which require the largest sample size in order to achieve adequate statistical power. An additional assumption made was that during the implementation period of the *Hametin Família* programme, there would be an approximately 14-percentage point increase across affective variables, e.g., knowledge, attitudes, and beliefs. We assumed an approximately 3.5-percentage point increase per year across the campaign and further assumed that this is consistent over the 4-year period since the baseline KAP study was performed.

<sup>40</sup> For more information, see Wang, H. and Chow, S.C. (2007). Sample size calculation for comparing proportions. Wiley Encyclopedia of Clinical Trials.

With these assumptions, the appropriate sample size was calculated using the formula:

$$n = (Z_{\alpha/2} + Z_{\beta})^2 * (p_1(1-p_1) + p_2(1-p_2)) / (p_1 - p_2)^2, \text{ where:}$$

- $Z_{\alpha/2}$  is the critical value of the Normal distribution at  $\alpha/2$  (e.g., for a confidence level of 95 per cent,  $\alpha$  is 0.05 and the critical value is 1.96)
- $Z_{\beta}$  is the critical value of the Normal distribution at  $\beta$  (e.g., for a power of 90 per cent,  $\beta$  is 0.1 and the critical value is 1.65) and
- $p_1$  and  $p_2$  are the expected sample proportions of the two groups; 32 per cent and 46 per cent provides the maximum sample size and includes the expected 14 percentage point change across the programme.

This calculation yields a sample size of 255 households in the case group and 255 in the control group for a total of 510 households. However, because the baseline study included additional disaggregation, notably between rural and non-rural districts, the size of the sample was doubled to 510 households in the case group and 510 households in the control group, or 255 per administrative post. Given that each administrative post has a relatively small population of *Bolsa da Mãe* recipients who could be sampled for the survey, it is possible to reduce the sample size using the formula, where:

$$\begin{aligned} n &= \text{adjusted sample size} \\ n_0 &= \text{calculated sample size} \\ N &= \text{population size} \end{aligned}$$

For example, in Uatucarbau administrative post in Viqueque, there are 480 *BdM* recipient families. Using the formula above, the required sample size for this administrative post will be 167 households. Table 4 indicates the adjusted sample size for each of the four administrative posts proposed for the KAP survey, assuming an 80 per cent response rate, and the final total of surveys that were administered in each post.

**Table 5: Sample Sizes for Quantitative Inquiry**

Muni	Admin Post	BdM households (as of 2015)	Min. Sample Size/RR	Final Total Responses
Ermera	Railaco (pilot)	649	183 à 229	248
Lautém	Iliomar (control)	563	175 à 219	205
Liquiçá	Bazartete (control)	1231	211 à 264	257
Viqueque	Uatucarbau (pilot)	480	167 à 209	179
<b>Total</b>			<b>736</b>	
<b>Total required, assuming an 80% response rate:</b>		<b>921</b>	<b>889</b>	

The final number of responses in the study was 889, which exceeded the expected response rate by around 150 responses.

### 1.6.2. Qualitative and MSC Sampling

The qualitative component of the study provided additional context regarding the implementation and impact of the *Hametin Família* programme. The qualitative and quantitative components are strongly interdependent, and together serve as a reference for the monitoring and evaluation of the parenting programmes. We employed purposive sampling for qualitative interviews. Only one participant per household was interviewed. All interviews were recorded on an audio recording device and conducted either at a community centre (FGDs); in the home or outside for IDIs—wherever the interviewee felt most comfortable. The tape recordings were transcribed and translated to English by Ba Futuru staff.

It was predicted that the data collection team would be able to conduct 12 FGDs with key community leaders, members of community-based organizations, Social Welfare Workforce/Child Protection Networks, and intermediaries such as staff involved with service delivery for parents. Due to inclement weather that prevented travel for data collectors and interviewees, in addition to the restrictions imposed by the COVID-19 Pandemic, a total of eight FGDs were conducted: two in Viqueque (pilot); two in Ermera (pilot); four in Liquiçá (control); and none in Lautém (control). No FGDs were conducted in Lautém due to challenges with the data collection team in the initial fieldwork; Ba Futuru staff expected to return to Lautém to complete them, but the severe weather across Timor-Leste, along with an increase in COVID-19 cases and concurrent travel restrictions, prevented this. Perhaps fortunately, Lautém is a control area, and for this reason the need for FGDs to supplement or explain quantitative results is not as strong as in pilot areas.

The study design anticipated being able to conduct 40 in-depth interviews across all four municipalities but again the efforts were hampered by COVID-19 restrictions and weather. The team could not return to municipalities in Iliomar and Viqueque to complete the planned number of interviews and FGDs. Overall, 33 IDIs were conducted with caregivers for primary and secondary aged children (both genders). Eight were conducted in Ermera (5 mothers; 2 fathers; 1 traditional leader); seven in Lautém (3 mothers; 3 fathers; 1 traditional leader); nine in Liquiçá (5 mothers; 4 fathers); and nine in Viqueque (5 mothers; 4 fathers). These are reflected in table 6.

**Table 6: Qualitative Sampling**

Administrative post	In-Depth Interviews	No.	Focus Group	No.
Railaco, Ermera				
PILOT	Mothers	5	Community Leaders	1
	Fathers	2	CBOs	1
	Traditional Leaders	1		
Iliomar, Lautém				
CONTROL	Mothers	3	No FGDs were conducted in Lautém; see above.	
	Fathers	3		
	Traditional Leaders	1		
Bazartete, Liquiçá				
CONTROL	Mothers	5	Community Leaders	2
	Fathers	4	CBOs	2
Uatucarbau, Viqueque				
PILOT	Mothers	5	Community Leaders	1
	Fathers	4	CBOs	1
Total		33		8

The study design included the collection of ten MSC stories from caregivers who were *BdM* recipients in the two pilot municipalities. Caregivers were divided into two groups, one with children under 12 years of age and one with children aged between 12-18 years of age. The groups included male and female caregivers.

**Table 7: MSC Sampling**

Administrative post	MSC Stories	No.
<b>Railaco, Ermera</b>	Mothers	3
	Fathers	3
<b>Uatucarbau, Viqueque</b>		
<b>PILOT</b>	Mothers	2
	Fathers	2
<b>Total</b>		<b>10</b>

While the inception report proposed a plan for household observations, these were dropped from the final study protocol for three key reasons. Primarily, it was determined that the restrictions and risks connected to the COVID-19 pandemic made it impractical to enter people's households and observe behaviours for extended periods of time. Second, because the interview guides were in-depth, long, and touched on sensitive topics (child rearing, VAWG, personal caregiving practices) the interviewers

needed to focus on creating and maintaining rapport with participants. The researchers were concerned that the added burden of observing parents interacting with their children would potentially disrupt the interview or pull noticeable attention away from the interview, thereby decreasing rapport and reliability of interview results. Lastly, the Rain Barrel team had ethical concerns about how the interview context could potentially impact the natural interaction between parent and child. A few of the questions the researchers grappled with included:

- Would the parents keep children away so they could interview? This would disrupt the observation and reduce the opportunities for effective data collection.
- Would they have cleaned the house for the interview specifically and therefore removed school books and supplies? This would give observers the wrong impression about the household's commitment to homework and education.

Questions of this nature, which suggested that observation data collected would be suspect, together with the additional concern of caregivers feeling potentially judged by observers, led the team to determine this would not be an ethical observation and that it would be difficult to make reliable and valid determinations or considerations based on those observations.

## 1.7. Ethical considerations

The research methodology, including the survey tools, interview guides, and sampling plan were approved for use by the Human Subjects Review Board of Metropolitan State University in Saint Paul, Minnesota, USA prior to the start of the research. Prior to data collection, enumerators were trained in Prevention of Sexual Exploitation and Abuse (PESA) principles. No children were included in any of the research samples.

Maintaining privacy and confidentiality is a core component of ethical research. Recruitment of participants in the quantitative portion of the research was done by examining the *BdM* database for recipients of cash transfers. Researchers have maintained the privacy of these households by safeguarding the information on a password protected computer. No personally identifying information was collected during any phase of the research, although FGDs, IDIs, and participatory activities do require the use of first names in order to build rapport and facilitate discussion. These names are replaced with a pseudonym in the report to indicate the type of interview (IDI or FGD) and the locality in the case of FGDs, with participant number, and gender of respondent added for IDIs. For example: IDI\_Viqueque\_Participant1F and FGD\_Emerera2.

Data from questionnaires, FGDs, and IDIs were shared on an as-needed basis within the research team, with the international consultants, and with staff and volunteers of UNICEF Timor-Leste as required for transcription, translation, and data analysis. They are kept on password protected computers and will be deleted as soon as UNICEF requirements allow (not longer than three years from the end of the project).

## 1.8. Quality Control Procedures

The data collection and analysis process included several quality control procedures. These began with a two-week training programme for the data collectors that included background on the study, detailed discussion of the research instruments, and practice using the data collection tools, including data entry forms and audio recorders.

The quantitative data collection process for enumerators included two primary components: a question sheet and a data entry sheet. Enumerators used the question sheet to interview respondents and marked the responses on the data entry sheet. The data entry sheet was designed in a way that was intended to assist enumerators in avoiding errors and ensuring that all relevant questions were asked. The survey included multiple filters and skips, and enumerators practiced the entire survey in training, conducted a test run of the survey in a community just outside of Dili, and then went to the field under the supervision of the data collection manager.

Once data collection was complete, data was entered into an Excel sheet that was designed together with the data collection form. The Excel sheet had specific checks built in that would alert the data entry specialist to any errors or other issues with the data collection process.

The qualitative data collection process included training on all research instruments, discussion of specific procedures to follow when asking difficult or sensitive questions, and the process for convening FGDs. The data collectors had significant practice using the qualitative tools prior to starting data collection procedures.

When data collection was complete, quantitative data was cleaned and processed for analysis in Stata 15/17BE. Qualitative data was transcribed and translated by Ba Futuru staff and checked for consistency during the analysis process by RBC. It was thematically coded using Nvivo12 for Mac and then manually coded. MSC responses were manually coded.



## 2. Socio-Demographic Characteristics

### 2.1. Basic Characteristics of the Population

Participants in the quantitative study were nearly 96 per cent female with a mean age of 45. Most were married (95 per cent), with an average of 3.6 children. Because the survey was conducted at the household level, rather than according to the sex of the caregiver, the respondents were selected by who was available rather than by sex/gender. This is typical for household surveys, and it may be useful for a future survey to include more male respondents through intentional design. The small percentage of male respondents included in the study means that disaggregation by sex for most variables does not provide useful insights. However, there are a few key variables for which sex disaggregation does indicate differences between women and men, and these are noted in the text.

### 2.2. Education

Within the quantitative survey, 54 per cent of respondents had attended school. Of these 54 per cent, 73 per cent had completed levels primary or secondary one. These results indicate relatively low levels of formal education. Of those who had not attended school or who had completed only primary and/or secondary one, 24 per cent had attended a literacy programme. Among those not attending school, or only completing levels primary or secondary one, 64 per cent had no or only elementary basic reading skills, around 50 per cent of respondents. Respondents in the pilot group were statistically significantly more likely to have better reading skills (40 per cent vs. 28 per cent able to read the literacy card completely;  $p=0.008$ ).

### 2.3. Exposure to Media

Only 11 per cent of respondents reported reading the newspaper; most of those reported that they read it at least once per week (58 per cent). A similarly low percentage reported that they listen to the radio (19 per cent); of those who do, 94 per cent reported that they listen every day or at least once per week. Radio Timor-Leste was reported as the most frequently listened to (80 per cent).

A greater percentage reported that they watch television (40 per cent). Of these, 99 per cent reported that they watch television every day or night or at least once a week. Most (68 per cent) reported that they most often watch TVTL.

There was a statistically significant difference between pilot and control groups in those reporting that they have a mobile phone (61 per cent vs. 54 per cent,  $p=0.03$ ). Of those who did not report have their own mobile, 61 per cent reported that their household has one, and of those, 75 per cent report that they have access to this household mobile.

Only 4 per cent of respondents reported that they have access to the internet. Almost all access it via mobile phone, and report doing so every day or night or at least once per week.

## 2.4. Exposure to the Hametin Família Programme

Generally, the research indicated overall low levels of awareness of the *Hametin Família* programme, even in the pilot municipalities. In pilot municipalities, 39 per cent of respondents reported having heard of at least one on the five approaches (radio programme; father's network; community sessions; home visits; theater programme) with less than 8 per cent reported having heard of two or more. In the control municipalities, some participants were exposed to the *Hametin Família* programme, but at significantly lower levels, as indicated in table 8. While low, this exposure may have reduced the ability of the study to detect statistically significant differences between the pilot and control municipalities.

**Table 8: Exposure to the *Hametin Família* Programme**

Exposure to HF (n, %)	Total	Pilot	Control
Not heard of HF	620 (69.7)	257 (61.0)	363 (77.6)
Heard of 1 approach only	219 (24.6)	132 (31.4)	87 (18.6)
Heard of two or more	50 (5.6)	32 (7.6)	18 (3.8)
<b>Total</b>	<b>889</b>	<b>421</b>	<b>468</b>

(note:  $p < .05$  for overall differences between pilot and control groups)

These results indicate that some individuals living in control areas are familiar with the *Hametin Família* programme. The reasons for this are unclear, but potentially many and varied, such as travelling to other areas, having family members who live in other areas, hearing about the programme from community workers or other government officials, and so on. However, despite the exposure of control communities to the *Hametin Família* programme indicated in table 8, there are numerous study variables which demonstrate statistically significant differences between pilot and control areas. This is encouraging as it indicates that at least some aspects of the *Hametin Família* programme are having positive effects on people's parenting knowledge, attitudes, and practices.

The three most highly attended sessions in the parenting programme were the Nutrition sessions (73 per cent); General Parenting sessions (72 per cent); and Child Protection sessions (69 per cent). All other sessions were attended by less than 15 per cent of respondents.

The next section presents the results of the study, organized by focus area. These are followed by recommendations for revisions of the parenting programme.



## 3. Results

### 3.1 Study Results by Focus Area

This section presents the results of the research and identifies areas in which a statistically significant difference between intervention (pilot) locations and control locations was found, with additional presentation of areas that showed changes between the 2015 baseline study and the present study. While not all ten of the focus areas of the parenting programme indicated statistically significant differences between the pilot and control groups, there were several in which the parenting programme seems to have had a measurable influence on parents' knowledge, beliefs, and practices. Qualitative data supports and offers deeper explanation for these quantitative findings. A synthesis of key themes that emerged from the analysis and exemplar quotations are provided.

#### 3.1.1 Data Analysis Procedures

Quantitative data were captured from paper questionnaires into two MS Excel spreadsheets. The first contained data related to sampling such as municipality and administrative post and the second included the data based on the questionnaires. The datasets were imported into Stata software (version 13, STATA Corp., College Station, Texas, USA) and then merged so that the administrative data and the data from the questionnaires were combined. The data were checked and additional recoding and cleaning was done. The researcher checked the dataset thoroughly for incongruent values, missing data, and obvious data entry errors. For example, checking that age was entered in months for the initiation of complementary feeding. Obvious errors were recoded. The majority of the variables did not include a significant quantity of missing data so these were not considered in the analysis. The exception was variables related to fatherhood and domestic violence.

The data were largely categorical and Pearson's chi-squared ( $\chi^2$ ) tests were used to detect associations between the focal independent variable (intervention and control groups) with the dependent variables (10 key family practices such as nutrition and child protection). When appropriate, other disaggregation was used, such as gender, although the very small number of male respondents made it unlikely that any statistically significant associations were observed. Where scales were used to measure the dependent variables (such as knowledge) or where there were multiple dimensions of a behaviour (e.g., handwashing) a composite score was created through summing the responses to the individual items. These scores were then analysed as continuous variables and differences between the intervention and control participants were analysed using a t-test and presented with the standard deviation. Statistical significance was set at 0.05 as indicated throughout subsequent sections.

The qualitative results of the research supported and helped further explain the focus areas which showed a statistically significant difference between intervention (pilot) locations and control interventions. Utilizing Nvivo12 for Macintosh (version 1.5, QSR International, Melbourne, Australia), coding was conducted at the 10 focus areas (master level codes) with further sub-codes emerging from the data, largely focused on the interview questions. Once master and sub-codes were found utilizing Nvivo12's coding tools, researcher coding further enhanced and provided nuance to sub-codes and interactions across codes. The MSC stories were coded manually using an inductive or open

coding approach. Emergent themes were categorized and clustered by overarching and sub-codes.

A note on translation: while something is always lost in translation, the bilingual translation team and the researchers worked hard to capture the spirit of the participants' answers. One issue noted during analysis in translation and transcription (a common translingual problem) is the lack of articles, lack of subject/verb agreement, and issues with tense. In order to convey the meaning of the quotes clearly, the research team decided to edit for grammar and clerical issues, while being careful to not change the meaning of the text.

### 3.1.2 Focus Areas Indicating Difference

Statistically significant differences are indicated in variables in all of the ten focus areas (with the exception of the General Parenting area, which is a composite of the other areas). Of particular note in the magnitude of changes since 2015 are the following:

- Early Stimulation
- Child Protection
- Education

In addition, strong influence is indicated in an additional focus area, positive discipline. Similar to the quantitative results, qualitative coding demonstrated KAP changes in Hygiene, Nutrition, Early Stimulation, Education, Gender Roles and Positive Discipline. This report will use exemplar quotes from interviews, FGDs, and MSC stories to demonstrate these findings. In subsequent sections, these differences are presented, and when appropriate, comparisons made between the data in the present study and results from the 2015 baseline. When appropriate, results from 2015 are categorized according to "pilot" and "control" groups, although at the time of the baseline study there were no differences between the municipalities, as the parenting programme had not started. This categorization is made for comparison purposes.

The remainder of this section presents the results of data analysis from each of the parenting programme focus areas.

### 3.1.3 General Parenting

The goal statement for the general parenting focus area is that participants "understand that parents are the biggest influence in their children's lives, and that having an engaged father is very important to children's lives." This goal was intended to be met through parents' participation and collaboration in the *Hametin Família* programme.

As in 2015, there were no questions or variables specifically developed to measure general parenting skills. The 2015 Baseline KAP study reported that

*“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 childcare 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. (UNICEF, 2017)”*

The *Hametin Família* parenting programme responded to this recommendation by prioritizing collaborative sessions, in which parents worked with community level trainers to develop their parenting skills. They also had opportunities to participate in events like community theatre sessions in which interaction with audiences was invited and prioritized.

Change stories in pilot districts indicated that many aspects of the parenting programme resonated with participants.

*“This programme has had a big contribution to my family. I have learned a lot and applied this information that related to child care, nutrition and hygiene in my family. I hope that my children will be able to follow [to] do good things that I do in the future. (MSC\_Ermera\_Participant2M)*

*This programme is extremely important for me because I could further strengthen my family through applying this information that I got from this programme in order to guarantee children’s good health, and practice good hygiene everyday (washing hands and taking shower), preparing food with good nutrition for children and guaranteeing their wellbeing. (MSC\_Ermera\_Participant6F)”*

Similarly, IDI and FGDs demonstrated positive associations with the parenting programme.

*“The Hametin Família programme really helps the parents because it gives ideas to the parents on how to strengthen their family and how to take care of their children to continue their studies. (IDI\_Ermera\_Participant8F)*

*The changes I have seen are that the parents are putting the first priority on their children’s education. (IDI\_Ermera\_Participant4F)”*

Based on stories and quotes such as these—as well as the results from the other focus areas and the gender-related objectives of the programme—participants seem to have responded positively to the goal statement of the general parenting focus area.

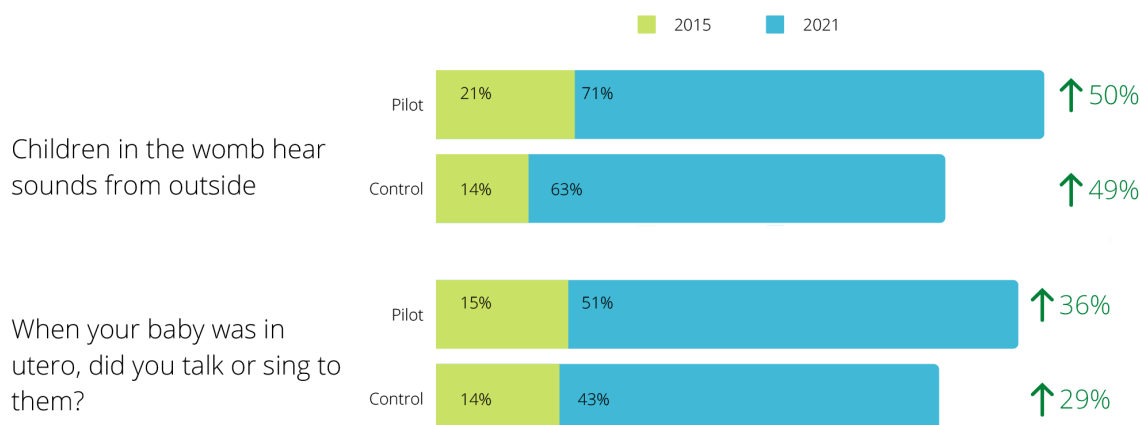
### 3.1.4 Early Stimulation

The goal statement for the early stimulation focus area was that parents “interact with [their] child in utero and from the time they are born through games and play, songs, rhymes, stories and reading.” Data indicated significant differences between pilot and control groups across several variables in the early stimulation portion of the survey, which suggest that the *Hametin Família* programme had a significant impact on parents’ KAP related to early stimulation. This section includes a total of seven questions and sub-questions (5101 – 5107).

Questions 5101 – 5102 asked respondents whether, in their opinion, a child could hear when still in the womb, and whether they had talked or sung to their children while they were in utero. The data indicate significant differences between intervention and control groups.

Comparing these data to the 2015 baseline study indicates significant improvement in both pilot and control groups. The 2015 baseline reported that only 18 per cent of parents believed that a child in utero could hear sounds from outside, and only 15 per cent agreed that they interacted with the child in utero.

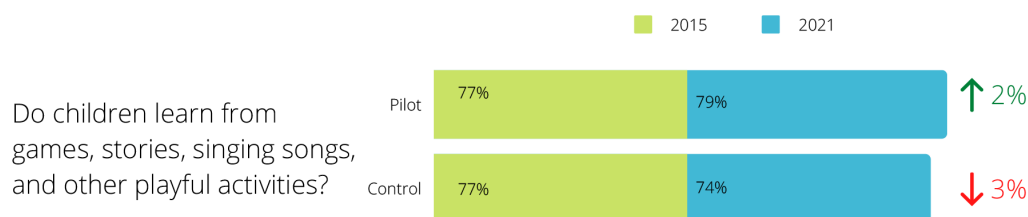
**Table 9: In Utero Early Stimulation Variables**



As indicated in table 9 above, there was a significant increase in parents’ knowledge that a child is able to hear in utero between the 2015 baseline and 2021 endline study. This was accompanied by a significant increase in the percentage of parents who reported interacting with their child in utero.

A total of 46 per cent of parents across both pilot and control groups could name at least one reason to sing or talk to a child in utero. The difference between pilot and control groups did not reach the level of significance, but was greatly increased from 2015, when only 13 per cent could name one reason.

Questions 5103 and 5103A asked respondents to state their opinion on whether children learn from games, stories, songs, and other playful activities.

**Table 10: Do Children Learn from Playful Activities?**

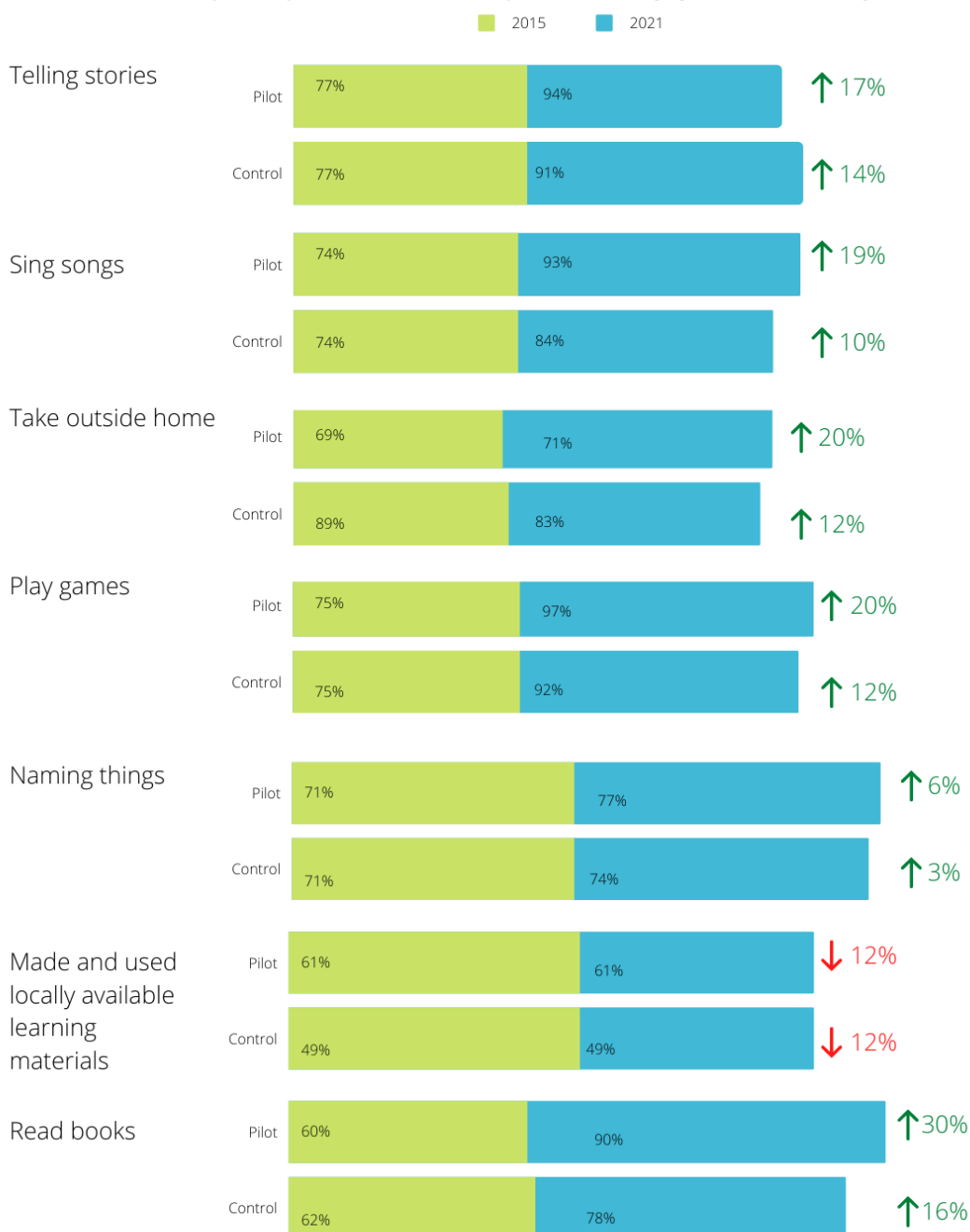
Results for this variable indicate that the parenting programme did not have significant influence on how people think about children's learning from games, stories, and other playful activities. While there is a trend toward significance in the 2021 study between the pilot and control groups, the positive change between 2015 and 2021 is relatively small and not statistically significant.

When asked what types of things children were able to learn from play, 73 per cent of respondents were able to name at least one thing. This is significantly higher than the result from 2015, when the average across the four municipalities was around 15 per cent.

Question 5105 was concerned with playful activities conducted within the last three days, such as playing games, telling stories, and singing songs. It also asked the respondent to identify who had engaged in these activities with the child. There were several areas in which statistically significant differences were observed between pilot and control groups, as indicated in table 11.

**Table 11: Early Stimulation Activity Behaviours**

In the last three days, did you or another family member engage in the following:



Most of the variables in table 11 above indicate both positive and statistically significant difference between the pilot and control groups as well as positive change between 2015 – 2021. The variable related to making and using locally available materials may have to do with the ability to parents to receive learning materials rather than make them, but this is not revealed by the data. Many of the variables were not statistically significant in 2015 but have reached the level of statistical significance

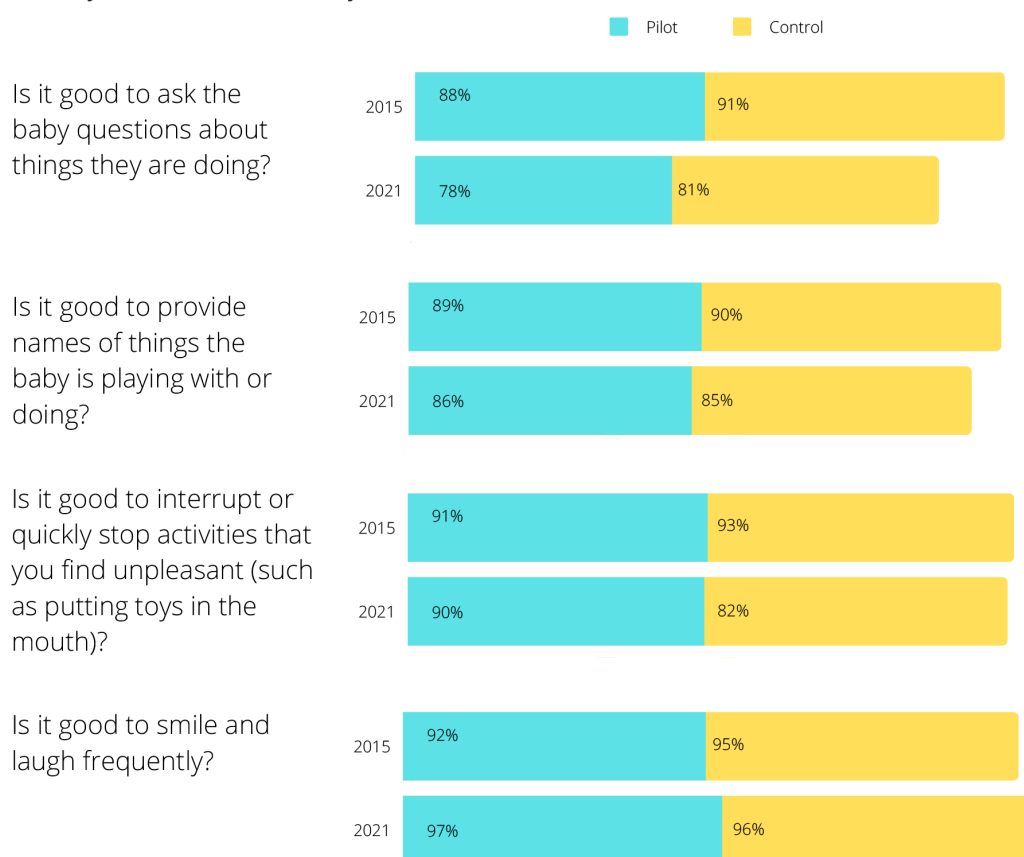
in the current (2021) study, suggesting that the parenting programme is having a positive effect on these variables. Where there have been positive changes, these have been greater in the pilot areas, which supports the idea that the parenting programme is positively influencing parents in these communities.

Questions 5106 and 5107 were mainly concerned with the care of children under 2; question 5106 included only those respondents who had a child under 2 in the household, and question 5107 asked respondents' opinions regarding the care of children under 2 years of age. Questions 5106A – 5106F were scaled between 1 - 4, with 4 being "always" and 1 being "never." The responses were recoded into two categories – one for that included "mostly" and "always" and another that included "rarely" and "never." None of the variables in the group showed statistically significant differences between the pilot and control groups. There are several potential reasons for this. First, there were a smaller group of respondents with children under two years of age in the 2021 sample than in 2015, which influences the power that the survey has to detect differences; second, because the means for the question were generally high (4 indicates always) any small changes in means within a small respondent size would not be detectable.

Questions 5107A-D asked respondents to agree or disagree with statements related to caring for a baby. There were no significant differences between the pilot and control groups for all four questions.

**Table 12: Attitudes Toward Early Stimulation Behaviours**

When you take care of a baby:

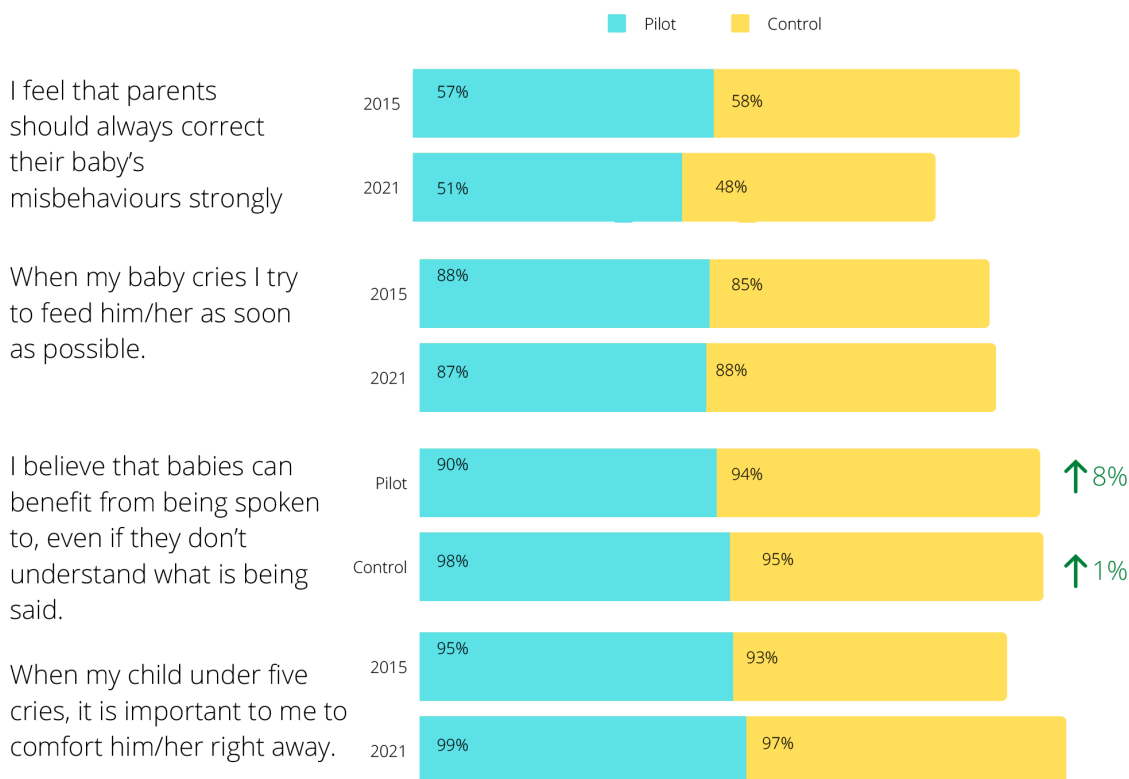


In addition, there was essentially no difference between the baseline and endline results for these four questions (table 12).

Questions 5108 A – D asked parents to agree or disagree

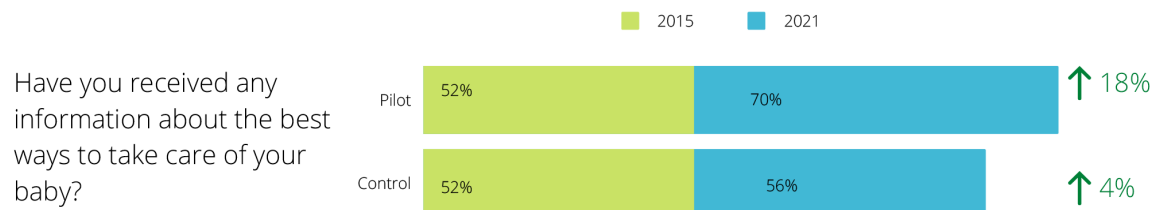
**Table 13: Beliefs about Caring for a Baby**

Do you agree or disagree with the following statements:

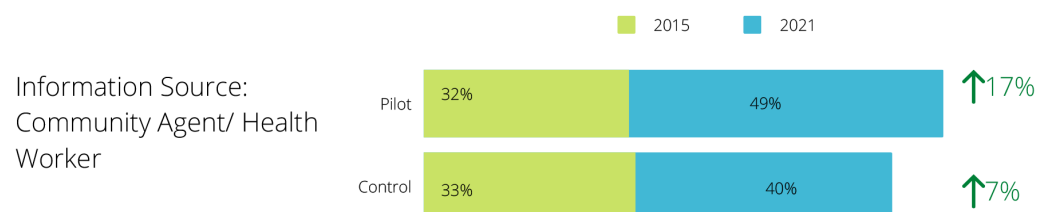


Only one variable in this group indicated a positive difference between the pilot and control group, related to the belief that babies benefit from being spoken to. These variables also indicated a change between the 2015 results and the 2021 results. Most of these questions indicate quite high levels of agreement, and it is therefore not surprising that there are not statistically significant differences between the pilot and control group, nor between the 2015 and 2021 results.

The next question in this group asked respondents whether they had received information about taking care of their baby. The results indicate a very significant difference between the pilot and control groups, as well as between 2015 and 2021 in the pilot groups. In 2015, only about half of all respondents had received any information about caring for their baby.

**Table 14: Receipt of Information about Caregiving**

In 2021, there was an 18-percentage point increase in the pilot group in response to this question. The most frequently mentioned sources of this information were “my own parents” (24 per cent); “community agent/health worker” (44 per cent); and “an NGO or organization” (14 per cent). All other potential sources were mentioned less than 10 per cent of the time. The difference between the pilot and the control group was significant for the Community Agent or Health Worker option (49 per cent/40 per cent;  $p = 0.005$ ).

**Table 15: Information Source for Caring for Babies**

There was a large increase in the percentage of respondents who mentioned Community Agent/Health Worker as a source of information between 2015 – 2021, which fits with the role of the parenting programme in communities in that time.

The final set of survey questions in this group was related to beliefs about raising young children, as indicated in table 1.

**Table 16: Beliefs about Early Childhood**

Question/Variable	Year	No.	Pilot	Control	Sig.
Do you agree or disagree with the following statements: Children less than 3 years of age should explore and play as much as possible.	2015	4110A	80	86	n/s
	2021	5110A	98	92	<0.001
Baseline – Endline Increase/Decrease (percentage points)			18	6	
Children, even those from the same family, learn differently and have different abilities.	2015	4110B	88	91	n/s
	2021	5110B	99% <sup>41</sup>	98	0.08 <sup>42</sup>
Baseline – Endline Increase/Decrease (percentage points)			11+	7	
Children should attend some form of early childhood education by the age of 3.	2015	4110C	86	87	n/s
	2021	5110C	99	95	<0.001
Baseline – Endline Increase/Decrease (percentage points)			13	8	
When a child under 5 cries it is important to allow them to console themselves so they learn to be strong.	2015	4110D	41	52	0.002
	2021	5110D	56	56	n/s
Baseline – Endline Increase/Decrease (percentage points)			15	4	
Parents should read to their children for at least 10 minutes per day.	2015	4110E	87	91	0.02
	2021	5110E	96	92	0.03
Baseline – Endline Increase/Decrease (percentage points)			9	1	
When a child under 5 cries it is important to allow them to console themselves so they learn to be strong.	2015	4110D	41	52	0.002
	2021	5110D	56	56	n/s
Baseline – Endline Increase/Decrease (percentage points)			15	4	
Parents should read to their children for at least 10 minutes per day.	2015	4110E	87	91	0.02
	2021	5110E	96	92	0.03
Baseline – Endline Increase/Decrease (percentage points)			9	1	

Overall, the variables in question 5110 (4110) showed both statistically significant differences between pilot and control in the 2021 study and large percentage point increases between 2015 – 2021.

The endline qualitative results for early childhood stimulation show consistent findings with the baseline survey. At both time points, parents emphasized teaching children the alphabet, numbers and counting, as well as singing and playing with them regularly. Some examples from the endline: “I interact with the babies through singing... [and using] alphabet games to interact with them,” and “I sing, play music and dance with them” (IDI\_Ermera\_Participant6F; IDI\_Liquiçá\_Participant1F).

Qualitative data in both control and case areas demonstrate that parents were either already engaging their young children in early stimulation techniques—such as playing games, singing songs, reading, and practicing the alphabet - or have recently begun to do so. There was no conclusive relationship described between the early stimulation practices and the *Hametin Família* programme. Even in case areas, such as Viqueque, participants sometimes did not receive the *Hametin Família* training and therefore were not able to speak to whether or not they made changes due to the programme, “I

<sup>41</sup> With rounding, this percentage would be 100%. It is written here with the (+) to indicate rounding.

<sup>42</sup> The nearly 100% agreement with this statement means that statistical significance is unlikely to be seen in this sample size; however, the p value indicates that there is a trending difference between the pilot and control groups.

have not participated in *Hametin Família* programme, so I cannot explain what changes I have made so far” (IDI\_Viqueque\_Participant4M); but another participant in the same area indicated a change due to *Hametin Família*, “It has changed a bit since the start of the *Hametin Família* Programme” (IDI\_Viqueque\_Participant8M).

Participants’ responses indicate that they held positive attitudes towards early childhood stimulation. The data also suggest that participants understood the importance of early stimulation for children and were able to name specific activities (e.g., games, song, dance), the benefits included cognitive growth as well as social interactions, “making them understand what we said,” “we can give ideas to them so they can understand well,” and “they can learn how to speak and respect other people” (IDI\_Ermera\_Participant4F; IDI\_Ermera\_Participant5F; IDI\_Viqueque\_Participant6F).

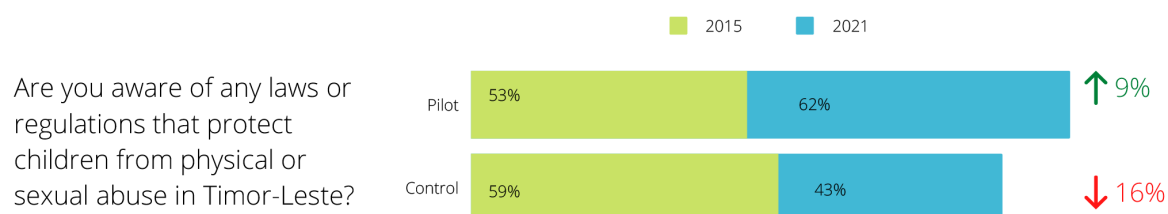
Based on the quantitative results, with support from the qualitative results, the parenting programme has had a positive impact on parents’ KAP related to early stimulation and has increased parents’ willingness and ability to engage in early stimulation behaviours. Revisions to the parenting programme should consider attitudes toward caregiving of very young children, presented in table 12, which did not show significant shifts between 2015-2021. The many areas in which positive shifts are shown suggest that this portion of the parenting programme is, overall, having the desired impact among participants.

### 3.1.5 Child Protection

The Child Protection focus area is intended to equip parents with the knowledge, attitudes, and skills to “ensure children are cared for and supervised by an adult or a child older than 10 years old and protect [their] child from physical violence and all forms of abuse.” The survey questions and variables in this focus area were 6206 – 6305 and sub-questions. There were no qualitative data collected on this focus area as the IDI and FGD guides instead included questions on VAWG and gender roles in parenting.

Beginning with question 6301, respondents’ awareness of laws regarding child protection, the 2021 data indicated a statistically significant difference between the pilot and control groups.

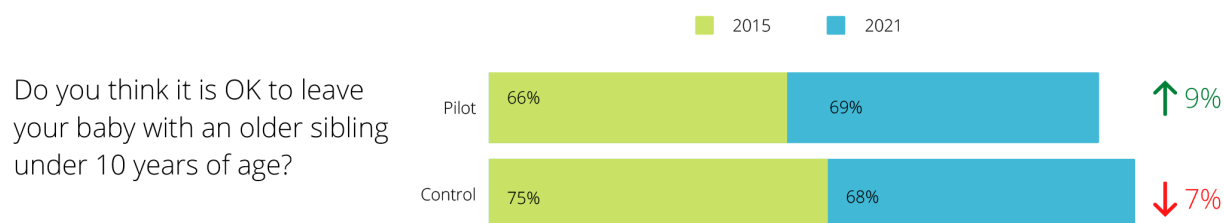
**Table 17: Awareness of Laws Regarding Protection of Children**



The positive increase associated with the pilot group suggests that the parenting programme increased awareness of the laws protecting children in Timor-Leste.

In addition to the awareness of laws and policies related to the protection of children, this section also includes questions related to the supervision of young children. Question 6206 assessed parents' attitudes toward leaving young children unsupervised.

**Table 18: Attitudes Toward Leaving a Child Unsupervised**

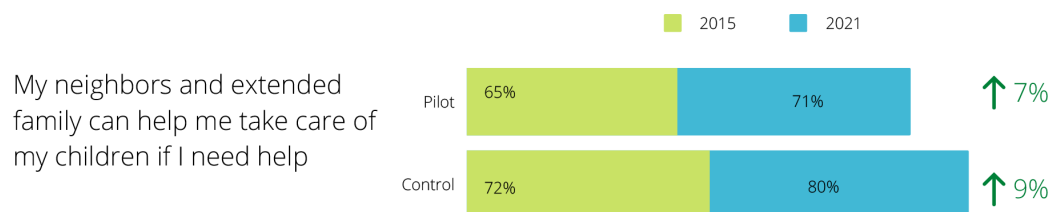


While there was an increase between 2015-2021, the magnitude is relatively small (3) and there is no significant difference between the pilot and control groups in 2021, suggesting that the parenting programme may not have had significant impact in this area.

Questions 6207A-E assessed attitudes toward several aspects of protection for infants and young children.

- 6207A: 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)
- 6207B: I think it is important that I can see my 6 – 24-month-old child at all times when he or she is playing
- 6207C: 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
- 6207D: My neighbors and extended family can help me take care of my children if I need help
- 6207E: In my community it is normal to leave children less than 10 on their own overnight

Variables in this section were recoded into two categories that included agree and strongly agree (1) and disagree and strongly disagree (0). Variables were then compared to determine whether there were statistically significant differences between pilot and control groups. One variable, question 6207D, indicated a significant difference between pilot and control as illustrated in table 19.

**Table 19: Finding Help to Care for Children**

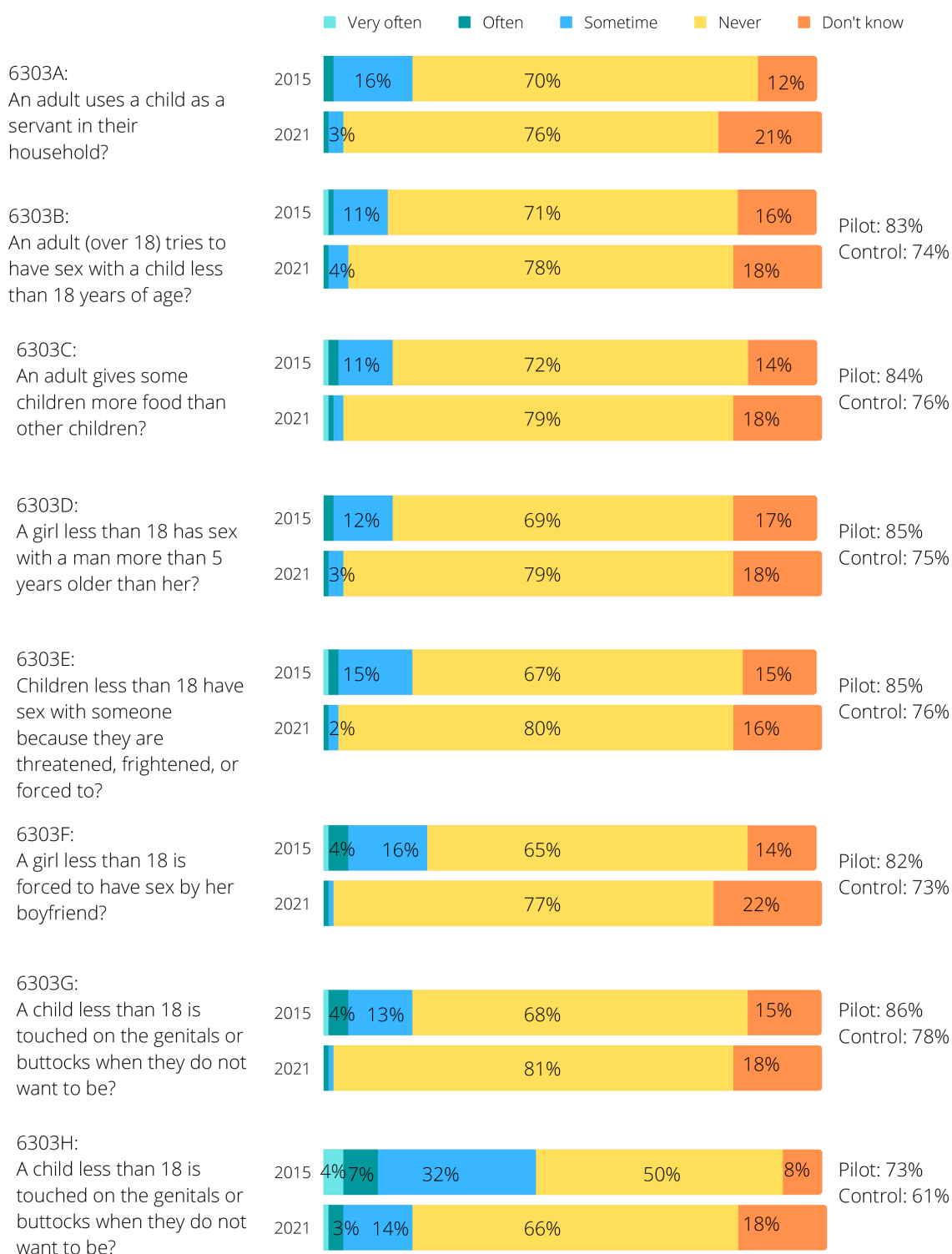
The fact that parents are more able to find assistance with neighbours is a positive development over the years since the baseline study. The fact that a smaller number of parents in the pilot group find assistance may suggest that these individuals are more cautious when reporting that they have a competent neighbour to watch their children, but there may also be other factors at work.

When asked how often they leave their child under 5 with an older sibling under 10 years of age, 35 per cent of respondents from both pilot and control groups in the 2021 data reported “sometimes” or “often.” In 2015, the percentage who reported doing so was 32 per cent. There were no significant differences between pilot and control groups in either year.

Sub-questions 6303A – J asked respondents a series of questions related to their perception of child abuse and exploitation in their communities.

**Table 20: Perceived Frequencies of Abusive Behaviours in Respondents' Communities**

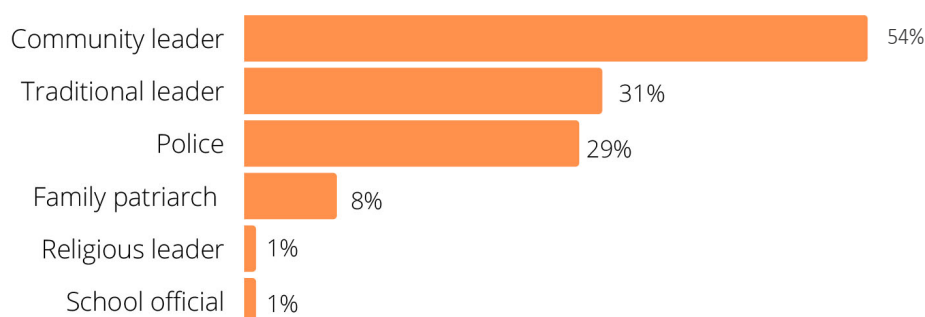
How often does it happen that:



Responses to variables 6303A-J were recoded into two categories: “never” only, and all other responses, and these categorical variables were tested for difference. Statistically significant differences were observed between the pilot and control groups in all but one of the variables in the 2021 data, and there were increases between 2015 and 2021 in the percentage of respondents who answered “never” to the prevalence of the negative practice.

These questions were followed by a question about whether, if a respondent heard about a child receiving physical or sexual abuse, they would tell someone. Sixty percent (60 per cent) reported that they would tell someone, and there was no difference between the pilot and control groups on this question. The percentage who reported that they would report this in 2015 was 55 per cent.

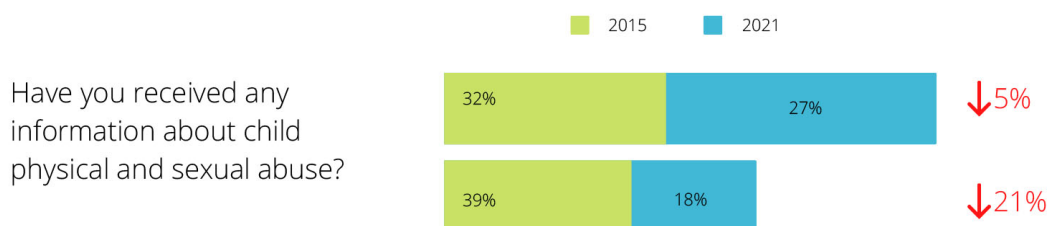
For the 60 per cent who would tell someone, the most mentioned person that they would inform were:



These responses were largely different than in 2015, where 91 per cent reported that they would report the abuse to a community leader and 64 per cent reported that they would report it to the police. While there are no significant differences between the pilot and control groups in these variables, it is important to note how these responses have changed since 2015. The result may indicate that parents do not feel as though they have a trusted resource for the protection of children in their communities.

The final set of questions in this section asked respondents if they had received information about child physical and sexual abuse (6305).

**Table 21: Percentage of Respondents Who Received Information about Child Abuse**

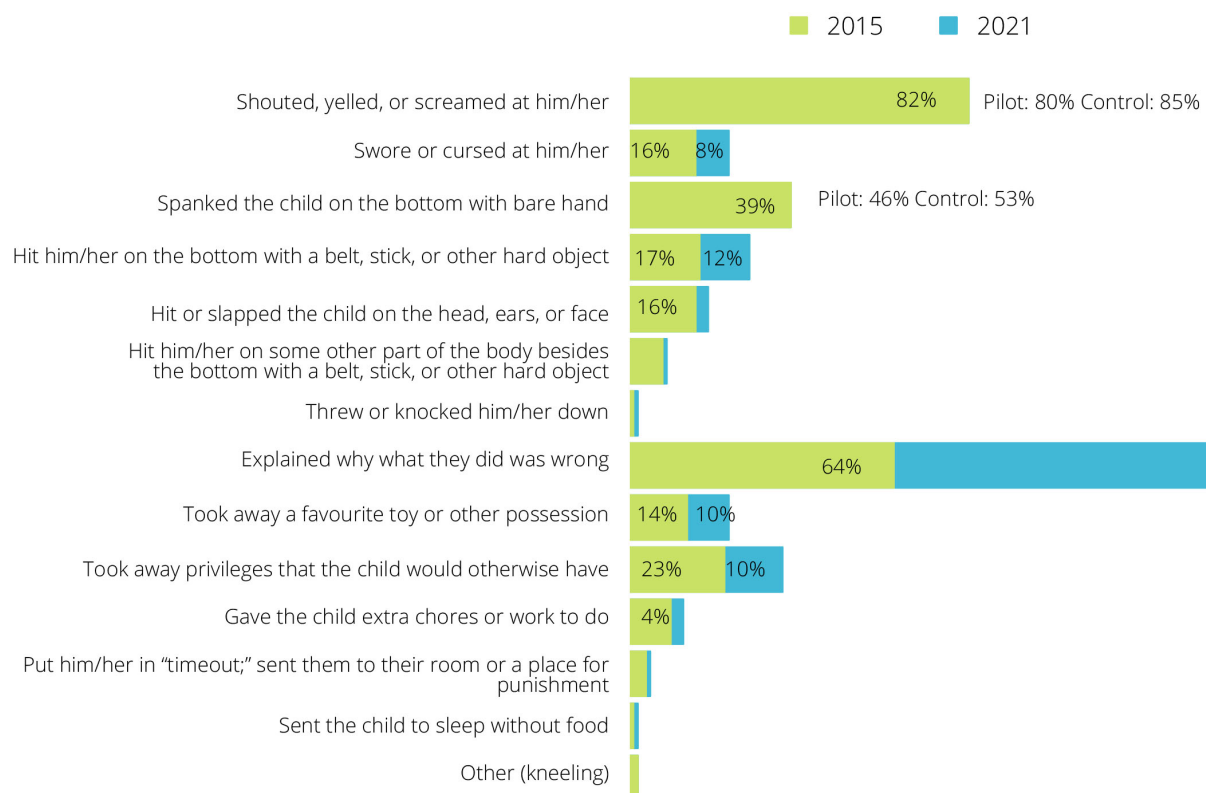


While there was a significant difference between the pilot and control groups in 2021, there was no difference between these groups in 2015. Additionally, there was a moderate reduction in the percentage of respondents who reported having received information in 2021 from 2015.

Based on the results presented in table 21, there are significant improvements in the perception of the frequency of abusive behaviours toward children, which may indicate that there is reduced prevalence of the behaviours. There was an increase in the percentage of parents who reported that they were aware of laws regarding child protection, and an increase in parents' reporting that it is unacceptable to leave a child unsupervised at all or in the care of another child under the age of 10. However, there are areas which could be improved. For example, a smaller percentage of people reported receiving information about child abuse, which is something that the parenting programme could provide. When considering who they would go to if they heard about child abuse, less than 30 per cent mentioned the police and only 54 per cent mentioned a community leader. This may indicate relatively low levels of trust in government/official institutions; however, traditional leaders were also not mentioned frequently (31 per cent). Work needs to be done on trusted authorities who can help parents resolve issues related to protection of children from exploitation and abuse.

### 3.1.6 Positive Discipline

Positive (or alternative) discipline refers to the use of "positive discipline approaches with your child to resolve conflict or redirect misbehaviour." The questions in this section included 6201 – 6205 and sub-questions. The first set of questions in the section asked respondents which types of discipline they used most often indicated in table 22.

**Table 22: Discipline Methods Used by Parents**

When disaggregating by gender, there was only one method in the list of discipline methods in which a significant difference was noted between women and men, which was “explaining why what they did was wrong.” For this variable, 86 per cent of men reported using this method, compared to 78 per cent of women. Of course, this is perhaps the most important positive discipline method in the group. Given the small percentage of male respondents who participated in the fathers’ network (less than 2 per cent) there is no association between this participation and the likelihood that a father would use a particular discipline method.

There were significant differences between pilot and control groups on two of the variables in the list, both of which are negative forms of discipline, and which were used more often by the control group. There was also an increase in the percentage of parents who reported that they explained what the child did was wrong (6203H), but there was no significant difference in this variable between the pilot and control groups.

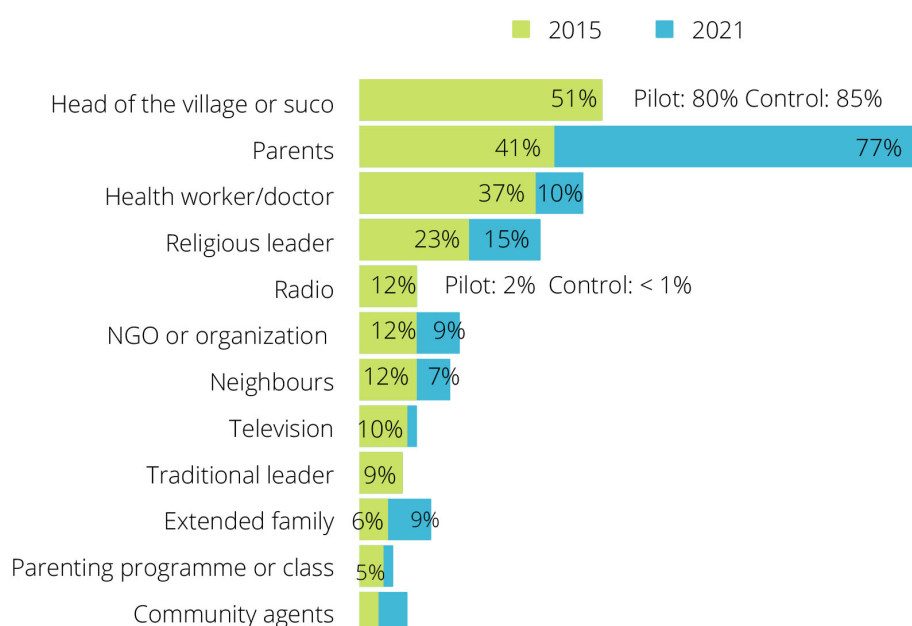
The next question asked was what methods parents used most often; the 2015 data indicated that shouting, yelling, or screaming at the child was most frequently used (71 per cent), followed by explaining what they did wrong (14 per cent); the secondary method most often used was explaining what was wrong (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 (5 per cent). The data from 2021 were,

unfortunately, not collected correctly and so it is unclear whether there have been shifts in most frequently used discipline methods.

In 2015, 44 per cent of respondents had received information about positive discipline methods; in 2021, 45 per cent had, and there was no difference between pilot and control groups on this variable. Question 6202A asked respondents to identify the source of the information about positive discipline; results are presented in table 23.

**Table 23: Sources of Information for Positive Discipline**

Source of information about the best ways to discipline children?



Of note are the variables which indicate significant difference between pilot and control groups; those in the control group are more likely to receive information about positive parenting from a village or traditional leader; those in the pilot group are more likely to receive it from radio. The largest change between 2015 and 2021 was the increase in people who said they receive the information from their parents.

An additional variable for parenting practice was created in order to determine whether a composite variable might show some difference between pilot and control groups. The variable was created by summing the positive discipline variables from questions 6204A-C. The results indicate that the difference between the pilot group and control group is nearing statistical significance for the composite of these three variables (see table 24.)

**Table 24: Positive Discipline Composite**

Question/Variable	Year	No.	Pilot	Control	Sig.
Positive Discipline Practice: 6204A: I put my child somewhere by himself/herself when he/she misbehaves					
6204B: I take away privileges that my child would otherwise have when he/she misbehaves	2021	6304A-C	8.8 (2.3)	8.5 (2.5)	0.06
6204C: I talk it over and reason with my child when he/she misbehaves.					

There was no significant difference between pilot and control groups in response to question 6205, “do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?” (27 per cent responded yes). This was highly improved from 2015, when 47 per cent of respondents agreed with this statement.

The final set of questions in this section referred to beliefs and practice related to disciplining of children. Variables were recategorized from four categories (strongly agree, agree, disagree, strongly disagree) to two (strongly agree, agree) and (strongly disagree, disagree).

**Table 25: Beliefs about Punishment and Discipline**

Statement	Agree or Strongly Agree		Sig.
	2015	2021	
5203A/6203A: I believe that physical punishment is the best way of disciplining a child	29%	19%	(10)
5203B/6203B: I believe that scolding and criticism make my child improve	38%	30%	(8)
5203C/6203C: I find it difficult to punish my child	64%	87%	23
5203D/6203D: It is sometimes necessary to frighten a child in order to have him/her obey	72%	Pilot: 89% Control: 83% (p = 0.006)	17
5203E/6203E: I have strict, well-established rules for my child	71%	90%	19
5203F/6203F: Children learn about good behaviour best when the rules are explained to them in a calm, gentle way	80%	92%	12
5203G/6203G: I threaten punishment more often than I actually give it	Pilot: 61% Control: 71% (p=0.002)	89%	28

All of the variables in this set indicated shifts in the desired direction between 2015 – 2021, although only one indicated statistically significant difference in the 2021 set (6203D). Of particular note are questions 5203E/6203E, which indicates a large shift in the percentage of parents who say that they have strict, well-established rules, and 5203F/6203F, which indicates a moderate shift in people's thinking about the importance of explaining rules in a calm, gentle way. Both of these are positive results in general; however, because there is no significant difference it is not possible to state that it was the influence of the parenting programme that influenced them.

Qualitative findings from the case areas strongly support changes in knowledge, attitudes and practices around positive discipline. Caregivers and community members emphasized that respect was a very important aspect of discipline in the Timorese context. Being well behaved and respectful was also mentioned as a key benefit of education. Participants stressed that discipline meant, "respect [for] other people especially for local leaders and parents" (IDI\_Viqueque\_Participant7M) and for community members such as "teachers" (IDI\_Viqueque\_Participant4M). Findings also pointed to the importance of following rules, being courteous and greeting people and avoiding bad language as notable aspects of discipline. Discipline also involved "educating children to be well-behaved, not going out during the nights and being on time" (IDI\_Lautém\_Participant5F).

Study participants were able to define positive discipline as giving advice and explaining things instead of hitting or screaming. For instance, “When children make mistakes, the parents should give advice and explain the mistake they have made in order [for them] to change their behaviours” (FGD\_Viqueque2). Another parent echoed a similar idea, “Non-violent discipline means we don’t educate the children by screaming and beating. The best way is to explain [things] to them” (IDI\_Ermera\_Participant1M). A community member explained:

*“As parents, we always face this kind of situation in the family, when the children make mistakes, we do not need to hit or use violence against them, but we should give moral advice, encourage and teach them not to make the same mistakes in the future. (FGD\_Ermera2)”*

The data indicate that parents understood the benefits of positive discipline for the child and the family, “Non-violent discipline is really good for our family” (IDI\_Ermera\_Participant8F); another parent shared that using non-violent discipline also served to “educate the children on how to respect others” (IDI\_Ermera\_Participant6F). Parents also felt positive discipline was an effective method because children started to “listen to parents and follow what we expect from them” (IDI\_Viqueque\_Participant4M). These findings were consistent between case and control areas. For example, parents stressed that positive discipline is helpful for children and families, stating “if we don’t help them, we cannot change them. First, we need to find out why this behaviour is happening, then we [need to] look for the solution” (IDI\_Lautém\_Participant5M). They also stressed the value of staying calm, being soft spoken, and explaining things “nicely.”

In terms of changed practices, participants reported noteworthy changes compared to what they did previously. As a parent explained, “I made changes in the manner of discipline, when my children make any mistakes, I need to talk to them nicely, even if it’s difficult, we need to be patient” (IDI\_Ermera\_Participant1M). Another parent shared, “Yes [I have changed]! I used to beat [them] but now I only speak to them” (IDI\_Ermera\_Participant3U). Similar narratives were shared in Viqueque, some examples: “Yes, I don’t hit them now, I only speak to them in a nice way,” and “Some of the discipline [techniques] that have changed are we avoid using bad words to each other, do not hit each other and do not talk badly to each other” (IDI\_Viqueque\_Participant6F; IDI\_Viqueque\_Participant9M). Changed disciplinary practices also recognized children’s rights, “We also need to respect children’s rights; they have a right to go to school and a right to play. If we stop them from exercising their rights, we will violate their rights” (IDI\_Viqueque\_Participant4M).

Participants provided useful pointers on promoting positive discipline. An example:

*“As a local authority, would like to suggest to the parents that if the children make any mistakes or don’t follow the parent’s [instructions], we need to motivate them and always talk with them and not beat them in order to change their behaviour. (FGD\_Ermera1)”*

Community members also stressed the need to remind older children, advise them and teach them to be well-behaved. Another participant summed it up:

*“Positive discipline is an effective way which parents could use to discipline children and encourage them to create a friendly environment...instead of using violence against them. The parents also have to be good role models for the children in the family and the children will also show positive behaviours towards friends in the school. (IDI\_Viqueque\_Participant8M)”*

Parents expressed children should focus on their studies when in school, listen to their teachers and not engage in brawls. Another participant aptly stated:

*“The parents need to support, motivate, and encourage children to create peaceful environments in their lives. Do not use violence to educate them when they make mistakes but [instead] try to explain to them the negative impact of the mistake. (FGD\_Liquiçá2)”*

Positive discipline was seen as beneficial for children’s well-being and future, “Speak calmly and nicely to the children and do not use violence to discipline them. Keep supporting their education till they succeed in the future” (IDI\_Lautém\_Participant4F). The findings also indicate a positive attitude towards peaceful resolution of conflicts. Participants in both case and control areas stressed the importance of dialogue and coming together to find a solution. For example, “When the children fight [with] each other, the parents need to sit together and search for the solution” (IDI\_Ermera\_Participant2M). Similarly, “When children fight in the school, the school principal calls their parents to resolve the conflict and support the school’s formal rules in order to prevent violence in the school” (IDI\_Viqueque\_Participant8M). When violence or conflict in the community occurs, a village council member stated:

*“When people report a problem to us, we will give the option for those who caused the problems to resolve it privately with the family... if they disagree, we will bring this case to the police and the local authority to resolve the problem based on the legal way. (FGD\_Ermera2)”*

The data from control areas reflected consistent findings, for example, “When any problems happen between the children, we need to sit together with them to solve it, so that we can have peace in our family” (IDI\_Liquiçá\_Participant1F). Another participant reaffirmed, “When a problem happens to the kids, the parents [need to] sit together and find a solution to resolve the problem” (FGD\_Liquiçá2).

Change stories from pilot areas indicated the importance of the *Hametin Família* programme in promoting positive discipline:

**“** *It is significant for me because the Hametin Família programme is really interesting for me as a mother and enabled me to understand about taking care of my children and to discipline them to avoid violence in their whole lives. (MSC\_Ermera\_Participant1F)*

*The significant change I got from this programme is that I started to show good attitudes and behaviours to my children in order to educate them, giving advice when they make mistakes, calling them nicely, and avoid being angry and screaming them. (MSC\_Ermera\_Participant5M)* **”**

Overall, there were several positive shifts toward more positive approaches to discipline illustrated in both quantitative and qualitative data. Revisions to the parenting programme should continue to focus on ways to empower parents to use positive approaches – through activities such as role plays, discussions, and other collaborative work – so that parents feel more comfortable using these approaches and understand their value. Children should be included in these discussions so they are part of the capacity building process.

### 3.1.7 Nutrition

Nutrition is one of the largest sections in the quantitative survey. Questions 4101 – 4113 and sub-questions concern nutrition. UNICEF recommended practices for Infant and Young Child Feeding (IYCF) indicate that children 6 – 23-months-old 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 (National Statistics Directorate et al., 2010), while the Timor-Leste Food and Nutrition Survey (TLFNS, 2013) found that only 18 per cent of mothers achieved this benchmark (Ministry of Health, 2015). The parenting programme included several messages related to ensuring that children received adequate nutrition, both in terms of amount of food and the type of food that they were given.

The survey included questions for both parents of infants and young children. At the time of the survey, 34 per cent of the respondents were breastfeeding. When asked at what age children should be started on solid food (4103) there was a significant difference between the pilot and control groups; see table 26 below. There was also a positive difference in the pilot group between 2015 and 2021, suggesting that parents' knowledge of the correct time to begin complementary feeding had increased.

The follow up question (4104) asked parents how often an infant 6 – 23 months of age should be fed. Most respondents (75 per cent) said that an infant 6 – 23 months of age should be fed three times per day; 16 per cent said 4 times per day, and 8 per cent said twice per day. Very few (1 per cent) said once per day. In 2015, only 10 per cent said that they should be fed four times per day.

**Table 26: Knowledge About When to Begin Complementary Feeding**

Question/Variable	Year	No.	Pilot	Control	Sig.
According to your own knowledge, at what age should infants be started on solid foods?	2015	3103	5.1 (1.5)	5.4 (1.3)	0.007
	2021	4103	5.9 (0.91)	4.9 (2.2)	<0.001
Baseline – Endline Difference			.8	(.5)	

The next set of questions (4105A-D) asked participants about what foods were best for infants who were just starting to eat solid foods.

**Table 27: Best Foods for Infants Just Starting to Eat Solid Foods**

Food	Percent		Sig.
	2015	2021	
3105A/4105A: Rice porridge	65%	77%	12
3105B/4105B: Rice porridge with vegetables	47%	Pilot: 64% Control: 75% (p<0.001)	17
3105C/4105C:Store bought infant cereal	24%	Pilot: 17% Control: 12% (p=0.09)	(7)
3105D/4105D: Fruit	13%	15%	2
Other	5%	10%	5

**Table 28: Best Foods for Children 1 - 2 Years of Age**

Food	Percent		Sig.
	2015	2021	
3106A/4106A: Plain porridge (mashed)	39%	Pilot: 37% Control: 45% (p=0.02)	(2)
3106B/4106B: Porridge with vegetables (mashed)	38%	Pilot: 40% Control: 58% (p<0.001)	2
3106C/4106C: Plain porridge	30%	Pilot: 58% Control: 50% (p=0.02)	18
3106D/4106D: Porridge with vegetables	39%	60%	21
3106E/4106E: Fruit (mashed)	13%	8%	(5)
3106F/4106F: Fruit (small pieces)	5%	5%	--
3106G/4106G: Vegetables (mashed)	5%	Pilot: 5% Control: 9% (p=0.01)	--
3106H/4106H: Vegetables (small pieces)	4%	5%	1
3106I/4106I: Meat/fish (mashed)	7%	9%	2
3106J/4106J: Meat/fish (small pieces)	7%	9%	2
3106X/4106X: Other (cassava, rice)	2%	8%	6

As in 2015, 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 28 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.

The positive shifts in some variables in table 28 suggest that there are changes in knowledge related to some nutritious foods, such as porridge with vegetables (mashed) and porridge with vegetables. However, there was little movement in parents' knowledge related to foods such as vegetables, fruits, or meats/fish.

The final set of questions about nutrition included questions about how often certain nutritious foods were provided for children. These results are presented in table 29 below. When there are significant differences between pilot and control groups, these are noted in the table.

**Table 29: Inclusion of Nutritious Foods**

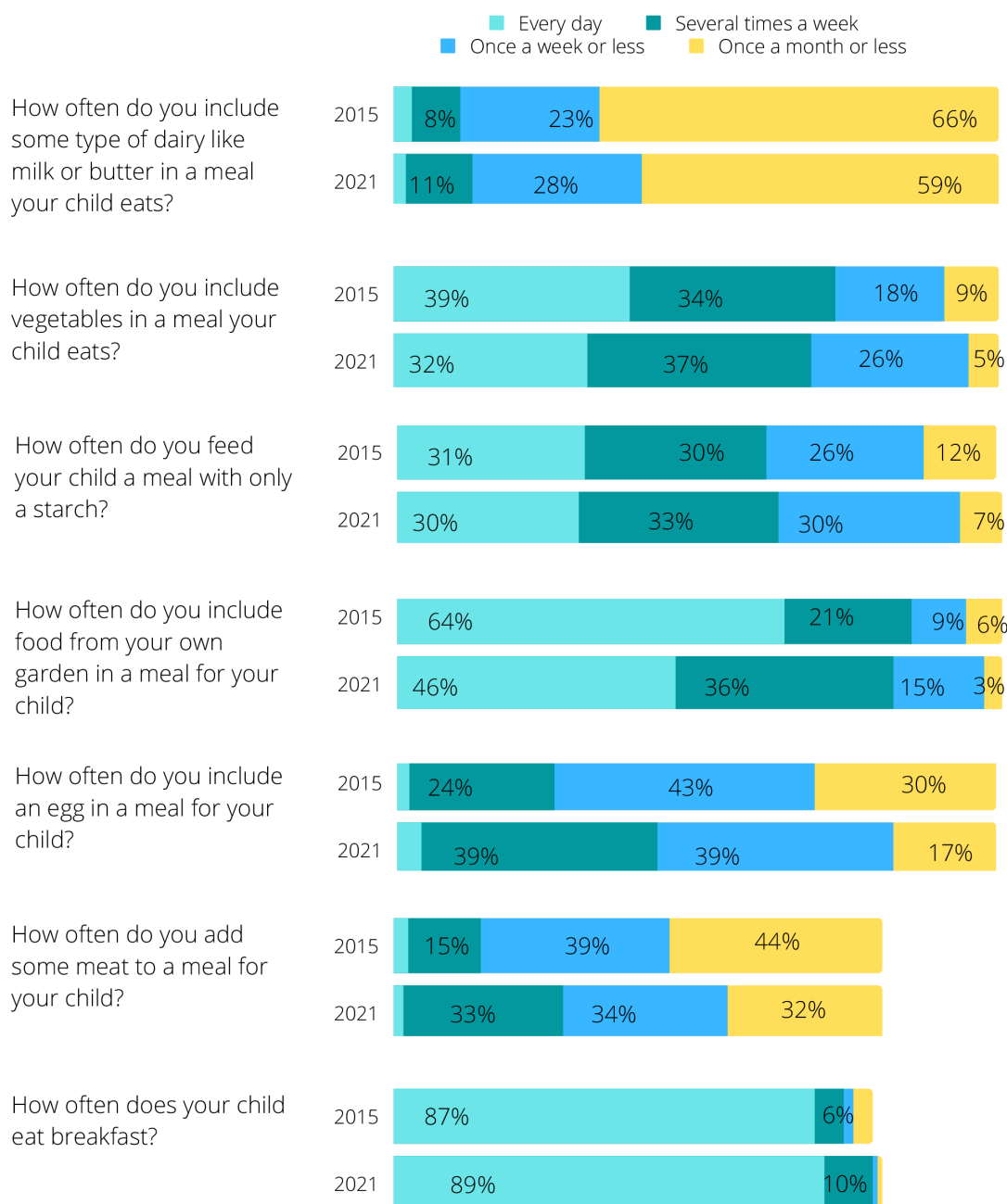


Table 29 indicates few positive shifts related to the feeding of nutritious foods. Of particular concern are the frequency that parents feed a meal with only starches, and the frequency of the inclusion of vegetables from parents' own gardens in meals.

The next set of questions (4108 – 4112) asked questions about prohibited and beneficial foods, decision making, and food security.

**Table 30: Prohibited and Beneficial Foods**

Question/Variable	Year	No.	Pilot	Control	Sig.
In your opinion, are there foods that are prohibited or not advised for children between 6 – 23 months of age?	2015	3108	91	84	0.002
	2021	4108	75	66	0.01
In your opinion, are there foods that are especially beneficial for children between 6 – 23 months of age?	2015	3109	95	93	n/s
	2021	4109	94	92	n/s

After the parenting programme, there is a reduction in the number of parents who report that there are prohibited foods; this indicates a shift in attitudes toward certain foods that may be beneficial, particularly if some of the previously prohibited foods are actually nutritious.

**Table 31: Decisions about Cooking**

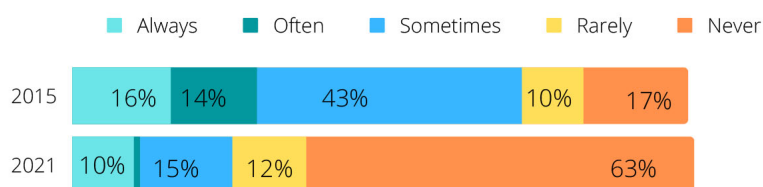
Question/Variable	Year	No.	Pilot	Control	Sig.
3110/4110: Who in your family decides what food will be cooked?	2015	93	2	2	1
	2021	91	5	3	1

While there is no statistically significant difference, the increase in the percentage of fathers making decisions about food is an encouraging sign of their engagement in parenting.

**Table 32: Food Security**

3112/4112:

How often does it happen that members of your household do not have enough to eat: always, often, sometimes, rarely, or never?



Reports of food insecurity is significantly reduced since 2015; only 26% of people in 2021 reported not having enough food always, often, or sometimes; while this is still a concern, it is significantly better than the 73 per cent who reported the same thing in 2015.

In qualitative interviews, participants demonstrated knowledge about the benefits of exclusive breastfeeding, an example, “The reason we give them the mother’s breast milk because it has vitamins and is good for the baby’s health” (IDI\_Emerera\_Participant4F). The findings also supported a relationship between breastfeeding practices and the *Hametin Família* programme. For example, “We often give breast-fed milk to the new-born baby since initiating the *Hametin Família* programme” (FGD\_Viqueque2). Another participant explained:

“Yes, there have been changes in feeding practices, for the new-borns we need to provide breast-feeding. When the baby reaches six months, we can give them soft food such as porridge mixed with nutritious foods such as meat, eggs and vegetables. (FGD\_Viqueque1)”

While some participants clearly understood when to begin complementary feeding practices, as indicated in table 26, there remains those who start complementary feeding during the first six months, rather than waiting, as reflected in the following statement:

“In the first 6 month[s], we can give porridge mixed with eggs and banana, because it contains high nutrition and it is good for [the] baby’s health [and can help] develop physical and emotional [health] of the baby. (IDI\_Emerera\_Participant6F)”

In the first 6 month[s] of the baby[’s life], we can give him/her porridge mixed with moringa, pumpkins and other green vegetable[s] which contain high nutrition. (IDI\_Viqueque\_Participant2F)”

Findings highlighted improved feeding practices and inclusion of protein and vitamin rich foods for infants, “It has changed because the parents try to cook corn flour mixed with fresh vegetables, pumpkins, carrots to feed the baby” (FGD\_Ermera2); and

“We have changed feeding the baby with porridge mixed with green vegetables or carrots. We also can feed the baby with other nutritious food for instance; fish and other sea foods but sometimes we [have a hard time finding] it, because it is available based on the season. (FGD\_Viqueque2)”

The *Hametin Família* programme seems to have had mixed results in the focus area of nutrition. However, some of the challenges of the programme are likely due to the overall situation related to food insecurity, which, while improved since 2015, still remains a significant challenge for many families. As one participant stated, “access for food is difficult, it [is] based on the economy of the family” (FGD\_Ermera1); “The children will get healthier when they consume high nutritious foods, but it depends on the family’s incomes to buy good nutritious food” (FGD\_Viqueque2). Other participants reflected similar concerns even as they acknowledge part of the *Hametin Família* programme was focused on, “doing farming activit[ies] to get foods for the children” (IDI\_Ermera\_Participant6F).

It is a positive development that parents know to begin complementary feeding at 6 months, but if available food at that time is of poor nutritional quality, it is unlikely that development outcomes or milestones will be reached at greater frequency. Updates to the parenting programme must take this into consideration and respond to the question “where and how do parents get nutritious food?” It may be that kitchen gardens, cash crops (rather than starches), and other innovations could help to fill the nutrition gap.

### 3.1.8 Hygiene

In the parenting programme, hygiene refers to practices that include washing 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. Messaging from the parenting programme also encouraged families to use latrines and to avoid defecating in the open.

The hygiene section of the survey includes questions 4201 – 4214 and sub-questions. Question 4201 asked respondents whether there are times during the day when they feel they should wash their hands; overall, 96 per cent stated that there are. The difference between pilot and control groups is nearing significance (pilot, 97 per cent; control, 95 per cent;  $p = 0.09$ ). Following this question, respondents were asked when these times were, as indicated in table 33.

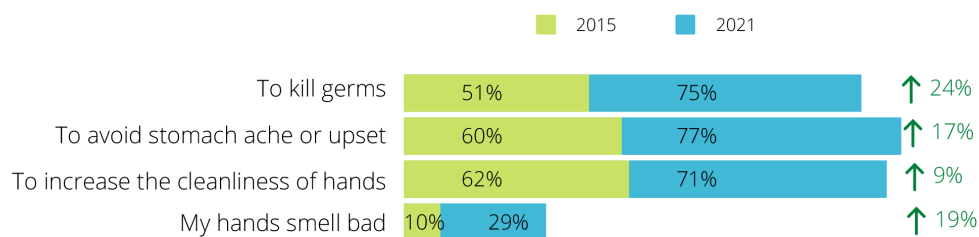
**Table 33: Handwashing Moments**

Handwashing Moment	Percent		Sig.
	2015	2021	
4201A: After defecation	76%	Pilot: 88% Control: 81% ( $p=0.004$ )	12
4201B: Before eating	80%	72%	(8)
4201C: Before feeding an infant or baby	35%	36%	1
4201D: Before preparing food	50%	Pilot: 56% Control: 48% ( $p=0.021$ )	6
4201E: After changing a baby or cleaning a baby	19%	26%	7
4201F: After eating	7%	10%	3

Some variables in this section indicated positive shifts in people's perception of when it is important to wash their hands, particularly 4201A and 4201D, after defecation and before preparing food, with significant differences between pilot and control groups in the 2021 data. The reason for the decrease in those who identify before eating as a moment for handwashing is unclear.

When asked the reasons for washing hands (4203A – D) respondents reported moderately higher responses for all variables than in 2015.

**Table 34: Reasons for Washing Hands**

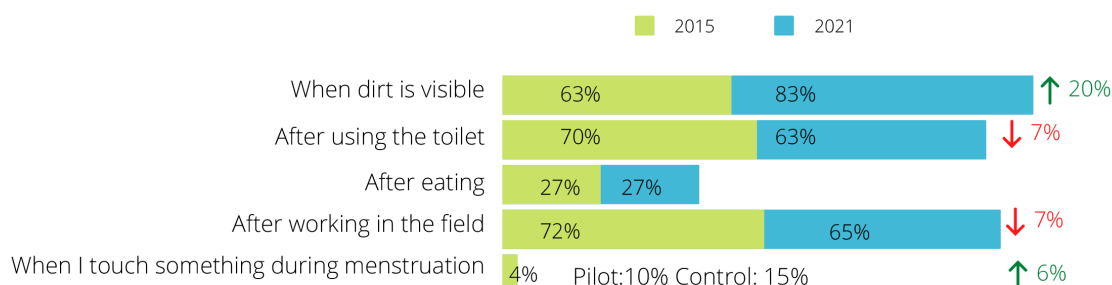


No significant differences were found between pilot and control groups for any of these variables. A few respondents (< 5 per cent) noted that they wash their hands for other reasons, such as after working in the garden.

The 2015 baseline noted that nearly all households had soap or ash available for handwashing (96 per cent). In the present study, 98 per cent of respondents reported that they have soap or other things available with which to wash their hands (pilot, 97 per cent: control, 99 per cent;  $p=0.02$ ). Nearly all respondents reported that they had soap; only two stated that they had ash with which to wash hands. The reasons for using soap to wash hands were similar to the reasons for washing hands: kill germs, avoid stomach ache or upset, and increase cleanliness of hands. All three were mentioned by at least 70 per cent of respondents. Nearly all (95 per cent) reported that they always use soap when washing their hands.

Respondents were subsequently asked when they perceived that their hands were dirty; responses are below in table 35.

**Table 35: Perception of When Hands are Dirty**

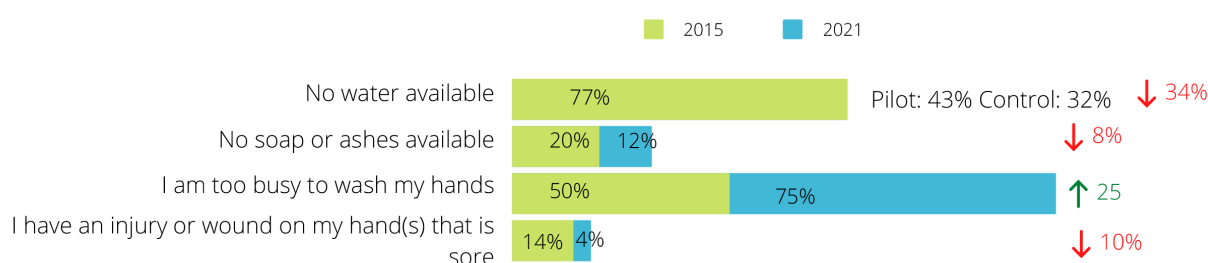


As in previous questions, it is unclear why variable 4205B has decreased.

When asked whether washing hands with soap and water is easy (question 4206) 99 per cent of respondents agreed that it is easy for them. This is slightly higher than in 2015, when 96 per cent agreed with the statement. On the other hand, when asked if there are times in which they would like to wash their hands but cannot, 53 per cent overall said that there are, with statistically significant difference between the pilot and control groups (pilot: 60 per cent; control: 48 per cent;  $p < 0.001$ ). This is less than the result in 2015, which was 69 per cent of respondents.

The times when people would like to wash their hands but cannot are indicated in table 36 below.

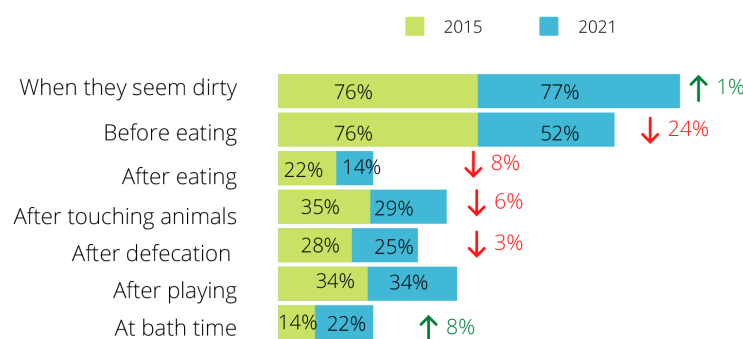
**Table 36: Times People Would Like to Wash Hands but Cannot**



The large reduction in the number of people reporting that they do not have access to water is positive; the increase in those who state that they are too busy to wash hands is also encouraging, as it indicates an area that can be responsive to messaging in the parenting programme (access to water is a structural issue that is unlikely to be resolved through communicating with parents).

The next set of questions concerns the cleanliness of a baby's hands. Question 4208 asks respondents if it is good to wash a baby's hands; 97 per cent of respondents report that it is, and the difference is nearing statistical significance (pilot, 98 per cent; control, 95 per cent;  $p = 0.064$ ). Questions 4208A and 4208B ask when baby's hands should be washed and who usually washes them. Responses to these questions are reported in table 37.

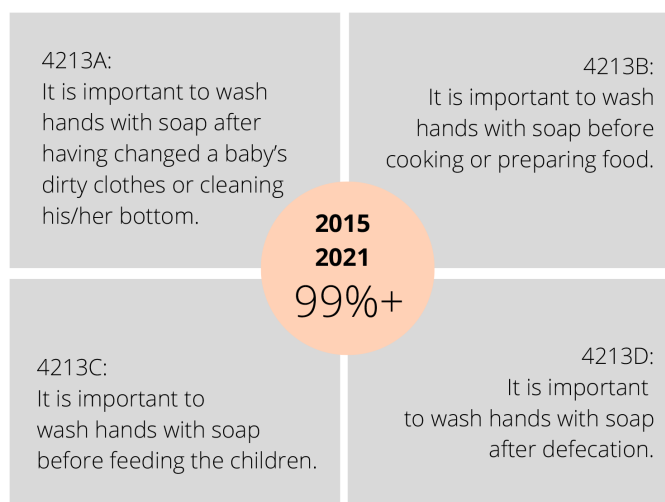
**Table 37: When Should a Baby's Hands be Washed?**



Unfortunately, the results for this section do not indicate positive shifts related to parents' perception of when a baby's hands should be washed. Of particular concern is the decrease in those who mentioned that a baby's hands should be washed before eating, which in the current study was just over 50 per cent. There were no differences between pilot and control groups on any of these questions. When asked who normally washes the baby's hands, 81 per cent said the mother does so.

The final set of questions in the handwashing section were related to respondents' perception of the importance of handwashing (questions 4213) and their self-efficacy related to their ability to wash their hands.

**Table 38: Attitudes Toward Importance of Handwashing**



As in 2015, greater than 99 per cent of respondents from both pilot and control groups agreed that they are able to wash their hands with soap before cooking, after using the toilet, and before eating.

In IDIs and FGDs, participants in pilot areas indicated positive change in handwashing techniques due to the *Hametin Família* programme. For example,

**“** *I wash hands three times a day. Before eating we need to wash our hands, after the children play they need wash their hands. When we teach them frequently, they used to do it, before eating they always call each other to wash their hands. (IDI\_Emerera\_Participant5F)* **”**

Another interviewee echoed that statement saying,

**“** *We have made many changes in hands washing practices, all of us in the family use soap to wash our hands three times a day before taking meals and after returning from the garden. (IDI\_Viqueque\_Participant5F)* **”**

Throughout the qualitative coding, participants in the pilot areas demonstrated they have increased their hand washing not just for themselves, but also for their children, “To further improve the washing hand practices in the family, the parents should help the children to wash their hands appropriately and teach them to do it by themselves” (IDI\_Viqueque\_Participant7M). Respondents indicated they utilized soap most often, with some mention of ash, and (due to COVID-19) sanitizer.

In control areas, qualitative findings show more ambiguous results in relation to handwashing. For example, “We wash our hands five times a day before having our meal, getting home from work and arriving home from school” (IDI\_Lautém\_Participant4F). This quote is emblematic of the ambiguous nature of the responses in the control areas of Liquiçá and Lautém - it is difficult to tell if this is a change or a common practice.

Additionally, COVID-19 played a fairly robust role in handwashing-keyed by either direct reference and/or indirect reference such as “disinfectant,” “sanitizer,” washing outside the house first, and where people receive information about handwashing. “The changes we have made are, nowadays we are using hand sanitizers” (IDI\_Lautém\_Participant3F); and

*“ We have changes in washing hand way through the new information about COVID-19 prevention. They came to share the information with us about how to wash hands in new ways using the things to create new washing hands place, and this is the new things that we learn because before we don’t know. (FGD\_Emerera1) ”*

The influence of the parenting programme on the hygiene focus area is unclear. While there are some improvements in pilot areas, such as the percentage of parents who report washing hands after defecation, there are other areas which do not demonstrate much, if any, change. On the other hand, nearly everyone reported that they have soap with which to wash their hands, and that they use it every time they do so. Updates to the parenting programme could focus on two areas: first, knowledge around illness and its causes (germs and bacteria) and second, on the benefits of consistently washing a baby’s hands to keep them safe.

### 3.1.9 Birth Registration

The results from the 2015 study indicated very high levels of positive knowledge and beliefs regarding birth registration. Nearly all respondents in 2015 (99 per cent) agreed with the statement “I believe I can register my child’s birth.” This remained high in 2021 (98 per cent).

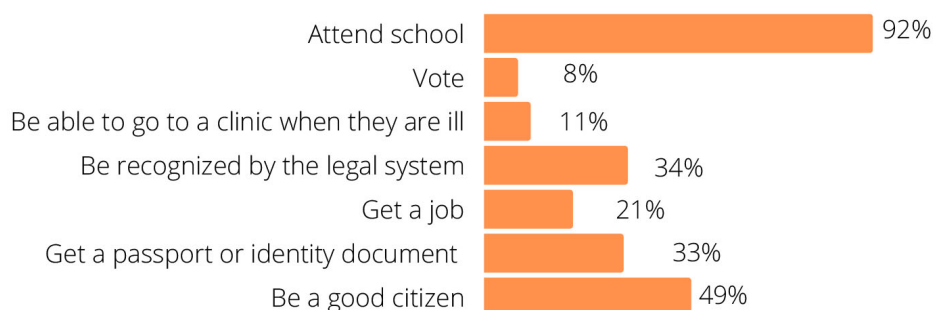
The remaining questions related to birth registration from 2021 also indicated high positive attitudes and beliefs related to birth registration.

98%

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

Nearly all respondents reported that it is important to register their child's birth (99 per cent). As in 2015, there was no difference between pilot and control groups on this and other birth registration variables.

When asked the reasons for registering their child's birth, respondents mentioned the following:



The data indicate high levels of positive beliefs and knowledge about birth registration; 94 per cent were able to name at least one reason for registering their child's birth. With the beliefs and knowledge related to birth registration at such high levels (98 – 99 per cent), it is unlikely that the parenting programme will be able to, or need to, shift parents' perception of birth registration significantly.

IDI and FGDs supported quantitative findings of strong knowledge, attitudes, and practices in relation to birth registration across both control and case areas. Nearly all participants stated that parents make the decision to register their children and that the process involved going to the village leader in order to start the registration process: "When the child is born we need to register his/her name in the village so that we can make his/her RDTL certificate" (IDI\_Ermera\_Participant5F); "the parents inform the head of the village and sub-village" (FGD\_Liquiçá4). In rural areas, participants noted that if parents cannot travel to register their child, a delegate will come to the village to help.

Caregivers reported registration, "is beneficial for children to have their birth certificate of RTDL because they will use this certificate to enrol in school" (FGD\_Liquiçá2); they will more easily be able to get, "other important documents by using the birth certificate of RDTL" (FGD\_Liquiçá1) and; "it is significant for the children to know their identities as Timorese citizens" (IDI\_Viqueque\_Participant2F).

The most common barriers to registering children were structural, "It is a tough procedure and bureaucracy we face during that time" (IDI\_Viqueque\_Participant4M); "because we haven't even gotten our marriage certificate, it makes [it] difficult to get birth certificate[s]" (IDI\_Lautém\_Participant3F); and "the administrative post is too far and there is no transport" (IDI\_Viqueque\_Participant4M). Aside from these structural barriers, findings indicate strong practices surrounding birth registration, and caregivers are sure of the importance of birth certificates for the child's future and their identities as Timorese citizens.

Because in general the levels of positive knowledge and attitudes related to birth registration are quite high among survey respondents, revisions to the *Hametin Família* should consider ways to address the structural barriers to birth registration. Nearly all parents believe that birth registration is positive and

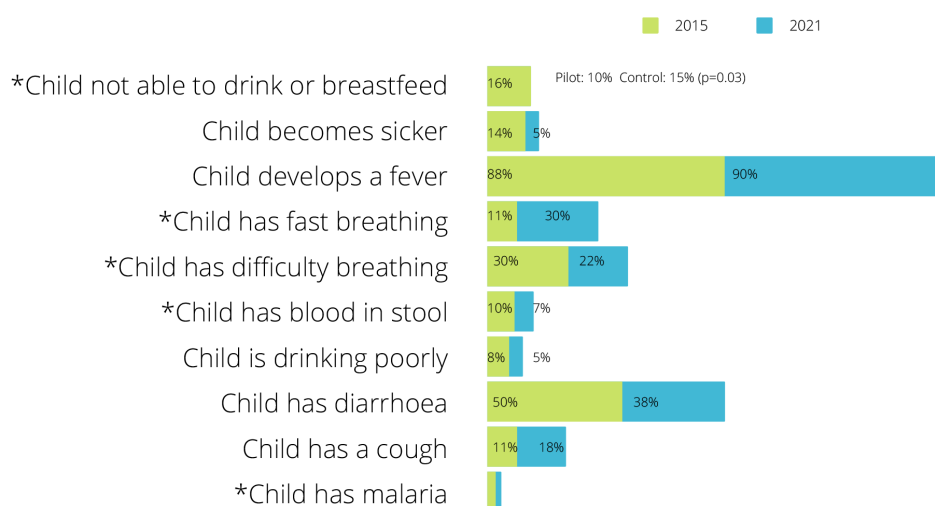
want to register their child's birth; if they cannot, is due to difficulty with transportation or another structural issue. The parenting programme should continue to stress the benefits, but there also need to be investments made in service provision aspects of birth registration.

### 3.1.10 Health Danger Signs

The goal statement for this focus area is "take your child immediately to a health facility if they are showing signs of serious illness."

Questions on health danger signs include 6101 – 6104 and sub-questions, and are mainly concerned with parents' knowledge about when it is necessary to take a child to a clinic or health facility. The questions concern scenarios that would cause them to take their child to a clinic right away, as well as some that require knowledge about when to wait to take a child to the clinic. Enumerators prompted respondents to supply responses, but did not supply the symptoms themselves. The symptoms and the percentage of respondents who reported that they would take their child to the clinic right away if they were experiencing those symptoms are indicated in table 39. Items marked with an asterisk (\*) should prompt an immediate visit to a health facility.

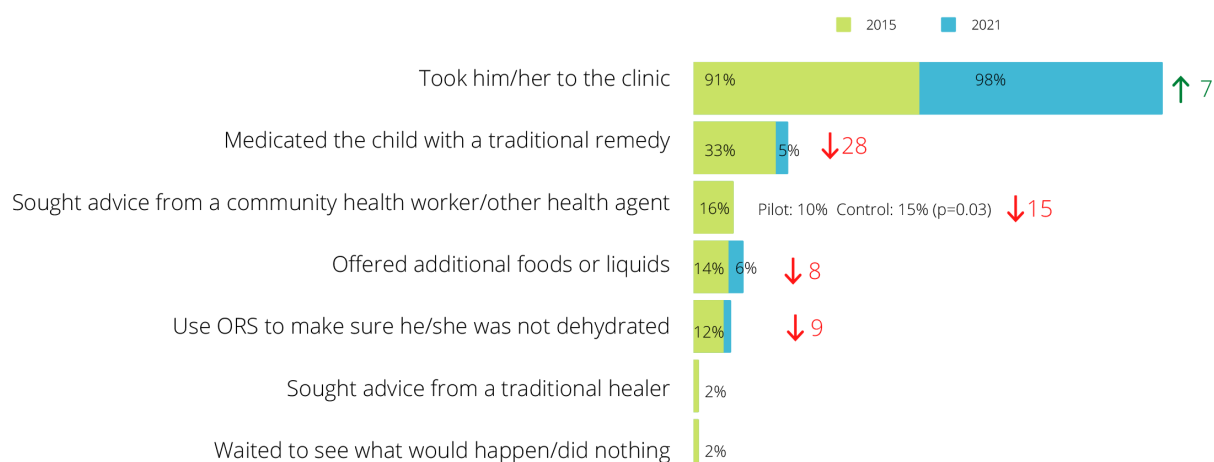
**Table 39: Symptoms that Would Prompt a Visit to a Health Facility**



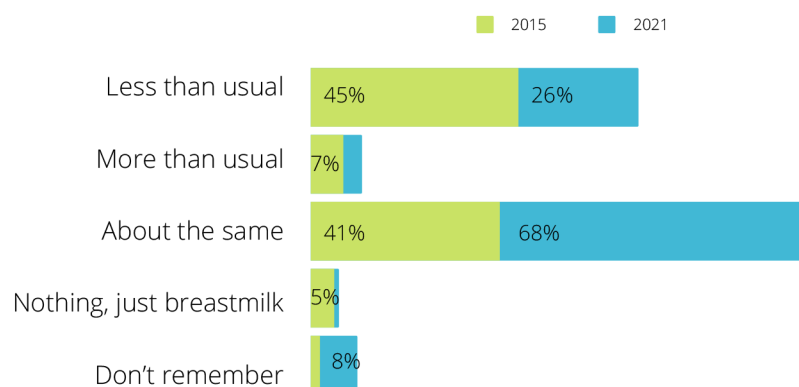
It is useful to note that knowledge about appropriate times to take children immediately to a health facility remains low. Unfortunately, the most frequently mentioned symptom that would cause an immediate trip to a health facility is a fever, which is treatable at home (for low fevers). Second highest is a child having diarrhoea, which, although dangerous, may be monitored and treated at home and does not necessarily require an immediate trip to the clinic. As in 2015, these data remain 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, or reduced appetite for breastfeeding as requiring immediate medical attention. Difficulty breathing is serious and typically requires an immediate trip to a health facility (WHO, 2013), and while there is improvement in the percentage of parents who perceive that it should be immediately treated, it is still less than ideal.

Questions 6102 – 6104 were all concerned with diarrhoea. A small percentage (21 per cent) reported that their child had had diarrhoea in the past two weeks. As in 2015, they were asked what actions they took when this happened.

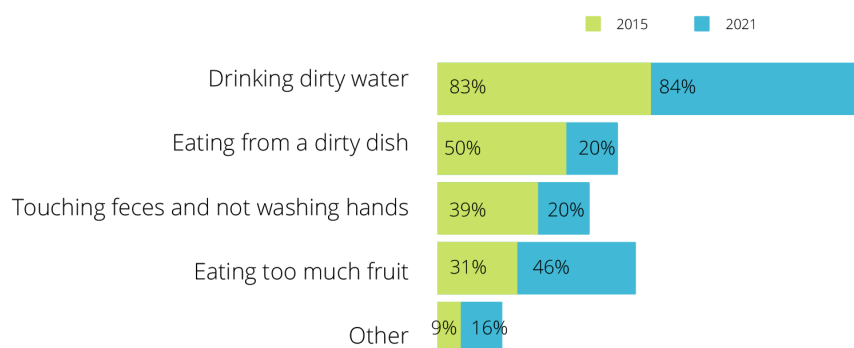
**Table 40: Actions Taken When a Child Has Diarrhoea**



While a greater percentage of parents responded that they took their child to the clinic when they had diarrhoea, none of the other variables showed any positive movement between 2015-2021. 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. When asked about whether their child was offered a different amount of food when they had diarrhoea, respondents answered as indicated in table 41. There were no significant differences between the pilot and control groups for this question.

**Table 41: Amount of Food Offered During Diarrhoea**

Respondents were next asked about what the causes of diarrhoea were. These results are indicated in table 42 below.

**Table 42: Causes of Diarrhoea**

The results from this question suggest that the parenting programme did not have a measurable impact on parents' knowledge about the causes of diarrhoea. Of particular concern are parents' responses to question 5103C/6103C, in which fewer report that touching faeces and not washing hands is a cause of diarrhoea.

Question 6104 asked respondents when a child with diarrhoea should be taken to a health facility; responses are indicated in table 43.

**Table 43: When to Take a Child with Diarrhoea to the Clinic**

5104/6104: When to take a child with diarrhoea to the clinic	2015	2021		
		Pilot	Control	Sig.
Right away	75%	68%	75%	0.01
After 1 day	19%	24%	21%	
After 2 days	5%	8%	3%	
If the child cannot eat or drink	< 1%	0%	0%	

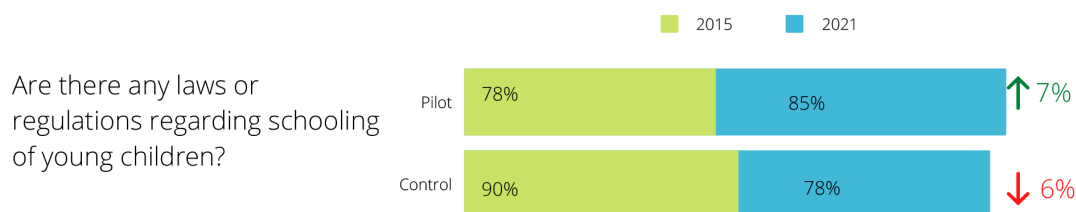
The responses to questions in this section suggest that significant effort needs to be made to address parents' KAP related to danger signs/care seeking. For example, parents do not know when to take a child with diarrhoea to the health facility. Respondents do not seem to know the seriousness of respiratory ailments, which are the second-leading cause of death for children under 5 in Timor-Leste (WHO, 2013). Very few mentioned treating diarrhoea with oral rehydration salts (ORS), which is a well-accepted and established approach to avoiding dehydration and saving children's lives. Even more concerning is the knowledge related to how illness occurs; for example, the low percentage who link touching faeces and not washing hands to illness (table 42) is cause for extreme concern.

Revisions to the parenting programme must focus on helping parents identify situations in which a child must be taken to a medical facility, particularly around respiratory issues. In addition, it would be beneficial for parents to feel confident that they can help their child with diarrhoea by providing ORS solution, while maintaining their practice of taking a child with diarrhoea to the clinic as soon as possible. The programme should also give parents the opportunity to learn about vectors for illness and disease, so that they may better understand the reasons for good hygiene as well as the importance of timely clinic visits.

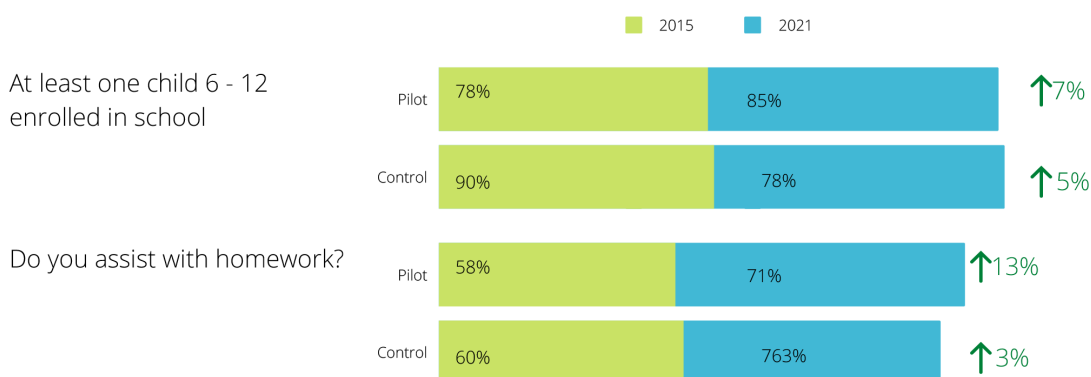
### 3.1.11 Education for All Children

The goal statement for education for all children is "send your child to school from an early age, keep involved in your child's learning and provide support with their homework." The results of both quantitative and qualitative suggest that in terms of parents' KAP, this goal has been partially achieved.

Knowledge of laws related to the education of children was relatively high, and there was a significant relationship ( $\chi^2$ ,  $p < 0.05$ ) between respondents' education level and the likelihood that a parent would report awareness of laws or regulations regarding the schooling of young children.

**Table 44: Reported Knowledge of Laws Regarding Schooling of Children**

There has been a significant increase in the percentage of parents who know that there are laws and regulations related to children's education in Timor Leste.

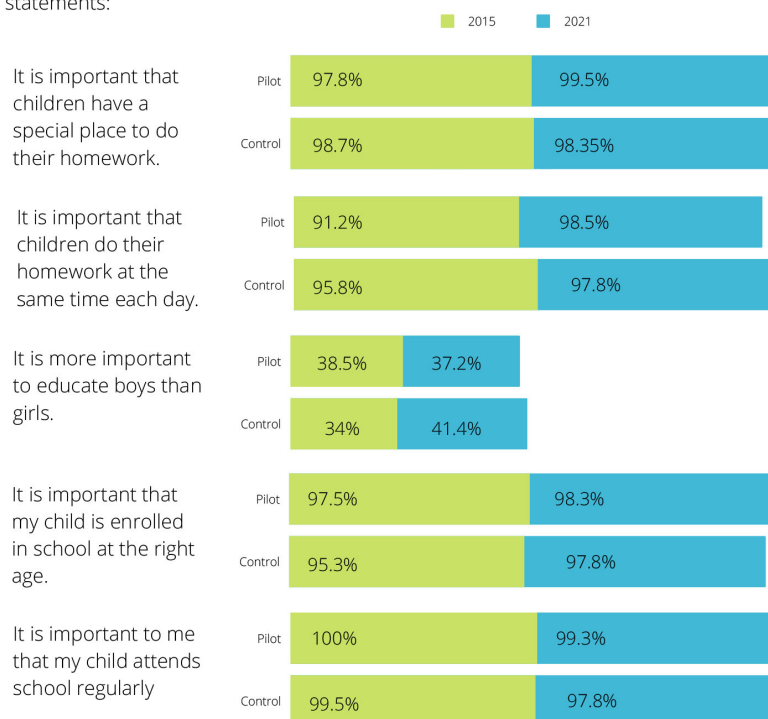
**Table 45: Enrolment of Children 6 - 12; Assistance with Homework**

There is a significant difference between pilot and control groups in the response to whether the parent assists with homework and a large shift between 2015 – 2021 in the pilot group. This suggests that the parenting programme is having an effect on parents' willingness and ability to assist with homework and get involved in their children's education.

Respondents were asked whether they agreed or disagreed with a series of statements about school and homework. Questions and responses are in table 46.

**Table 46: Importance of Homework and Education Practices**

Please state whether you agree, strongly agree, disagree, or strongly disagree with the following statements:



While most indicators in this table demonstrate positive shifts, one that does not is related to respondents' perception of the importance of educating boys and girls. While the percentage of respondents who agree that it is more important to educate boys than girls is less than 50 per cent, it has increased since 2015, up from 36 per cent to 37 per cent. This relatively small increase suggests that there is no significant change, but one of the expectations for this goal area, and for gender issues as they relate to the parenting programme, is that parents will value boys' and girls' education equally, something that does not appear in the present data.

The qualitative component of the study provided deeper insights on knowledge, attitudes and practices related to education and probed into perceptions and practices around early childhood, primary and secondary education. Participants' responses also included gender and disability issues with regard to accessing education.

The data demonstrate that caregivers and community members value education and understand the long-term benefits of primary school. In both case and control areas, caregivers indicate that primary school is important for: 1) establishing a student's scholastic skill base; 2) teaching them respect for others; and 3) setting them up for success in their futures (generational success moving forward). Some examples: "The good thing about sending them to school is, they could learn many things and know how to write and read, it is really worthwhile for their future," and "It will benefit the children because they could learn many lessons in the school, become more intelligent and they will get better jobs in the future" (IDI\_Ermera\_Participant4F; IDI\_Viqueque\_Participant2F). The aspiration for a better future and higher education was noted among children too, "It has changed in my family because the children have a strong desire to continue their study in the university" (IDI\_Viqueque\_Participant8M).

These findings were consistent with the baseline study where caregivers emphasized the role of education in ensuring a better future.

The findings indicate a good level of understanding of the role of early childhood education in a child's learning and formal education. An example, "We know that, early childhood education is only provided for toddlers who are 2-5 years old. In the pre-schools, the kids learn basic lessons through singing, playing [with] toys, counting numbers, painting and reading the alphabet" (FGD\_Ermera2). Participants further explained:

*“Yes, we have made some changes. Now we have four preschools/early childhood education centers in our community, before we did not have early childhood education here, and it was a real problem because when the children entered into first grade it was really difficult for them to learn but now it is different. Now when they enter primary school, the teachers are surprised because they know the letters and they are really different compared to the earlier kids. (FGD\_Ermera1)”*

At endline, several caregivers in the pilot areas mentioned that education enabled children to teach and explain things to parents who were not formally educated. An example is this participant from Ermera:

*“They know to read and write as well as they learn more sciences. When the children become clever, they will teach their parents who are illiterates. They will obtain their diploma and continue their study in secondary and university levels. (IDI\_Ermera\_Participant5F)”*

Another participant shared, "The benefit is when they go to the school they can learn something new. And what we as parents don't know, they can share with us. Therefore, it has a good impact on them and opens their minds" (FGD\_Ermera2). Respecting others was noted multiple times as a quality gained from being educated, as explained by a parent, "The changes appeared in my family because the children learnt more about respecting other people and they became well-educated children in the family" (IDI\_Viqueque\_Participant2F).

Participants in both Ermera and Viqueque (pilot groups) noted a shift in how parents prioritized education since the start of the *Hametin Família* programme, "The change is that [now] parents give importance to their children's education," (FGD\_Viqueque1) and "there have been changes from 2018, because the parents [have] started to pay more attention to children's education," (FGD\_Ermera1). A shift was noted in prioritizing investment in children's education over and above spending on cultural activities.

The supportive role of caregivers was also cited:

*“My children who study in the primary school, have a lot of homework. Therefore, sometimes I help them to do their homework but sometimes they know it and they just do it by themselves. But as a parent I continue to support them, give them time if they need us. (IDI\_Ermera\_Participant5F)”*

Some of the positive changes associated with education were also noted in the control areas. For example, “In my community, I have seen the children grow [and] respect their parents, they stop discriminating against children with disabilities in the school and community” (FGD\_Liquiçá3). Another caregiver mentioned, “Some practices that have changed are they respect all people, they know how to manage time for eating, playing and studying,” (IDI\_Liquiçá\_Participant4F). Participants in both case and control areas reiterated the benefits of enrolling children in school, for example, “I decided to send my children to the school because it is very important for my children’s future, and in the future they can be successful and get jobs and make us parents feel happy” (IDI\_Liquiçá\_Participant7M). Another response, “Sending the children to study in primary school will benefit them to learn more science in school and become intelligent” (IDI\_Lautém\_Participant4F). Caregivers saw the progression of learning from pre-school where children “learn about basic skills through playing with toys, painting, counting numbers and singing,” (FGD\_Liquiçá2) to higher education where they learn about the sciences and go on to earn a diploma. These findings suggest an overall change in the value of education in the community that is observed beyond the *Hametin Família* programme areas. The responses point to other ongoing interventions in both the control and pilot areas and the *Hametin Família* programme is not the only programme addressing children’s rights, “As parents, we have learnt many things from this programme, especially for taking care of the children, prioritizing children’s education.” (FGD\_Liquiçá1)

Study participants in both pilot and control areas recognized the importance of secondary education in paving a better future for their children. Higher education, especially in the sciences was greatly valued. An example, “[education] benefited my children because they could learn sciences and get more knowledge. ... one day the children may become physicians or doctors. Through education they will also build a positive mind-set and better character” (IDI\_Viqueque\_Participant3F). Participants stressed that schooling was a stepping-stone to going to university and earning a diploma and that “education is the only way that you get success and achieve your goals” (IDI\_Liquiçá\_Participant6M). Participants also expressed appreciation for the *BdM* programme, highlighting the how it enabled them to send children to school, “I think it is important because it can [provide] support for our children to go to school” (MSC\_Viqueque\_Participant4F).

Parents in both pilot and control areas described their role in supporting their child’s education and felt “children need the support from parents so that they continue go to school” (IDI\_Viqueque\_Participant1F). They provided financial support to buy learning material and school uniforms and engaged with teachers and the Parents and Teachers Association (PTA), “I also participate regularly in the PTA meetings to discuss my child’s learning progress at school, and contribute ideas for the school’s activities” (IDI\_Liquiçá\_Participant6M). Another example, “As a parent we have a big responsibility for our children, [to] motivate them so that they have the desire to go to school and study, we need give them time to learn and study at home” (IDI\_Ermera\_Participant8F).

Parents, who had the knowledge and ability help with homework, reported doing so regularly. If parents were not educated or lacked the experience and understanding in the subject matter, they were unable to help. At times, older siblings helped the younger ones with schoolwork. Similar trends were noted in the control area, parents helped children if they could, they also gave children time to complete their homework and would not ask their children to help with household chores if they had homework. Some children worked with their friends to complete their homework. In the pilot areas,

participants appreciated the role of the *Bolsa da Mãe* programme in helping parents understand the value of education and providing the financial means to send children to school. An example:

*“Based on my observation there are some positive aspects of the Bolsa da Mãe programme. We [are] really thankful to UNICEF and the Ministry of Social Solidarity because they helped us to get the Bolsa da Mãe [grant] to support our children’s education. (FGD\_Ermera1)”*

The reasons most commonly cited for dropping out of school were either financial or starting a family early. Distance from school and the lack of public transportation were reported as factors preventing children from attending school. As expressed by a participant:

*“Some young people don’t continue their education because they get married early; some families lack the money to support their children and some of them [cannot go to school] because the distance from their home to school is really far. (IDI\_Ermera\_Participant8F)”*

In some instances, families simply did not have the financial means to continue their child’s education, “many parents are still incapable to support their children’s education, due to economic constraints” (FGD\_Viqueque2). A participant explained further, “Although the school is free of charge we still cannot not afford to buy their learning materials and school uniforms” (IDI\_Viqueque\_Participant5F). Sometimes a child decided to stop attending school or opted to help parents on the farm. Health reasons and illness such as tuberculosis was also mentioned as a reason for missing school. Schools in rural areas have limited resources and lack facilities such as a library or clean drinking water.

Multiple change stories echoed the financial importance of the *BdM* programme and its role in enabling children to stay in school and purchase school supplies. This was particularly important for vulnerable families such as female headed households or those with large families and limited financial resources. For example, a parent shared:

*“I am happy because the government has the commitment to contribute a little money to the parents who are incapable. The change I have gotten from this programme is that I was able to send my children to continue their studies until university. (MSC\_Viqueque\_Participant1M)”*

This was particularly helpful to single parent households, as a participant explained:

*“The first time I [was] involved in this programme was after my husband passed away. I received information from the socials (MSSI) that for the widows, the orphans or those who are powerless can apply for Bolsa da Mãe to support our children’s necessities. I feel very happy to be supported by the government to help us who are powerless. (MSC\_Viqueque\_Participant2F)”*

Participants shared that there was no gender-based discrimination in access to education and that “boys and girls have the same rights to accessing education” (IDI\_Viqueque\_Participant5F). Another parent explained:

*“Now all boys and girls have the same rights. We need to send all of them to school. In the past, only boys could go to school, but now we should give the same opportunity [to both boys and girls]. (IDI\_Viqueque\_Participant9M)”*

Similarly, another participant shared, “We do not differentiate between girls and boys, we give the same opportunity to them to go to school, [it] depends on their ability and eagerness to study” (FGD\_Viqueque2). However, important differences were noted between girls and boys as girls were considered more committed and serious about their education. A parent stated:

*“I don’t think education differentiates [between] boys and girls, but I observed that girls are smarter than boys. If we did research on it, girls are more intelligent than boys, because boys spend time hanging-out and forget to study. For girls, they still manage the time to study, even if they have many house chores to do. That is the difference between the characteristics of boys and girls. (IDI\_Viqueque\_Participant7M)”*

These beliefs were consistent in pilot and control areas and cannot be linked to the *Hametin Família* programme. Some examples, “Girls and boys always have same rights to access for the education, and there is no difference between girls and boys,” and “We give them the same opportunity to go to school, but in my family, I give more chance to the girls because they are more diligent than boys” (IDI\_Liquiçá\_Participant2F; IDI\_Lautém\_Participant5F).

With respect to children with disabilities, participants shared that accessing services was a major obstacle (e.g., schools and other community-based facilities were not disability friendly). Families did not discriminate against children with disabilities and tried to support them as best as they could but there were structural and financial constraints, which limited options for children with disabilities. Children felt inhibited or conscious of being differently abled and were encouraged by parents to participate in community activities. There were also instances where “children with disabilities got bullied by [other] children or people...this is the reality we see here, some [people] accept it but some [do] not” (FGD\_Ermera1). Participants expressed the need for “specific training on how to help and support our children with disabilities” (FGD\_Viqueque2) and felt that both parents and teachers required more resources to understand the needs of kids with different types of disabilities.

The goal statement for the education for all focus area has been partially met, and some variables suggest that the *Hametin Família* programme has had positive effects on parents’ KAP related to education. Parents assist with homework more frequently now than in 2015, and in greater numbers in pilot areas. Qualitative data suggest that parents in all areas appreciate education for the opportunities it provides their children to change their economic and social status, and that (at least qualitatively) girls’ and boys’ education are equally valued. More remains to be done on gender issues as they relate to education, particularly around the issues of school infrastructure, which needs to be in place and supportive of girls attending school. Infrastructure and communication-based training on educating and caring for children with disabilities is also recommended.

### 3.1.12 Adolescent Issues

The adolescent Issues focus area indicates that parents should “talk to your adolescent children about issues related to bodily changes and sex and sexuality in order to prepare them for the future.” Variables related to this focus area are included in questions 5215 – 5224 and sub-questions on the quantitative survey.

There were three main findings from this focus area in the 2015 baseline survey, as indicated in table 47.

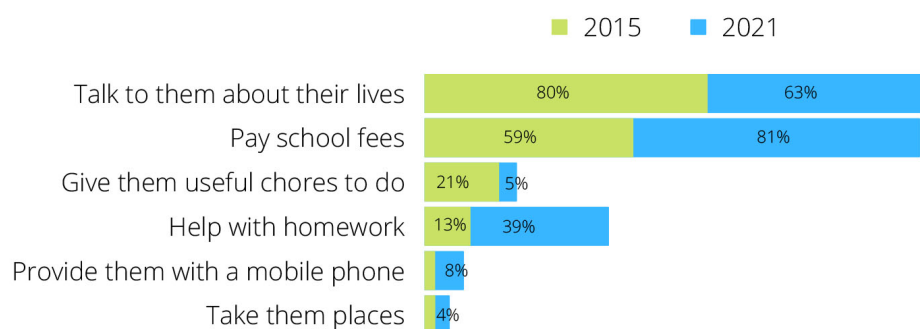
**Table 47: Baseline Study Findings for Adolescent Issues**

Baseline (2015) Study Findings for Adolescent Issues		Ermera Pilot	Lautém Control	Liquiçá Control	Viqueque Pilot
Adolescent Issues	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%

Given these findings, it appears that there was opportunity for the parenting programme to influence parents’ beliefs regarding adolescent issues.

Among respondents, 88 per cent had at least one child aged 13 – 18 in their household. The initial question in this section asked respondents about the best ways in which parents can help their teenage children between 13 – 18 years of age.

**Table 48: The Best Ways Parents Can Help Their Teens**



There were no significant differences between the pilot and control groups on any of these responses; the differences between 2015 and 2021 are focused on school (paying school fees and helping with homework).

Question 5216 concerned parents' belief about whether it is good to discuss bodily changes with their teenagers.

**Table 49: Parents' Attitude Toward Discussing Body Changes**

Question/Variable	Year	No.	Pilot	Control	Sig.
From 13-18 years old, adolescents experience many bodily changes. In your opinion, is it good to talk with them about this?	2015	4216	72	72	0.05
	2021	5216	86	71	<0.001
Baseline – Endline Increase/Decrease (percentage points)			14	(1)	
Have you talked to your adolescent child about this?	2015	4216A	86	92	0.07
	2021	5216A	93	88	0.02
Baseline – Endline Increase/Decrease (percentage points)			7	(4)	

There is a statistically significant difference between the pilot and control group in 2021 as well as a significant increase among the pilot group in the attitude toward discussing these changes.

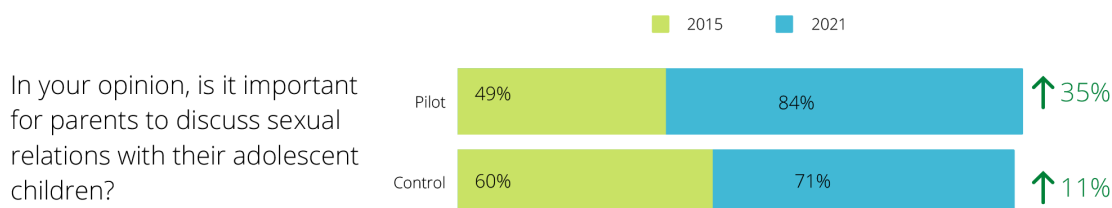
Of those who believe that it is good to talk to their teenagers about these changes, a large percentage had done so in both the 2015 and 2021 surveys. The data indicated a significant difference between pilot and control groups and a 7-percentage point increase in the number of parents who reported having spoken to their teenager about bodily changes.

For those who had not done so, the reasons given were:

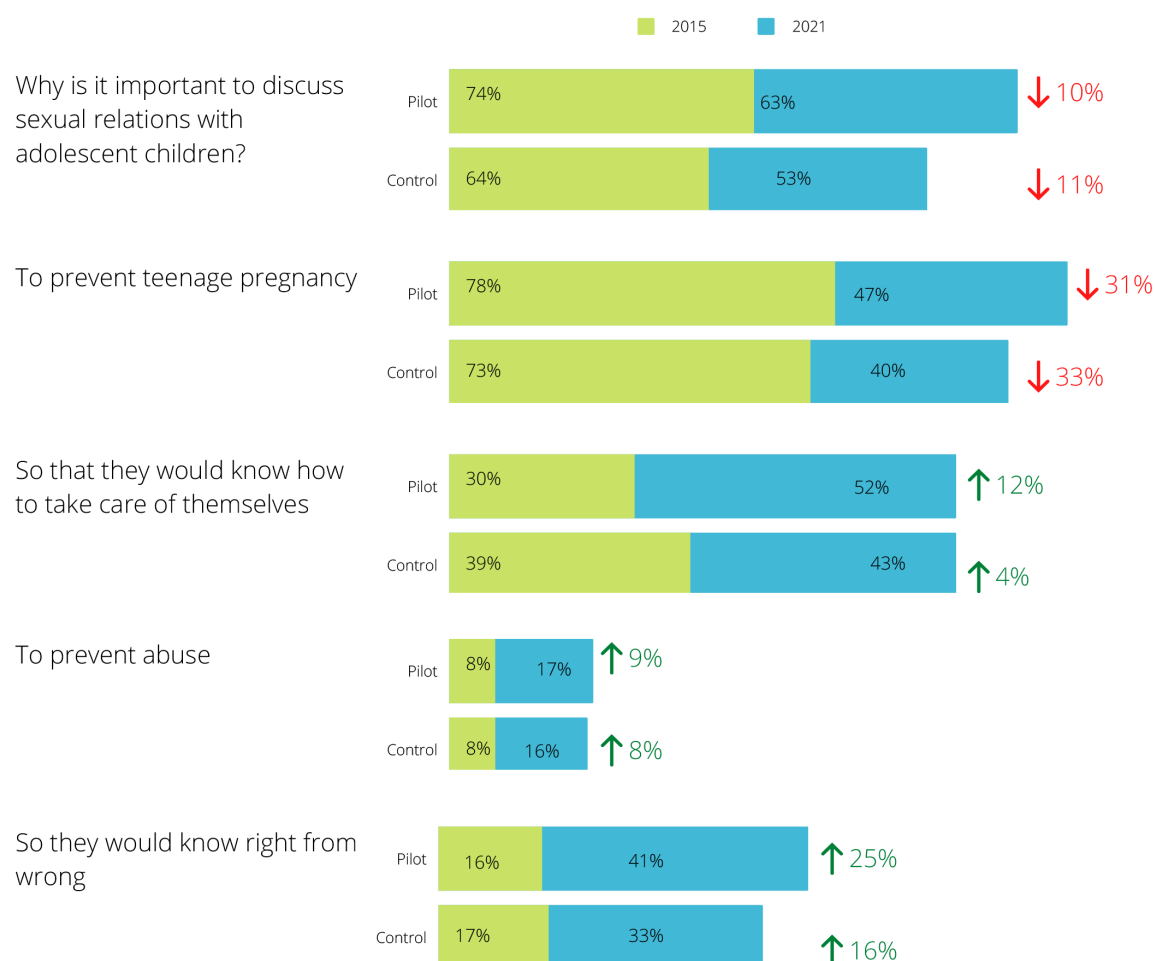
- Because I don't know the words to use: 4 per cent
- Because it is taboo/I can't talk about it: 4 per cent
- Because my parents didn't talk to me about it when I was an adolescent: 6 per cent

The increases in the percentages of parents who believe it is good to discuss changes with their teenager, together with the increase in parents who did have those discussions, suggest that the parenting programme (among other things) had a positive effect.

The next set of questions (5217, 5217A-B) were related to whether it is important to discuss sexual relations with their children.

**Table 50: Attitude Toward Discussing Sex with Teenage Children**

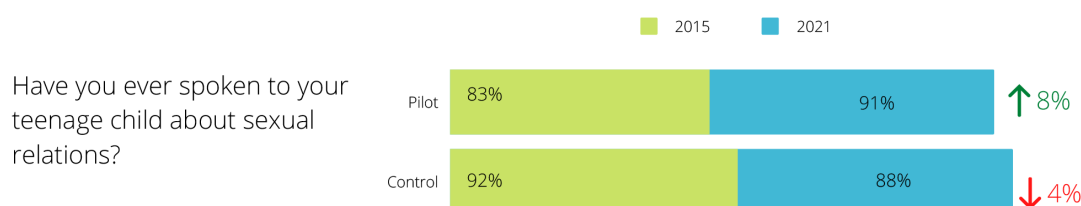
This variable also indicated significant positive shifts in both pilot and control groups from 2015 – 2021, as well as differences between the two groups in the 2021 endline study. When asked about the benefits of discussing sex with their teenage children, there were significant differences between the pilot and control groups in all responses except one, “to prevent abuse.”

**Table 51: Reasons to Discuss Sex with Teenage Children**

There were increases between 2015-2021 in the reasons provided for discussing sexual relations with teenage children. Most indicated positive shifts between 2015-2021, although “preventing teenage pregnancy” was mentioned much less frequently in 2021.

As in previous questions, a high percentage of parents reported having had discussions with their teenage child about sexual relations in 2015 and 2021.

**Table 52: Parents who Report Speaking to Their Teenage Child about Sexual Relations**

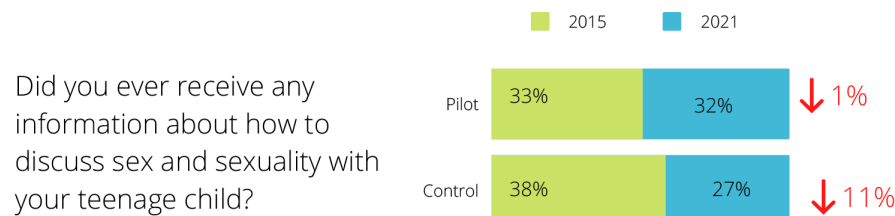


While there was an increase in the percentage of parents who reported speaking to their teenage child about sexual relations in the pilot districts between 2015-2021, the difference between the pilot and control districts was not significant. When disaggregating by sex, the data indicates no statistically significant difference between men and women (89 per cent).

Question 5218 asked parents if it is important to discuss sexual relations with boys, girls, or both. The vast majority in both pilot and control districts responded “both,” but the difference was not statistically significant. This percentage dropped nearly 10 percentage points between 2015-2021, from 91 per cent of parents in 2015 stating “both” to 80 per cent in 2021, and a greater percentage stating “girls only” (15 per cent in 2021 vs. 4 per cent in 2015). It is not clear what this implies; parents may be thinking more about girls’ health and protection, for example, than in previous years. However, this is not necessarily supported by the results of question 5217A\_B (tables 51/52 above) in which preventing pregnancy was not mentioned as frequently in 2021 as in 2015.

The next set of question concerned influential individuals in communities who talk to teenagers about sex and sexuality. Most people responded that there were not such individuals (65 per cent) and there was no difference between pilot and control groups. This is not surprising as the presence of influential individuals is not connected to the presence of the parenting programme. In 2015, a slightly greater percentage reported that there were influential individuals in their communities (34 per cent in 2015 vs. 28 per cent in 2021). The most frequently mentioned individual in both 2015 and 2021 was the “head of the village or suco,” (21 per cent in 2015; 17 per cent in 2021) with all other influential individuals or organizations at 11 per cent or less in both years.

Question 5221 asked whether the parent had ever received any information about how to discuss sex and sexuality with their child.

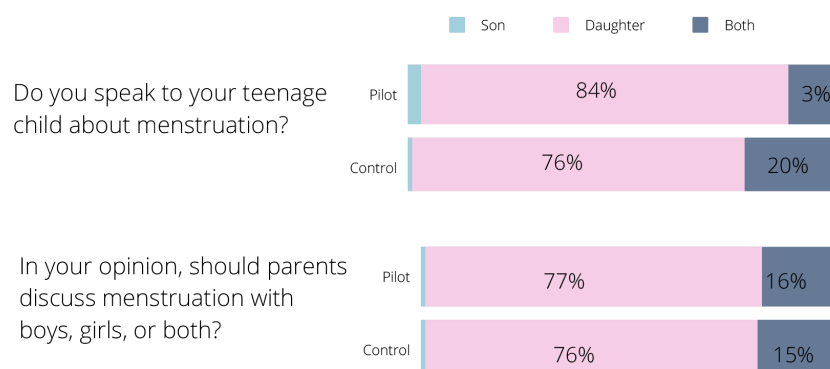
**Table 53: Received Information about Discussing Sex and Sexuality with a Teenage Child**

There were not significant differences between either pilot or control groups, or between the 2015-2021 surveys in the number of people who had received information about how to discuss sex and sexuality. The most mentioned sources were the village/suco head (16 per cent) and religious leaders (13 per cent). All other sources were mentioned by less than 10 per cent of respondents.

The final questions in this section (5223, 5223A and 5224) concerned menstruation. These questions were not asked in the 2015 baseline study.

**Table 54: Discussed Menstruation with Teenage Child**

There was a statistically significant difference between pilot and control groups in terms of whether or not the respondent had spoken to their teenage child about menstruation, as indicated in table 54 above. Most had spoken to their daughter only, although in the control group 20 per cent had spoken to both. Attitudes toward who menstruation should be discussed with leaned strongly toward daughters, and there was no significant difference between the pilot and control groups on this variable. There was no difference between men and women associated with this variable (75 per cent).

**Table 55: Gender and Discussing Menstruation**

While there were some areas in which the parenting programme has not had an influence related to adolescent issues, there were several in which there were large differences between the 2015 baseline and the 2021 endline survey, and in which there were also significant differences between pilot and control groups in the endline survey. These included attitudes toward discussing bodily changes and sexual relations with their teenage child, as well as the decision to discuss these things with the teenager. The reasons for discussing these issues with a teenager were also significantly different in several cases, as indicated above.

Regarding the discussion of menstruation, while most parents believe that menstruation is a topic that should be discussed with girls only, there is a significant percentage in both pilot and control groups who believe that it should be discussed with both.

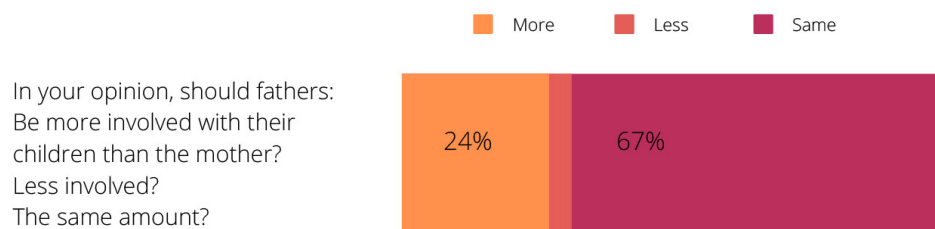
The parenting programme has affected several variables related to adolescent issues, particularly the willingness of parents to discuss sensitive topics such as bodily changes, sex and sexuality, and menstruation with their children. There have been numerous increases across several variables since 2015, and there are statistically significant differences between the pilot and control groups on several of them. There are areas in which the parenting programme could focus. Specifically, few parents (less than 40 per cent) report having received information about how to discuss these issues with their children. The community sessions, home visits, or theatre programme could all incorporate these topics effectively and help parents find ways to have these uncomfortable discussions.

### 3.1.13 Gender Issues and Father's Involvement in Parenting

The 2021 survey tool included a set of questions related to respondents' (or their spouses') participation in the fathers' network, supported by the qualitative inquiry which included significant discussion about participants' considerations of gender and gender roles in parenting.

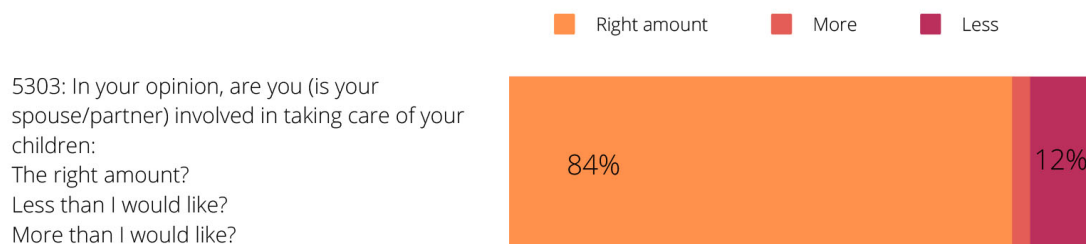
Overall, 18 per cent of respondents reported that they (or their husband) had participated in the fathers' network. Unfortunately, among male respondents to the survey, a very small reported that they had participated in the network (in other words, most respondents who reported involvement in the network were reporting on behalf of their husband). There was no difference between the pilot and control groups on this participation, which is an unexpected finding. However, the reach of fathers' networks to both pilot and control groups may be seen as a positive finding, in that more fathers generally are become involved in such networks.

The survey tool included three questions related to fathers' involvement in raising children (5301, 5302, and 5303). When asked about how involved fathers should be with their children, compared to mothers, most respondents stated "the same amount" but a large proportion (26 per cent) stated more. There were no significant differences between pilot and control groups on this question.

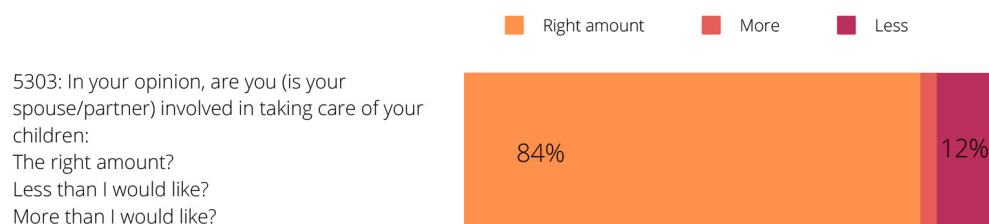
**Table 56: Opinion on Fathers' Involvement with Children**

Most fathers who responded to this question said that fathers should be involved “more” or “the same amount.” None responded that fathers should be less involved.

Question 5302 asked respondents “in your opinion, what roles should fathers take in raising children?” The results are indicated below.



It is interesting to note the roles that respondents believe should be taken by fathers, particularly caregiving, which seems to (perhaps) challenge some of the gender expectations related to fatherhood, particularly the focus on financial contributions to childcare, e.g., school fees.

**Table 57: Father's Involvement in Taking Care of Children**

Most respondents indicated that they (or the father) are involved about the right amount. When disaggregated by sex, 100 per cent of male respondents agreed that they were involved the right amount, compared to 83 per cent of women. The difference between male respondents and female respondents to this question suggests that there is a gap between the perception of the appropriate level of fathers' involvement among survey respondents; fathers may feel they are adequately involved while their partner or spouse believes they should be more involved. Additional research is necessary to understand this difference.

The qualitative data provided rich insights on gender norms, roles, and responsibilities. The data indicates meaningful shifts in father's engagement in household chores and child rearing. Participants in both pilot and control areas expressed an understanding of the importance of sharing household responsibilities between mothers and fathers. The data demonstrate a sense of shared responsibility; for example, a father in one of the *Hametin Família* areas stated, "The role and responsibility of [both] parents is the same, they need to work together to take care of their children. They need to share the role and responsibility" (IDI\_Viqueque\_Participant9M).

Another parent echoed similar beliefs, stating, "The parents' responsibility is to take care of the children, but both wife and husband must work together" (IDI\_Viqueque\_Participant5F). A community member from a pilot area shared:

“ The benefits of engaging fathers in child rearing are that the father can work and also take care of the children, buy food, feed the children... as a parent, the father needs to take care of the children and this is not the responsibility of the mother alone, this is also the responsibility of the father. (FGD\_Ermera1) ”

Responses indicate higher levels of agreement and more positive attitudes about sharing housework and child rearing in pilot areas compared to the control areas where the roles appear to be changing more slowly. For example: "Mothers look after the children very often; men do not really care and share their affection for children. Even though I work in one of the institutions, I still always manage more time to spend with the kids" (IDI\_Lautém\_Participant5F). Another participant shared "Fathers' responsibility is to work and earn money to buy family basic needs, buy children's schools uniforms, take the children to school, do cooking, and wash clothes" (FGD\_Liquiçá1).

Other participants reinforced the clear demarcation of what was typically a mother or father's role. "The mother's role is to do cooking and feed the kids, and the father's role is to do farming, gardening and take the children to school" (IDI\_Viqueque\_Participant2F).

A father's role typically comprised earning an income, farming, buying food for the family and taking children to school. Fathers were considered responsible for meeting the financial needs of the family. In one example, a participant stated that "The fathers need to work hard to get good nutritious foods for the children and sell the local products from the garden to get some money to sustain the family" (IDI\_Ermera\_Participant6F).

In most cases, some new tasks or responsibilities were added to typical gender normative roles. For example, a participant from Liquiçá stated that "Fathers' responsibility is to take care of the children, shower them, get dressed them, feed them, take them to school, carry them back home, earn money and do farming" (FGD\_Liquiçá4). The role of fathers also included giving "moral advice" and encouraging children to be "more engaged in the church and school activities" (IDI\_Ermera\_Participant2M).

In specific instances such as where a parent had a disability or one parent had passed away, the surviving or able parent carried out the responsibilities of both parents:

*"In fact, fathers' roles and responsibilities are to protect the children, shower them, feed them, get them dressed and take them to the health centre for the medical check-up while they get sick. Because my husband has a mental disability, I take on all the roles and responsibilities. (IDI\_Lautém\_Participant4F)"*

The importance of further engaging fathers was clearly understood, as shared by a community member from Viqueque: "It is really important for the fathers/husband to work with the mothers/wife to complete each other," (FGD\_Viqueque1). Mothers too stressed that "fathers should give time to look after the kids, bring them to school and keep them safe all the times" (IDI\_Viqueque\_Participant6F). The benefits of involved fathers were also noted in control areas, once again suggesting a broader shift in norms not necessarily linked to the parenting programme: "Fathers should understand that they also have important roles to raise their children in the family, and have big responsibilities to protect the children from different forms of violence" (FGD\_Liquiçá3). Another participant explained, "The children will feel secure and comfortable when they talk with their father. Both father and children can interact nicely and build a stronger relationship" (IDI\_Lautém\_Participant5F).

Participants noted changes in parental roles, "The change is that, before only mothers took care of the children and the father did not do this. But now the husband can help to feed, shower and dress them" (IDI\_Ermera\_Participant7F). Another parent explained, "The house work is the responsibility of both [husband and wife], ...when the mother goes to work, the father should take care of the children and feed them and get them ready for school" (IDI\_Ermera\_Participant1M). Similar changes were also noted in the control areas and they cannot be conclusively linked to the *Hametin Família* programme. Some examples: "It has changed because now the parents share the same roles in raising the children through showering them, getting them dressed, taking them to school and carrying them back home from schools as well as feeding them," and "Yes, there is some change. Now both mother and father

work together in raising children, compared to before where only the mother took care of the children” (IDI\_Liquiçá\_Participant4M; FGD\_Liquiçá4).

Participants also expressed the intergenerational benefits of shifts in gendered roles, stating:

*“When parents share the same responsibilities for the household activities, it will be great examples to the children to follow and both male and female’s children also will have the same role and responsibilities. (MSC\_Ermera\_Participant1F)”*

Regarding harmony in the family related to gender roles, another respondent noted:

*“I think the most important things is we need to listen to each other, need to listen to what the chief of family says, listen to what the wife says and this is really important. Secondly are the wife and husband need to support each other to find something in order to support their life. If we want the family live peacefully then we need to listen to each other. (FGD\_Ermera1)”*

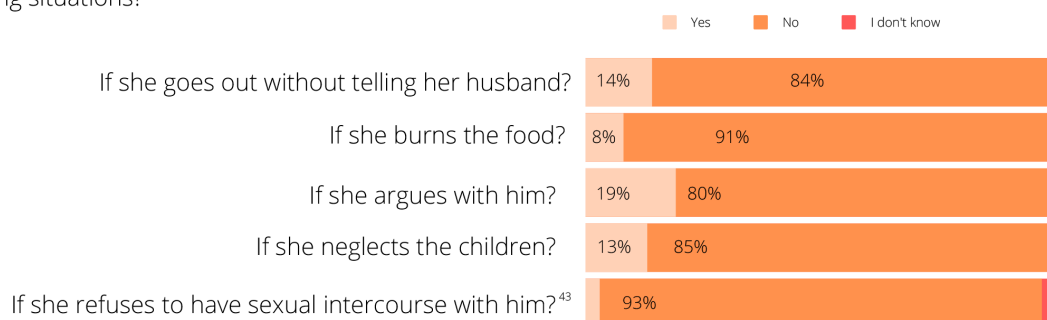
Together with some of the quantitative findings, these results suggest that there are changes in gender roles that are occurring society wide and not necessarily linked to the parenting programme, although there are instances in pilot areas where parents seem more flexible regarding traditional gender roles. A revised parenting programme should continue to promote the role of fathers in caregiving and participation in fathers’ networks, and the next project evaluation should compare data to the present data to identify shifts.

#### 3.1.14. Violence

The survey tool included the standard set of attitudes toward spousal violence questions that are included in household surveys conducted globally, which was augmented by qualitative discussions in IDIs. Question 5401A - E in the quantitative instrument revolved around attitudes toward violence. Due to the sensitive nature of these questions and the overall length of the survey, the response rate for these questions was somewhat low (277/889, or 31 per cent). The results are presented in table 58.

**Table 58: Attitudes Toward IPV/VAWG**

5401: In your opinion, is a husband justified in hitting or beating his wife in the following situations?



There were no differences between pilot and control groups on any of these variables. There were two variables in which there were significant differences between men and women:

- 5401B: If she burns the food (men, 21 per cent, women, 7 per cent;  $p=0.023$ )
- 5401E: If she refuses to have sexual intercourse with him (men, 0 per cent; women, 3 per cent;  $p=0.005$ ).

These results indicate that significant effort is needed to shift attitudes toward violence against women in the home. These efforts should be formalized in programmes such as *Hametin Família* and need to be supported with additional interventions or programmes to shift attitudes toward violence to zero tolerance.

The endline study also included questions on knowledge, attitudes and practices around violence against women (VAW), primarily domestic violence (or intimate partner violence). Findings from the pilot and control areas were more or less consistent, with some differences observed in the *Hametin Família* programme areas. Comparisons between the baseline could not be made as the violence component was not included in the 2015 study. Respondents mostly described violence as physical or emotional; sexual violence against women was not mentioned. Verbal violence such as yelling and swearing was also reported. The findings regarding the prevalence of violence were conflicting, with many participants in the pilot areas and fewer in the control areas denying the occurrence of violence in their communities, stating, “This doesn’t happen in my community” (IDI\_Viqueque\_Participant7M, for example).

<sup>43</sup> Results for this variable were statistically significant when disaggregated by sex. Men were significantly more likely to state that a husband was justified in hitting or beating his wife if she refused sexual intercourse ( $p=0.005$ ).

Cultural practices are considered a deterrent, as explained by a participant from Lautém:

*“There are no cases of violence and intimate partner abuse in the community because the culture is really strong and ... [people] avoid violence. They are afraid of using violence against each other. (IDI\_Lautém\_Participant5F)”*

It is unclear if the absence of violence in the pilot areas is linked to the parenting programme or is a case of participants attempting to paint a positive picture of their community. On the other hand, participants in the control areas shared that violence is a “common issue in the community” and “when violence takes place between intimate partners, we report it to the police to resolve it because it is a crime” (IDI\_Lautém\_Participant5F).

The reasons commonly cited for domestic violence were primarily economic struggles facing families. One participant from Lautém stated, “domestic violence happens between husband and wife because they lack money and cannot not fulfill the needs of the children” (IDI\_Lautém\_Participant1M). Specific situations such as not caring adequately for children, failing to prepare meals, cheating on your spouse or not getting pregnant after many years together were also justifications for violence. Some examples: “A husband hits his wife because she does not do the household activities and does not prepare meals for him;” “Perhaps, the husband hits his wife because she does not watch over the children or does not feed them;” and “he suspects his wife has cheated on him when she talks with an unknown person on the phone,” (IDI\_Viqueque\_Participant3F; IDI\_Viqueque\_Participant6F; IDI\_Viqueque\_Participant5F).

Knowledge of women’s rights (or lack thereof) was also mentioned as a reason for domestic violence: “Domestic violence happens between wife and husband because...the husband lacks knowledge of the rights of women. They blame each other and finally it leads to domestic violence” (IDI\_Ermera\_Participant1M). Another participant stressed “There is no reason to justify the husband hitting or beating his wife because the NGOs have shared information with us ...to respect each other instead of using violence” (IDI\_Lautém\_Participant5F).

The findings strongly supported the belief that violence is considered a “private matter” and community members should not meddle, “When violence happens between intimate partners, it is a private matter and there is no need for others to intervene” (IDI\_Viqueque\_Participant3F). Another participant explained:

*“occasionally, violence between intimate partners happens in the community, and we feel unhappy when we see the husband hit his wife. We try to approach them and give advice, but we are aware that it is a private matter. So we decide to remain silent. (IDI\_Viqueque\_Participant6F)”*

It was noteworthy that participants recognized that domestic violence was a criminal offence yet continued to believe it was a private matter, as in this example from Viqueque.

*“Actually it is a private matter between intimate partners, but if the husband hits or beats his wife, she will take the case to the police because it is categorized as a crime and it also can be said to be a public matter. (FGD\_Viqueque2)”*

Participants also demonstrated an understanding of the negative impact of domestic violence on the family and children, stating, “it will have negative effects on the children’s psychological well-being” (IDI\_Viqueque\_Participant8M) and witnessing violence may lead to them “practicing violence against others in the future” (IDI\_Viqueque\_Participant5F).

The findings highlighted a keen awareness of the importance of role modeling positive behaviours, as in this example: “If a couple/wife and husband hit each other, this is not a good education or [model] for the children. Because the children will follow what they do” (IDI\_Viqueque\_Participant9M). Another participant elaborated further:

*“it will affect the children because they will be terrified and traumatized when their parents use violence against each other in front of them. They also may escape from home when they hear the loud voice of the father yelling or screaming at the mother. (IDI\_Viqueque\_Participant6F)”*

Similar to the findings for violence against children, the practice of Tara Bandu was mentioned as a powerful means of preventing and punishing perpetrators of violence. A participant from Ermera stated “in this community, we apply traditional justice rule (lei tara bandu) to prevent violence among intimate partners. If the husband hits his wife, he will pay a fine to his wife and her family” (FGD\_Ermera2). This practice involves community arbitration and paying a fine (which could include money and cattle) by the perpetrator. Other responses to violence included mediation and trying to find a solution, and only serious cases warranted a formal police complaint. As explained by a participant from Lautém:

*“Usually when partners fight, we tell them to stop, just because their child cries they start arguing and fighting, we only tell them not fight. We will not tell the police, only if they use sharp weapons like a machete, chase each other with the weapon, then we must call the police. (IDI\_Lautém\_Participant3F)”*

In terms of changes observed in the community since the start of the *Hametin Família* programme, participants noted increased awareness of parental roles and improved spousal relationships. Changes in knowledge and practices were indicated as well. “Since this programme was initiated, families have awareness, listen to each other and they share the same roles and responsibility to look after their children” (IDI\_Ermera\_Participant6F). Another participant shared, “when the *Hametin Família* Programme came to our village, we see that the problems between wives and husbands started to reduce” (IDI\_Ermera\_Participant1M). A community leader from the programme area shared:

“There have been changes, the people who heard this programme have now changed. Now the problem is happening with people who haven’t heard about this programme. Therefore, I suggested to them to respect gender equality issues, and I think everyone needs to understand the laws. (FGD\_Ermera1)”

### Violence Against Children

The qualitative tools included several questions on violence against children (VAC) and provided rich data about participants experiences, attitudes, and beliefs. When asked about the prevalence of VAC and the forms of violence experienced by children, participants shared mixed responses, with some stating that violence was not common and others providing specific examples of VAC. For example, “The parents and teachers rarely use violence against children, but the children often use violence against each other” (FGD\_Viqueque2) and “There hasn’t been any violence against children in my community” (IDI\_Viqueque\_Participant7M) were two accounts from participants.

Other participants shared that children in the community experienced physical, emotional/psychological, and sexual violence. For example, a participant from Viqueque stated that “the children seldom face physical violence or abuse from their parents, but sometimes they get psychological violence or abuse by parents and adults in the community” (IDI\_Viqueque\_Participant3F). Parents were most concerned about the impact of sexual, psychological, and domestic violence on their children. There was one instance where child marriage was mentioned as a major concern for parents of adolescents. One parent also mentioned that alcohol is a contributing factor to VAC: “Here, parents are mostly worried about youth who fight after getting drunk. There isn’t much in Iliomar, but there is a lot of in Dili and Lospalos, there are kids drinking and sitting around on the streets” (IDI\_Lautém\_Participant2M).

Overall, the findings on VAC were consistent between the pilot and control areas. Study participants got their information on violence prevention from the media (radio, television and the internet), local authorities, social workers and government officials. The data indicated that the *Hametin Família* programme has been helpful in informing people about violence related issues. A participant from the pilot area of Ermera stated “this programme reminds the entire community to prevent violence and create peaceful environment in the family” (FGD\_Ermera2). Another stated that:

“...the *Hametin Família* programme is really helpful for us, in my observation, sometimes some of my neighbours beat each [other], so, when we get a new programme or information, we share it with them, we sit together and share the ideas and help them to ...strengthen their family. (FGD\_Ermera1)”

Findings also indicate that the *Hametin Família* programme has brought about some changes in how families respond to violence and the programme “reminds parents to keep taking care of their children and prevent them from [experiencing] any form of violence and abuse in the family and community” (IDI\_Viqueque\_Participant8M). Another participant stated, regarding the *Hametin Família* programme, that

*“There are some changes in prevention or response to violence in our community after the start of the Hametin Família programme, when there is some problem that is really serious we must to inform to the police and need to report them. (FGD\_Ermera1)”*

The responses about gender differences related to VAC were inconclusive. Some participants felt that girls’ and boys’ experiences of violence were similar, while others felt there were important differences. For example, one participant noted that “the boys face physical violence, neglect and abuse and girls just occasionally face physical and emotional violence from their parents in the family,” (IDI\_Viqueque\_Participant8M). Another participant felt that girls were more prone to facing emotional/psychological violence. There was also concern for teenage girls who were seen as being at greater risk of sexual violence and early pregnancy. A recent example was shared by a participant from Lautém, who noted:

*“Sexual abuse has just happened [in our community]. This was a serious case and the family was unable to resolve it. The victim decided to take the case to court to solve it based on the law. (IDI\_Lautém\_Participant1M)”*

Information sharing and discussion were noted as preventive measures for violence. For example, “parents just talk with [their children] and ask them to stay at home when they come home from school” (IDI\_Viqueque\_Participant3F). Parents shared that they “create family rules to supervise children and tell the children not to go far away from home and observe the children during their free time” (IDI\_Viqueque\_Participant8M).

The role of the community in keeping children safe was also stressed by participants. “When I see any violence happen, this is not only the responsibility of the parents, but this is the responsibility of all people to prevent violence and protect the children to be free from violence” (IDI\_Ermera\_Participant1M). When violence occurs, families try to resolve it in the community:

*“When children face abuse and violence in the community, the family form two parties and sit together to find the solution to the problem. Sometimes parents think that is a serious case, and they will report it to police to resolve based on the legal system. But, majority of the people prefer to resolve this problem in the village with the local leader. (IDI\_Ermera\_Participant2M)”*

The findings also reflected traditional practices such as Tara Bandu to prevent and respond to violence. These practices were used to arbitrate smaller offences, while more serious offences or sexual violence required legal intervention. Participants reported that traditional practices or culture did not promote violence and in fact, certain customary practices actually helped protect children from violence and resolve conflict:

*“The traditional practices are always implemented by families in the community. If there is any problem, the parents will sit together with the troublemakers to resolve it. Apart from that, we [also] use traditional justice rule (Tara Bandu) to mitigate the problems. (IDI\_Viqueque\_Participant7M)”*

Parents felt that the “traditional justice law is a better way to prevent violence because all the people in the community obey and respect [traditional laws]” (IDI\_Lautém\_Participant1M) and these practices were useful in deterring violence, because “If some people use violence against someone else, they will have to pay a fine, and that is why they are afraid of using violence against others” (IDI\_Lautém\_Participant5F). Additional suggestions to prevent violence and protect children emphasized parental roles and supervision. For example, one participant shared: “My suggestion is do not abandon the children, even though they are adolescents we still [need to] supervise them, and set family rules so that they focus on doing housework rather than go and hang around outside” (IDI\_Liquiçá\_Participant3F).

The problem of violence against women and children remains serious in Timor-Leste, and while there are some positive trends suggested by both the quantitative and qualitative data, significant efforts must be made to ameliorate the situation and, ideally, influence people’s perceptions toward violence in Timorese society.



## 4. 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. Focus area specific recommendations were provided in the Results section (above). This section presents some overall recommendations, including from participants in the programme who shared stories as part of the MSC discussions or in IDIs or FGDs.

Overall, 91 per cent of respondents who participated in parenting programme activities were either satisfied or very satisfied with the community sessions; 91 per cent were satisfied or very satisfied with the home visits; 85 per cent were satisfied or very satisfied with the radio programme; and 88 per cent were satisfied or very satisfied with the fathers' network. High levels of satisfaction suggest that the structure of the programme should remain essentially the same as it is scaled up; changes to programme should involve greater efforts in recruiting participants and reaching additional people. Based on the findings from this KAP endline survey, the recommendations are:

1. Continue to invest in fathers' participation in child raising through fathers' networks and other activities. Participants emphasized the importance of strengthening father-child relationships and suggested additional investments in programmes focusing on engaging fathers. One specific suggestion was:

“ *[I]n the future, MSSI or other NGOs can organize trainings or outreach [activities] to the community about parenting so that the fathers can understand, raising children is not only [a] mother's responsibilities but [involves] both of them. Mother and father need to work together. (IDI\_Ermera\_Participant7F).* ”

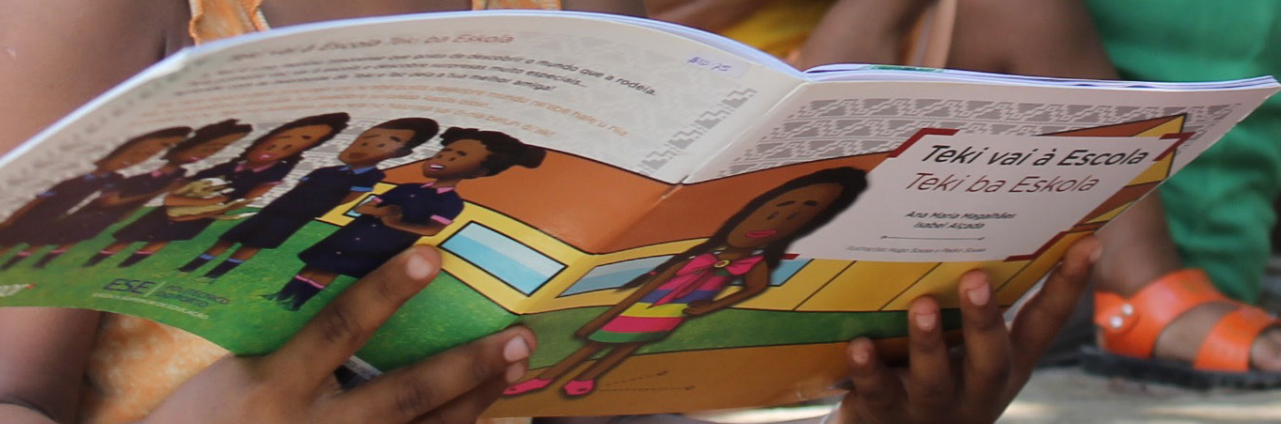
2. Create additional programme events (community sessions, household sessions, theatre sessions) that reach as many areas of the country as possible. The suggestion for additional trainings was also made in the control areas. Results show that *Hametin Família* areas improved parents' commitment to putting away money for education and offering more moral support to children as they grew.
3. Decrease structural barriers to education. This could be done through:
  - Increasing transportation options
  - Providing additional scholarships from *BdM* (and available for more than three children in the family)
  - Providing forms of subsidized education

- Creating and implementing communication interventions about the benefits of waiting to graduate to start a family.
4. Participants' ideas about gender are fairly consistent across pilot and control groups, but there is room for increased communicative work in understanding the different ways boys and girls may interact with teachers and peers to decrease the thoughts that girls are more dedicated and motivated, and/or that investment in boys' education is more likely to pay off.
  5. With regard to children with disabilities, there is strong evidence for the need for more structural and economic support in order to provide access to school, teachers, and materials in the ways that these children require. Simply negotiating the built environment in Timor-Leste is demonstrative of the barriers children with physical disabilities face; similar barriers exist with regards to disabilities that require assistive devices in educational settings. Children with disabilities also need housing that is accessible, and similar comments were found related to school buildings and transportation. Communication programmes that teach parents, other children, and teachers about children/people with disabilities and offer practical communication-based tools to include them, meet them where they are, and work to support children with disabilities can yield significant results in creating more equitable education and social systems, as well as communities.
  6. Teach parents to use locally available materials to teach their children. This could be coupled with other strategies such as kitchen gardens to scaffold opportunities and enhance effectiveness. For example, children could learn about biologic sciences, life cycles, weather, math, spelling and culture from working with their parents in a kitchen garden which would also provide fresh healthy produce to augment the heavy reliance on starchy foods. This could also be accessible to children with disabilities.
  7. Demonstrate different early learning games or provide more information on the reasons to engage children in early stimulation (beyond school preparation—which was strongly indicated in the data). These activities may help motivate parents and provide them with simple but effective ways to engage their young children. There is data to support this proposed intervention summed up by IDI\_Viqueque\_Participant2F, "We do not know how to use some games to interact with the children."
  8. Increase parents' access to resources in order to engage with their children. For example, children's radio programmes that play age-appropriate educational songs to teach the alphabet and counting; access to reading materials including—and beyond—the Lafaek books. Many respondents specifically named Lafaek as the ones they use, "show the paintings from LAFAEK story books," "read the story from Lafaek story book" (IDI\_Ermera\_Participant2M; IDI\_Lautém\_Participant1M). Therefore, access to more Lafaek materials and access to more general learning materials requires stronger infrastructural support, particularly in rural areas. This can be coupled with other efforts such as ChildFund, which was mentioned as an available means of resources, "I used toys that ChildFund provided for me to play with the children, and it brings great changes to the children's interaction with me" (IDI\_Lautém\_Participant4F).

9. While there are no baseline (2015) data for questions related to violence, the fathers' network, and positive relations between husband and wife, the present data suggest that there are social and behaviour change interventions that could contribute to positive changes in these areas. There are still large percentages of respondents who believe that a husband is justified in beating his wife in specific circumstances. Therefore, communication for development could be an effective source of information and peaceful conflict resolution strategies. These strategies could be both dyad (husband/wife) centred and community-based.
10. Radio was a minor but important component of the programme. There was a statistically significant difference between pilot and control groups in the percentage of respondents who had heard about the radio programme (9 per cent, pilot; 5 per cent, control;  $p=0.025$ ). The scaled-up *Hametin Família* programme should carefully consider the role of radio and build radio programmes that support other aspects of the programme. Other media, particularly television, may have a role to play in the parenting programme, since a much larger percentage of people report that they watch TV than other media.

There are many additional ways that the parenting programme has had positive effects on participants' lives beyond simply the ten focus areas, such as networking with members of their communities, completing the parenting programme to earn a certificate, and getting the opportunity to interact with community leaders, MSSI staff, and other individuals who were delivering *Hametin Família* content. Participants' perception of the effectiveness of the programme was summarized effectively by a participant from the MSC story collection activity in Ermera, who said: "This programme was really significant to me because it could change my family's way of lives and gave opportunities for me to make my family to be more harmonious and peaceful." MSC\_Ermera\_Participant5M.

The remainder of this document presents the final conclusions of the endline study, together with limitation and challenges that were encountered throughout the research process, and some recommendations for future research to support the implementation of the revised parenting programme at scale.



## 5. Conclusions and Limitations of the Study

The results of this endline study suggest that there are several aspects of the *Hametin Família* parenting programme that have contributed to significant, positive changes in parents' KAP between pilot areas and control areas, as well as positive shifts in parents' KAP between the 2015 baseline study and the present study. Of particular note are the following focus areas:

1. Early stimulation, where there were large shifts in parents' perceptions of the value of early stimulation, the time at which a baby can perceive stimulative actions, and the early stimulation practices (tables 8, 9, and 10).
2. In positive discipline, a greater willingness to use non-violent forms of discipline and increased beliefs in the benefits of positive discipline (tables 23 and 24).
3. In child protection, greater percentages of people in the pilot areas who report that abusive behaviours never happen in their communities, and a greater percentage of parents who believe that their young children should never be unsupervised (tables 17 and 19).
4. In nutrition, where a significantly higher percentage of parents in the pilot group are able to identify the correct time to begin complementary feeding (table 26) and significantly fewer reports of food insecurity (table 32).
5. In hygiene, where nearly all parents report that they are able to wash their hands with soap and significantly fewer report that not having water is a barrier to hand washing (table 35).
6. Education, where there is an increase in the number of parents who have a child enrolled in school, who assist their children with homework, and across a large number of other education-related variables (tables 43, 44, and 45).
7. In adolescent issues, where a significantly greater percentage of parents report that it is important for them to discuss bodily changes with their children and a greater percentage also report having done so (table 49); a greater percentage who believe that it is important to discuss sex and sexuality with their children, can articulate reasons why, and who report having done so (tables 50, 51 and 52);
8. In birth registration, continued positive attitudes and beliefs since the 2015 baseline (p. 52).

Both statistical and qualitative data support the positive impact of the pilot parenting programme in these areas.

There are focus areas (or parts of focus areas) in which the *Hametin Família* programme does not seem to have had significant positive effects. Of particular note is Danger Signs and Care Seeking, where parents' KAP around the correct time to seek immediate medical care does not seem to have improved since 2015 and where there is no difference between pilot and control groups in the current data. There were also areas in the education for all focus area, most specifically related to gender and education, that did not exhibit significant changes.

The baseline data collected in 2015 did not include results for IPV, VAWG, or fathers' involvement in parenting, and therefore the *Hametin Família* programme was not designed with these baseline data present. The data present in the current study for these areas cannot be compared to 2015.

The study had several limitations and challenges. First among these is the complexity of data collection in Timor-Leste, particularly during the COVID-19 pandemic and the flooding that occurred in April 2021. Ba Futuru staff were heavily affected by the flooding and this created delays in data processing and analysis. The magnitude of the survey tool is also an issue that is a challenge for this research, and this was increased in the present study by the fact that all training was conducted remotely via Zoom due to the pandemic. This resulted in some questions on the survey around the fathers' network, IPV/VAWG, and participation in the *Hametin Família* programme having fewer responses than expected. When this occurs, significant differences are not able to be observed in the data, and this means there may be areas where there are statistically significant differences present but not observed, particularly in relation to participation in the fathers' network and in regards to VAWG/IPV. The data collection team nonetheless achieved the goals set out for the research in terms of the number of surveys administered and the overall quality of the data.

The high percentage of female respondents to the survey made it impossible to conduct disaggregated analysis for responses based on sex/gender. This was similar to the 2015 baseline study, when the decision was made to conduct the survey at a household level, rather than through sampling individual parents. A parental survey would have been significantly more complex to design and implement, and likely would have yielded poor results in terms of response rates, given that many men are unavailable for research during the study period. A future study could be designed to include an equal number of men and women, which would allow for results to be disaggregated more effectively by sex.

An additional parenting area that requires more study is related to children with disabilities. Because of the study design, there was no specific method by which parents of children with disabilities could be directly recruited for participation in the quantitative survey. If there were parents of children with disabilities included, it was simply through the chance associated with a random sample. In order to address the specific needs of caregivers of children with developmental delays and disabilities, it is recommended that stakeholders consider the implementation of a study that is intentionally designed around these caregivers.

Despite these limitations, this endline study revealed many areas in which the *Hametin Família* programme has had significant, positive impacts over the pilot implementation period, and plans for revision and scaling up to additional areas should be considered in the next programme cycle.

# References

Britto, P.R., & Engle, P. (2013, unpublished). *Parenting education and support: Maximizing the most critical enabling environment*. New York: UNICEF.

Ministry of Health, Democratic Republic of Timor-Leste (2015). *Timor-Leste food and nutrition survey: Summary of key findings*. Dili: Author.

National Statistics Directorate et al. (2010). *Timor-Leste demographic and health survey 2009-10*. Dili, Timor-Leste: National Statistics Directorate and ICF Macro.

UNICEF (2011). *Infant and young child feeding*. New York: Author.

UNICEF. (2017). Baseline study of knowledge, attitudes and practices towards ten key focus areas of parenting in Timor-Leste, 2015. Dili: Author

WHO (2015). Timor-Leste: WHO statistical profile. Retrieved June 17, 2021, from <https://www.who.int/gho/countries/tls.pdf?%20ua=1>.

## Annex I: Research Instruments and Tools

All study tools are available at [www.professorcarlson.net/tl](http://www.professorcarlson.net/tl).

## Annex II: Baseline Survey Results (2016)

Key Focus Area		Communication-Related Indicator <sup>44</sup>		Results of Quantitative Inquiry					
		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.		This focus area was not specifically included in the quantitative survey, but will be discussed in the community parenting sessions.					
						ADMINISTRATIVE POST			
		Key Communication-Related Indicators		Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)		
Minimum Acceptable Diet		Parents and caregivers know that children should be started on solid foods at 6 months of age [3103] *		70%	62%	76%	55%		
		Parents and caregivers know that children between 6 – 32 months of age should be fed at least three meals a day [3104]*		93%	80%	96%	82%		
		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%	96%	> 99%	96%		
		Parents and caregivers believe that there is a link between children's diets and their future performance in school [3113c]		97%	97%	98%	97%		
Hygiene		Parents disagree with the statement that the food they buy at the store is better for their children than local foods [3113g] *		54%	51%	41%	61%		
		Parents and caregivers know the two most important times to wash hands [3201a-a & 3201a-b]		59%	55%	60%	53%		

<sup>44</sup> 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.

<sup>45</sup> 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 (X<sup>2</sup>, p<0.05). This is discussed in additional detail in the report.

ADMINISTRATIVE POST					
	Key Communication-Related Indicators	Prevalence (Raiaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
	Parents and caregivers know and believe that there are important times to wash hands with soap [3213a, 3213b, 3213c, 3213d]	99%	99%	> 99%	99%
	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%
<b>Danger Signs and Care Seeking</b>	Parents and caregivers can name at least one cause of diarrhoea [5103a, b, c]*	53%	71%	51%	68%
	Parents know the correct time at which to take a child with diarrhoea to a health care facility [5104_4]	< 1%	0%	1%	1%
	Parents and caregivers believe that children in the womb can hear sounds from outside [4101]	22%	21%	9%	21%
<b>Early Stimulation</b>	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]	a*	87%	98%	82%
		b*	87%	97%	84%
		d*	96%	> 99%	89%

ADMINISTRATIVE POST					
	Key Communication-Related Indicators	Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
	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%
<b>Education</b>	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%
	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%
<b>Child Protection</b>	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%

ADMINISTRATIVE POST					
	Key Communication-Related Indicators	Prevalence (Railaco)	Prevalence (Iliomar)	Prevalence (Bazartete)	Prevalence (Uatucarbau)
<b>Birth Registration</b>	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%
	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%
<b>Alternative Discipline</b>	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%
	Parents and caregivers have received information about the best ways to discipline children [5202]	45%	44%	48%	39%
<b>Adolescent Issues</b>	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%







Research conducted by:

