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The Catholic Church and reproductive health and rights in Timor-Leste: contestation, negotiation and cooperation

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In Timor-Leste, high fertility, high maternal mortality and low levels of contraceptive prevalence demonstrate the importance of exploring perceptions, policies and practices around reproductive health and rights. This paper explores the influence of the Catholic Church on reproductive decision-making at different levels of policy and practice. Utilising a feminist qualitative research methodology, in-depth interviews were conducted with a range of participants including nuns and priests, Timorese women and men of different ages and backgrounds and local and national stakeholders working in reproductive health and women’s rights. Findings reveal that the Church is reported to play a significant role in reproductive health and rights decision-making at all levels of society, from policy-making to the reproductive decisions made by individual Timorese women and men. Nevertheless, the translation of Church teachings into practice, particularly by nuns, priests and Timorese men and women, reveal a range of attitudes and opinions; some that support and others that contest official Catholic doctrine. In light of the significant influence of the Timorese Catholic Church on policy and practice at many levels of society, there is a need to prioritise the development of rights-based strategies to improve reproductive health services in Timor-Leste.

Keywords: Timor-Leste; Catholic Church; reproductive and sexual health; reproductive rights; religion

Introduction

This paper focuses on the influence of the Catholic Church in relation to reproductive health and rights in the context of post-independence Timor-Leste, where 96.9% of the population indicate being Catholic (National Statistics Directorate 2010). Religion is significant in relation to various aspects of gender equity and health, especially in the area of sexual and reproductive rights. There are norms and prohibitions arising in most religions that impact on women’s and men’s negotiations of their reproductive capabilities (Bayes and Tohidi 2001; Ruether 2008; Kissling 2009). These norms and prohibitions have serious implications for the health and wellbeing of women in particular.

Reproductive rights discourse started to gain momentum and global recognition at the UN conferences of the 1990s, namely at the Vienna World Conference on Human Rights in 1993, the Cairo International Conference on Population and Development in 1994 and the Beijing Fourth World Conference on Women in 1995. However, in parallel to these advancements for rights-based approaches to health, a number of religious leaders, actors and organisations, including the Holy See,1 opposed key components of reproductive rights. This clash of beliefs has focused on opposition to some aspects of the modern technology of reproductive healthcare, such as modern methods of contraception and

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abortion. Feminists have argued that the conflict reflects diverging ideological positions on what it means to be a woman or a man. For example, from a conservative Catholic perspective, gender roles are defined by the ‘divine’ architecture of biologically-based male and female roles and relations, while from a rights-based perspective, gender roles and relations are considered to be socially constructed and therefore open to transformation and change (Bayes and Tohidi 2001, 5). While the first view prioritises an interpretation of gender through the lens of a particular conservative reading of religious and cultural tradition, the second is concerned with developing a framework of social justice that takes into account difference and diversity in religion, gender, sexual identity, age and race, among other factors. Based on the conservative view of ‘divinely-defined’ gender roles and relations, official Catholic doctrine opposes the use of modern contraceptive methods, as these are perceived to undermine the ultimate aim for sexual relations, which are viewed as acceptable only within marriage and where open to procreation (Ruether 2008). There are countries where this clash of ideologies has been particularly notable. For example in the Philippines, a law guaranteeing universal access to contraception, sex education and maternity care was blocked from coming into force for more than a decade by a campaign largely orchestrated by key figures in the Philippines Catholic Church (Tan 2004; Roopanarine 2012). As well as profoundly influencing the country’s political agenda, research has suggested that Catholic teaching on contraception has promoted and perpetuated negative and misleading perceptions of contraception in the Philippines (Fabros et al. 1998; De Vera 2007).

Similarly to the Philippines, Timor-Leste is a majority Catholic country. However, there has been very little research to date on the role of the Catholic Church in Timor-Leste. This paper explores three key research questions related to the Church’s influence on decision-making about reproductive health and rights in Timor-Leste: First, what approach has the Timorese Catholic Church adopted in relation to reproductive health and rights in the post-independence period? Second, how do Timorese women and men negotiate their religious identities and their reproductive choices? Third, how does the Timorese Catholic Church influence the public provision of reproductive healthcare in terms of policy and practice among state and non-state actors?

Reproductive rights and the Catholic Church
In 1994, 179 countries signed the Cairo Declaration, the pioneering final product of the United Nations International Conference on Population and Development held in Cairo. The conference and its agreed Programme of Action represented a turning-point for global advocacy on reproductive health and rights. The declaration ‘addressed a comprehensive set of population and development goals and objectives to be achieved through universal provision of a range of reproductive health services by 2015’ (Reichenbach and Roseman 2011, 3). Implicit and explicit in the document was the notion that reproductive health implied rights of individuals and couples to exercise control over their reproductive capabilities and to have a satisfying and a safe sex life. This represented a shift away from the focus on fertility regulation as the basis of population policies, ‘toward the notion of reproductive health, predicated on the exercise of reproductive rights and women’s empowerment’ (Reichenbach and Roseman 2011, 4). One year after the Cairo Conference, the Fourth World Conference on Women (held in Beijing in 1995) proved another important site for the affirmation of further gains for women’s right to bodily integrity, encompassing freedom from violence and control over their sexuality (Girard 2011). Advocates of women’s health and rights who shaped the agenda at these conferences
highlighted that women’s reproductive decisions are influenced by considerations of access, economy and by sociocultural and religious expectations and norms (Dixon-Mueller 1993; Correa and Reichmann 1994; Petchesky 2003).

The momentum created at the ground-breaking conferences of Cairo and Beijing provided opportunities for grassroots advocacy to seek conceptual and practical changes in reproductive health policies and programmes at the country level. However, these advances were met by a backlash of opposition headed up by conservative religious forces opposed to the rights-based approach regarding sexuality and reproduction (Baden and Goetz 1997; Buss 1998; Friedman 2003). A network of governments, non-government organisations (NGOs) and other actors such as the Holy See formed alliances in direct opposition to the rights lobby at key points leading up to and during the Cairo and Beijing Conferences (Friedman 2003). This parallel and informal ‘coalition’ included a number of conservative Muslim and Catholic governments and organisations that argued that certain aspects of sexual and reproductive rights would undermine the ‘cultural’ and ‘religious’ rights of their citizens and members (Buss 1998). Among other things, the lobby contested throughout the preparatory proceedings and the conference itself, the inclusion of terms such as gender – demonised by conservative groups ‘as a code for the disruption of cherished certainties about human relations’ (Baden and Goetz 1997, 22). The struggle between conservative religious forces and advocates of women’s rights continued to be a salient feature of UN conferences beyond those during the 1990s (Girard 2011, 170). Commentators have suggested that the exclusion of a specific reference to reproductive rights from the Millennium Development Goals (although many of the Goals are directly impacted on by reproductive issues) occurred as a direct result of the conservative lobby (Petchesky 2003). The 2013 United Nations Commission on the Status of Women was the site for further opposition from conservative member states, including the Holy See, attempting once again to remove language that reaffirmed rights established back in Cairo (Filopovic 2013).

Although Catholicism was not the only religion represented among the opposition lobby, nevertheless, conservative components of the Catholic Church have been among the most vocal in contesting key aspects of reproductive rights. This is partly due to the nature of Catholic doctrine, which has developed over the centuries with a reliance on ‘natural law theory’. Based on the philosophical work of Thomas Aquinas, natural law theory considers that human beings have access to a universal framework of reason, which allows them to participate in the ‘eternal law’ relevant to all forms of human behaviour. Therefore, it is possible to employ reason to determine how to behave in any given situation since within human nature there are ‘built-in inclinations towards its ends or goods’ (McBrien 1994, 961). The application of natural law theory has influenced key aspects of the Catholic view of sexual morality, particularly in relation to the doctrine underpinning the Catholic ban on contraception. As McBrien (1994) explains, modern forms of contraception are considered unacceptable because they transform ‘an act which is naturally oriented to procreation into an act which is oriented to the mutual benefit of the spouses’ (985). Although Catholic theologians have critiqued this interpretation, nevertheless, it is this perspective that has influenced key papal statements of the late-twentieth century upon which the moral prohibition on contraception continues to rest (Kissling 2009).

It is this perspective that has shaped key aspects of the Catholic Church’s political interventions at the global level, as we saw in the case of the UN conferences. Furthermore, the Church has used its political influence at the national level to promote its distinct moral agenda in legislation and policy-making related to sexual and reproductive
health and rights in contexts as diverse as the Philippines, Ireland, Nicaragua, Poland and the USA (Razavi and Jenichen 2010). This paper traces this influence in relation to the context of Timor-Leste.

The case of Timor-Leste

Timor-Leste has taken some important steps in developing its health system since the country became a sovereign nation in 2002. Independence was achieved following centuries of foreign rule and military occupation: by Portugal from the 1500s to 1975 and by Indonesia from 1975 to 1999, when the Timorese voted for transition to independence. However, the vote in 1999 was marked by severe conflict, which led to around 80% destruction of the country’s infrastructure (Waters, Garrett, and Burnham 2007). As well as infrastructural, staffing and supply-chain challenges, sociocultural factors continue to present barriers to policy, programming and uptake of services by women and men (Zwi et al. 2009). Timorese women have been disproportionately affected by patriarchal structures that have shaped women’s and men’s roles. A manifestation of this is that sexual and gender-based violence remains a considerable barrier to the health and wellbeing of women (Myrttinen 2012). Traditional customs, such as the payment of bride-price by husbands to the families of their wives, have also been highlighted as potentially damaging to women’s status in Timor-Leste (CEDAW Shadow Report Working Group 2009).

Despite these challenging circumstances, the government has made important gains in the area of health over the last decade (Rasmussen et al. 2011). For example, the country has met or is on-track to meet key Millennium Development Targets in coverage of antenatal care (there was a significant rise in the proportion of women attending at least one visit, from 42.5% in 2001 to 86% in 2009 per 100,000), and in the proportion of births attended by skilled health personnel (which rose from 19% in 2001 to 29.6% in 2009). Steps have also been made in increasing the contraceptive prevalence rate, which rose from 8% in 2001 to 22.4% in 2009 (Rasmussen et al. 2011). However, challenges remain in the area of maternal health (Wayte et al. 2008). For example, Timor-Leste remains off-track in achieving the MDG target reduction for the maternal mortality ratio, which is estimated to be 557 per 100,000 live births according to the Demographic and Health Survey of 2009–2010 (NSD Timor-Leste, Ministry of Finance Timor-Leste, and ICF Macro 2010).

During the Indonesian occupation, the Timorese Catholic Church positioned itself as a protector and defender of the Timorese people and was instrumental in the struggle for independence, both in terms of provision of material and spiritual wellbeing, and in terms of their vocal condemnation of the Indonesian regime (Smythe 2004). Catholic schools and clinics set up during the Portuguese colonial period grew in number and influence during the Indonesian occupation between 1975 and 1999 through providing alternative healthcare and education services (Cristalis, Scott, and Andrade 2005). During the occupation, the Church spoke out against injustices committed by the Indonesian regime, in particular denouncing its coercive family planning programme, which was based on a two-child target per family (Belo 1985; Republic of Indonesia 1998). Following independence, the Church has continued to take an active role in promoting its vision of reproductive health through clinics set up to provide education on ‘natural’ forms of contraception (which are based on abstaining from sexual intercourse during women’s fertile periods) and through working with the Ministry of Health (MoH) on its HIV/AIDS campaign through Caritas Dili, the local Church’s development wing. However, research suggests that the Church’s influence has contributed to negative social taboos related to
sex and reproduction (Earnest and Finger 2006). Furthermore, gender activists have noted that the Church has negatively influenced state policy in encouraging legislation that criminalises abortion (CEDAW Shadow Report Working Group 2009).

Methods
This paper draws on findings from fieldwork carried out between January and July 2008 in Timor-Leste. The study draws on feminist and interpretative perspectives, driven by a focus on women’s needs and interests (Harding 1987). According to an interpretative approach, the world is socially constructed and cannot therefore be known independently from the researcher’s interpretations of meanings (Marsh and Stoker 2002). This approach is associated with qualitative research methods. Qualitative methods allow researchers to observe and interpret social phenomena through the actions and words of research participants themselves (Bryman 2004). In order to gain an understanding of a wide range of perspectives, I carried out individual in-depth interviews with a range of participants including Catholic Church representatives (i.e., nuns and priests), health and gender activists, governmental non-governmental health workers and ordinary Timorese women and men from urban and rural settings (see Table 1 for numbers and characteristics of participants). Interviews were conducted in English, Portuguese and Tetum. Timorese nationals working in non-government and government organisations are obliged to use either English or Portuguese in the work place and since the researcher had fluency in both languages, a translator was not needed for these interviews. Interviews in Tetum were conducted with the support of translators (three Timorese women and one man) experienced in Tetum-English translation who had translated for previous research and humanitarian projects. We discussed the research aims before interviews and followed interviews with de-briefing sessions to ensure all information was captured and understood. Verbal consent was gained from all participants and their names have not been used.

The interviews touched on potentially sensitive topics so I took time to introduce myself, my background and the aims of the research before gaining verbal consent from participants and proceeding with the interview. I allowed the interviews to be guided by the participants as far as possible and was mindful of any signs (both verbal and non-verbal) that suggested the participants were uncomfortable or in distress. When I felt this situation arose, I established whether participants wanted to pause or move to a different topic. Reflexivity in the research process requires an awareness of the positionality of the researcher (Laws et al. 2013). My position as a ‘western’, non-

<table>
<thead>
<tr>
<th>Participant category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Church representatives, including priests, nuns and one lay missionary</td>
<td>15 (8 women, 7 men)</td>
</tr>
<tr>
<td>Local and international reproductive health professionals working in the Ministry of Health</td>
<td>4 (2 women, 2 men)</td>
</tr>
<tr>
<td>Staff of development agencies such as UNFPA and UNIFEM and of NGOs working on a range of reproductive health issues including maternal and child health and HIV prevention</td>
<td>12 (7 women, 5 men)</td>
</tr>
<tr>
<td>Gender activists and employees of organisations working on women’s rights issues</td>
<td>16 (14 women, 2 men)</td>
</tr>
<tr>
<td>Timorese women and men, aged between early-20s and late-50s, living in urban and rural areas</td>
<td>32 (17 women, 15 men)</td>
</tr>
</tbody>
</table>
Catholic, visitor to Timor-Leste likely impacted on the research process, especially in terms of the information I was able to access. The research process was limited by two important factors, first the challenging political situation in Timor-Leste during 2007–2008, which increased the caution with which I undertook both interviews and travel around the country, and, second, the barriers that language sometimes imposed, which meant that the focus of the interviews remained on less ‘sensitive’ aspects of reproduction and sexuality, such as fertility control rather than experiences of sexuality and pleasure. However, the depth and quality of the data generated is testament to the openness of the participants.

The data were analysed thematically with particular attention paid to ideas and concepts that resonated with the research questions outlined in the introduction (Laws et al. 2013). In addition, each interview was coded thematically across categories of participant, with inclusion of new themes arising. The inductive nature of the research was underpinned by a grounded theory approach to analysis, in the sense that concepts were identified throughout the analysis process, rather than relying on preconceived categories (Gomm 2004).

The study was undertaken as part of a doctoral research project funded by the UK Economic and Social Research Council. The methods protocol underwent review at the University of Leeds prior to fieldwork commencing. In addition, because at the time the study was conducted (2008) there was no formal ethics committee functioning in Timor-Leste, I established a memorandum of understanding with the Secretariat of State for Promotion of Equality in Timor-Leste during the initial stages of the data collection process, which engaged with ethical issues anticipated as likely to arise during the course of the project. Interviews were conducted with oral consent and were digitally recorded and then transcribed or recorded by hand, with detailed summaries completed following interviews. Participant transcripts and detailed summaries were given a code to protect participants’ anonymity and codes were later assigned false names by the researcher. Only the researcher and translators knew the identities of the participants and had access to the raw data.

Findings
The interviews revealed a range of opinions about contraception and reproductive autonomy, from nuns and priests who supported official Catholic doctrine, to those who appeared to contest it, and from Timorese women and men who were dedicated to their Catholic faith but supported the concept of reproductive autonomy, to those who actively opposed aspects of Catholic doctrine. In parallel, health and gender professionals and activists reported adopting a range of approaches to undertake tactical negotiation and cooperation with the Church. These different responses are explored below by participant category, starting with Church representatives.

**Catholic Church representatives: one Church, many voices**
The findings revealed diverse opinions among priests and nuns on Catholic doctrine, their role in the Church and their work in the community. While there was sympathy among all participants towards the concept of ‘birth spacing’ as a component of what they described as ‘responsible parenthood’, when questioned in more depth about their opinions of modern methods of contraception, Church representatives revealed a spectrum of attitudes and opinions, some which can be described as ‘contesting’ official Catholic doctrine and others that appear to endorse it.
Participants who appeared to endorse official Catholic doctrine were very critical of modern methods, referring to them repeatedly as ‘artificial’ and comparing them unfavourably to the ‘natural’ methods promoted by the Vatican. One young priest in training reflected on the teaching he had received when making this point:

Artificial methods of family planning are not good because they are against human nature. The Church is against artificial methods. (Francisco, Timorese priest in training, in his 20s)

Participants generally referred to natural methods as a proxy for abstinence-based approaches, such as the rhythm method (which involves periodic abstinence during periods of high fertility) and other variations. These approaches rely on considerable time investment for women, who need to remain aware of the physiological signs that predict fertility. They also rely on excellent communication between couples to ensure that they can avoid sex during periods of high predicted fertility.

Although a small minority of participants expressed stringent opposition to artificial methods, the majority took a more nuanced approach. For example, some participants articulated that women and men should be given opportunities to decide for themselves about which type of contraception to use, but felt that the Church should continue to promote only ‘natural’ methods. These Church representatives perceived that they should not simply condemn artificial methods but also affirm the importance of providing the appropriate information to improve reproductive health overall:

The stand is very clear from the Catholic point of view – interfering with whatever is natural is wrong. But ... it’s our duty to educate the family and then the choice is theirs. (Madre Berta, Timorese nun based in Dili, in her 50s)

There was also a minority of participants who were in full support of providing access, even via Catholic-run clinics, to all methods of contraception, including those officially banned by the Church. These participants recognised that Timorese women’s sexual decisions are often constrained by factors beyond their control and felt that women therefore deserve proactive assistance from the Church:

People don’t necessarily know how to use natural methods or they say that their husbands might force them and so how can I not provide artificial methods given that people live in such poor conditions and cannot afford to keep having children? (Madre Elisa, non-Timorese nun working in a local clinic, in her 40s)

While not directly criticising the Church’s doctrine, the nun quoted above was nevertheless contesting the inflexible nature of the Catholic position on contraception through providing alternatives for women facing the dilemma of non-consensual sex and the difficulty of adhering to ‘natural’ methods.

This spectrum of opinion, ranging from ‘conservative’ to ‘rights-based’ approaches, was also reflected in conversations about the use of condoms for HIV prevention, although the views were more polarised on this issue. Among those who were fiercely opposed to condom promotion were priests who linked the promotion of condoms to promiscuity and described them as threatening to health, as in the following quotes:

Condoms are effective in preventing infection and pregnancy but in a loving relationship love is something natural that should be between bodies ... Poison can enter in through artificial methods. People can get sick through them ... even in those who are aware of having AIDS I would never encourage condoms. I would only encourage self-control. (Padre Julio, non-Timorese priest based in Dili, in his 60s)

The problem is that lots of money comes into the country from the UN and other sources to focus on artificial methods. Like the emphasis in HIV/AIDS on condom use ... This will
lead to encouraging the society to engage in ‘free sex’. (Padre Gustavo, Timorese priest based in Dili, in his 40s)

The term ‘free sex’ was employed by a number of participants, across all categories, to denote promiscuous sex. The term is commonly understood slang used in Timor-Leste and other contexts such as the Philippines, and refers to sex being participated in with ‘excessive’ freedom and liberality. When employed by these priests in the context of their opposition to condom promotion, it was notable that they viewed the use of condoms as an irresponsible act that potentially leads to people engaging more freely in sex. This contrasts with the public health view that people should be persuaded to use condoms as a responsible act to promote safe sex. Furthermore, in the first quote, the priest started by stating that condoms can be effective to prevent infection but then went on to contradict this statement by suggesting that ‘artificial’ methods of contraception (such as condoms) ‘allow poison to enter in’ and therefore constitute a threat to health. These quotes resonate with findings from other settings where religious leaders have been implicated in perpetuating damaging and misleading messages about modern methods of contraception (Ansari and Gaestel 2010; Eriksson et al. 2010).

In contrast, a nun whose work was dedicated to HIV prevention and had links to the agencies involved in the national campaign took an opposite view when reflecting on condoms:

When we don’t talk about condoms as a tool which can protect health we’re denying people having access to information – and it is people’s right to have all the information available as well as information about abstinence. (Madre Joana, non-Timorese nun based in Dili, in her 40s)

However this same participant felt that her opinions were unlikely to be shared by the majority of her fellow Catholic representatives in Timor-Leste. This was confirmed in other interviews with nuns and priests. Although there was acceptance of condom-use by another nun in reference to the method of ABC prevention (the method widely supported by religious groups, which prioritises abstinence and being faithful over condom-use), the picture painted by religious representatives was mainly one of condoms as ‘risky’ and morally unacceptable.

Interestingly, there was not a clear differentiation of opinion across different categories of Church representatives. The data did not suggest, for example, that nuns took more liberal attitudes than priests. There were nuns and priests, Timorese and non-Timorese, who held views across the spectrum, contesting and supporting Catholic doctrine from their individual perspectives.

Timorese women and men: negotiating religion and reproductive choice

This section explores how Timorese women and men of varying ages and from different sections of society found ways to demonstrate support for the concept of reproductive choice, while maintaining their Catholic identities. It was clear from the majority of interviews conducted that Timorese women and men across contexts and ages were aware of the Catholic Church’s prohibition of modern methods of contraception. However, the majority of the interviewees, from a range of backgrounds, expressed support for the right to reproductive self-determination:

The Church prohibits KB [keluarga berencana, family planning] but it’s my choice to decide. The Church is important but shouldn’t force people. We [she and her husband] believe in the Church and like it but on this matter we don’t follow it . . . The Church has said that KB isn’t good because it can hurt the child and the woman. But having lots of children isn’t easy either! (Neta, woman living in a rural area, in her 40s)
The Church doesn’t accept family planning and they say that you shouldn’t stop something that you are meant to receive – but I think that God wants me happy and unless I am a rich man I can’t have many children. It is my decision. (Toni, man living in the capital, Dili, in his 30s)

There were also those who challenged the Church’s endorsement of ‘natural’ methods given that many of these methods involve careful calculations for measuring fertility and rely on women successfully avoiding sex for days at a time, something that they may not always be able to control:

KBA [keluarga berencana alamiah, ‘natural’ family planning] is taught during marriage preparation but this requires patience on the part of the husband. It is hard sometimes for a woman to refuse sexual relations with her husband and men don’t necessarily understand why women might not want to have sex or have more children – they don’t understand their suffering. (Fatima, woman living in a rural area, in her 40s)

Even where respondents revealed their personal preference for ‘natural methods’ they usually supported other women’s right to reproductive choice:

Some people do not want to have family planning from the Health Department – they just want to use KBA. I also use KBA. It requires good communication between husbands and wives to prevent pregnancies …. However, I support hospital family planning for those whose husbands are less understanding. Sometimes my friends tell me that they’ve got pregnant while their first child has not even reached a year old so I advise them to go to the hospital and use KB. (Vitoria, woman living in a peri-urban area, in her 40s)

Most interviewees described negotiating the issues of contraception and fertility through multiple lenses, which included their religious identity and their personal circumstances and choice. The only interviewee who articulated that his religious identity might categorically influence his choice of contraception was also a vocal supporter of the benefits of ‘natural’ over modern methods. However, as a father of only three children – an unusually small number in Timor-Leste – it was interesting to note that he articulated that this was a decision he had the right to make himself:

This is my own decision. This is not because of family planning or any pressure from outside – this is my commitment …. This is the modern world and we need to enjoy our own life – we don’t need to go back to the old system …. Three children is enough. (Ximenes, man living in a peri-urban area, in his 40s)

This same man argued that his decision to restrict the number of his children was vital for ‘belonging’ to the modern world and yet he was also deeply influenced by his religious affiliation to Catholicism. In fact, during the interview he went on to praise the Church’s role in helping people to ‘think first and plan’ their fertility through their teaching of natural family planning.

These findings suggest that Timorese women and men broadly support the notion of reproductive self-determination and adopt varying approaches towards their Catholic identities in line with this support. Nevertheless, for Timorese women and men to have the opportunity to make genuinely autonomous decisions about their fertility, there must be effective healthcare provision and unbiased information and education available. The next section will explore how agencies and organisations promoting reproductive health and rights negotiate with the Church to provide improved services across Timor-Leste. As we have seen in this section, while Timorese women and men at the community level are aware of the Church’s position and in some cases support it, nevertheless they are also pragmatic about their needs. Timorese women and men deserve, and expect, to receive reproductive health options unmediated by cultural or religious norms that facilitate decisions based on individual circumstances and conscience.
Confrontation and compromise

Interviews with local and international reproductive health professionals and women’s health and rights activists revealed that the Catholic Church was perceived as significantly influential in the work they carried out. However, there were differences in how participants articulated their professional responses in view of this influence. Broadly, there were three main responses described by these participants: first, adapting policy and practice in order to accommodate the Church, second, negotiating spaces of cooperation with the Church and, third, contesting the Church’s influence through overt challenges to its position on issues around sex and reproduction.

The first type of response was linked to those working within state apparatus, for example, in the MoH. Indeed, there was a perception by many in the NGOs interviewed that the MoH was keen to maintain good relations with the Church, in line with the government’s agenda at the time. The significance of the government’s approach was partly explained by the fact that the first Timorese government experienced political difficulties with the Church, which culminated in an acrimonious series of protests organised by leading priests in 2005. These protests were eventually ended with the signing of a joint declaration in which the government agreed to certain demands, including a promise to ban abortion (see Silva [2008] for an in-depth analysis of these protests). The elections of 2007 yielded a new government formed through a coalition of a number of political parties. During the research process, it appeared that the new government was attempting to negotiate a less confrontational path in terms of their relationship with the Church hierarchy. This approach also appeared to have influenced MoH guidelines for working with the Church. For example, one MoH employee stated that ‘sensitive’ policies were routinely run by the office of the Bishop of Dili diocese in order to receive the Church’s input and to make adaptations accordingly:

Whenever they [the MoH] talk about sensitive issues and need approval from the Church, they send a letter to the Bishop of Dili and he nominates someone to represent them . . . . The reproductive health strategy went through that process also. (Tomas, MoH employee, in his 30s)

The same participant mentioned that references to abortion had been removed from specific documents following Church complaints. His comments on HIV-prevention policies also portrayed an emphasis on compromise: he suggested that condom promotion might require an ‘even handed’ approach through an ‘emphasis on the good aspects and the bad aspects’ since ‘the Church recommends that the Ministry of Health should be careful about promoting condoms’.

There were NGOs working on reproductive health issues whose responses demonstrated a degree of negotiation with the Church around issues that impacted on their practices. For example, an organisation working on maternal health issues had approached Bishop Basilio of Baucau diocese to assist them in the production of an educational video promoting the importance of birth spacing and providing information about a range of contraceptive methods. The makers of the video, which included footage of nuns carrying out natural family planning training as well as detailed information about a variety of modern methods, had succeeded in gaining a personal appearance by Bishop Basilio supporting the work of the nuns. This represents a pragmatic but effective way of working with the Timorese Catholic hierarchy to further reproductive health information and education. The Bishop’s appearance in support of ‘natural’ methods, while reinforcing the Church’s position, would nevertheless allow viewers to engage with a range of options, with the tacit approval of the Bishop.
Activists working on sensitive gender issues also perceived that strategic cooperation with Church representatives was sometimes a useful approach in their work:

We need to make links with the modern groups – those who are more progressive – then step by step we can get close to the more conservative groups to try to influence them ... it’s difficult but we must make links because the Church is very influential in Timor-Leste and powerful. The institution is very important for everyone, for the government and for us, for women’s rights. This is why ... we always collaborate with priests – even if they say ‘never mind about that’ we keep maintaining and working towards those links – it’s not easy but we have to. The Church is influential and strong among people – when an activist speaks people are more likely to listen if there’s a priest – more to the priest than to the activist! (Tina, Timorese women’s activist, in her 30s)

This Timorese women’s activist working on enhancing women’s political roles was unequivocal in her opinion that working with the Church is vital for ensuring success in progressing women’s rights. She emphasised the importance of strategically focusing energy on those groups within the Church more receptive to women’s rights; nevertheless she insisted that collaboration is essential to achieving acceptance of their work among the Timorese population.

Finally, there were Timorese reproductive health advocates and women’s activists interviewed whose responses were much more challenging of the Church’s position and overtly contested Catholic doctrine on sex and reproduction. The following quotations demonstrate how these participants viewed the Church’s position as a challenge to rights-based approaches to reproductive health policy and practice in Timor-Leste:

As far as religion goes, some people are fanatical and some are flexible ... the Church has its way and we [referring to his NGO] have our own way ... The government sometimes criticises me for going too far ‘you’re overreacting and making the Church angry – you have to go slow’ but I don’t want to wait until lots of people have died before doing something about it ... Sex belongs to me – it is my choice, belief is another thing entirely! (Fernando, Timorese NGO worker in HIV prevention, in his 20s)

It’s up to the individual to decide what’s moral. These things are personal – when I die I will answer to God for my decisions. I am a Catholic but I will answer to God myself ... The community should be able to decide how to access contraception, not the Church. (Vitor, Timorese community activist based in Dili, in his 40s)

While these voices only represent one section of those working on reproductive health issues in Timor-Leste, it is important to acknowledge their role in potentially challenging the Church’s hegemonic ideology on sex and reproduction at different levels of society. However, despite the important role of such contestation, there is still much to be gained through the negotiating tactics of those who work with Church leaders to promote reproductive and sexual health. While the Catholic Church remains a significant influence on policy and practice, there is a need for multiple approaches to develop and improve reproductive health services.

**Conclusion**

This paper has explored the influence of the Catholic Church in Timor-Leste on decision-making around reproductive health and rights, taking into account the multiple perspectives of Church representatives, community members and reproductive health professionals and women’s rights activists. The findings suggest that the Church is universally perceived as an influential actor in the area of reproductive health. There is evidence that while the majority of Church representatives interviewed showed support for the principle of reproductive choice, nevertheless there remains a strong emphasis on
Church promotion of ‘natural’ methods of contraception, which are extremely difficult for women to control. Some Church representatives recognised this and showed support for women’s and men’s access to modern methods of contraception. However, Timorese women and men perceived that they should be able to access all forms of contraception notwithstanding their Catholic beliefs and identities. Although important steps have been made in improving and increasing access to reproductive and sexual health services in Timor-Leste, it was disturbing to find that the Timorese MoH appears to have sought the Church’s influence on its policy-making in this area. The findings from interviews with community members suggest that there is an urgent need for those working on reproductive health and rights to recognise that the views promoted by the more conservative elements of the Timorese Catholic Church do not necessarily represent those of Timorese women and men themselves. Susan Harris-Rimmer (2007), whose research touches on women’s and children’s rights in Timor-Leste, makes an important point on this issue when addressing the potential for alliances between Church and the women’s movement:

Strategic alliances can and have been made between the Church and women’s groups but until the Church is prepared to see women as independent citizens and holders of rights in all contexts, including the home, the positions of the two groups are likely to continue to diverge. (340)

A potential threat to the women’s movement lies in the perception that the Catholic Church provides the most valuable ‘moral’ perspective on women’s roles and rights in Timor-Leste. The findings from community members and Timorese activists show, on the contrary, that respondents hold diverse moral world-views that can be shaped by a range of religious and secular principles.

As we have seen, there are a number of local and international organisations working to increase access to life-saving reproductive healthcare in Timor-Leste. Many of these have developed pragmatic approaches to working with the Church to promote reproductive health and rights. There is scope for these approaches to progress further, perhaps in the area of adapting and using Catholic ideas and beliefs to support notions of reproductive rights. Globally, there are a number of Catholic theologians, nuns and priests who have developed theological arguments in support of women’s rights (see, for example, Gebbara 1995; Küng 2001). Catholic advocates for reproductive rights, such as Catholics for Choice, provide literature through their website exploring areas of compatibility between Catholic religious values and gender equality as well as reproductive and sexual rights. These resources could prove useful for those Timorese and international organisations working in Timor-Leste as advocacy tools to strengthen the dialogue they are already engaged in with Church representatives.

There are also opportunities for continuing to build on the important role of the MoH gender focal point, a position with responsibility for ‘mainstreaming’ gender-sensitive approaches across the MoH. This role requires attendance at monthly meetings with other gender focal points, which are coordinated by the Secretariat of State for the Promotion of Equality (SEPI) as a strategy for supporting the implementation of gender-sensitive policies and practices across government apparatus. These are important examples of cooperation that already exist between the health and gender equality branches of government, which could be built on for developing more coordinated approaches to working with the Church. There could also be opportunities for SEPI and grassroots women’s organisations to use these meetings to open up space for further dialogue and even debate in the area of gender equality, reproductive autonomy and religious beliefs and principles.
As mentioned in the methods section, the limitations of language made it difficult to explore women’s and men’s perceptions and beliefs concerning sexuality in greater depth. More research is required to explore aspects of sexual expression and pleasure in relation to Timorese women’s and men’s religious beliefs. In addition, the limited space available has not allowed a more detailed exploration of the controversial area of abortion legislation in Timor-Leste that others have drawn attention to (Belton et al. 2009). This is another critical area where the Church’s political role requires ongoing attention.

The role of motherhood remains an important aspect of women’s gendered identities in Timorese culture and statistics show that birth rates remain high. However, Timorese women are vulnerable to maternal morbidity and mortality and face discrimination due to social, cultural and religious attitudes. Timorese participants interviewed for this research often spoke of the importance of their Catholic faith but also highlighted their preference for reproductive autonomy in decisions about contraception and fertility. Government and non-government health services, whether religious or secular, have a responsibility to facilitate reproductive decisions based on women’s (and men’s) individual needs, preferences and consciences. There is a need for multiple and coordinated approaches to increase scope and opportunities for working with the Timorese Catholic Church to build rights-based approaches to reproductive health in Timor-Leste.

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Note
1. The Holy See refers to the episcopal jurisdiction (or parish) of the Catholic Church in Rome. Under the Bishop of Rome (the Pope) the Holy See is the pre-eminent episcopal see of the Catholic Church and forms its ‘central government’. In his position as Bishop of Rome, the Pope is the highest individual authority of the Catholic Church.

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Résumé

Au Timor oriental, les taux élevés de fertilité et de mortalité maternelle, et le faible taux de prévalence de la contraception démontrent combien il est important d’explorer les perceptions, les politiques et les pratiques en matière de santé reproductive et de droits à la reproduction. Cet article explore l’influence de l’Église catholique sur la prise de décision concernant la reproduction à différents niveaux des politiques et des pratiques. En nous appuyant sur une méthode de recherche qualitative féministe, nous avons conduit des entretiens en profondeur avec une série de participants comprenant des religieuses et des prêtres, des femmes et des hommes timoriens d’âge et d’horizons divers, et des personnes intervenant aux plans locaux et nationaux dans les domaines de la santé reproductive et des droits des femmes. Les résultats révèlent que l’Église est perçue comme jouant un rôle considérable dans les prises de décision, à tous les niveaux de la société, en matière de droits et de santé reproductive, de l’élaboration des politiques aux décisions des femmes et des hommes timoriens. La traduction des enseignements de l’Église dans la pratique, en particulier par les religieuses, les prêtres et les hommes et les femmes timoriens révèle néanmoins un changement des attitudes et des opinions; certaines qui soutiennent la doctrine catholique officielle, d’autres qui la contestent. Alors que l’Église catholique reste très influente sur les politiques et les pratiques à différents niveaux de la société, plusieurs approches de développement et d’amélioration des services de soins pour la santé reproductive au Timor oriental sont nécessaires.

Resumen

En Timor-Leste la alta fertilidad, la alta mortalidad materna y los bajos niveles del uso de anticonceptivos demuestran que es importante analizar las percepciones, políticas y prácticas en torno a la salud reproductiva y derechos en materia de reproducción. En este artículo se examina cómo influye la Iglesia católica en las decisiones reproductivas en diferentes ámbitos políticos y prácticos. A partir de una metodología de investigación cualitativa y feminista, se llevaron a cabo entrevistas exhaustivas con una gran variedad de participantes, incluyendo monjas y curas, mujeres y hombres timoreses de diferentes edades y contextos y grupos de interés locales y nacionales que
trabajan en la salud reproductiva y los derechos de las mujeres. Los resultados indican que la Iglesia desempeña un papel importante a la hora de tomar decisiones relacionadas con la salud reproductiva y los derechos en materia de reproducción en todos los niveles de la sociedad, desde la elaboración de políticas hasta las decisiones de los hombres y las mujeres timorenses en relación con la procreación. Sin embargo, en la práctica la interpretación de las enseñanzas de la Iglesia, especialmente por monjas, curas y hombres y mujeres de Timor, ilustra una gran diversidad de actitudes y opiniones, algunas a favor y otras en contra de la doctrina oficial de la Iglesia católica. Aunque la Iglesia católica sigue teniendo mucha influencia en la política y práctica a diferentes niveles de la sociedad, es necesario abordar diferentes planteamientos para desarrollar y mejorar los servicios de salud reproductiva en Timor-Leste.