



## Making family planning accessible for vulnerable women:

Findings from research to inform family planning policy in Timor-Leste

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## INTRODUCTION

For women subjected to domestic violence or sexual abuse, being denied contraception can cause significant psychological trauma and further trap them and their children in a cycle of dependency and escalating violence.

Findings from new research with survivors of violence in Timor-Leste found that women experience multiple levels of reproductive coercion, from the social preference for many children and the fertility obligations associated with bride price, to the subtle and more overt restriction on accessing contraception placed on them by their husbands, family and health providers.

These findings are important because women who experience domestic violence are more likely to have an unintended pregnancy, have less control over decision-making, and be forced to have sex against their will.<sup>1</sup> Their ability to make decisions about their reproductive health and be able to access contraception is a vital part of their journey to safety.

Research with midwives<sup>2</sup> has shown that some ask women for permissions from their husband before they will provide them with contraceptives and may refuse them access if unable to prove his consent. This denies women choice over whether they get pregnant and bring a child into a violent relationship, increases their vulnerability during pregnancy and after birth, and hinders their ability to look after and protect their other children.

The findings from these studies highlight three important implications for the revised Family Planning Policy and its dissemination in Timor-Leste:

- *The Family Planning Policy guidelines should clearly state that health providers do not require permission from husbands or anyone else to provide contraceptives to women*
- *This guideline should be socialised widely with health professionals, especially those providing family planning, and their managers*
- *This guideline as well as the additional risks and needs for women experiencing domestic violence should be included in any education and training on family planning*

## FINDINGS

- There is evidence that some health workers ask women to prove they have their husband's permission before they allow them to access contraception.
- Some midwives said they thought this was Ministry of Health policy but could not recall seeing it in any specific policy or document.
- Some midwives believe they are protecting women because their husband might be angry if he found out she was taking contraception, but they seldom consider the bigger risks of getting pregnant to a violent man, or the adverse effects of violence on children.
- Other midwives were sympathetic to the needs and rights of women subjected to violence but could be reluctant to provide contraception due to safety concerns for themselves as providers of family planning.

The following is a true story from our research:

*Maia had a very violent and controlling husband.*

*She had a difficult birth with her third child and her uterus ruptured.*

*The doctor said she must not get pregnant for 3 years so the scar could heal. If she got pregnant too soon she could die.*

*Her husband said “No, you must give me a child every year” and would often force himself on her.*

*She went to the health centre for family planning, but the midwife said Maia needed her husband's permission and refused to provide her with contraception.*

## IMPLICATIONS

- The lack of clear policy guidance about not needing a husband's permission to provide contraception has resulted in inconsistent practice and unmet need for some very vulnerable women in Timor-Leste
- There is a misconception among some health providers that women need a husband's permission to access family planning. This is in direct conflict with the rights-based approach of the Family Planning Policy and major international conventions that have been ratified by Timor-Leste i.e. CEDAW
- Research from all over the world shows women are the best judge of their safety and the risks involved in their various options. Women who are being subjected to physical or sexual violence need to be able to decide whether they use contraception, not the health provider.
- The issue of being able to access contraception based on a woman's free choice and not needing permission from someone else, should be:
  - outlined clearly within the Family Planning Policy and other maternal and reproductive health strategies.
  - included in training for health providers, students and lecturers and socialised further within health centres and the community.
- Having this guideline within the Family Planning Policy and socialised with health staff and managers is important to protect midwives and other family planning providers because they are following National Guidelines in their work.

## RECOMMENDED GUIDELINE

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*Health workers should provide contraception to all women who request it. Asking for the permission of the husband or other family members before giving contraceptives is in direct conflict with the rights-based approach of the family planning policy which emphasises women's free choice. Withholding contraception can be particularly dangerous for women who are being subjected to domestic violence or sexual abuse and puts their health and wellbeing at further risk.*

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<sup>1</sup> Taft A, Powell R, Watson L. (2015). The impact of violence against women on reproductive health and child mortality in Timor-Leste. *Aust N Z J Public Health*, 39(2):177-81

<sup>2</sup> Wild K, Taft A, Gomes L, Madeira I, Matos LC, de Araujo G, Fernandes A, McDonald S. (2016). *Building a primary health care response to violence against women: The knowledge and needs of midwives in three districts of Timor-Leste*. UNTL, Dili and La Trobe University, Melbourne.