

Multiple Indicator Cluster Survey Trinidad and Tobago

Full Report

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Foreword and Acknowledgements

Multiple Indicator Cluster Survey - 2000

Executive Summary

The 2000 Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) is a nationally representative survey of households, women and children. The main objectives of the survey are to provide up-to-date information for assessing the situation of children and women in Trinidad and Tobago at the end of the decade and to furnish data needed for monitoring progress toward goals established at the World Summit for Children as a basis for future action.

Infant and Under Five Mortality

- In Trinidad and Tobago death registration is compulsory. Based upon the 1999 data, the infant mortality rate was estimated to be 18.6 and the under-five mortality rate as 20.8. At present there is the infant mortality validation as well as the infant mortality surveillance exercises in progress. These will eventually facilitate verification of the official rate.

Education

- Just over eighty-nine percent of children of primary school age in Trinidad and Tobago were attending primary school. School attendance was observed to be highest in the Borough of Point Fortin, Diego Martin, St. Patrick and Tacarigua. At the national level, there is virtually no difference between male and female school attendance.
- Based upon the results of the Adult Literacy Survey – Trinidad and Tobago, 1995, the rate of adult literacy (persons 15 years and over) was estimated to be 86.6 percent. Adult literacy rates were estimated to be higher among females than among males. The level of literacy in sub-populations predicated upon age declined from 96 percent among persons aged 15-24 years to 59.1 percent for persons aged 55 years and over.

Water and Sanitation

- According to the UNICEF conception of safe water, 93.6 percent of the population of Trinidad and Tobago had access to a safe supply of water. According to the national conception, the corresponding proportion was estimated to be 86.3 percent.
- There was almost universal access to sanitary means of excreta disposal among the population living in households in Trinidad and Tobago (99.4 percent).

Child Malnutrition

- Six percent of the children under 5 in Trinidad and Tobago were estimated to be underweight or too thin for their age. Just 3.6 percent were estimated to be stunted or too short for their age and 4.4 percent wasted or too thin for their height.
- Children whose mothers had secondary or higher education were less likely to be underweight and stunted than their counterparts whose mothers had less education. Boys appeared to be slightly more likely to be underweight, stunted and wasted than girls.

Breastfeeding

- Just 1.8 percent of children under the age of four months were exclusively breastfed – a level considerably lower than recommended. At age 6-9 months, 19.2 percent of children were estimated to be receiving breastmilk and solid or semi-solid foods. By age 20-23 months, 10 percent were continuing to breastfeed.

Salt Iodization

- One (1) percent of households in Trinidad and Tobago were estimated to have adequately iodized salt. The percentage ranged from zero in Chaguanas, Point Fortin, Rest of St. George and Caroni to five (5) percent in Diego Martin.

Low Birthweight

- In Trinidad and Tobago, 22 percent of infants were estimated to weigh less than twenty-five hundred (2500) grams at birth. This percentage is substantially higher than the average for Latin America and the Caribbean (9 percent).

Immunization Coverage

- BCG vaccination is not given routinely in Trinidad and Tobago. According to the Trinidad and Tobago MICS, the first dose of DPT was given to 60.3 percent of children aged 12-23 months. For subsequent doses of DPT, the percentage declined to 59.1 percent for the second dose and 55.8 percent for the third dose.
- Similarly, 84.4 percent of children received Polio 1 by age 12 months. The proportion declined to a much smaller percentage of 18.8 percent by the third dose.
- The coverage for measles vaccine was estimated to be lower than for the other vaccines. Only 35 percent of the target population were vaccinated by the age of 12 months.
- The proportion of children who were estimated to have had all eight recommended vaccines in the first 12 months of life was estimated to be relatively small amounting to 7.4 percent.
- Generally speaking, females were more likely to be vaccinated against all childhood diseases when compared to males (18.1 percent as opposed to 11.6 percent).
- Universal vaccination coverage was estimated to be higher among children whose mothers had secondary or higher education than those whose mothers had only primary education (18 percent as opposed to 7.1 percent).

Diarrhoea

- Approximately eight (8) in every ten children with diarrhoea received one or more of the recommended home treatments (i.e. were treated with ORS or RHF).
- Only 6.3 percent of children with diarrhoea received increased fluids and continued eating as recommended.

Acute Respiratory Infection

- Three (3) percent of the under five children had an acute respiratory infection in the two weeks prior to the survey. Approximately seventy-four (74) percent of these children were taken to the appropriate health provider.

IMCI Initiative

- Among under-five children who were reported to have had diarrhea or some other illness in the two weeks preceding the MICS, 6.8 percent received increased fluids and continued eating as recommended under the IMCI programme.
- Seventy-six (76) percent of the mothers knew at least two of the signs that a child should be taken immediately to a health facility.

HIV/AIDS

- Thirty-eight (38) percent of women 15-49 know all three of the main ways to prevent HIV transmission – having only one uninfected sex partner, using a condom every time and abstaining from sex.

- Sixty-five (65) percent of the women correctly identified three misconceptions about HIV transmission – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites and that a healthy person cannot be infected.
- Seventy-four (74) percent of women of reproductive age in Trinidad and Tobago knew a place to get tested for AIDS. And about nineteen (19) percent had been tested.
- The percentage of women who have sufficient knowledge of HIV transmission and the percentage who know where to get tested increases as the level of educational attainment get higher.

Contraception

- Current use of contraception was reported by 38.2 percent of married or in union women. The two most popular methods were the condom (11.7 percent) and the pill (10.2 percent). The next most popular method was female sterilization reported by 7.2 percent of married and in union women.

Peri-natal Care

- All women attending government ante-natal clinics are protected against neo-natal tetanus.
- Based upon the MICS, about 95.5 percent of all women in Trinidad and Tobago received some kind of prenatal care and as much as 92.4 percent received antenatal care from skilled personnel (doctor, nurse mid-wife).

Assistance at Delivery

- A doctor, nurse or mid-wife delivered about 96 percent of births occurring in 2000. Skilled personnel were least likely to have assisted in deliveries in Nariva/Mayaro where their rate of involvement was 77.8 percent. In all of the other areas, rates of involvement were in excess of 90 percent.

Birth Registration

- The births of approximately 94 percent of children under five years in Trinidad and Tobago had been registered. There do not appear to be any major differences in birth registration across sex and the principal categories for mother's education (i.e. primary and secondary or higher).

Orphanhood and Living Arrangements

- Overall, approximately 60 percent of children aged 0-14 were living with both parents. Children who were not living with a biological parent comprised approximately six (6) percent and children who had one or both parents dead amounted to 4.3 percent of all children aged 0-14.
- The prevalence of children living in single mother households or as orphans was highest in the City of Port of Spain (59 percent and 10 percent respectively). The prevalence of children living in single mother households was also relatively high in the Ward of Diego Martin (40 percent) and in Tobago (43 percent).

Child Labour

- About 1.2 percent of children aged 5-14 years were estimated to be engaged in paid work and less than one percent (0.3 percent) was found to be participating in unpaid work for someone other than a household member.
- Slightly more than half of the children were estimated to be engaged in domestic tasks, such as cooking, fetching water and caring for other children for less than four hours a day while one (1) percent spent more than four hours on such tasks.

SUMMARY INDICATORS

World Summit for Children Indicators		
Under-five mortality rate	Probability of dying before reaching age five	20.8 per 1000 ¹
Infant mortality rate	Probability of dying before reaching age one	18.6 per 1000 ²
Underweight prevalence	Proportion of under-fives who are too thin for their age	6.0 percent
Stunting prevalence	Proportion of under-fives who are too short for their age	3.5 percent
Wasting prevalence	Proportion of under fives who are too thin for their height	4.4 percent
Use of safe drinking water	Proportion of population who use a safe drinking water source	93.6 percent
Use of sanitary means of excreta disposal	Proportion of population who use a sanitary means of excreta disposal	99.4 percent
Children reaching grade five	Proportion of children entering first grade of primary school who eventually reach grade five	...
Net primary school attendance rate	Proportion of children of primary school age attending primary school	89.3 percent
Literacy rate	Proportion of population aged 15+ years who are able to read a letter or newspaper	86.6 percent
Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled personnel	92.4 percent
Contraceptive prevalence	Proportion of married and in union women aged 15-49 who are using a contraceptive method	38.2 percent
Childbirth care	Proportion of births attended by skilled health personnel	96.0 percent
Birth weight below 2.5 kg.	Proportion of live births that weigh below 2500 grams	22.0 percent
Iodized salt consumption	Proportion of households consuming adequately iodized salt	1.2 percent
Children receiving Vitamin a supplementation	Proportion of children aged 6-59 months who have received a Vitamin a supplement in the last 6 months	n.c.
Mothers receiving Vitamin A supplement	Proportion of mothers who received a Vitamin a supplement before infant was 8 weeks old	n.c.
Exclusive breastfeeding rate	Proportion of infants aged less than 4 months who are exclusively breastfed	1.8 percent
Timely complementary feeding rate	Proportion of infants aged 6-9 months who are receiving breast milk and complementary food	19.2 percent
Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding	26.2 percent 10.0 percent
DPT immunization coverage	Proportion of children immunized against diphtheria, pertussis and tetanus by age one	55.8 percent
Measles immunization coverage	Proportion of children immunized against measles by age one	35.0 percent
Polio immunization coverage	Proportion of children immunized against polio by age one	18.8 percent
Tuberculosis immunization coverage	Proportion of children immunized against tuberculosis by age one	n.c.
Children protected against neonatal tetanus	Proportion of one year old children protected against neonatal tetanus through immunization of their mother	n.c.
ORT use	Proportion of under-five children who had diarrhea in the last 2 weeks who were treated with oral rehydration salts or an appropriate household solution	84.4 percent
Home management of diarrhea	Proportion of under-five children who had diarrhea in the last 2 weeks and received increased fluids and continued feeding during the episode	6.3 percent

SUMMARY INDICATORS - Cont'd

World Summit for Children Indicators		
Care seeking for acute respiratory infections	Proportion of under-five children who had ARI in the last 2 weeks and were taken to an appropriate health provider	74.1 percent
Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education program	70.2 percent
Indicators for Monitoring Children's Rights		
Birth registration	Proportion of under-five children whose births are reported registered	93.8 percent
Children's living arrangements	Proportion of children aged 0-14 years in households not living with a biological parent	5.7 percent
Orphans in household	Proportion of children aged 0-14 years who are orphans living in households	4.3 percent
Child labour	Proportion of children aged 5-14 years who are currently working	4.1 percent
Indicators for Monitoring IMCI and Malaria		
Home management of illness	Proportion of under-five children reported ill during the last 2 weeks who received increased fluids and continued feeding	6.8 percent
Care seeking knowledge	Proportion of caretakers of under-five children who know at least 2 signs for seeking care immediately	69.6 percent
Bednets	Proportion of under-five children who sleep under an insecticide impregnated bednet	n.c.
Malaria treatment	Proportion of under five children who were ill with fever in the last 2 weeks who received anti-malaria drugs	n.c.
Indicators for Monitoring HIV/AIDS		
Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the 3 main ways of avoiding HIV infection	37.8 percent
Knowledge of misconceptions of HIV/AIDS	Proportion of women who correctly identify 3 misconceptions about HIV/AIDS	64.6 percent
Knowledge of mother to child	Proportion of women who correctly identify means of transmission of HIV from mother to child	42.1 percent
Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS	77.8 percent
Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test	73.6 percent
Women who have been tested for HIV	Proportion of women who have been tested for HIV	18.6 percent

1. Estimate based on vital statistics for 1997/1998
 2. Estimate based on vital statistics for 1998
- ... Problems in data capture precluded the generation of estimates
n.c. Data were not captured in the Trinidad and Tobago MICS

1. Introduction

Background of the Study

As a signatory to the Declaration for the Survival, Protection and Development of Children which emanated from the 1990 World Summit for Children, the Government of Trinidad and Tobago was mandated to report on the progress made in the attainment of the World Summit goals. During the decade of the 1990s, the government recognized the need to develop a National Programme of Action for Children and has undertaken a series of steps toward the development and implementation of initiatives associated with such a programme. During the same period, the Government of Trinidad and Tobago developed a National Population Policy that became explicit in 1997 and provided evidence of such initiatives.

In accordance with the mandate of the World Summit, the Plan of Action called for the establishment of mechanisms for monitoring progress toward the goals and objectives set for the year 2000. Toward this end, UNICEF, in collaboration with WHO, UNESCO and others, developed a core set of 75 indicators of specific aspects of the situation of children. The 2000 Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) has been conducted in order to provide end-decade information on many of these indicators.

As part of its global, regional and sub-regional obligations, the Government of the Republic of Trinidad and Tobago sought to prepare a comprehensive report on the achievement of the World Summit Goals for Children. Toward this end, a national survey entitled the Trinidad and Tobago Multiple Indicators Cluster Survey (MICS) was commissioned to cover a nationally representative sample of 4 500 households and generate precise indicators for all indicators of selected modules. The Central Statistical Office in collaboration with the Ministry of Community Empowerment, Sports and Consumer Affairs conducted the Trinidad and Tobago MICS. The Central Statistical Office designated a senior official as the Technical Co-ordinator of MICS. The technical co-ordinator was guided and supported by a Technical Committee which provided technical expertise in the planning and implementation of the Trinidad and Tobago MICS. A National Plan of Action Committee was established and was expected to supervise the activities of the Technical Committee. Generally speaking, the Technical Co-ordinator was responsible for day-to-day management and overall co-ordination of the Trinidad and Tobago MICS.

The Technical Committee was comprised of representatives from the Ministry of Health, the Ministry of Education, the Central Statistical Office and the University of the West Indies. Its membership consisted of Cabinet appointees with a wide cross-section of expertise in areas such as health, nutrition, education, sociology, demography, policy analysis and related fields. Accordingly, the Committee consisted of a statistician, an epidemiologist, a nutritionist, a public health specialist, an education planner, a social scientist and a computer programmer. The UNICEF provided the services of a demographer and a social policy consultant. The UNICEF Regional Office in Barbados and the UNDP provided technical support and funding for the entire exercise. A more detailed breakdown of the responsibilities of the members of the Technical Committee is provided in Appendix B. Overall, the Technical Committee was responsible for the following activities:

1. Review of social statistics
2. Questionnaire module selection and tabulation plan
3. Questionnaire adaptation
4. Training of interviewers
5. Planning, implementation and analysis of pilot testing
6. Review of questionnaires

7. Review of interviewers' guides
8. Additional training of interviewers (if necessary)
9. Distribution of equipment and final recommendations to field staff
10. Technical support to field staff
11. Data processing preparation
12. Data processing
13. Data quality evaluation
14. Data cleaning
15. Designing the report
16. Listing the needed data tables
17. Data analysis/reporting
18. Draft report for review
19. Report finalization
20. Report presentation
21. Feedback to beneficiaries.

Country Profile: Demographic and Health Situation

At the time of the 1990 Population and Housing Census, the population of Trinidad and Tobago stood at 1,215,187 and was projected to be in the vicinity of 1.3 million by 2000. In 1990, children aged 0-14 years accounted for approximately one-third of the country's population. Male children were also found to outnumber female children, the sex ratio being 98 females per 100 males. With one third of the population being children aged 0-14 years, there ought to have been considerable emphasis upon the establishment and sustenance of health facilities, day care centres, schools, recreational facilities and secure and comfortable home environment for children during the 1990s. Of the 274,846 households enumerated at the time of the 1990 Population and Housing Census, 63.4 % had children. Most of these households were single-family households and the majority assumed the form of nuclear families. Single-parent family households had accounted for 17.7% of all households with children. By 2000, it is projected that children would have accounted for between 25% and 27% of the country's population. This constitutes a significant share and is indicative of the importance that ought to be sustained in treating with the well being of the nation's children.

Young persons aged 15-24 years numbered 218,464 or 19.4% of the total population. The elderly aged 60 years and over numbered 105,871 and accounted for about 8.7% of the country's population at the time of the 1990 Population and Housing Census. This means that about one half of the population were in the prime working age groups (25-59 years). In Trinidad and Tobago, the adult educational profile of women is better than that of men and this is especially true among younger generations of residents. Notwithstanding this, levels of labour force participation and rates of unemployment are lower among women than among men. In the mid-1990s, a study of family life in Trinidad and Tobago revealed that noteworthy proportions of households assumed the form of single mother units with a female head who was unemployed or out of the labour force (St. Bernard, 1998). This is a critical revelation that also has implications for the well being, not only for the nation's children but also the women and caregivers who look after them.

The available population data confirm that Trinidad and Tobago is an ethnically diverse country. Based upon the 1990 Population and Housing Census, persons of African and East Indian origins account for almost 80% of the population. More specifically, each group accounted for about 40% of the country's population. Trinidad and Tobago also has a noticeable population of Mixed origin. In 1990, the Mixed population of Trinidad and Tobago accounted for 18.4% of the population, this

being indicative of the ethnic fusion that is characteristic of Trinidad and Tobago. The remaining 1.7% of the population consisted primarily of persons classified as Syrian-Lebanese, Chinese and Europeans, the latter being primarily of English, French, Spanish and Portuguese stock.

In Trinidad and Tobago, ethnicity is related to place of residence. Based upon the 1990 Population and Housing Census, the population of African origin was the most dominant ethnic group in urban domains such as the Cities of Port of Spain and San Fernando and the Borough of Point Fortin. They were also found to be most dominant in the Counties of St. George and St. Andrew/St. David and on the island of Tobago. The population of East Indian origin was most dominant in the Counties of Caroni, Nariva/Mayaro, Victoria and St. Patrick. The population of Mixed origin was mostly concentrated in the County of St. George, the Borough of Arima and in Tobago. The County of St. George was the place of residence for the majority of persons classified as Syrian-Lebanese, Chinese and European. In Trinidad and Tobago, ethnicity is linked to a number of dimensions that are indicative of social status. These dimensions include occupation, income and consumption patterns

Successive governments in Trinidad and Tobago have placed the education of the children of Trinidad and Tobago among the top priorities of their respective agendas. During the late 1990s, there were at least 852 Early Childhood Care and Education Centres (ECCE) in Trinidad and Tobago (152 were government assisted/public and 700 were private). A total of 50 additional centers are to be constructed with assistance from a World Bank loan. There are two training agencies offering teacher training on the basis of an ECCE curriculum. It was expected that at least 180 teachers would have been trained by 2000. A National Council for Early Childhood Care and Education was also re-established by Cabinet in 1997. Universal primary education had been achieved in Trinidad and Tobago in the 1960s. Through school building programmes, the government has reinforced its commitment toward the sustenance of universal primary education nationwide. There was a thrust toward the attainment of universal secondary education in September 2000 when all children who sat the Common Entrance Examination were placed in secondary schools nationwide. This was reinforced by the construction of secondary schools and the expansion of secondary school places primarily in rural areas. It is also worth noting that special provision has been made to construct, adapt, and develop facilities and programmes to meet the needs of children with special needs and disabilities. Special emphasis has also been placed upon the establishment of Health and Family Life Education programmes in schools.

With regard to the overall health status of Trinidad and Tobago, approximately 82 percent of the population had access to a safe potable supply of water and 96 percent had access to sanitary means of excreta disposal based upon data from the 1990 Population and Housing Census. In fact, it is likely that one can associate the low incidence of water borne diseases to these relatively high rates. Data from the Ministry of Health have been indicative of reductions in severe and moderate malnutrition between 1990 and 1997. While severe cases moved from 142 in 1970 to 70 in 1997, moderate cases moved from 1759 to 1428. The reduction in the prevalence of malnutrition among children under five may have been due to the effectiveness of a number of government initiatives including:

- (a) The promotion of breastfeeding along with complementary feeding practices well into the second year of life.
- (b) The promotion of micronutrient control
- (c) The implementation of a National Nutrition Policy

- (d) The expansion of nutrition education programme
- (e) The targeting of food distribution programmes to vulnerable groups
- (f) Educating and monitoring mothers at antenatal clinics
- (g) Monitoring over-weight and under-weight in under fives
- (h) The inclusion of nutrition as a component of parenting classes.

In terms of children's diseases, there has been evidence of progress during the 1990s. Between 1990 and 2000, there were no reported cases of poliomyelitis, neonatal tetanus or deaths from measles among children under five years. Between 1990 and 1997, the prevalence of measles cases declined from 3.7 percent in 1990 to zero in 1997. Progress was also recorded in the context of the nation's childhood immunization programme insofar as immunization coverage increased from 81 percent in 1990 to 90 percent in 1999. During the 1990-1997 period, the reduction in the annual number of under five deaths due to diarrhea declined from 8 in 1990 to 3 in 1997 can be attributed to an increased use of Oral Rehydration Therapy. It should be further noted that there were no deaths from Acute Respiratory Infections among children under five years of age during the period 1990-1997.

This report presents results that relate to principal topics covered in the Trinidad and Tobago MICS. However, technical problems associated with the derivation of estimates from small sub-samples have militated against the complete provision of indicators as recommended in the context of the World Summit Indicators.

Survey Objectives

The 2000 Trinidad and Tobago Multiple Indicator Cluster Survey has three primary objectives that are as follows:

- To provide up-to-date and reliable information for assessing the situation of children and women in Trinidad and Tobago at the end of the decade and for looking forward to the next decade;
- To furnish data needed for monitoring progress toward goals established at the World Summit for Children and as a basis for future action;
- To contribute to the improvement of data and monitoring systems in Trinidad and Tobago and to strengthen technical expertise in the design, implementation and analysis of such systems.
- To establish an adequate baseline to be used as a reference for future child indicator monitoring.

II. Sample and Survey Methodology

Sample Design

A self weighted sample for the Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) was designed to provide estimates of health indicators at the national level and across sixteen administrative areas deemed to be important for sub-national analysis. The sample was selected in two stages. At the first stage, 301 enumeration districts were selected with probability proportional to

size. At the second stage, a systematic sample of approximately 4,535 households was selected with probability inversely proportional to size.

Survey Questionnaire and Instructional Guides

The MICS *model questionnaire* was used as a guide toward the development of a MICS questionnaire for Trinidad and Tobago. The latter was adapted somewhat to reflect the specificity of Trinidad and Tobago. It sought to obtain data on the characteristics of several units of analysis including households, children ages 0-14 and women aged 15-49. In order to collect data pertaining to children, the questionnaire was administered to the mother or caretaker of the child. The questionnaire for women contains the following modules:

- Child mortality
- Maternal and newborn health
- Contraceptive use
- HIV/AIDS.

The questionnaire for children aged under five includes modules on:

- Breastfeeding
- Care of illness
- Immunization
- Anthropometry

As a direct consequence, *Interviewer's* and *Supervisor's Manuals*, which were also provided as model instructional guides, had to be revised to reflect the relevant changes made to the model questionnaire.

Pilot Testing

On January 24, 2000, a draft questionnaire was field-tested. During this process, six interviewers were deployed throughout the Northern, Central and Southern regions of Trinidad. Each interviewer participated in a training programme that lasted three days. In addition to learning about the concepts, definitions and instructions for administering the questionnaire, the interviewers learnt about the objective of the survey and the purpose of the field-testing of the questionnaire. They were also instructed to visit all households identified for interviews within selected enumeration districts (EDs). A total of sixty (60) households comprised the sample for the pilot. An analysis of the pilot survey was undertaken and weaknesses identified in the questionnaire were addressed during the final composition of the questionnaire. The pilot provided useful lessons that emerged out of experiences gained in field operations. As a result, it facilitated the refinement of field instructions for supervisors, field interviewers and field editors with a view to enhancing their contributions in the main survey. It should be noted that the pilot survey team comprised interviewers who were recruited as supervisors and editors for the main survey.

Training of Field Staff

Training of the field staff was held from February 7 to 11, 2000 at the Ministry of Works and Transport in Port of Spain. A total of fifty-eight persons, comprising forty-four field interviewers,

seven field editors and seven field supervisors participated in the training. Training was conducted in the following modules:

1. Household Information
2. Education
3. Child Labour
4. Water and Sanitation
5. Child Mortality
6. Maternal and Newborn Health
7. Use of Contraceptives
8. HIV/AIDS
9. Birth Registration
10. Breast Feeding
11. Care of Illness
12. Immunization

Training in two other modules (Salt Iodization and Anthropometry) was dealt with separately. The training was conducted with the use of visual aids and role play, which stimulated a high degree of participation and interaction between the trainers and trainees. These media also promoted a considerable amount of interaction among the trainees themselves. Besides training in the execution of the questionnaire module by module, the trainees were exposed to interviewing techniques, map reading and the editing of the questionnaire.

Fieldwork and Processing

At the beginning of the main survey, forty-one (41) field interviewers were deployed to cover three hundred and one (301) EDs in the sixteen (16) administrative areas. In order to conduct an effective survey, the 41 field interviewers were assigned to seven teams each with an average of six interviewers, one field editor and one field supervisor. Six of the teams were located in Trinidad, while one was located in Tobago.

With an average workload of one hundred and twelve (112) households per interviewer, and owing to growth in the sizes of primary sampling units (PSU's) since the 1990 census, approximately four thousand six hundred (4 600) households were expected to be visited. In addition, it was anticipated that approximately one thousand (1 000) children, under the age of five years, would be identified for weighing and measuring over the survey period.

The main survey was fielded on February 14, 2000 following the training of the field staff. Apart from the *Anthropometric* module (i.e., the weighing and measuring of children), which was to be conducted only after identifying households with children under the age of 5 years, the remainder of the survey was expected to run for a period of approximately one month, ending on March 17, 2000.

After two days of fieldwork on the main survey, the entire field staff took time off to participate in an assessment of the quality of the data that were being collected. This approach was adopted in order to rectify any misconceptions in the administration of the questionnaire as early as possible and avoid the compounding of errors. At the same time, the opportunity to train interviewers in the procedure for determining the iodine content of salt was embraced with the arrival of the salt iodization kits.

The data collection was completed two weeks beyond the expected completion time. The main factors militating against the timely completion of the exercise were identified as follows:

1. The MICS activities coincided with those of the 2 000 National Census to the extent that the field supervisors and editors were also engaged in preparatory activities of the Census.
2. There were problems with some workloads. In particular, poor work performance resulted in the termination of the appointments of two interviewers. This meant that their workloads had to be reassigned to other interviewers who had already completed their tasks. In addition, one interviewer failed to collect her workload that had to be reassigned.
3. Lack of financial support for interviewers who were experiencing financial problems in commuting between EDs.
4. The large number of *call backs* due to *no contacts* and *refusals*, and the need to keep the non-response rate as low as possible. The large number of no contacts was due to the absence of eligible females in selected households at the time of the visit. It should be noted that each eligible female had to be interviewed personally and, as such, no proxy respondent could have been used.
5. Field visits were curtailed by approximately five (5) days because of the Carnival festivity.
6. Inadequate provision for a well-orchestrated publicity campaign to inform prospective respondents of the survey. A large majority of the respondents complained that they had no knowledge of the MICS and that they had not heard of it from the press, radio, television or Internet.

Upon collection, the data were subjected to field editing. Each supervisor was provided with a field editor so that each questionnaire returning from the field could be examined for possible errors made by the interviewers. In the event of any query arising out of the examination of the questionnaire, it was returned to field for the attention of the supervisor and interviewer. The quality of the field editing suffered somewhat because of problems associated with conflict of interest between the MICS and the Census as expressed in item 1 above.

Data entry began on May 7, 2000. The data were initially captured using a data processing program that was developed by the UNICEF Consultant using EPI-INFO. Data entry was interrupted for approximately three weeks due to the sudden departure of the UNICEF Consultant but resumed during the second week in June 2000 when the data were recaptured using the IMPS software.

The data entry staff comprised two supervisors and ten data entry clerks. The ten data entry clerks were organized into two shifts. Each shift consisted of five data entry clerks and headed by a supervisor. A system for the 100 % verification of data was put in place. In terms of hardware requirements, six state of the art computers were commissioned.

Questionnaires were placed into batches before being passed to the data entry clerks. One ED constituted a batch. All data were captured and one hundred percent verified by the second week in July 2 000.

Data were edited using computer edit programs developed by the computer analyst/programmer. The editing consisted of range checks, intra-module and inter-module consistency checks. There was also an edit check for the violation of conditional skip questions. The data set was subjected to two passes

of computer editing. The first pass consisted of range, consistency checks, and checks for the violation of conditional skipped questions. In the second and final pass, inter-module consistency checks were made. By the end of the first week in August 2000, computer editing of the entire data was completed.

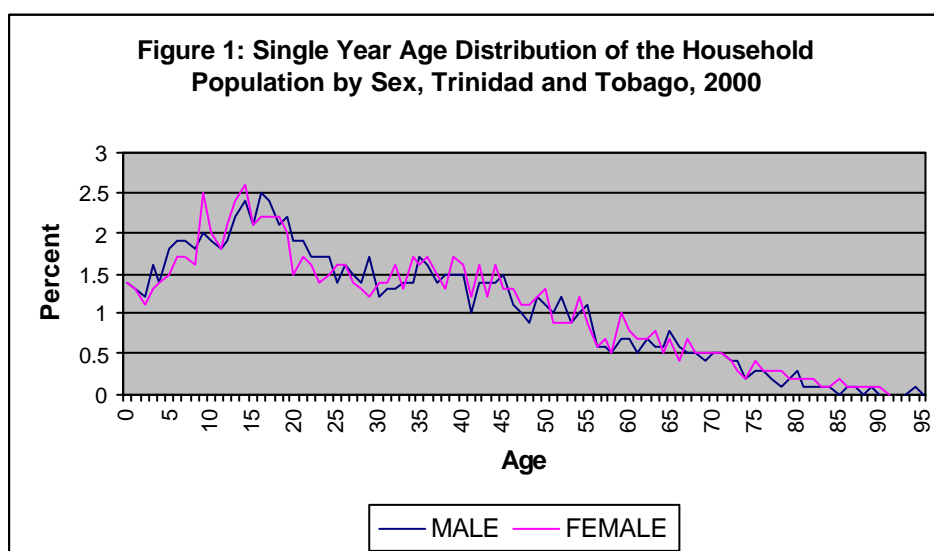
III. Sample Characteristics and Data Quality

Response Rates

Despite the above drawbacks, the Trinidad and Tobago MICS was successful. Of the 4 535 households selected for the sample, 4 234 were found to be occupied. Upon completion of the fieldwork, 4 007 were successfully interviewed for a household response rate of 94.6 percent (Table 1). Table 1 also shows that household response rates were highest in areas such as the County of St. Patrick (98.8 percent), the Borough of Point Fortin (98.7 percent) and the County of St. Andrew/St. David (98.4 percent). Though still high, the lowest household response rates were observed in the Borough of Arima (91.0 percent) and the contiguous Wards of Tacarigua (91.1 percent) and St. Anns (91.7 percent). In the interviewed households, 4 078 eligible women (aged 15-49 years) were identified and interviewed. With respect to children under the age of 5 years, the corresponding number was 1 014.

Age Distribution and Missing Data

As in Table 2 and Figure 1, the single year distribution of household members by sex exhibits slight distortions around age 16 for males and around ages 9 and 14 for females. For both sexes, there also appears to be a dearth of persons aged 41 years in the sample. There does not appear to be any preference for ages ending in 0 or 5 as has been the case in other populations.



As a basic check on the quality of the survey data, the percentage of cases missing information on selected questions is shown in Table 3. For household members, about 1.9 percent were found to

have had missing information on level of education as opposed to 3.6 percent in the case of years of education. Among female respondents aged 15-49 years, 0.2 percent did not report a complete birth date (i.e. month and year). In contrast, just about 1 percent did not report whether or not they had been tested for HIV. For children under 5 years, there were no reports of a complete birth date for 0.4 percent. Also, 1.6 percent had not reported whether or not, they had diarrhoea in the last two weeks.

There were a substantial number of missing responses in the context of the data on weight and height for children under 5 years. Such data were missing for approximately 5.1 percent of the children and may have been largely due to the child not being present at the time of the interview, refusal or some other reason.

Characteristics of Households and Their Members

Information on the characteristics of the household population and the survey respondents is provided to assist in the interpretation of the survey findings and to serve as a basic check on the sample implementation.

Table 4 presents the percent distribution of households in the sample by background characteristics. The main municipal districts, namely the Cities of Port of Spain and San Fernando and the Boroughs of Arima, Chaguanas and Point Fortin accounted for 18.1 percent of the households (724 households). The County of Victoria was observed to be the largest of the remaining areas with 13.9 percent of the nation's households. The Ward of St. Anns was found to be the next largest Administrative Area with 13.2 percent of the nation's households. The Ward of Tacarigua and the County of Caroni accounted for respective proportions of 10.5 percent and 10.1 percent of all households. The remaining regions each contained between 2 and 8 percent of all households. Most of the households (68.2 percent) had between two and five members. About 15% were single person households while about 16 percent had between 6 and 9 persons. Approximately 20 percent of the households contained at least one child under age five. About a half of the households had at least one child under 15 years while almost 70 percent contained at least one woman age 15-49.

With respect to women aged 15-49, Table 5 shows that those aged 15-19 represented the greatest percentage of the sample at approximately 20 percent. The percentages of women in the remaining age groups were observed to be lower and declined consistently beyond the 35-39 age group. Women aged 45-49 represented 11.3 percent. Approximately 46 percent of the women in the sample were currently married and 57.4 percent were estimated to have had a birth in their lifetime. The majority of women (70 percent) have had at least some secondary education while about one half of a percent have had no education.

Table 6 shows the characteristics of children aged under five years. Males accounted for 50.8 percent while females accounted for the remaining 49.2 percent. Virtually every mother of children under 5 years has had some kind of formal education. The majority of mothers (69.8 percent) had at least attained secondary education. It is worth noting that the education of the child's caretaker was used in the cases of children whose mothers did not live in the household under review.

IV. Results

A. Infant and Under-Five Mortality

The infant mortality rate is the probability of dying before the first birthday. The under five mortality rate is the probability of dying before the fifth birthday. In MICS, infant and under five mortality rates are calculated based on an indirect estimation technique (the Brass Method). The data used in the estimation are: the mean number of children ever born to five year age groups of women aged 15-49, and the proportion of these children who are dead, also for five year age groups of women. The technique converts these data into probabilities of dying by taking account of both the mortality risks to which children are exposed and their length of exposure to the risk of dying.

The data that are usually used for mortality estimation are shown in Table 7. The mean number of children ever born rises from 0.05 among 15-19 year olds to 3.15 among the 45-49 year olds. The proportion of children dead exhibited an irregular pattern. The proportion is observed to be highest among women aged 15-19 and 40-44. It is lowest among women aged 20-24. While the original intention was to use the United Nations QFIVE Program to obtain the requisite mortality estimates, such a procedure generated estimates that were not consistent with mortality levels gleaned from official patterns emerging out of vital statistics. A review of the vital statistics of 1998 reveal that the infant mortality rate was in the vicinity of 18.6 infant deaths per 1000 live births. During the same period, the under-five mortality was estimated to be 20.8 per 1000.

B. Education

Universal access to basic education and the achievement of primary education by the world's children is one of the most important goals of the World Summit for Children. Education is a vital prerequisite for combating poverty, empowering women, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing initiatives directed toward regulating population growth.

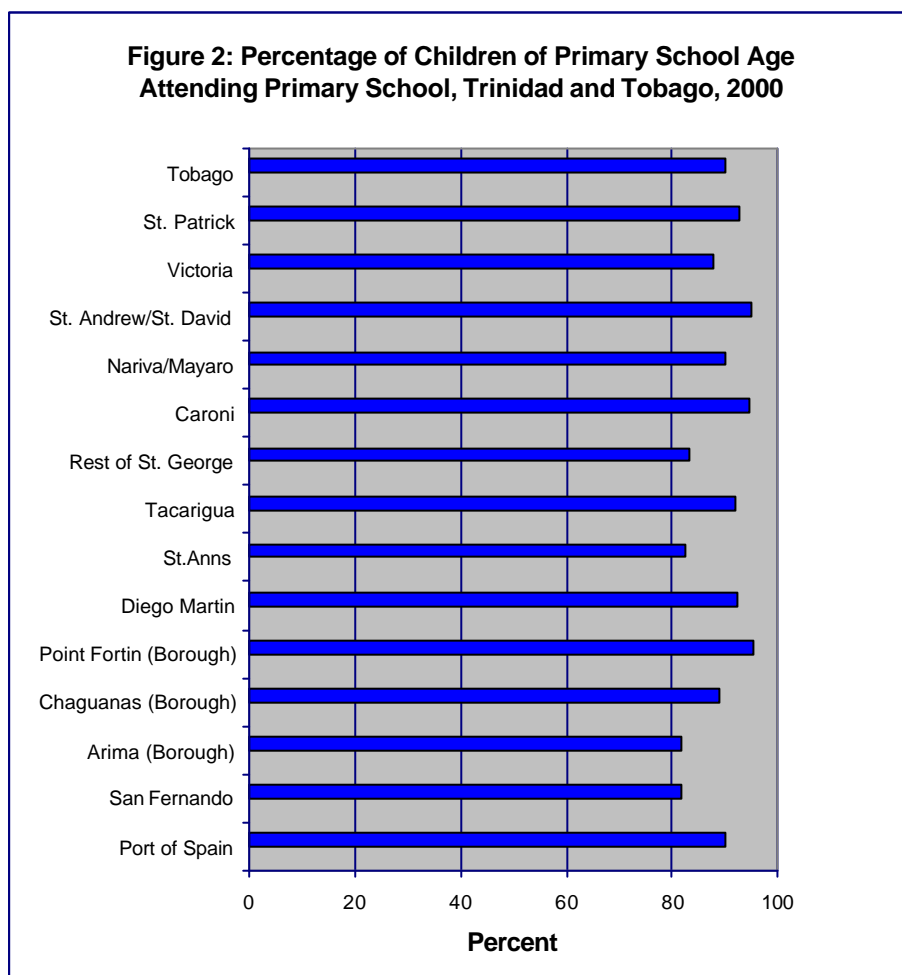
Early Childhood Education

According to the Trinidad and Tobago MICS, at least seven in every ten children aged 36-59 months were attending an organized early childhood education programme such as a kindergarten or community childcare with organized learning activities (Table 8). The survey results also reveal that there was a slightly higher rate of attendance among girls than among boys. Because of small sub-sample sizes, it is difficult to gauge differences in attendance rates across the various administrative divisions of Trinidad and Tobago. Whether 36-47 months or 48-59 months, more than half of the children have had exposure to an early childhood education programme. In the case of those aged 36-47 months, the attendance rate was approximately 59 percent and higher, in the vicinity of 81 percent for those aged 48-59 months. Table 8 also suggests that mother's education is strongly related to children's participation in early childhood education programmes. More specifically, about 60 percent of the children whose mothers had only primary education were exposed to early childhood education programmes as opposed to 73 percent in the case of their counterparts whose mothers had at least secondary level education.

Basic Education

Overall, 89.3 percent of children of primary school age in Trinidad and Tobago were estimated to be attending primary school (Table 9). The highest levels of school attendance were observed in the Borough of Point Fortin (95.5 percent), Diego Martin (92.5 percent), St. Patrick (93.0 percent) and

Tacarigua (92.2 percent). The lowest levels of school attendance were observed in the City of San Fernando (81.8 percent) and the Borough of Arima (81.8 percent). For the different administrative areas, Figure 2 provides a summary of differentials in school attendance among children of primary school age. At the national level, there appears to be very little or no difference in the rate of primary school attendance among females when compared to that among males (89.6 percent as opposed to 89.1 percent).



The MICS also sought to gauge the probability that children upon their first year of entry into primary school, would experience five consecutive years of graduation to complete five years of primary education. The Trinidad and Tobago MICS made an attempt to collect this kind of information. Due to inconsistencies in the data collection process at the field stage, problems arose that militated against the further processing of the emergent data. As such, it was virtually impossible to derive the requisite estimates from the data.

Literacy

According to the MICS, the literate population is classified to be the set of people in a given domain who are reported to read easily or with difficulty. The Trinidad and Tobago MICS did not make provision to gauge the literacy status of the country's adult population in keeping with the MICS

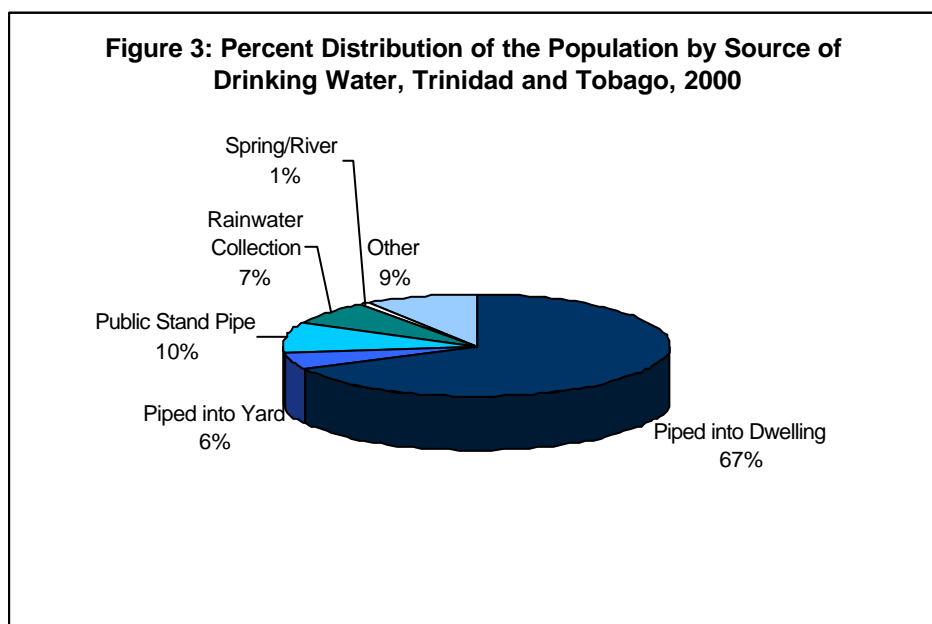
prescriptions. Nonetheless, the vast majority of the population over age 15 years in Trinidad and Tobago is literate. According to a 1995 study of adult literacy in Trinidad and Tobago, St. Bernard and Salim (1995) found that 86.6 percent of the population aged 15 years and over demonstrated some amount of ability to read and write. Females were found to have higher levels of literacy when compared to males (88.2 percent as opposed to 84.8 percent). Among the population aged 15-24 years, the literacy rate was estimated to be as high as 96 percent. This declined to 94 percent for persons aged 25-39, 89 percent for those aged 40-54 and 59.1 percent for those 55 years and over. Compared to younger persons, lower levels of literacy were observed among persons 55 years and over especially within the East Indian population.

C. Water and Sanitation

Use of Drinking Water

Like energy, water is an essential ingredient in virtually every human endeavour. Its availability is vital to all of humankind, for in developing countries, one of the major unsolved problems is the lack of proper basic primary health amenities such as a safe water supply and adequate excreta disposal systems. Safe drinking water is a basic necessity for good health. Organized community life cannot exist without water, for it is a basic necessity for good health and well-being. In fact, unsafe drinking water can be a significant carrier of diseases such as trachoma, cholera, typhoid, and schistosomiasis. Drinking water can also be tainted with chemical, physical and radiological contaminants with harmful effects on human health. In addition to its association with disease, access to drinking water may be particularly important for women and children who may have to bear the primary responsibility for carrying water, often for long distances.

Table 10 and Figure 3 reveal that about two thirds (67 percent) of the population obtain their drinking water from a supply that is piped into their dwellings. Another 16 percent rely upon water that is either piped into their yards or obtained from a public tap. Water collected from rain, private catchments, spring/river and tube well/bore holes are also important sources of drinking water with approximately 11 percent of the population relying upon such sources for their supply of water.



For the population as a whole, the source of drinking water varied substantially across the regions (Table 10). In the County of Caroni, 82.9 percent of the population relied upon drinking water that was either piped into their dwelling, their yard/plot or obtained from a public standpipe. Respective proportions of 74.6 percent and 71.1 percent were observed in the Counties of Victoria and St. Patrick. The residents of the cities, the boroughs and Tobago were observed to have had greater access to piped water than the other areas, with Port of Spain, San Fernando, Arima, Chaguanas, Point Fortin and Tobago having figures of 96.2 percent, 96.5 percent, 86.1 percent, 83.4 percent and 90.5 percent respectively. While as much as 80.9 percent of the population of St. Andrew/St. David were found to have had access to pipe borne water, the proportion was observed to be much lower in Nariva/Mayaro, being in the vicinity of 52.9 percent. In the east and in the south, substantially greater proportions of the population depended on rainwater as their source of drinking water. Proportions of at least 15 percent were observed in Victoria (15.4 percent), St. Patrick (20.1 percent) and Nariva/Mayaro (39.5 percent). Private catchment areas constitute a source that sustains 2.7 percent of the population. Sections of west, south and east Trinidad and the island of Tobago supplement their water supply by using a truck borne supply.

According to the UNICEF, *safe drinking water* sources include the following types of supply: water piped into dwelling, water piped into yard or plot, public tap, bore hole/tubewell, protected well, protected spring or rainwater. Based upon such a conception, 93.6 percent of the population was estimated to have had access to safe drinking water with very little variation across the different administrative divisions of the country. Generally speaking, Trinidad and Tobago has embraced the UNICEF conception but with a little amendment insofar as the collection of rainwater is not considered as a source of safe drinking water. In evaluating access to safe drinking water from a national standpoint, the proportion of the population with such access was estimated to be lower than the UNICEF estimate (86.3 percent as opposed to 93.6 percent). Compared to the remaining areas, access to safe drinking water was estimated to be relatively lower in Nariva/Mayaro (54.5 percent), St. Patrick (74.5 percent) and Victoria (75.3 percent).

Use of Sanitation

Inadequate disposal of human excreta and lack of proper personal hygiene are associated with a range of diseases including diarrheal diseases and polio. Sanitary means of excreta disposal include: water closets connected to sewerage systems or septic tanks and traditional pit latrines. According to Table 11, as much as 99.4 percent of the population claimed to have had sanitary means of excreta disposal. Such a high proportion was evident in every administrative area of the country. Most of the population had access to water closets, whether or not linked to sewers (71.1 percent). As much as 28.4 percent of the population were estimated to have had access to traditional pit latrines, the highest proportions being observed in the Borough of Point Fortin (49 percent), St. Andrew/St. David (46 percent) and Nariva/Mayaro (42.8 percent). Except for the Borough of Point Fortin, these areas are primarily rural suggesting that pit latrines are still relatively prominent in the rural part of the country.

D. Child Nutrition

Nutritional Status

Children's nutritional status is a reflection of their overall health. When children have access to an adequate food supply and are not exposed to repeated illness, they reach their growth potential and are considered well nourished.

In a well-nourished population, there is a standard distribution of height and weight for children under age five. Undernourishment in a population can be gauged by comparing children to this standard population. The standard or reference population used here is the NCHS standard that is recommended for use by UNICEF and the World Health Organization. Each of the three nutritional status indicators is expressed in standard deviation units (z-scores) from the median of this reference population.

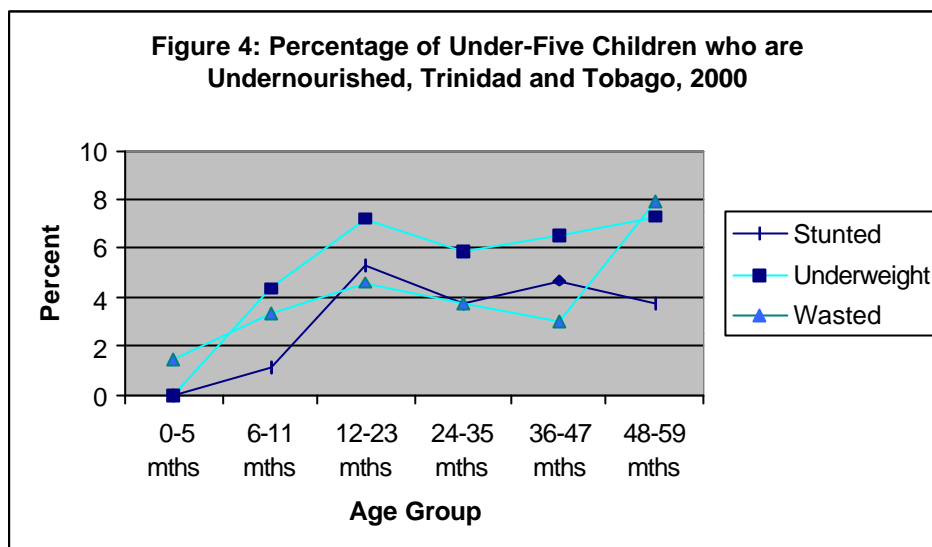
Weight for age is a measure of both acute and chronic malnutrition. Children whose weight for age is more than two standard deviations below the median of the reference population are considered *moderately or severely underweight* while those whose weight for age is more than three standard deviations below the median are classified as *severely underweight*.

Height for age is a measure of linear growth. Children whose height for age is more than two standard deviations below the median of the reference population are considered to be short for their age and are classified as *moderately or severely stunted*. Those whose height for age is more than three standard deviations below the median are classified as *severely stunted*. Stunting is a reflection of chronic malnutrition as a result of failure to receive adequate nutrition over a long period and recurrent or current illness.

Finally, children whose weight for height is more than two standard deviations below the median of the reference population are classified as *moderately or severely wasted* while those who fall more than three standard deviations below the median are *severely wasted*. Wastage is usually the result of a recent nutritional deficiency. The indicator may exhibit significant seasonal shifts associated with changes in the availability of food and disease prevalence.

In Table 12, children who were not weighed and measured (at least 20 percent of all children) and those with measurements that were outside a plausible range were excluded from the analyses. A small number of children were also excluded because their birth dates were unknown.

According to the MICS, it was estimated that 6 percent of the children under age five in Trinidad and Tobago were underweight and that less than one percent (0.5 percent) were classified as severely underweight (Table 12). It was also estimated that 3.6 percent of the children were stunted or too short for their age and that 4.4 percent were wasted or too thin for their height. Figure 4 summarizes variations in the nutrition status of children aged under 5 years according to age categories. Between the ages of 6 months and 47 months, it shows that underweight children are more prevalent than those who are stunted or wasted.



Within the different administrative areas across Trinidad and Tobago, underweight children were most prevalent in St. Andrew/St. David (12.3 percent) and the Rest of St. George (10 percent). Wastage was found to be most prevalent among children in Victoria (8.6 percent), St. Andrew/St. David (7 percent) and Caroni (6.6 percent). In contrast, the percentage wasted was highest in the South Central Region. The survey results also suggest that children were least likely to be underweight and stunted if their mothers had secondary or higher education than if they had less education. Boys appear to be slightly more likely to be underweight, stunted and wasted than girls. On examining age differentials in the various indicators of undernourishment, Table 12 and Figure 4 show that the prevalence of undernourishment as being generally higher among children aged 12-23 months and those aged 48-59 months than among those in the other age groups. With respect to children aged 12-23 months, this pattern is expected and related to the age at which many children cease to be breastfed and are exposed to contamination in water, food and through environmental sources.

Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. However, many mothers stop breastfeeding too soon, and there are often pressures to switch to infant formula, which can contribute to growth faltering and micronutrient malnutrition and is unsafe if clean water is not readily available. The World Summit for Children goal states that children should be exclusively breastfed for four to six months, and that breastfeeding should continue with complementary food, well into the second year of life. Many countries have adopted the recommendation of exclusive breastfeeding for about six months.

In Table 13, breastfeeding status is based on women's reports of children's consumption in the 24 hours prior to the interview. *Exclusive breastfeeding* refers to children who receive only breast milk and vitamins, mineral supplements, or medicine. *Complementary feeding* refers to children who receive breast milk and solid or semi-solid food. The last two columns of the table include children who are continuing to be breastfed at one and at two years of age. Percentages according to administrative area are not shown due to small sample sizes. For the same reason, the results according to mother's education and the sex breakdown of the children should be interpreted with caution.

Approximately 1.8 percent of children aged less than four months were estimated to be exclusively breastfed, a level considerably lower than recommended. This estimate may not be sufficiently reliable given the relatively small size of the sub-sample aged less than 4 months. At age 6-9 months, 19.2 percent of children were estimated to be receiving breast milk and solid or semi-solid foods. By age 12-15 months, 26.2 percent of children were still being breastfed and by age 20-23 months, 10 percent were still breastfed. The survey data also indicate that boys were more likely to be exclusively breastfed than girls. Except among children aged 20-23 months, this gender differential persisted with respect to timely complementary feeding.

Salt Iodization

Deficiency of iodine in diets is the world's single greatest cause of preventable mental retardation and can lower the average intelligence quotient (IQ) of a population by as much as thirteen points. Salt iodization is an effective, low-cost way of preventing iodine deficiency disorders (IDD). *Adequately iodized salt* contains 15 ppm (parts per million) of iodine or more. In MICS, interviewers used a testing kit that permitted them to test household salt for iodine levels.

Approximately 75.4 percent of households nationwide and 76.6 percent in Trinidad (excluding Tobago) had salt that was tested during the MICS (Table 14). Among households in which salt was tested, 1.2 percent had adequately iodized salt nationwide (3.8 percent in Trinidad excluding Tobago). According to Table 14, several administrative areas had no households with adequately iodized salt and Diego Martin had the highest proportion of households (5.3%) with adequately iodized salt.

Low Birth Weight

Infants who weigh less than 2500 grams (2.5 kg) at birth are categorized as low birth weight babies. Since many infants are not weighed at birth and those who are weighed may be a biased sample of all births, reported birth weight cannot be used to estimate the prevalence of low birth weight among children. Therefore, the percentage of births weighing below 2500 grams is estimated from two items in the questionnaire: the mother's assessment of the child's size at birth (i.e. very small, smaller than average, average, larger than average, very large) and the mother's recall of the child's weight or the weight as recorded on a health card if the child was weighed at birth. According to the Trinidad and Tobago MICS, 86.1 percent of live births born in the last 12 months were weighed at birth.

First, the two items are cross-tabulated for those children who were weighed at birth to obtain the proportion of births in each category of size who weighed less than 2500 grams. This proportion is then multiplied by the total number of children falling in the size category to obtain the estimated number of children in each size category who were low birth weight. The numbers for each size category are summed to obtain the total number of low birth weight children. This number is divided by the total number of live births to obtain the percentage with low birth weight. Trinidad and Tobago, approximately 22 percent of infants were estimated to weigh less than 2500 grams at birth (Table 15). This percentage is substantially higher than the average for Latin America and the Caribbean (9 percent) (UNICEF, 2000).

E. Child Health

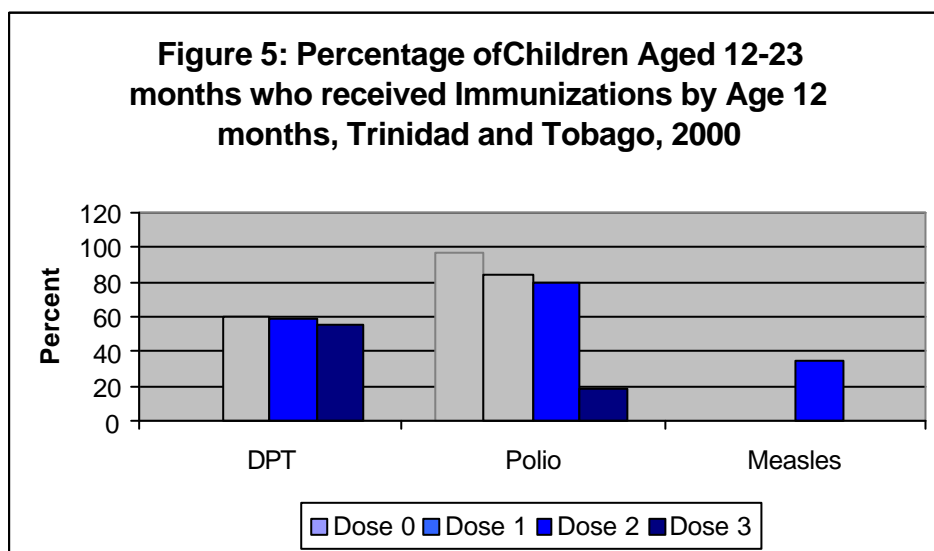
Immunization Coverage

According to UNICEF and WHO guidelines, infants in Trinidad and Tobago are to begin receiving the following vaccinations at three months of life: Haemophilus Influenza B Vaccine (HIB), polio and DPT. Three doses of these vaccines are given at intervals of six months and provide a basis for protecting children against diseases such as polio, diphtheria, pertussis, and tetanus. Children are also expected to receive MMR (measles, mumps and rubella) and yellow fever vaccinations from 12

months of age. In MICS, mothers were asked to provide vaccination cards for children under the age of five. Interviewers copied vaccination information from the cards onto the MICS questionnaire. Overall 75.1 percent of these children had vaccination cards. If the child did not have a card, the mother was asked to recall whether or not the child had received a specific set of vaccinations and, for DPT and Polio, how many times.

Table 16 shows the percentage of children aged 12 to 23 months who received each of the vaccinations. The denominator for the table is comprised of children aged 12-23 months and focuses primarily upon children who are old enough to be fully vaccinated and thus counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey based upon data obtained from vaccination cards and the mothers' reports. The bottom panel includes children who were vaccinated before their first birthday. For children without vaccination cards, the proportion of vaccinations given before the first birthday is assumed to be the same as for children with vaccination cards.

Approximately 60.3 percent of children aged 12 to 23 months received their first dose of DPT by the age of 12 months. For subsequent doses of DPT, the percentage declined to 59.1 percent for the second dose and 55.8 percent for the third dose (Figure 5). By the age of 12 months, 84.4 percent of the children received their first dose of the Polio vaccine with a much smaller proportion of 18.8 percent claiming to have had their third dose before their first birthday. The coverage for measles vaccine by the age of 12 months was lower than for the other vaccines being estimated to be 35 percent. The proportion of children who had all eight recommended vaccinations by their first birthday was estimated to be 7.4 percent. At the same time, a greater proportion of approximately 14 percent was estimated to have had none of the vaccines by their first birthday.



In Table 17, the percentage of children aged 12-23 months currently vaccinated against childhood diseases is shown according to background characteristics. Unlike the previous table, the estimates in this table refer to children who received the vaccinations by the time of the survey, even if they did not occur prior to the age of 12 months. Generally speaking, females were more likely to be vaccinated against all childhood diseases when compared to males (18.1 percent as opposed to 11.6

percent). In particular, females were more likely than males to have been vaccinated against measles (57.4 percent as opposed to 50.5 percent). Males were also found to be a bit more likely than females to have had none of the vaccines (13.7 percent as opposed to 11.7 percent). A regional breakdown is not presented because the small sub-sample sizes militate against the generation of reliable estimates. Universal vaccination coverage was estimated to be higher among children whose mothers had secondary or higher education than among those with mothers who had only primary education (18 percent as opposed to 7.1 percent).

Diarrhea

Dehydration caused by diarrhea is a cause of mortality among children in Trinidad and Tobago. Home management of diarrhea – either through oral rehydration salts (ORS) or a recommended home fluid (RHF) – can prevent many of these deaths. Preventing dehydration and malnutrition by increasing fluid intake and continuing to feed the child are also important strategies for managing diarrhea.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had diarrhea in the two weeks prior to the survey. If so, the mother was asked a series of questions about what the child had to drink and eat during the episode and whether this was more or less than the child usually ate and drank. Overall, 3.2 percent of the children under 5 years had diarrhea in the two weeks preceding the survey (Table 18). Diarrhea prevalence was significantly higher in urban areas such as the City of Port of Spain, the Borough of Arima and the wards of Diego Martin and St. Anns than in other administrative areas. Diarrhea prevalence was highest among children aged 623 months.

Table 18 also shows the percentage of children receiving various types of recommended liquids during the episode of diarrhea. Since mothers were able to name more than one kind of liquid, the percentages do not necessarily add to 100. About 15.6 percent of the children received breast milk while they had diarrhea. Children under the age of 12 months were the most likely to have received breast milk. About 28 percent of the children received cereal base gruel and 31.3 percent received ORS. Children of mothers with secondary education appeared to be less likely than other children to receive ORS but more likely to receive cereal base gruel. At least 8 in every ten children with diarrhea received one or more of the recommended home treatments (i.e. were treated with ORS or RHF).

Table 19 shows that of the 32 children who had diarrhea in the last two weeks, just over 9 percent drank more than usual while 68.8 percent drank the same or less. About 65.6 percent ate somewhat less, the same or more than usual while just over one fifth ate much less or none. Overall, about 6.3 percent of children with diarrhea received increased fluids or continued eating as recommended.

Acute Respiratory Infection

Acute lower respiratory infections, particularly pneumonia, are among the leading causes of child deaths in Trinidad and Tobago. In the MICS questionnaire, children with acute respiratory infection are defined as those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were due to a problem in the chest, or both a problem in the chest and a blocked nose, or whose mother did not know the source of the problem. Only 2.7 percent of the children under 5 years had an acute respiratory infection in the two weeks prior to the survey according to these criteria (Table 20). Of these, approximately 26 percent were taken to a private physician for treatment while another 26 percent were taken to a hospital and 22.2 percent to a health centre.

Altogether, 74.1 percent of the children with acute respiratory infections were taken to an appropriate health provider (i.e. private physician, hospital, health center).

Initiative and Integrated Management of Childhood Illness (IMCI)

The Integrated Management of Childhood Illnesses (IMCI) is a programme developed by UNICEF and WHO that combines strategies for control and treatment of five major killers of children – acute lower respiratory tract infections, diarrheal dehydration, measles, malaria and malnutrition. The programme focuses on the improvement of case management skills by health workers, improvement of health system, and improvement of family and community practices in the prevention and early management of childhood illnesses. Appropriate home management of illnesses is one component of IMCI. The approach teaches mothers that appropriate home management of diarrhea or any other illness requires giving more fluids and continuing to feed sick children as they are normally fed.

Table 21 presents information on the drinking and eating behaviour of sick children. Almost one fifth of the children were reported to have had diarrhea or some other illness in the two weeks preceding the survey. Of these, 12.6 percent drank more liquids during the illness and 68.4 percent continued eating somewhat less, the same or more. Overall, 6.8 percent of ill children received increased fluids and continued eating as recommended under the IMCI programme.

Promoting knowledge among caretakers about when it is appropriate to seek care for ill children is another important component of the IMCI programme. In the Trinidad and Tobago MICS, mothers or caretakers of children were asked to name all of the symptoms that would cause them to take a child to a health facility right away. The most common response, given by 72 percent of mothers, was that they would take their child to a health facility right away if he/she developed a fever (Table 22). About fifty-two percent claimed that they would take their child to a health facility if he/she became sicker. Sixty-one percent claimed that they would take their child to a health facility if he/she experienced difficulty while breathing as opposed to 49% who would do the same if the child were to be breathing fast. Just over one half of the mothers/caretakers who were interviewed claimed that they would take their child to a health facility if he/she had blood in his/her stool. Much smaller proportions indicated that they would take their children to hospital due to inability to breastfeed (25 percent) and drinking poorly (27.6 percent).

In almost every administrative area, more than half of the mothers and caretakers appeared to have known at least two signs. In contrast, the respective proportion was 25.8 percent in Nariva/Mayaro – a rural district in south-east Trinidad. The latter, however, should be interpreted cautiously given the small sub-sample size under review in Nariva/Mayaro. The survey data also reveal that mothers/caretakers with at least secondary level education were more likely to have had knowledge of at least two signs when compared to their counterparts with no more than primary level education, the respective proportions being 77 percent as opposed to 71 percent. Generally speaking, there appeared to be a considerable amount of knowledge irrespective of education.

F. HIV/AIDS

AIDS Knowledge

One of the most important strategies for reducing the rate of HIV/AIDS infection is the promotion of mechanisms for the dissemination of accurate knowledge of how AIDS is transmitted and how to prevent transmission. Among women aged 15-49 in Trinidad and Tobago, it was estimated that as much as 96.9 percent have heard of AIDS (Table 23). While there is little or no variation across the

administrative areas of the country, it is worth noting that Tobago had the lowest proportion of women (89.7 percent) to have ever heard of HIV/AIDS. The remaining administrative areas had proportions ranging between 95 percent in Nariva/Mayaro and 99.4 percent in the City of San Fernando.

Women in the MICS were read several statements about means of HIV/AIDS transmission and asked to state whether they believed the statements were true. As much as 80.6 percent believed that having only one faithful uninfected sex partner can prevent HIV transmission. Some 55.1 percent believed that using a condom every time one has sex can prevent HIV transmission and 65.2 percent agreed that abstaining from sex prevents HIV transmission. Overall, 37.8 percent knew all three ways and 90.2 percent were aware of at least one of the means of preventing transmission.

Table 23 also reveals that accurate knowledge of the means of HIV/AIDS transmission was lowest among women in Tobago (19.9 percent). Accurate knowledge of the means of HIV/AIDS transmission was also found to be relatively low in Nariva/Mayaro (28.3 percent) and Rest of St. George (29.1 percent). With respect to education and its link with AIDS knowledge, an important finding is worth noting. Though not substantial, a greater proportion among women with primary education appeared to have knowledge of all three means of preventing HIV/AIDS transmission when compared to that among their counterparts with secondary or higher education (39.8 percent as opposed to 37.2 percent). Differences across age groups are not particularly large; the percentages of women who knew all three means range from 33.9 percent among 20-24 year olds to 41.3 percent among 30-34 year olds.

Approximately 86.7 percent of women correctly stated that AIDS cannot be transmitted by supernatural means while 69 percent stated that AIDS cannot be spread by mosquito bites (Table 24). Moreover, 94 percent of all women correctly believed that a healthy looking person can be infected. In Trinidad and Tobago, 64.6 percent of all women 15-49 years correctly recognized all three misconceptions. Women in Caroni, Nariva/Mayaro, Victoria and Tobago were the least likely to have correctly recognized the three stated misconceptions about HIV/AIDS transmission when compared to women from the other administrative areas; the respective proportions being 58.3 percent, 58.3 percent, 58.7 percent and 59.6 percent. In contrast, women in the Rest of St. George, Tacarigua, the Borough of Chaguanas and the City of Port of Spain were the most likely to have correctly identified all three misconceptions, the respective proportions being 71.5 percent, 71.8 percent, 72.2 percent and 73.4 percent.

About 89 percent of women in Trinidad and Tobago know that AIDS can be transmitted from mother to child (Table 25). When asked about the mechanisms through which mother to child transmission can take place, 84.8 percent claimed that transmission during pregnancy was possible, 67.8 percent claimed that transmission during delivery was possible and only 52.3 percent believed that there was a likelihood of transmission through breast milk. At least 4 in every ten women knew all three modes of transmission. The MICS also reveals that women with primary education had much greater knowledge of all three modes of transmission when compared to women with no formal education. In the case of women with knowledge of all three modes of transmission, the proportion with such knowledge was at least four times greater for those who had at least primary education. There also appears to be very little or no differences in knowledge of modes of transmission across women belonging to different age groups, the proportion of women knowing about all three modes of transmission ranging between 39.3 percent for those aged 25-29 years to 44 percent for those aged 45-49 years.

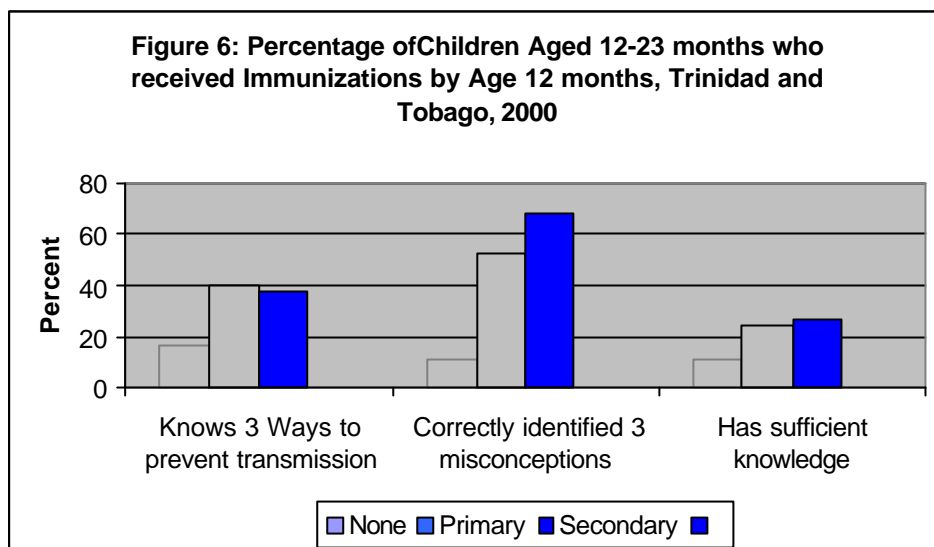
The MICS also attempted to measure discriminatory attitudes towards people living with HIV/AIDS. To this end, women were asked whether they agreed with two questions. The first asked whether a

teacher who has the AIDS virus but is not sick should be allowed to continue teaching in a school. The second question asked whether the respondent would buy food from a shopkeeper or food seller who the respondent knew to be infected with AIDS. These results are presented in Table 26.

About 35 percent of the respondents believed that a teacher with HIV/AIDS should not be allowed to work. The percentage was highest in the County of Nariva/Mayaro at 53.3 percent and lowest in Tobago at 16.7 percent. With respect to allowing the teacher with HIV/AIDS to work, the survey data indicate that women from predominantly urban administrative areas were less likely to have expressed discriminatory attitudes when compared to those from predominantly rural administrative areas. It is also observed that women with no formal education and those with secondary or higher education have been less likely than those with only primary education to express discriminatory attitudes. Compared to the teacher, the survey data reveal that a greater proportion of women was likely to hold discriminatory attitudes towards a shopkeeper or food vendor with HIV/AIDS. A little more than three quarters (75.9 percent) of women claimed that they would not buy food from a person who is infected with HIV/AIDS. Again, the percentage was highest in the County of Nariva/Mayaro at 87.5 percent. However, the lowest percentage was observed among women in Ward of Diego Martin. Overall, 78 percent of women agreed with at least one of the discriminatory statements.

Table 27 summarizes information from two previous tables on AIDS knowledge (Tables 23 and 24). The second column shows the percentage of women who know all three means of preventing HIV transmission – having a faithful uninfected partner, using a condom everytime, and abstaining from sex. Approximately thirty-eight percent of women know all three ways. The third column of the table shows the percentage of women who correctly identified all three misconceptions about HIV transmissions – that HIV can be transmitted through supernatural means, that it can be transmitted through mosquito bites, and that a healthy looking person cannot be infected. About 65 percent of women correctly identified these misconceptions. Finally, the fourth column of the table shows the percentage of women who have ‘sufficient knowledge’ of HIV/AIDS transmission. These are women who knew all three ways of preventing HIV transmission and correctly identified all three misconceptions. Only 26.6 percent of women aged 15-49 years fall into this category.

Figure 6 reveals variations in knowledge of HIV/AIDS transmission according to level of education. Women with primary education were almost three times as likely to know all three ways of preventing transmission when compared to women with no formal education. They were also about five times more likely to correctly identify all three misconceptions about HIV/AIDS and at least twice as likely to have sufficient knowledge of HIV/AIDS transmission. Among women with secondary or higher education, 68.5 percent correctly identified misconceptions about HIV/AIDS transmissions as opposed to 52.9 percent in the case of women with primary education. Such an observation provides further support for the positive impact of education on women’s ability to treat with misconceptions about HIV/AIDS transmissions.



AIDS Testing

Voluntary testing for AIDS, accompanied by counseling, allows those infected to seek health care and to prevent the infection of others. Testing is particularly important for pregnant women who can then take steps to prevent the infection of their babies. The indicators shown in Table 28 are designed to monitor whether women are aware of places to get tested for HIV/AIDS, the extent to which they have been tested, and the extent to which those tested have been told the results of the test. In some places, a relatively large proportion of people who are tested do not return to get their results due to fear of having the disease, fear that their privacy will be violated, or other reasons.

According to the MICS, seventy-four percent of women of reproductive age in Trinidad and Tobago knew a place to get tested for AIDS. Women living in the cities of Port of Spain and San Fernando, the Borough of Arima and the highly urbanized Ward of Diego Martin were the most likely to know a place with at least four in every five women expressing such knowledge. The lowest prevalence of knowledge is observed in the Borough of Chaguanas (68.2 percent). Only 21.1 percent of women with no formal education expressed knowledge of a place to get tested compared to 63 percent among women who attained only primary education and 78 percent among women who attained at least secondary education.

About 19 percent of the women were tested for AIDS. This percentage was highest in the City of Port of Spain and the Ward of Diego Martin (33.4 percent) and the City of Port of Spain (32.4 percent) and lowest in the Borough of Point Fortin (11.1 percent) and in the County of Victoria (11.5 percent). In Tobago where there have been serious concerns about the prevalence of HIV/AIDS, the percentage was estimated to be in the vicinity of 28 percent and among the highest in the country. The MICS reveals that 87.9 percent of the women who had been tested had been told their results. However, there were noteworthy variations across administrative areas and age groups. With respect to the administrative areas, the highest proportions were observed in urban areas - the Cities of Port of Spain and San Fernando and the Boroughs of Arima, Chaguanas and Point Fortin. A similar situation was evident in the County of St. Patrick and in Tobago. Overall, there appeared to be virtually no differences between urban and rural areas. The percentage was lowest in the County of Nariva/Mayaro (75 percent). Adolescent women aged 15-19 years were the least likely to be tested

and the least likely to know their results in cases where they were tested. In addition, women 35 years and over were more likely to know their results than younger women.

G. Reproductive Health

Contraception

Current use of contraception was reported by 38.2 percent of married or in union women (Table 29). In Trinidad and Tobago, the two most popular methods were the condom (11.7 percent) and the pill (10.2 percent). The next most popular method was female sterilization that was reported by 7.2 percent of married or in union women. Except for IUDs (2.2 percent), withdrawals (1.1 percent) and injections (1 percent), the majority of other methods were used by less than 1 percent of the women under review. These methods include male sterilization, the lactational amenorrhea method (LAM), periodic abstinence, implants, diaphragm and foam/jelly.

The MICS data reveal that contraceptive prevalence was relatively higher in Nariva/Mayaro (50 percent), the Ward of Diego Martin (48.6 percent), the Borough of Arima (48.4 percent) and the City of Port of Spain (44.6 percent) than in the other administrative areas. The current use of contraception was lowest in St. Anns (27.6 percent) and in Tobago (28.8 percent). The prevalence of contraceptive use was highest among women aged 25-39 years ranging between 40.8 percent for those aged 30-34 and 45.2 percent for those aged 35-39. The lowest levels of prevalence were evident among women aged 15-19 (25 percent) and those aged 45-49 (26.4 percent).

Women's educational level is associated with contraceptive prevalence. The percentage of women using any method of contraception was observed to have risen from 33.2 percent among women with primary education to 41 percent among women with secondary or higher education. While a similar pattern persisted whether reference was to the use of any modern or traditional methods, the opposite prevailed in the context of female sterilization. Specifically, women with primary education were more likely than their counterparts with secondary or higher education to rely upon female sterilization as a means of contraception, the respective rates of prevalence being 9.5 percent and 5.6 percent.

Prenatal Care

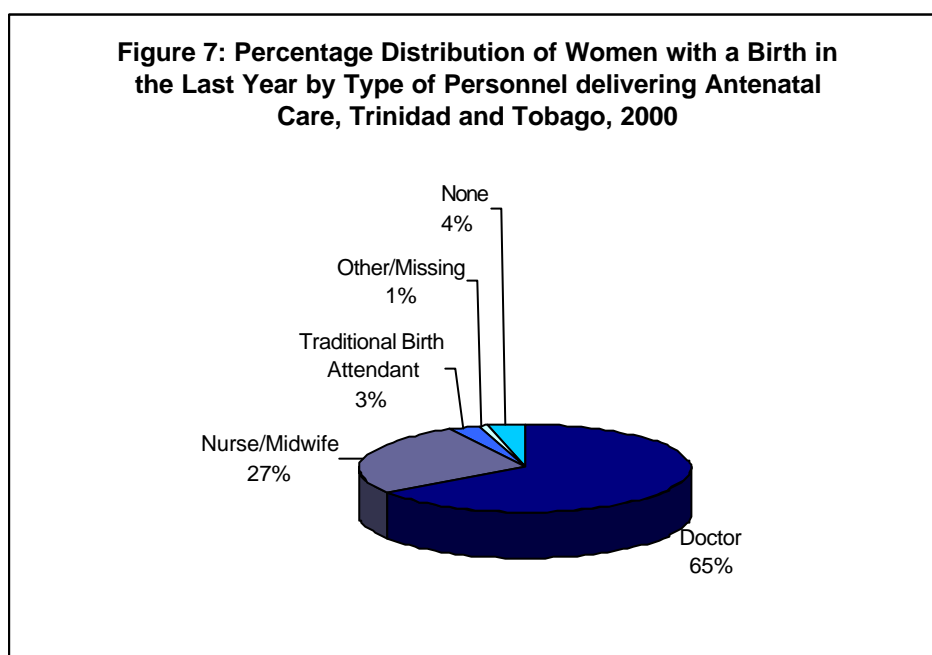
Quality prenatal care can contribute to the prevention of maternal mortality by detecting and managing potential complications and risk factors, including pre-eclampsia, anemia and sexually transmitted diseases. Antenatal care also provides opportunities for women to learn the danger signs of pregnancy and delivery, to be immunized against tetanus, to learn about infant care, and to be treated for existing conditions, such as malaria and anemia.

Tetanus toxoid injections are given to women during pregnancy to protect infants from neonatal tetanus, a major cause of infant death that is due primarily to unsanitary conditions during childbirth. Two doses of tetanus toxoid injections during pregnancy offer full protection. However, if a woman was vaccinated during a previous pregnancy, she may only need a booster to give full protection. Five doses are thought to provide lifetime protection. The Trinidad and Tobago MICS did not collect data pertaining to protection against neonatal tetanus.

Female respondents who had a birth in the year prior to the Trinidad and Tobago MICS were asked whether they had received antenatal care for the birth and, if so, what type of person provided the care. If the woman saw more than one type of provider, all were recorded in the questionnaire. Table

30 presents the percent distribution of women with a birth in the year prior to the MICS by type of personnel who delivered antenatal care. If more than one provider was mentioned by the respondent, she is categorized as having seen the most skilled person she mentioned.

Altogether, about 95.5 percent of all women in Trinidad and Tobago received some type of prenatal care and as much as 92.4 percent received antenatal care from skilled personnel (doctor, nurse, midwife). As much as 65.5 percent of the women with a birth in the year preceding the survey received antenatal care from a doctor and 26.9 percent from a nurse/midwife (Figure 7). Traditional birth attendants provided antenatal care for 3.1 percent of women while another 3.6 percent had no antenatal care whatsoever.



Assistance at Delivery

The provision of delivery assistance by trained attendants can greatly improve outcomes for mothers and children by the use of technically appropriate procedures, and accurate and speedy diagnosis and treatment of complications. *Skilled assistance at delivery* is defined as assistance provided by a doctor or nurse/midwife. About 96 percent of women with births occurring in the year prior to the MICS were delivered by skilled personnel (Table 31). This percentage was lowest in Nariva/Mayaro, being 77.8 percent. In each of the other administrative areas, the percentage was in excess of 90 percent. Women with secondary or higher levels of education were found to be a little more likely than their counterparts with only primary education to have had their births delivered with the assistance of a skilled person (96.5 percent as opposed to 95.3%).

More than half (53.8%) of the women who gave birth in the year prior to the MICS obtained assistance in delivery from a nurse/midwife. It is also worth noting that as much as 42.2 percent obtained assistance at delivery from a doctor. According to Table 31, there appeared to be virtually no difference in access to a nurse/midwife or a doctor based on whether women had primary education only or attained education at secondary or higher levels.

H. Child Rights

Birth Registration

The International Convention on the Rights of the Child states that every child has the right to a name and a nationality and the right to protection from being deprived of his or her identity. Birth registration is a fundamental means of securing these rights for children. The births of approximately 94 percent of the children under 5 years in Trinidad and Tobago have been registered (Table 32). There do not appear to be any major differences in birth registration across sex, and the principal categories for mother's education (i.e. primary and secondary or higher). In particular, the MICS was indicative of relatively lower rates of registration among children in Tobago, the Rest of St. George and St. Anns than in the other areas of the country. For Tobago, the Rest of St. George and St. Anns, the respective rates were 84.4 percent, 88.4 percent and 89.1 percent. This could be due to the relatively large percentage of mothers who did not know if their children's births were registered. Unlike children from the other age groups with birth registration rates of at least 95 percent, infants under six months were observed to have a relatively lower rate in the vicinity of 72 percent.

Orphanhood and Living Arrangements of Children

Children who are orphaned or living away from their parents may be at increased risk of impoverishment, discrimination, denial of property rights and rights to inheritance, various forms of abuse, neglect, and exploitation of their labour or sexuality. Monitoring the level of orphanhood and the living arrangements of children assists in identifying those who may be at risk and in tracking changes over time.

In Trinidad and Tobago, approximately 60 percent of children aged 0-14 were living with both parents (Table 33). A substantial percentage (26 percent) was estimated to be living with their mother only although their father is alive. About 5 percent were living with neither parent although both parents are alive. The Trinidad and Tobago MICS estimated that 5.7 percent of the children were not living with their biological parents and that 4.3 percent had one or both parents dead. Older children are more likely to live without their biological parents than younger children. While only 3.4 percent of children under 5 years were not living with a biological parent, the corresponding proportions for children aged 5-9 and 10-14 were 5.6 percent and 7.3 percent respectively.

The County of Caroni, the Borough of Chaguanas and the County of St. Patrick were the administrative areas with the greatest proportions of children aged 0-14 years and living with both parents, the respective proportions being 75 percent, 72 percent and 70 percent. These administrative areas have substantially larger proportions of their populations being of East Indian descent, a group that has characteristically kept its families in tact whether in a nuclear or extended form. In contrast, the City of Port of Spain, Tobago, the Ward of Diego Martin and St. Anns were observed to have had less than a half of their children living with both parents. The prevalence of children living in single mother households was highest in the City of Port of Spain (59 percent). Relatively high levels of prevalence were also observed the Ward of Diego Martin (40 percent), and in Tobago (43 percent). The prevalence of orphanhood in the City of Port of Spain (10 percent) was at least twice that in most of the other administrative areas of Trinidad and Tobago, the exceptions being St. Anns (6 percent), Tacarigua (5 percent), Nariva/Mayaro (5.3 percent) and Victoria (5.4 percent).

Child Labour

It is important to monitor the extent to which children work and the type of work in which they participate for several reasons. Children who are working are less likely to attend school and more

likely to dropout. This pattern can trap children in a cycle of poverty and disadvantage. Working conditions for children are often unregulated with few safeguards against potential abuse. In addition, many types of work are intrinsically hazardous and others present less obvious hazards to children, such as exposure to pesticides in agricultural work, carrying heavy weights and scavenging in garbage dumps.

In Trinidad and Tobago, the MICS estimates that only about 1.2 percent of the children aged 5-14 years engaged in paid work (Table 34). Less than 1 percent (0.3 percent) were found to be participating in unpaid work for someone other than a household member.

'Domestic work' is defined as cooking, shopping, cleaning, washing clothes, fetching water and caring for children. Slightly more than half of the children were estimated to be involved in these tasks for less than 4 hours a day while less than 1 percent (0.6 percent) spent more than four hours a day on such tasks. Overall, girls were more likely than boys and older children (10-14 years) were more likely than younger children (aged 5-9 years) to be engaged in domestic work. Across the different administrative areas of Trinidad and Tobago, there were substantial variations in the proportions of children who engage in domestic work on a daily basis, from less than 5 percent (3.8 percent) in the Borough of Point Fortin to 82.5 percent in the Ward of Diego Martin.

Children who have done any paid or unpaid work for someone who is not a member of the household or who did more than four hours of housekeeping chores in the household or who did other family work are considered to be 'currently working'. Overall, 4.1 percent of children were estimated to be currently working. The survey results also reveal that boys were a bit more likely than girls (5.1 percent of boys and 3.1 percent of girls) to be 'currently working'. From the standpoint of the administrative areas, children from Tobago were the more likely than their counterparts in other areas to be currently working (8.3 percent). This was due principally to their involvement in family work. Compared to children in the other areas, those from City of Port of Spain were also more likely to be currently working (7.1 percent), this being due primarily to their involvement in paid work.

APPENDIX A

WORLD SUMMIT FOR CHILDREN GOALS

- Goal 1:** Between 1990 and the year 2000, reduction of infant and under-five mortality rate by one-third or to 50 and 70 per 1000 live births respectively, which is less.
- Goal 2:** Between 1990 and the year 2000, reduction of maternal mortality rate by half.
- Goal 3:** Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half.
- Goal 4:** Universal access to safe drinking water.
- Goal 5:** Universal access to sanitary means of excreta disposal.
- Goal 6:** Universal access to basic education and achievement of primary education by at least 80 percent of primary school-age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.
- Goal 7:** Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.
- Goal 8:** Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.
- Goal 9:** Special attention to the health and nutrition of the female child and to pregnant and lactating women.
- Goal 10:** Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.
- Goal 11:** Access by all pregnant women to pre-natal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies.
- Goal 12:** Reduction of the low birth weight (less than 2.5 kg) rate to less than 10 percent.
- Goal 13:** Reduction of iron deficiency anemia in women by one-third of the 1990 levels.
- Goal 14:** Virtual elimination of iodine deficiency disorders.
- Goal 15:** Virtual elimination of vitamin A deficiency and its consequences, including blindness.
- Goal 16:** Empowerment of all women to breast-feed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year.

- Goal 17:** Growth promotion and its regular monitoring to be institutionalized in all countries by the end of the 1990s.
- Goal 18:** Dissemination of knowledge and supporting services to increase food production to ensure household food security.
- Goal 19:** Global eradication of poliomyelitis by the year 2000.
- Goal 20:** Elimination of neonatal tetanus by 1995.
- Goal 21:** Reduction by 95 percent in measles deaths and reduction by 90 percent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run.
- Goal 22:** Maintenance of a high level of immunization coverage (at least 90 percent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child-bearing age.
- Goal 23:** Reduction by 50 percent in the deaths due to diarrhoea in children under the age of five years and 25 percent reduction in the diarrhoea incidence rate.
- Goal 24:** Reduction by one-third in the deaths due to acute respiratory infections in children under five years.
- Goal 25:** Elimination of guinea-worm (dracunculiasis) by the year 2000.
- Goal 26:** Expansion of early childhood development activities, including appropriate low-cost family and community-based interventions.
- Goal 27:** Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication and social action, with effectiveness measure in terms of behavioural change.

APPENDIX B
LIST OF PERSONNAL INVOLVED IN
TRINIDAD AND TOBAGO MICS

TABLE 1 - COMPOSITION OF THE TECHNICAL COMMITTEE IN TRINIDAD AND TOBAGO

Members	Tasks
<p>MICS Co-ordinator</p> <p>Mr. David Thomas - Statistician</p>	<p>Conduct jointly with UNICEF MICS consultants the overall survey activities including:</p> <ul style="list-style-type: none"> - Survey planning, designing and sample selection - Questionnaire adaptation, editing and reproduction - Fieldwork organization and supervision - Facilitating data processing, cleaning and tabulation - Coordinate data analysis and report editing <p>Report on the following:</p> <ul style="list-style-type: none"> - Survey methodology and quality of the data - Household information - Child labour - Birth registration
<p>Epidemiologist</p> <p>Ms. Edith Welch</p>	<p>Contribute to questionnaire adaptation and fieldworkers training, especially with respect to the following modules:</p> <ul style="list-style-type: none"> - Maternal and newborn health - Care of illness: diarrhoea, acute respiratory infections - Contraceptive use - Immunization - HIV/AIDS - Child mortality <p>Prepare draft report and contribute to overall editing</p>
<p>Nutritionist</p>	<p>Contribute to questionnaire adaptation and fieldworkers training, especially with respect to the following modules:</p> <ul style="list-style-type: none"> - Anthropometry - Breastfeeding - Salt Iodization <p>Prepare draft report and contribute to overall editing</p>

TABLE 1 - COMPOSITION OF THE TECHNICAL COMMITTEE IN TRINIDAD AND TOBAGO (Continued)

Members	Tasks
Public Health Mr. Madan Singh	Contribute to questionnaire adaptation and fieldworkers training, especially with respect to the following modules: - Water and sanitation in demographic module Work with the health team in preparing draft report and contribute to overall editing
Basic Education Ms. Lisa Henry	Contribute to questionnaire adaptation and fieldworkers training, especially with respect to the following modules: - Early learning - School attendance at primary and secondary school - Educational attainment Prepare draft report and contribute to overall editing
Social Scientist Dr. Godfrey St. Bernard	Coordinate and supervise data interpretation, sector analysis, cross-examination and final report preparation. Main tasks include: - Prepare data analysis plan - Guide and support sectoral teams in the preparation of draft reports - Undertake final analysis and final editing of the report
Computer Programmer Ms. Rose Dowlath-Lindsay	Organize data entry, processing, cleaning and tabulation
GOTT Input Coordination Ms. Margaret Farray	Co-ordination of input from all public sector agencies, logistical and administrative arrangements and monitoring of the financial management
UNICEF MICS Consultant Dr. Michel Sankara Demographer	Provide the Technical committee with MICS experience. Main tasks include: - Survey planning, designing and sample selection - Questionnaire adaptation, editing - Fieldwork preparation

TABLE 1 - COMPOSITION OF THE TECHNICAL COMMITTEE IN TRINIDAD AND TOBAGO (Concluded)

Members	Tasks
Head, Programme Unit, UNDP Ms. Sandra Baptiste-Caruth	<ul style="list-style-type: none"> - Contribute to questionnaire adaptation and analysis of socio-economic data - Coordinate input from UNDP - Liaise with UNICEF team on all aspects
UNICEF Child Right and Social Policy Consultant Dr. Hassan Momin Policy Analyst	<p>Provide technical and managerial support. Main tasks include:</p> <ul style="list-style-type: none"> - Questionnaire adaptation, editing and reproduction - Field staff recruitment and training - Fieldwork organization and supervision - Data analysis and report editing - Coordinate input from counterpart agencies and supervise, administrative, financial and logistical arrangements <p>Report on country general socio-economic situation, baseline data, country social policy, MICS context and main objectives</p>

TABLE 2 - DISTRIBUTION OF STAFF FOR THE TRINIDAD AND TOBAGO MICS

Categories Personnel	Type of Personnel	Number
1. Administrative Staff		3
2. Fieldworkers	<ul style="list-style-type: none"> • Interviewers • Supervisors • Editors • Anthropometry 	<p>41</p> <p>7</p> <p>7</p> <p>16</p> <p>16</p>
	Field editor	7
	Office editor	16
3. Data-entry typists		16

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Table 1. Number of Households, Household Response Rates, Women - Trinidad and Tobago, 2000

	County/Ward							
	Port of Spain	San Fernando	Arima Borough	Chaguanas Borough	Point Fortin Borough	Diego Martin	St. Anns	Tacarigua
Sampled Household	216	205	108	202	87	407	631	478
Occupied Households	203	188	100	195	77	373	577	462
Completed Households	196	181	91	182	76	344	529	421
<i>Household Response Rate</i>	<i>96.6</i>	<i>96.3</i>	<i>91.0</i>	<i>93.3</i>	<i>98.7</i>	<i>92.2</i>	<i>91.7</i>	<i>91.1</i>
Women Aged 15-49 Interviewed	173	169	86	223	63	362	502	436
Children Under 5 Interviewed	45	40	20	52	16	90	147	90
	County/Ward							
	Rest of St. George	Caroni	Nariva/ Mayaro	St. Andrew/ St. David	Victoria	St. Patrick	Tobago	Total
Sampled Household	207	440	118	214	612	423	187	4535
Occupied Households	188	420	105	192	581	403	170	4234
Completed Households	174	406	102	189	556	398	162	4007
<i>Household Response Rate</i>	<i>92.6</i>	<i>96.7</i>	<i>97.1</i>	<i>98.4</i>	<i>95.7</i>	<i>98.8</i>	<i>95.3</i>	<i>94.6</i>
Women Aged 15-49 Interviewed	158	448	120	184	574	424	156	4078
Children Under 5 Interviewed	46	105	31	58	122	120	32	1014

Note: The raw data did not assessments of eligibility among women aged 15-49 and children under 5.

Table 2. Single Year Age Distribution of Household Population by Sex, Trinidad and Tobago, 2000

Age (Single Years)	Male		Female	
	Number	Percent	Number	Percent
< 1 Year	104	1.4	110	1.4
1	94	1.3	96	1.3
2	87	1.2	85	1.1
3	119	1.6	96	1.3
4	106	1.4	106	1.4
5	136	1.8	113	1.5
6	145	1.9	132	1.7
7	142	1.9	130	1.7
8	132	1.8	124	1.6
9	152	2.0	189	2.5
10	141	1.9	153	2.0
11	133	1.8	134	1.8
12	139	1.9	158	2.1
13	165	2.2	180	2.4
14	175	2.4	195	2.6
15	157	2.1	159	2.1
16	185	2.5	164	2.2
17	181	2.4	166	2.2
18	158	2.1	169	2.2
19	164	2.2	150	2.0
20	143	1.9	112	1.5
21	138	1.9	130	1.7
22	130	1.7	121	1.6
23	126	1.7	109	1.4
24	128	1.7	116	1.5
25	104	1.4	121	1.6
26	122	1.6	118	1.6
27	110	1.5	105	1.4
28	101	1.4	95	1.3
29	123	1.7	88	1.2
30	86	1.2	103	1.4
31	100	1.3	104	1.4
32	99	1.3	125	1.6
33	107	1.4	95	1.3
34	104	1.4	128	1.7
35	125	1.7	120	1.6

Table 2. Single Year Age Distribution of Household Population by Sex, Trinidad and Tobago, 2000 - Continued

Age (Single Years)	Male		Female	
	Number	Percent	Number	Percent
36	120	1.6	132	1.7
37	107	1.4	115	1.5
38	110	1.5	98	1.3
39	113	1.5	129	1.7
40	115	1.5	124	1.6
41	76	1.0	94	1.2
42	102	1.4	119	1.6
43	105	1.4	92	1.2
44	103	1.4	118	1.6
45	113	1.5	102	1.3
46	82	1.1	101	1.3
47	77	1.0	81	1.1
48	65	0.9	84	1.1
49	93	1.2	91	1.2
50	84	1.1	100	1.3
51	73	1.0	72	0.9
52	93	1.2	65	0.9
53	65	0.9	71	0.9
54	74	1.0	91	1.2
55	79	1.1	71	0.9
56	44	0.6	49	0.6
57	41	0.6	51	0.7
58	40	0.5	38	0.5
59	52	0.7	75	1.0
60	54	0.7	58	0.8
61	35	0.5	50	0.7
62	54	0.7	53	0.7
63	47	0.6	62	0.8
64	44	0.6	37	0.5
65	56	0.8	51	0.7
66	43	0.6	32	0.4
67	38	0.5	52	0.7
68	35	0.5	39	0.5
69	27	0.4	35	0.5

Table 2. Single Year Age Distribution of Household Population by Sex, Trinidad and Tobago, 2000 - Concluded

Age (Single Years)	Male		Female	
	Number	Percent	Number	Percent
70	34	0.5	37	0.5
71	34	0.5	35	0.5
72	29	0.4	29	0.4
73	28	0.4	24	0.3
74	18	0.2	14	0.2
75	26	0.3	28	0.4
76	20	0.3	19	0.3
77	16	0.2	24	0.3
78	9	0.1	19	0.3
79	16	0.2	18	0.2
80	22	0.3	16	0.2
81	8	0.1	13	0.2
82	8	0.1	12	0.2
83	6	0.1	10	0.1
84	8	0.1	9	0.1
85	3	0.0	14	0.2
86	5	0.1	6	0.1
87	6	0.1	8	0.1
88	1	0.0	6	0.1
89	4	0.1	6	0.1
90	1	0.0	4	0.1
91	0	0.0	1	0.0
92	1	0.0	0	0.0
94	4	0.1	2	0.0
95	2	0.0	1	0.0
96+	1	0.0	0	0.0
Missing	1	0.0	0	0.0
Don't Know	10	0.1	7	0.1
Total	7442	100.0	7593	100.0

Table 3. Percentage of Cases of Missing Information for Selected Questions, Trinidad and Tobago, 2000

Question	Reference Population	Percent Missing	Number
Level of Education	Household Members Age Five Years and Over	1.9	14032
Years of Education	Household Members Age Five Years and Over	3.6	14032
Number of Hours Worked	Working Children Aged 5-14	0.0	44
Complete Birth Date	Women 15-49	7.2	4078
Ever been Tested for HIV	Women 15-49	2.0	3950
Complete Birth Date	Children Under 5	2.9	1003
Diarrhoea in Last 2 Weeks	Children Under 5	2.0	1003
Weight	Children Under 5	19.8	1003
Height/Length	Children Under 5	19.9	1003

**Table 4. Percent Distribution of Households by Background Characteristics,
Trinidad and Tobago, 2000**

Background Characteristics	Percent	Number of Households
County/Ward		
Port of Spain (City)	4.9	196
San Fernando (City)	4.5	181
Arima (Borough)	2.3	91
Chaguanas (Borough)	4.5	180
Point Fortin (Borough)	1.9	76
Diego Martin (Ward)	8.6	344
St. Anns (Ward)	13.2	529
Tacarigua (Ward)	10.5	420
Rest of St. George (County)	4.3	174
Caroni (County)	10.1	406
Nariva/Mayaro (County)	2.5	102
St. Andrew/St. David (County)	4.7	189
Victoria (County)	13.9	556
St. Patrick (County)	9.9	398
Tobago	4.0	161
Missing	0.2	0.4
Total	100.0	4007
Number of Households Members		
One Person	14.5	580
2-3 Persons	34.0	1364
4-5 Persons	34.2	1370
6-7 Persons	12.0	481
8-9 Persons	3.8	151
10+ Persons	1.5	61
Total	100.0	4007
At Least 1 Child Age < 5	19.4	4003
At Least 1 Child Age < 15	50.6	4003
At Least 1 Woman 15-49	69.7	4003

Table 5. Percent Distribution of Women 15-49 by Background Characteristics, Trinidad and Tobago, 2000

Background Characteristics		Percent	Number of Women
County/Ward	Port of Spain (City)	4.2	173
	San Fernando (City)	4.1	169
	Arima (Borough)	2.1	86
	Chaguanas (Borough)	5.5	223
	Point Fortin (Borough)	1.5	63
	Diego Martin (Ward)	8.9	362
	St. Anns (Ward)	12.3	502
	Tacarigua (Ward)	10.7	436
	Rest of St. George (County)	3.9	158
	Caroni (County)	11.0	448
	Nariva/Mayaro (County)	2.9	120
	St. Andrew/St. David (County)	4.5	184
	Victoria (County)	14.1	574
	St. Patrick (County)	10.4	424
	Tobago	3.8	156
Age in 5 year	15-19 Years	19.7	804
	20-24 Years	14.5	593
Age groups From CMC	25-29 Years	12.7	519
	30-34 Years	13.6	555
	35-39 Years	14.7	600
	40-44 Years	13.4	548
	45-49 Years	11.3	459
Marital Status	Currently Married	45.2	1844
	Formerly Married	8.6	351
	Never Married	46.2	1883
Ever Given Birth:	Yes	57.4	2340
	No	41.6	1695
	Missing	1.1	43
Education:	None	0.5	19
	Primary	23.7	967
	Secondary	70.0	2855
	Non-standard curriculum	4.1	167
	Missing/DK	1.7	70
Total	100.0	4078	

Table 6. Percent Distribution of Children Under Five by Background Characteristics, Trinidad and Tobago, 2000

Background Characteristics		Percent	Number of Children < 5
Gender			
	Male	50.8	510
	Female	49.2	493
County/Ward			
	Port of Spain (City)	4.4	44
	San Fernando (City)	4.0	40
	Arima (Borough)	1.9	19
	Chaguanas (Borough)	5.2	52
	Point Fortin (Borough)	1.6	16
	Diego Martin (Ward)	8.5	85
	St. Anns (Ward)	14.7	147
	Tacarigua (Ward)	9.0	90
	Rest of St. George (County)	4.3	43
	Caroni (County)	10.5	105
	Nariva/Mayaro (County)	3.1	31
	St. Andrew/St. David (County)	5.8	58
	Victoria (County)	12.2	122
	St. Patrick (County)	11.9	119
	Tobago	3.2	32
Age (from CMC calculations)			
	<6 Months	8.8	88
	6-11 Months	11.8	118
	12-23 Months	18.8	189
	24-35 Months	17.4	175
	36-47 Months	20.9	210
	48-59 Months	22.2	223
Mother's Education			
	None	0.7	7
	Primary	23.5	236
	Secondary	69.8	700
	Non-standard curriculum	4.0	40
	Missing/DK	2.0	20
Total		100.0	1003

Table 7. Mean Number of Children Ever Born (CEB) and Proportion Dead by Mother's Age, Trinidad and Tobago, 2000

Age Group	Mean Number of Children Ever Born	Proportion of Children Dead	Number of Women
Age in 5 Year Age Groups from CMC			
15 – 19	0.051	0.049	804
20 – 24	0.477	0.011	593
25 – 29	1.200	0.037	519
30 – 34	1.885	0.030	555
35 – 39	2.445	0.029	600
40 – 44	2.812	0.049	548
45 – 49	3.146	0.045	459
Total	1.580	0.038	4078

Table 8. Percentage of Children Age 36-59 Months Who are Attending Some Form of Organised Early Childhood Education Programme by Background Characteristics, Trinidad and Tobago, 2000

Background Characteristics	Attending Programme	Number of Children
Gender		
Male	67.7	226
Female	72.9	207
County/Ward		
Port of Spain (County)	57.9	19
San Fernando (County)	64.7	17
Arima (Borough)	71.4	7
Chaguanas (Borough)	64.7	17
Point Fortin (Borough)	62.5	8
Diego Martin (Ward)	65.7	35
St. Anns (Ward)	71.7	60
Tacarigua (Ward)	89.5	38
Rest of St. George (County)	72.2	18
Caroni (County)	82.7	52
Nariva/Mayaro (County)	60.0	10
St. Andrew/St. David (County)	67.9	28
Victoria (County)	66.1	59
St. Patrick (County)	61.5	52
Tobago	69.2	13
Age		
36-47 Months	58.6	210
48-59 Months	81.2	223
Mother's Education		
None	75.0	4
Primary	60.2	103
Secondary	73.1	294
Non-standard curriculum	81.8	22
Missing/DK	60.0	10
Total	70.2	433

Source: World Summit for Children Goal ⇒ Number 26.

Table 9. Percentage of Children of Primary School Age Attending Primary School, Trinidad and Tobago, 2000

Background Characteristics	Gender				Total	
	Male		Female			
	Attending Primary School		Attending Primary School			
	Attending	Number	Attending	Number	Attending	Number
County/Ward						
Port of Spain (County)	87.8	49	92.5	53	90.2	102
San Fernando (County)	88.9	45	75.9	54	81.8	99
Arima (Borough)	62.5	8	88.0	25	81.8	33
Chaguanas (Borough)	88.9	54	88.9	45	88.9	99
Point Fortin (Borough)	90.9	22	100.0	22	95.5	44
Diego Martin (Ward)	91.1	101	94.1	102	92.6	203
St. Anns (Ward)	83.1	172	81.8	165	82.5	337
Tacarigua (Ward)	96.0	99	88.6	105	92.2	204
Rest of St. George (County)	91.1	45	76.9	52	83.5	97
Caroni (County)	94.9	118	94.5	128	94.7	246
Nariva/Mayaro (County)	87.8	41	91.8	49	90.0	90
St. Andrew/St. David (County)	100.0	55	89.6	48	95.1	103
Victoria (County)	84.3	191	91.7	169	87.8	360
St. Patrick (County)	94.8	115	91.1	112	93.0	227
Tobago	88.0	50	92.7	41	90.1	91
Age Group						
5 Years	79.4	136	80.5	113	79.9	249
6 Years	95.9	145	96.2	132	96.0	277
7 Years	97.9	142	96.9	130	97.4	272
8 Years	98.5	132	97.6	124	98.0	256
9 Years	97.4	152	98.4	189	97.9	341
10 Years	100.0	141	98.0	153	99.0	294
11 Years	92.2	129	96.2	131	94.2	260
12 Years	76.6	94	63.1	111	69.3	205
13 Years	50.0	56	54.5	55	52.3	111
14 Years	52.6	38	46.9	32	50.0	70
Total	89.6	1165	89.1	1170	89.3	2335

Source: World Summit for Children Goal ⇒ Number 6.

Note: Children of Primary School Age including all Children 5-10, and those aged 11-14 who have not been attending Secondary School.

Table 10. Percentage of the Population Using Improved Drinking Water Sources, Trinidad and Tobago, 2000

Area	Main Source of Water								
	Public Piped Into Dwelling	Public Piped Into Yard	Private Piped into Dwelling	Public Stand Pipe	Tube Well/Bore Hold	Pro- tected Well	Pro- tected Spring	Rain Water Collection	Bottled Water
County/Ward									
Port of Spain (City)	69.8	8.6	0.9	16.9	0.0	0.0	0.0	0.0	0.0
San Fernando (City)	85.6	0.0	6.8	4.1	0.0	0.0	0.0	0.8	0.6
Arima (Borough)	93.3	1.3	0.0	0.0	0.0	0.0	0.0	0.0	1.0
Chaguanas (Borough)	78.8	3.4	1.6	2.3	0.0	3.6	1.0	0.0	0.0
Point Fortin (Borough)	41.9	17.4	7.1	17.0	0.0	0.0	0.0	5.0	1.7
Diego Martin (Ward)	46.3	3.0	10.9	18.4	0.0	0.0	1.2	4.6	1.1
St. Anns (Ward)	57.2	7.9	4.4	18.1	0.0	0.0	0.1	2.1	0.5
Tacarigua (Ward))	82.7	5.8	0.5	5.9	1.4	0.0	0.1	0.5	0.0
Rest of St. George (County)	74.9	8.0	0.2	4.1	0.0	0.0	0.0	0.8	0.0
Caroni (County)	69.3	6.6	0.2	6.8	0.0	0.0	0.2	7.0	0.0
Nariva/Mayaro (County)	52.9	0.0	0.0	0.0	0.0	0.0	1.7	39.5	1.0
St. Andrew/St. David (County)	55.2	5.5	3.5	16.7	0.0	0.0	0.7	4.4	0.0
Victoria (County)	56.6	7.8	0.5	9.7	0.0	0.0	0.0	15.4	0.0
St, Patrick (County)	46.5	7.1	9.7	7.8	0.0	0.0	0.0	20.1	0.1
Tobago	54.7	2.9	28.4	4.5	0.0	0.0	0.0	0.0	0.0
Trinidad and Tobago	62.8	6.0	4.4	9.9	0.1	0.2	0.3	7.3	0.3

Source: World Summit for Children Goal ⇒ Number 4.

Table 10. Percentage of the Population Using Improved Drinking Water Sources, Trinidad and Tobago, 2000- Cont'd

Area	Main Source of Water						Total with Safe Drinking Water (UNICEF)	Number of Persons
	Private Catchment	Spring/River	Truck-borne	Other	Total	Missing/DK		
County/Ward								
Port of Spain (City)	3.1	0.0	0.0	0.6	100.0	0.0	99.4	650
San Fernando (City)	0.0	0.0	0.0	1.5	100.0	0.0	97.3	659
Arima (Borough)	0.0	0.0	0.0	1.0	100.0	3.5	94.6	315
Chaguanas (Borough)	2.6	0.0	0.5	5.9	100.0	0.0	93.3	732
Point Fortin (Borough)	8.7	0.0	0.0	1.2	100.0	0.0	97.1	241
Diego Martin (Ward)	6.6	3.6	3.7	0.3	100.0	0.4	90.9	1296
St. Anns (Ward)	4.5	2.7	1.0	0.5	100.0	0.5	94.3	1936
Tacarigua (Ward))	0.6	1.0	0.0	0.5	100.0	0.1	97.4	1524
Rest of St. George (County)	2.0	0.0	0.8	5.7	100.0	1.5	90.0	609
Caroni (County)	0.9	0.0	0.8	8.1	100.0	0.0	91.1	1673
Nariva/Mayaro (County)	0.0	1.0	4.1	0.0	100.0	0.0	94.0	418
St. Andrew/St. David (County)	8.7	2.0	1.7	1.3	100.0	0.0	94.6	689
Victoria (County)	0.6	0.0	4.8	3.5	100.0	0.0	90.7	2183
St, Patrick (County)	3.4	0.5	2.4	0.9	100.0	1.0	94.6	1560
Tobago	1.6	0.0	2.5	5.3	100.0	0.0	92.2	550
Trinidad and Tobago	2.7	0.9	1.8	2.5	100.0	0.3	93.6	15035

Source: World Summit for Children Goal ⇒ Number 4.

Table 11. Percentage of the Population Using Sanitary Means of Excreta Disposal , Trinidad and Tobago, 2000

Area	Type of Toilet Facility						Total with Sanitary Means of Excreta Disposal	Total	Number of Persons
	Traditional Pit	WC Linked to Sewer	WC not Linked to Sewer	None	Other	Missing			
County/Ward									
Port of Spain (City)	23.8	72.5	3.5	0.2	0.0	0.0	99.8	100.0	650
San Fernando (City)	7.3	65.6	27.2	0.0	0.0	0.0	100.0	100.0	659
Arima Borough	5.4	68.9	24.8	0.0	0.0	1.0	99.0	100.0	315
Chaguanas Borough	20.2	26.0	53.4	0.0	0.4	0.0	99.6	100.0	732
Point Fortin Borough	49.0	0.0	51.0	0.0	0.0	0.0	100.0	100.0	241
Diego Martin (Ward)	28.7	39.7	31.1	0.0	0.1	0.4	99.5	100.0	1296
St. Anna (Ward)	25.8	21.6	51.6	0.4	0.0	0.6	99.0	100.0	1936
Tacarigua (Ward)	19.9	47.5	32.1	0.1	0.1	0.4	99.5	100.0	1524
Rest of St. George (County)	25.0	32.7	40.6	0.0	0.0	1.8	98.2	100.0	609
Caroni (County)	30.3	7.1	62.6	0.0	0.0	0.0	100.0	100.0	1673
Nariva/Mayaro (County)	42.8	55.7	1.4	0.0	0.0	0.0	100.0	100.0	418
St. Andrew/St. David (County)	46.0	0.6	53.4	0.0	0.0	0.0	100.0	100.0	689
Victoria (County)	36.5	14.9	47.7	0.0	0.0	0.9	99.1	100.0	2183
St. Patrick (County)	32.8	36.9	29.4	0.1	0.0	0.8	99.1	100.0	1560
Tobago	26.2	48.5	25.3	0.0	0.0	0.0	100.0	100.0	550
TRINIDAD AND TOBAGO	28.4	31.2	39.9	0.1	0.0	0.5	99.4	100.0	15035

Source: World Summit for Children Goal ⇒ Number 5.

Table 12. Percent of Under-Five Children who are Severely or Moderately Undernourished, Trinidad and Tobago, 2000

Background Characteristics	Weight for Age		Height for Age		Weight for Height		Number of Children	Missing Height/Weight	
	Percent Below -2 SD	Percent Below -3 SD	Percent Below -2 SD	Percent Below -3 SD	Percent Below -2 SD	Percent Below -3 SD		Missing Height/Weight	Number of Children
Gender									
Male	6.8	1.0	4.5	2.5	4.8	0.5	399	18.6	510
Female	5.0	0.0	2.6	1.0	3.9	0.8	382	21.3	493
County/Ward									
Port of Spain (City)	0.0	0.0	11.8	11.8	0.0	0.0	17	61.4	44
San Fernando (City)	2.6	0.0	2.6	0.0	2.6	0.0	39	2.5	40
Arima (Borough)	0.0	0.0	0.0	0.0	0.0	0.0	16	15.8	19
Chaguanas (Borough)	4.8	0.0	2.4	0.0	4.8	2.4	42	17.3	52
Point Fortin (Borough)	7.1	0.0	0.0	0.0	0.0	0.0	14	12.5	16
Diego Martin (Ward)	0.0	0.0	4.9	3.3	1.6	1.6	61	28.2	85
St. Anns (Ward)	8.2	1.0	4.1	2.0	4.1	1.0	98	32.7	147
Tacarigua (Ward)	3.6	0.0	3.6	2.4	2.4	0.0	84	5.6	90
Rest of St. George (County)	10.0	0.0	5.0	2.5	2.5	0.0	40	2.3	43
Caroni (County)	7.9	1.3	5.3	2.6	6.6	0.0	76	21.9	105
Nariva/Mayaro (County)	8.0	4.0	0.0	0.0	4.0	4.0	25	16.1	31
St. Andrew/St. David (Coun.)	12.3	1.8	7.0	3.5	7.0	1.8	57	1.7	58
Victoria (County)	9.7	0.0	1.1	0.0	8.6	0.0	93	22.1	122
St. Patrick (County)	3.1	0.0	2.1	0.0	4.1	0.0	97	11.8	119
Tobago	0.0	0.0	4.5	4.5	4.5	0.0	22	31.3	32
Age (from CMC calculations)									
<6 months	0.0	0.0	0.0	0.0	1.4	0.0	70	15.9	88
0-11 Months	4.4	0.0	1.1	0.0	3.3	2.2	91	21.2	118
12-23 Months	7.2	1.3	5.3	2.6	4.6	1.3	152	17.5	189
24-35 Months	5.9	0.0	3.7	1.5	3.7	0.0	135	21.1	175
36-37 Months	6.5	0.0	4.7	2.4	3.0	0.6	169	17.6	210
48-59 Months	7.3	1.2	3.7	2.4	7.9	0.0	164	24.2	223
Education									
None	0.0	0.0	0.0	0.0	0.0	0.0	4	14.3	7
Primary	9.4	1.1	6.6	3.9	3.3	0.6	181	20.3	236
Secondary	5.3	0.4	2.8	1.1	5.2	0.7	543	20.7	700
Non-standard curriculum	0.0	0.0	0.0	0.0	0.0	0.0	34	12.5	40
Missing/DK	0.0	0.0	5.3	5.3	0.0	0.0	19	5.0	20
Total	5.9	0.5	3.6	1.8	4.4	0.6	781	19.9	1003

Source: World Summit for Children Goal ⇒ Number 3, 9, 26.

Table 13. Percent of Living Children by Breastfeeding Status , Trinidad and Tobago, 2000

Background Characteristics	Exclusive Breastfeeding		Complementary Feeding		Continued Breastfeeding Rate		Continued Breastfeeding Rate	
	Children 0-3 Months	Number of Children	Children 6-9 Months	Number of Children	Children 12-15 Months	Number of Children	Children 20-23 Months	Number of Children
Gender								
Male	4.0	25	19.5	41	30.8	39	8.0	25
Female	0.0	31	18.9	37	18.2	22	11.4	35
Mother's Education								
None	0.0	1	0.0	0	0.0	0	0.0	1
Primary	0.0	9	25.0	12	34.8	23	30.0	10
Secondary	0.0	44	18.5	65	17.6	34	6.5	46
Non-standard curriculum	0.0	1	0.0	1	50.0	2	0.0	3
Missing/DK	100.0	1	0.0	0	50.0	2	0.0	0
Total	1.8	56	19.2	78	26.2	61	10.0	60

Source: World Summit for Children Goal ⇒ Number 16.

**Table 14. Percentage of Households Consuming Adequately Iodized Salt,
Trinidad and Tobago, 2000**

Background Characteristics	Percent of Households With no Salt	Percent of Households in Which Salt was Tested	Percent in Households with Salt Testing		Number of Households Interviewed
			<15 PPM	15+ PPM	
County/Ward:					
Port of Spain (City)	11.1	63.0	99.3	0.7	216
San Fernando (City)	4.4	81.5	97.6	2.4	205
Arima (Borough)	1.9	76.9	97.6	2.4	108
Chaguanas (Borough)	2.0	74.3	100.0	0.0	202
Point Fortin (Borough)	14.9	71.3	100.0	0.0	87
Diego Martin (Ward)	3.2	59.7	94.7	5.3	407
St. Anns (Ward)	4.0	72.9	99.8	0.2	631
Tacarigua (Ward)	4.0	78.9	99.7	0.3	478
Rest of St. George (County)	0.5	75.8	99.4	0.6	207
Caroni (County)	2.0	81.4	100.0	0.0	440
Nariva/Mayaro (County)	0.0	83.9	100.0	0.0	118
St. Andrew/St. David (County)	0.5	86.0	97.3	2.7	214
Victoria (County)	2.1	80.7	99.8	0.2	612
St. Patrick (County)	2.4	85.3	97.0	3.0	423
Tobago	2.7	47.1	98.9	1.1	187
TRINIDAD AND TOBAGO	3.3	75.4	98.8	1.2	4535
TRINIDAD ONLY	3.3	76.6	96.2	3.8	4348

Source: World Summit for Children Goal ⇒ Number 14.

Table 15. Percentage of Live Births in the Last 12 Months that Weighed Below 2500 Grams at Birth, Trinidad and Tobago, 2000

Background Characteristics	Percent of Live Births		Number of Live Births
	Below 2500 Grams	Weighed at Birth	
County/Ward			
Port of Spain (City)	13.2	85.7	7
San Fernando (City)	23.7	81.8	11
Arima (Borough)	14.6	100.0	2
Chaguanas (Borough)	26.1	100.0	11
Point Fortin (Borough)	11.7	80.0	5
Diego Martin (Ward)	22.6	81.0	21
St. Anns (Ward)	26.2	79.3	29
Tacarigua (Ward)	21.0	100.0	16
Rest of St. George (County)	26.6	100.0	14
Caroni (County)	22.2	100.0	25
Nariva/Mayaro (County)	34.7	66.7	9
St. Andrew/St. David (County)	15.6	92.3	13
Victoria (County)	23.2	92.6	27
St. Patrick (County)	14.4	64.3	28
Tobago	22.7	80.0	5
Education			
Primary	25.7	81.4	43
Secondary	20.3	87.1	171
Non-standard curriculum	48.2	83.3	6
Missing/DK	8.1	100.0	3
Total	21.9	86.1	223

Source: World Summit for Children Goal ⇒ Number 12.

Table 16. Percentage of Children Age 12-23 Months Immunized Against Childhood Diseases at Any Time Before the Survey and Before the First Birthday, Trinidad and Tobago, 2000

	Percentage of Children who Received:											No. of Children
	BCG	DPT1	DPT2	DPT3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	
Vaccinated at any time before the Survey According to:												
Vaccination Card	...	63.0	60.8	58.7	72.5	67.7	68.3	15.3	54.0	11.6	0.0	142
Mother's Report	...	0.0	0.0	0.0	5.8	18.5	16.9	8.5	0.0	3.2	12.7	N.A.
Either	...	63.0	60.8	58.7	78.3	86.2	85.2	23.8	54.0	14.8	12.7	N.A.
Vaccinated by 12 Months of Age	...	60.3	59.1	55.8	97.2	84.4	79.8	18.8	35.0	7.4	13.9	189

Source: World Summit for Children Goal ⇒ Number 22.

Note: N.A.: Not Available

Table 17. Percentage of Children Age 12-23 Months Currently Vaccinated Against Childhood Diseases, Trinidad and Tobago, 2002

Background Characteristics	DPT 1	DPT 2	DPT 3	Polio 0	Polio 1	Polio 2	Polio 3	Measles	All	None	% with Health Card	Number of Children
Gender												
Male	63.2	62.1	62.1	74.7	86.3	84.2	22.1	50.5	11.6	13.7	72.6	95
Female	62.8	59.6	55.3	81.9	86.2	86.2	25.5	57.4	18.1	11.7	77.7	94
County/Ward												
Port of Spain (City)	60.0	60.0	50.0	100.0	100.0	100.0	20.0	90.0	10.0	0.0	90.0	10
San Fernando (City)	71.4	71.4	71.4	85.7	100.0	85.7	71.4	71.4	57.1	0.0	85.7	7
Arima (Borough)	57.1	71.4	57.1	85.7	71.4	71.4	42.9	57.1	28.6	28.6	71.4	7
Chaguanas (Borough)	53.3	53.3	53.3	73.3	86.7	86.7	13.3	46.7	13.3	13.3	73.3	15
Diego Martin (Ward)	46.2	46.2	38.5	46.2	84.6	84.6	30.8	38.5	0.0	15.4	46.2	13
St. Anns (Ward)	64.7	61.8	61.8	67.6	76.5	79.4	17.6	55.9	14.7	20.6	67.6	34
Tacarigua (Ward)	71.4	61.9	61.9	71.4	81.0	81.0	19.0	38.1	14.3	19.0	71.4	21
Rest of St. George (County)	71.4	71.4	71.4	71.4	85.7	85.7	28.6	57.1	14.3	14.3	71.4	7
Caroni (County)	66.7	66.7	66.7	93.3	100.0	93.3	13.3	46.7	6.7	0.0	93.3	15
Nariva/Mayaro (County)	100.0	100.0	100.0	100.0	100.0	100.0	25.0	75.0	25.0	0.0	100.0	4
St. Andrew/St. David (County)	27.3	9.1	0.0	81.8	81.8	81.8	0.0	54.5	0.0	18.2	81.8	11
Victoria (County)	50.0	50.0	50.0	81.3	87.5	87.5	31.3	56.3	12.5	12.5	68.8	16
St. Patrick (County)	83.3	83.3	83.3	91.7	91.7	91.7	33.3	54.2	20.8	8.3	87.5	24
Tobago	60.0	60.0	60.0	80.0	80.0	60.0	20.0	60.0	20.0	0.0	60.0	5
Mother's Education												
None	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	1
Primary	73.8	73.8	73.8	92.9	95.2	95.2	11.9	57.1	7.1	4.8	90.5	42
Secondary	59.4	56.4	54.1	74.4	84.2	82.7	27.8	54.1	18.0	14.3	71.4	133
Non-standard Curriculum	70.0	70.0	60.0	80.0	80.0	80.0	20.0	50.0	10.0	20.0	70.0	10
Missing/DK	66.7	66.7	66.7	66.7	100.0	100.0	33.3	33.3	0.0	0.0	66.7	3
Total	63.0	60.8	58.7	78.3	86.1	85.2	23.8	54.0	14.8	12.7	75.1	189

Table 18. Percentage of Under-Five Children with Diarrhea in the Last Two Weeks and Treatment with ORS or ORT, Trinidad and Tobago, 2000

Background Characteristics	Had Diarrhea In Last Two Weeks	Number of Children Under 5	Breast Milk	Gruel	Local Acceptable	ORS Packet	Other Milk Or Infant Formula
Gender							
Male	2.7	510	21.4	35.7	28.6	35.7	50.0
Female	3.7	493	11.1	22.2	0.0	27.8	33.3
County/Ward							
Port of Spain (City)	4.5	44	0.0	50.0	0.0	50.0	50.0
San Fernando (City)	2.5	40	100.0	100.0	0.0	100.0	100.0
Arima (Borough)	5.3	19	0.0	0.0	0.0	0.0	0.0
Chaguanas (Borough)	1.9	52	0.0	0.0	0.0	0.0	0.0
Point Fortin (Borough)	0.0	16	0.0	0.0	0.0	0.0	0.0
Diego Martin (Ward)	3.5	85	0.0	0.0	0.0	33.3	0.0
St. Anns (Ward)	4.8	147	28.6	28.6	14.3	28.6	42.9
Tacarigua (Ward)	1.1	90	0.0	0.0	100.0	0.0	0.0
Rest of St. George (County)	2.3	43	100.0	0.0	0.0	0.0	100.0
Caroni (County)	4.8	105	0.0	40.0	20.0	80.0	20.0
Nariva/Mayaro (County)	0.0	31	0.0	0.0	0.0	0.0	0.0
St. Andrew/St. David (County)	0.0	58	0.0	0.0	0.0	0.0	0.0
Victoria (County)	6.6	122	12.5	12.5	12.5	0.0	50.0
St. Patrick (County)	0.8	119	0.0	100.0	0.0	0.0	100.0
Tobago	3.1	32	0.0	100.0	0.0	100.0	100.0
Age							
<6 months	3.4	88	33.3	33.3	0.0	33.3	33.3
6-11 Months	5.1	118	50.0	50.0	16.7	16.7	16.7
12-23 Months	4.8	189	11.1	44.4	11.1	33.3	55.6
24-35 Months	2.3	175	0.0	0.0	0.0	50.0	50.0
36-37 Months	3.3	210	0.0	14.3	14.3	42.9	42.9
48-59 Months	1.3	223	0.0	0.0	33.3	0.0	33.3
Mother's Education							
None	0.0	7	0.0	0.0	0.0	0.0	0.0
Primary	3.0	236	0.0	14.3	28.6	42.9	42.9
Secondary	3.6	700	20.0	32.0	8.0	28.0	40.0
Non-standard curriculum	0.0	40	0.0	0.0	0.0	0.0	0.0
Missing/DK	0.0	20	0.0	0.0	0.0	0.0	0.0
Total	3.2	1003	15.6	28.1	12.5	31.3	40.6

Source: World Summit for Children Goal ⇒ Number 23.

Table 18. Percentage of Under-Five Children with Diarrhea in the Last Two Weeks and Treatment with ORS or ORT, Trinidad and Tobago, 2000 – Continued

Background Characteristics	Water with Feeding	Any Recommended Treatment	No Treatment	Number of Children With Diarrhea
Gender				
Male	14.3	100.0	0.0	14
Female	16.7	72.2	27.8	18
County/Ward				
Port of Spain (City)	0.0	100.0	0.0	2
San Fernando (City)	100.0	100.0	0.0	1
Arima (Borough)	0.0	0.0	100.0	1
Chaguanas (Borough)	0.0	0.0	100.0	1
Point Fortin (Borough)	0.0	0.0	0.0	0
Diego Martin (Ward)	0.0	33.3	66.7	3
St. Anns (Ward)	0.0	100.0	0.0	7
Tacarigua (Ward)	0.0	100.0	0.0	1
Rest of St. George (County)	0.0	100.0	0.0	1
Caroni (County)	20.0	100.0	0.0	5
Nariva/Mayaro (County)	0.0	0.0	0.0	0
St. Andrew/St. David (County)	0.0	0.0	0.0	0
Victoria (County)	25.0	87.5	12.5	8
St. Patrick (County)	100.0	100.0	0.0	1
Tobago	0.0	100.0	0.0	1
Age				
<6 months	0.0	66.7	33.3	3
6-11 Months	50.0	83.3	16.7	6
12-23 Months	11.1	88.9	11.1	9
24-35 Months	0.0	100.0	0.0	4
36-37 Months	14.3	85.7	14.3	7
48-59 Months	0.0	66.7	33.3	3
Mother's Education				
None	0.0	0.0	0.0	0
Primary	0.0	100.0	0.0	7
Secondary	20.0	80.0	20.0	25
Non-standard curriculum	0.0	0.0	0.0	0
Missing/DK	0.0	0.0	0.0	0
Total	15.6	84.4	15.6	32

Source: World Summit for Children Goal ⇒ Number 23.

Table 19. Percentage of Under-Five Children with Diarrhoea in the Last Two Weeks Who Took Increased Fluids and Continued to Feed During the Episode , Trinidad and Tobago, 2000

Background Characteristics	Percent with Diarrhoea in last two Weeks	No. of Children	Children with Illness who drank:			TOTAL	Children with Illness who ate:			TOTAL	Received Increased Fluids and Continued eating	No. with Diarrhoea in last two weeks
			More	The Same or Less	Missing/ DK		Somewhat at less, Same or More	Much Less or More	Missing/ DK			
Gender												
Male	2.7	510	7.1	78.6	14.3	100.0	78.6	14.3	7.1	100.0	7.1	14
Female	3.7	493	11.1	61.1	27.8	100.0	55.6	27.8	16.7	100.0	5.6	18
County/Ward												
Port of Spain (City)	4.5	44	50.0	0.0	50.0	100.0	100.0	0.0	0.0	100.0	50.0	2
San Fernando (City)	2.5	40	0.0	100.0	0.0	100.0	100.0	0.0	0.0	100.0	0.0	1
Arima (Borough)	5.3	19	0.0	0.0	100.0	100.0	100.0	0.0	0.0	100.0	0.0	1
Chaguanas (Borough)	1.9	52	0.0	0.0	100.0	100.0	0.0	100.0	0.0	100.0	0.0	1
Point Fortin (Borough)	0.0	16	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Diego Martin (Ward)	3.5	85	33.3	33.3	33.3	100.0	66.7	0.0	33.3	100.0	33.3	3
St. Anns (Ward)	4.8	147	0.0	71.4	28.6	100.0	85.7	14.3	0.0	100.0	0.0	7
Tacarigua (Ward)	1.1	90	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	1
Rest of St. George (County)	2.3	43	0.0	100.0	0.0	100.0	100.0	0.0	0.0	100.0	0.0	1
Caroni (County)	4.8	105	0.0	100.0	0.0	100.0	60.0	20.0	20.0	100.0	0.0	5
Nariva/Mayaro (County)	0.0	31	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
St. Andrew/St. David (Coun.)	0.0	58	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Victoria (County)	6.6	122	12.5	75.0	12.5	100.0	50.0	25.0	25.0	100.0	0.0	8
St. Patrick (County)	0.8	119	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	1
Tobago	3.1	32	0.0	100.0	0.0	100.0	100.0	0.0	0.0	100.0	0.0	1
Age												
<6 months	3.4	88	0.0	66.7	33.3	100.0	66.7	0.0	33.3	100.0	0.0	3
0-11 Months	5.1	118	0.0	83.3	16.7	100.0	83.3	0.0	16.7	100.0	0.0	6
12-23 Months	4.8	189	0.0	66.7	33.3	100.0	66.7	33.3	0.0	100.0	0.0	9
24-35 Months	2.3	175	25.0	75.0	0.0	100.0	25.0	50.0	25.0	100.0	0.0	4
36-37 Months	3.3	210	28.6	57.1	14.3	100.0	85.7	0.0	14.3	100.0	28.6	7
48-59 Months	1.3	223	0.0	66.7	33.3	100.0	33.3	66.7	0.0	100.0	0.0	3
Mother's Education												
None	0.0	7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	3.0	236	28.6	42.9	28.6	100.0	42.9	28.6	28.6	100.0	14.3	7
Secondary	3.6	700	4.0	76.0	20.0	100.0	72.0	20.8	8.0	100.0	4.0	25
Non-standard curriculum	0.0	40	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Missing/DK	0.0	20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Total	3.2	1003	9.4	68.8	21.9	100.0	65.6	21.9	12.5	100.0	6.3	32

Source: World Summit for Children Goal ⇒ Number 23.

Table 20. Percentage of Under-Five Children with Acute Respiratory Infection in the Last Two Weeks and Treatment by Health Provides by Gender, Area, Age and Mother's Education, 2000

Background Characteristics	Had Acute Respiratory Infection	Number of Children	Children with ARI who were taken to:					Children With Acute Respiratory Infection
			Hospital	Health Centre	Private Physician	Other	Any Appropriate Provider	
Gender								
Male	2.5	510	23.1	23.1	15.4	0.0	61.5	13
Female	2.8	493	28.6	21.4	35.7	7.1	85.7	15
County/Ward								
Port of Spain (City)	2.3	44	100.0	0.0	0.0	0.0	100.0	1
San Fernando (City)	0.0	40	0.0	0.0	0.0	0.0	0.0	0
Arima (Borough)	0.0	19	0.0	0.0	0.0	0.0	0.0	0
Chaguanas (Borough)	3.8	52	0.0	100.0	0.0	0.0	100.0	2
Point Fortin (Borough)	6.3	16	0.0	0.0	100.0	0.0	100.0	1
Diego Martin (Ward)	0.0	85	0.0	0.0	0.0	0.0	0.0	0
St. Anns (Ward)	2.7	147	0.0	25.0	25.0	25.0	50.0	4
Tacarigua (Ward)	0.0	90	0.0	0.0	0.0	0.0	0.0	0
Rest of St. George (County)	4.7	43	50.0	50.0	0.0	0.0	100.0	2
Caroni (County)	1.9	105	0.0	50.0	0.0	0.0	50.0	2
Nariva/Mayaro (County)	6.5	31	0.0	50.0	0.0	0.0	50.0	2
St. Andrew/St. David (County)	0.0	58	0.0	0.0	0.0	0.0	0.0	0
Victoria (County)	8.2	122	30.0	0.0	40.0	0.0	70.0	10
St/ Patrick (County)	1.7	119	100.0	0.0	0.0	0.0	100.0	2
Tobago	3.1	32	0.0	0.0	100.0	0.0	100.0	1
Age								
<6 months	1.1	88	0.0	0.0	0.0	0.0	0.0	1
6-11 Months	2.5	118	33.3	33.3	0.0	33.3	66.7	3
12-23 Months	1.1	189	50.0	0.0	50.0	0.0	100.0	2
24-35 Months	2.9	175	0.0	40.0	20.0	0.0	60.0	5
36-47 Months	3.3	210	28.6	14.3	14.3	0.0	57.1	7
48-59 Months	4.0	223	33.3	22.2	44.4	0.0	100.0	9
Mother's Education								
None	0.0	7	0.0	0.0	0.0	0.0	0.0	0
Primary	3.8	236	22.2	11.1	33.3	0.0	66.7	9
Secondary +	2.6	700	27.8	27.8	22.2	5.6	77.8	18
Other	0.0	40	0.0	0.0	0.0	0.0	0.0	0
Not Stated	0.0	20	0.0	0.0	0.0	0.0	0.0	0
Total	2.7	1003	25.0	22.2	25.9	3.7	74.1	27

Source: World Summit for Children Goal ⇒ Number 6.

Table 21. Percentage of Children 0-59 Months of Age Reported ill During the Last Two weeks Who Received Increased Fluids and Continued Feeding by Gender, Area, Age and Mothers' Education, 2000

Background Characteristics	Reported Illness in Last Two Weeks	No. of Children	Children with Illness who drank:			TOTAL	Children with Illness who ate:			TOTAL	Took Increased Fluids and Continued Eating	Number of Sick Children
			Drank More	Drank the Same or Less	Missing/ DK		Ate somewhat at less, Same or More	Ate Much Less or None	Missing/ DK			
Gender												
Male	18.4	501	10.6	85.1	4.3	100.0	72.3	22.3	5.3	100.0	7.4	94
Female	19.5	493	14.6	79.2	6.3	100.0	64.6	26.0	9.4	100.0	6.6	96
County/Ward												
Port of Spain (City)	15.9	44	14.3	71.4	14.3	100.0	57.1	42.9	0.0	100.0	14.3	7
San Fernando (City)	22.5	40	11.1	66.7	22.2	100.0	66.7	11.1	22.2	100.0	11.1	9
Arima (Borough)	15.8	19	33.3	33.3	33.3	100.0	66.7	0.0	33.3	100.0	0.0	3
Chaguanas (Borough)	19.2	52	10.0	80.0	10.0	100.0	60.0	40.0	0.0	100.0	10.0	10
Point Fortin (Borough)	6.3	16	0.0	100.0	0.0	100.0	0.0	100.0	0.0	100.0	0.0	1
Diego Martin (Ward)	21.2	85	38.9	55.6	5.6	100.0	55.6	22.2	22.2	100.0	16.7	18
St. Anns (Ward)	21.8	147	9.4	84.4	6.3	100.0	81.3	15.6	3.1	100.0	3.1	32
Tacarigua (Ward)	10.0	90	0.0	100.0	0.0	100.0	66.7	33.3	0.0	100.0	0.0	9
Rest of St. George (County)	18.6	43	0.0	100.0	0.0	100.0	62.5	37.5	0.0	100.0	0.0	8
Caroni (County)	16.2	105	11.8	88.2	0.0	100.0	70.6	23.5	5.9	100.0	5.9	17
Nariva/Mayaro (County)	22.6	31	0.0	100.0	0.0	100.0	85.7	0.0	14.3	100.0	0.0	7
St. Andrew/St. David (Coun.)	17.2	58	0.0	90.0	10.0	100.0	70.0	30.0	0.0	100.0	0.0	10
Victoria (County)	32.8	122	10.0	87.5	2.5	100.0	62.5	32.5	5.0	100.0	2.5	40
St. Patrick (County)	11.8	119	21.4	78.6	0.0	100.0	71.4	14.3	14.3	100.0	21.4	14
Tobago	15.6	32	20.0	80.0	0.0	100.0	100.0	0.0	0.0	100.0	20.0	5
Age												
<6 months	13.6	88	0.0	91.7	8.3	100.0	50.0	25.0	25.0	100.0	0.0	12
6-11 Months	19.5	118	8.7	87.0	4.3	100.0	69.6	17.4	13.0	100.0	4.3	23
12-23 Months	21.2	189	10.0	80.0	10.0	100.0	65.0	30.0	5.0	100.0	5.0	40
24-35 Months	21.2	175	16.2	83.8	0.0	100.0	75.7	18.9	5.4	100.0	5.4	37
36-37 Months	20.0	210	21.4	71.4	7.1	100.0	78.6	11.9	9.5	100.0	14.3	42
48-59 Months	16.1	223	8.3	88.9	2.8	100.0	58.3	41.7	0.0	100.0	5.6	36
Mother's Education												
None	0.0	7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Primary	17.8	236	11.9	83.3	4.8	100.0	66.7	21.4	11.9	100.0	4.8	42
Secondary	19.9	700	13.7	81.3	5.0	100.0	69.8	23.7	6.5	100.0	7.9	139
Non-standard curriculum	12.5	40	0.0	80.0	20.0	100.0	60.0	40.0	0.0	100.0	0.0	5
Missing/DK	20.0	20	0.0	100.0	0.0	100.0	50.0	50.0	0.0	100.0	0.0	4
Total	18.9	1003	12.6	82.1	5.3	100.0	68.4	24.2	7.4	100.0	6.8	190

Source: Monitoring IMCI Indicator.

Table 22. Percentage of Caretakers of Children 0-59 Months Who Know at Least 2 Signs for Seeking Care Immediately, Trinidad and Tobago, 2000

Background Characteristics	Knows Child Should be Taken to Health care Facility if Child:							Knows at Least To Signs	Number of Caretakers
	Not Able To Drink/Breastfeed	Becomes Sicker	Develops Fever	Has Fast Breathing	Has Difficult Breathing	Has Blood In Stool	Is Drinking Poorly		
County/Ward									
Port of Spain (City)	18.2	38.6	70.5	40.9	40.9	38.6	25.0	50.0	44
San Fernando (City)	20.0	45.0	60.0	22.5	55.0	45.0	45.0	72.5	40
Arima (Borough)	31.6	63.2	63.2	57.9	63.2	57.9	21.1	84.2	19
Chaguanas (Borough)	78.8	94.2	86.5	98.1	98.1	90.4	13.5	100.0	52
Point Fortin (Borough)	12.5	68.8	93.8	68.8	100.0	75.0	37.5	100.0	16
Diego Martin (Ward)	27.1	61.2	57.6	54.1	69.4	67.1	35.3	88.2	85
St. Anns (Ward)	15.6	44.2	65.3	32.7	42.2	32.0	28.6	63.3	147
Tacarigua (Ward)	53.3	72.2	75.6	74.4	86.7	84.4	14.4	90.0	90
Rest of St. George (County)	30.2	41.9	81.4	44.2	55.8	39.5	34.9	65.1	43
Caroni (County)	18.1	61.9	85.7	59.0	64.8	49.5	7.6	74.3	105
Nariva/Mayaro (County)	0.0	9.7	71.0	3.2	29.0	6.5	16.1	25.8	31
St. Andrew/St. David (County)	19.0	39.7	75.9	62.1	87.9	69.0	10.3	96.6	58
Victoria (County)	4.1	35.2	63.9	23.8	27.9	16.4	37.7	68.0	122
St/ Patrick (County)	22.7	53.8	73.9	52.9	67.2	63.9	41.2	81.5	119
Tobago	53.1	59.4	78.1	56.3	75.0	81.3	53.1	81.3	32
Mother's Education									
None	0.0	57.1	71.4	42.9	42.9	71.4	71.4	71.4	7
Primary	20.8	50.0	73.3	48.7	54.2	49.2	25.8	70.8	236
Secondary	26.4	52.6	71.3	49.3	62.7	51.7	28.6	77.1	700
Non-standard curriculum	27.5	55.0	75.0	42.5	62.5	57.5	20.0	75.0	40
Missing/DK	30.0	60.0	75.0	45.0	65.0	60.0	15.0	90.0	20
Total	25.5	52.2	72.0	48.8	60.6	51.6	27.6	75.8	1003

Table 23. Percentage of Women Aged 15-49 Who Know the Main Ways of Preventing HIV Transmission , Trinidad and Tobago, 2002

Background Characteristics	Know of HIV and AIDS	Percent who Know Transmission can be Prevented by:			Knows all Three Ways	Knows at Least One Way	Doesn't Know Any Way	Number of Women
		Having only One Faithful Uninfected Partner	Using a Condom Everytime	Abstinence				
County/Ward								
Port of Spain (City)	94.2	75.7	44.5	63.6	32.9	82.1	17.9	173
San Fernando (City)	99.4	80.5	53.8	65.7	39.1	89.9	10.1	169
Arima (Borough)	97.7	76.7	47.7	62.8	30.2	83.7	16.3	86
Chaguanas (Borough)	96.0	91.5	53.8	91.0	48.9	95.5	4.5	223
Point Fortin (Borough)	98.4	79.4	57.1	69.8	39.7	88.9	11.1	63
Diego Martin (Ward)	95.9	72.1	53.0	68.2	36.7	85.6	14.4	362
St. Anns (Ward)	97.0	81.1	52.4	62.4	33.7	90.8	9.2	502
Tacarigua (Ward)	97.9	89.2	61.2	56.2	37.4	92.7	7.3	436
Rest of St. George (County)	98.1	76.6	51.9	67.1	29.1	92.4	7.6	158
Caroni (County)	97.1	91.3	61.6	73.9	46.2	94.0	6.0	448
Nariva/Mayaro (County)	95.0	75.0	46.7	48.3	28.3	84.2	15.8	120
St. Andrew/St. David (County)	100.0	95.7	66.3	76.6	52.7	97.8	2.2	184
Victoria (County)	96.5	87.6	62.0	67.4	42.9	92.5	7.5	574
St/ Patrick (County)	98.1	76.7	50.7	55.2	31.1	88.0	12.0	424
Tobago	89.7	64.7	34.6	48.1	19.9	77.6	22.4	156
Age								
15-19 Years	95.9	80.6	51.7	61.8	35.8	88.4	11.6	804
20-24 Years	97.8	82.1	55.0	64.6	33.9	91.4	8.6	593
25-29 Years	97.3	82.9	53.8	65.9	36.6	90.4	9.6	519
30-34 Years	97.3	85.2	59.8	67.4	41.3	91.7	8.3	555
35-39 Years	97.2	86.2	57.5	67.3	40.2	92.7	7.3	600
40-44 Years	96.5	81.2	54.7	65.0	38.5	89.1	10.9	548
45-49 Years	96.7	80.4	54.5	66.0	39.4	87.8	12.2	459
Education								
None	31.6	21.1	15.8	21.1	15.8	21.1	78.9	19
Primary	96.5	80.1	57.3	63.1	39.8	87.0	13.0	967
Secondary +	97.8	84.4	55.1	65.9	37.2	92.2	7.8	2855
Other	95.8	81.4	55.1	74.3	41.9	89.8	10.2	167
Not Stated	85.7	61.4	38.6	57.1	28.6	72.9	27.1	70
Total	96.9	82.6	55.1	65.2	37.8	90.2	9.8	4078

Source: Monitoring HIV/AIDS Indicator.

Table 24. Percentage of Women Aged 15-49 Who Correctly Identify Misconceptions about HIV/AIDS by Area, Trinidad and Tobago, 2000

Background Characteristics	Known of HIV/AIDS	Percent who know that AIDS cannot be transmitted by:		A Healthy Looking Persons Can be Infected	Knows all Three Misconception	Knows at Least one Misconception	Doesn't Identify Any Misconception	Number of Women
		Supernatural Means	Mosquito Bites					
County/Ward								
Port of Spain (City)	94.2	88.4	74.0	91.9	73.4	91.9	8.1	173
San Fernando (City)	99.4	88.2	66.3	98.8	63.3	99.4	0.6	169
Arima (Borough)	97.7	83.7	74.4	96.5	68.6	97.7	2.3	86
Chaguanas (Borough)	96.0	90.1	75.8	92.8	72.2	95.1	4.9	223
Point Fortin (Borough)	98.4	90.5	71.4	98.4	68.3	98.4	1.6	63
Diego Martin (Ward)	95.9	86.5	70.4	95.6	67.4	95.6	4.4	362
St. Anns (Ward)	97.0	85.5	68.5	96.2	64.7	96.6	3.4	502
Tacarigua (Ward)	97.9	88.8	75.5	95.6	71.8	96.8	3.2	436
Rest of St. George (County)	98.1	86.1	76.6	98.1	71.5	98.1	1.9	158
Caroni (County)	97.1	87.9	63.8	93.3	58.3	96.0	4.0	448
Nariva/Mayaro (County)	95.0	80.0	62.5	92.5	58.3	94.2	5.8	120
St. Andrew/St. David (County)	100.0	91.8	67.9	93.5	63.6	97.8	2.2	184
Victoria (County)	96.5	86.1	66.4	89.9	58.7	95.3	4.7	574
St/ Patrick (County)	98.1	85.1	65.8	94.6	62.3	96.9	3.1	424
Tobago	89.7	78.8	63.5	88.5	59.6	89.1	10.9	156
Age in 5 Year Age Groups								
15-19 Years	95.6	83.7	68.2	93.2	62.7	95.0	5.0	804
20-24 Years	97.8	88.7	72.8	95.4	69.0	96.8	3.2	593
25-29 Years	97.3	88.6	68.2	95.2	64.5	96.9	3.1	519
30-34 Years	97.3	87.2	71.4	93.9	66.3	96.0	4.0	555
35-39 Years	97.2	88.8	68.2	93.7	64.7	96.3	3.7	600
40-44 Years	96.5	86.7	67.2	93.6	63.0	95.3	4.7	548
45-49 Years	96.7	83.4	66.4	93.7	62.1	95.6	4.4	459
Education								
None	31.6	15.8	10.5	21.1	10.5	21.1	78.9	19
Primary	96.5	82.0	58.8	89.8	52.9	94.3	5.7	967
Secondary	97.8	89.1	72.5	96.2	68.5	97.3	2.7	2855
Non-standard curriculum	95.8	88.6	77.8	94.6	75.4	95.2	4.8	167
Missing/DK	85.7	67.1	60.0	84.3	54.3	84.3	15.7	70
Total	96.9	86.7	69.0	94.0	64.6	96.0	4.0	4078

Source: Monitoring HIV/AIDS Indicator.

Table 25. Percentage of Women Age 15-49 Who Correctly Identify Means of HIV Transmission from Mother to Child, Trinidad and Tobago, 2000

Background Characteristics	Know AIDS Can be Transmitted from Mother to Child	Percent who know AIDS can be Transmitted				Did not Know any Specific Way	Number of Women
		During Pregnancy	At Delivery	Through Breast Milk	Knows all Three Ways		
County/Ward							
Port of Spain (City)	85.5	80.9	67.1	48.0	40.5	14.5	173
San Fernando (City)	92.3	88.8	67.5	54.4	43.2	9.5	169
Arima (Borough)	87.2	79.1	50.0	40.7	22.1	19.8	86
Chaguanas (Borough)	95.1	94.6	77.1	50.7	46.6	4.9	223
Point Fortin (Borough)	87.3	84.1	76.2	36.5	31.7	12.7	63
Diego Martin (Ward)	84.3	79.6	65.7	48.3	39.0	16.3	362
St. Anns (Ward)	91.4	88.8	75.1	57.0	50.2	9.4	502
Tacarigua (Ward)	93.8	89.4	78.7	60.8	52.3	6.9	436
Rest of St. George (County)	82.3	78.5	62.7	51.3	39.2	18.4	158
Caroni (County)	94.2	89.5	70.8	58.7	47.5	7.6	448
Nariva/Mayaro (County)	80.0	78.3	60.8	55.8	45.0	20.0	120
St. Andrew/St. David (County)	98.9	91.3	64.1	64.7	41.8	2.7	184
Victoria (County)	87.3	84.0	64.1	46.5	34.7	13.9	574
St/ Patrick (County)	82.3	77.4	56.1	39.9	30.0	20.0	424
Tobago	80.1	73.1	65.4	60.9	50.6	20.5	156
Age in 5 Year Age Groups							
15-19 Years	86.2	82.2	65.2	52.0	41.3	15.2	804
20-24 Years	91.4	87.5	68.6	54.1	43.8	9.8	593
25-29 Years	90.2	85.7	68.2	49.5	39.3	11.2	519
30-34 Years	89.5	85.4	68.3	52.8	43.2	11.5	555
35-39 Years	88.2	84.0	67.7	51.3	42.3	12.8	600
40-44 Years	88.1	84.1	69.5	51.1	41.2	13.1	548
45-49 Years	89.8	85.6	68.6	55.8	44.0	11.1	459
Education							
None	21.1	21.1	21.1	10.5	10.5	78.9	19
Primary	87.9	84.2	66.3	53.7	43.2	13.5	967
Secondary	90.0	85.7	68.3	52.2	41.8	11.1	2855
Non-standard curriculum	88.6	85.6	76.6	52.7	46.7	11.4	167
Missing/DK	74.3	70.0	61.4	48.6	40.0	27.1	70
Total	88.9	84.8	67.8	52.3	42.1	12.3	4078

Source: Monitoring HIV/AIDS Indicator.

Table 26. Percentage of Women aged 15-49 Who Express a Discriminatory Attitude Towards People with HIV/AIDS, Trinidad and Tobago, 2000

Background Characteristics	Percent of Women Who:				Number of Women
	Believe that a Teacher with HIV Should Not be Allowed to Work	Would not buy Food from a Person with HIV/AIDS	Agree with at Least One Discriminatory Statement	Agree with Neither Discriminatory Statement	
County/Ward					
Port of Spain (City)	23.7	79.2	79.8	20.2	173
San Fernando (City)	36.1	76.3	78.1	21.9	169
Arima (Borough)	25.6	77.9	80.2	19.8	86
Chaguanas (Borough)	31.4	69.1	69.1	30.9	223
Point Fortin (Borough)	38.1	79.4	79.4	20.6	63
Diego Martin (Ward)	27.3	62.4	64.9	35.1	362
St. Anns (Ward)	38.4	74.1	77.5	22.5	502
Tacarigua (Ward)	34.2	77.8	79.4	20.6	436
Rest of St. George (County)	41.8	79.7	81.6	18.4	158
Caroni (County)	38.6	82.6	83.7	16.3	448
Nariva/Mayaro (County)	53.3	87.5	89.2	10.8	120
St. Andrew/St. David (County)	39.7	71.7	73.9	26.1	184
Victoria (County)	41.5	83.3	85.0	15.0	574
St. Patrick (County)	28.8	70.5	73.1	26.9	424
Tobago	16.7	71.2	73.1	26.9	156
Age in 5 Year Age Groups					
15-19 Years	37.1	75.9	78.4	21.6	804
20-24 Years	31.4	73.7	75.9	24.1	593
25-29 Years	31.2	75.7	77.3	22.7	519
30-34 Years	36.8	74.1	76.4	23.6	555
35-39 Years	34.3	77.5	79.5	20.5	600
40-44 Years	35.6	75.9	77.0	23.0	548
45-49 Years	37.0	79.1	80.2	19.8	459
Education					
None	26.3	26.3	26.3	73.7	19
Primary	48.5	78.9	81.4	18.6	967
Secondary	30.4	75.6	77.3	22.7	2855
Non-standard curriculum	32.9	73.1	74.3	25.7	167
Missing/DK	34.3	68.6	70.0	30.0	70
Total	34.8	75.9	77.8	22.2	4078

Source: Monitoring HIV/AIDS Indicator.

Table 27. Percentage of Women aged 15-49 Who Have Sufficient Knowledge of HIV/AIDS Transmission, Trinidad and Tobago, 2000

Background Characteristics	Known of HIV/AIDS	Know Three Ways to Prevent HIV Transmission	Correctly Identify Three Misconceptions About HIV Transmission	Have Sufficient Knowledge	Number of Women
County/Ward					
Port of Spain (City)	94.2	32.9	73.4	27.7	173
San Fernando (City)	99.4	39.1	63.3	26.6	169
Arima (Borough)	97.7	30.2	68.6	19.8	86
Chaguanas (Borough)	96.0	48.9	72.2	33.6	223
Point Fortin (Borough)	98.4	39.7	68.3	30.2	63
Diego Martin (Ward)	95.9	36.7	67.4	28.7	362
St. Anns (Ward)	97.0	33.7	64.7	23.5	502
Tacarigua (Ward)	97.9	37.4	71.8	29.4	436
Rest of St. George (County)	98.1	29.1	71.5	24.7	158
Caroni (County)	97.1	46.2	58.3	29.7	448
Nariva/Mayaro (County)	95.0	28.3	58.3	21.7	120
St. Andrew/St. David (County)	100.0	52.7	63.6	32.6	184
Victoria (County)	96.5	42.9	58.7	27.7	574
St/ Patrick (County)	98.1	31.1	62.3	21.5	424
Tobago	89.7	19.9	59.6	14.1	156
Age in 5 Year Age Groups					
15-19 Years	95.6	35.8	62.7	24.5	804
20-24 Years	97.8	33.9	69.0	24.8	593
25-29 Years	97.3	36.6	64.5	25.4	519
30-34 Years	97.3	41.3	66.3	29.2	555
35-39 Years	97.2	40.2	64.7	27.3	600
40-44 Years	96.5	38.5	63.0	27.9	548
45-49 Years	96.7	39.4	62.1	28.1	459
Education					
None	31.6	15.8	10.5	10.5	19
Primary	96.5	39.8	52.9	24.6	967
Secondary	97.8	37.2	68.5	27.0	2855
Non-standard curriculum	95.8	41.9	75.4	34.7	167
Missing/DK	85.7	28.6	54.3	21.4	70
Total	96.9	37.8	64.6	26.6	4078

Source: Monitoring HIV/AIDS Indicator.

Table 28. Percentage of Women Aged 15-49 Who Know Where to Get an AIDS Test and Who Have been Tested, Trinidad and Tobago, 2000

Background Characteristics	Know a Place to Get Tested	Have been Tested	If Tested, Have Been Told Results	Number of Women
County/Ward				
Port of Spain (City)	80.9	32.4	89.3	173
San Fernando (City)	87.0	23.7	100.0	169
Arima (Borough)	83.7	22.1	94.7	86
Chaguanas (Borough)	68.2	13.5	86.7	223
Point Fortin (Borough)	73.0	11.1	100.0	63
Diego Martin (Ward)	79.3	33.4	88.4	362
St. Anns (Ward)	70.3	20.3	80.4	502
Tacarigua (Ward)	73.6	17.4	88.2	436
Rest of St. George (County)	74.1	16.5	84.6	158
Caroni (County)	72.8	15.0	88.1	448
Nariva/Mayaro (County)	70.8	13.3	75.0	120
St. Andrew/St. David (County)	73.4	16.3	76.7	184
Victoria (County)	71.8	11.5	87.9	574
St/ Patrick (County)	68.9	14.4	93.4	424
Tobago	75.0	26.3	92.7	156
Age in 5 Year Age Groups				
15-19 Years	68.2	4.4	71.4	804
20-24 Years	78.4	21.1	81.6	593
25-29 Years	77.1	26.8	87.1	519
30-34 Years	76.2	27.4	87.5	555
35-39 Years	74.2	23.3	95.0	600
40-44 Years	73.4	17.7	90.7	548
45-49 Years	69.5	15.3	91.4	459
Education				
None	21.1	0.0	0.0	19
Primary	63.2	11.5	88.3	967
Secondary	77.7	20.8	88.2	2855
Non-standard curriculum	73.7	24.0	87.5	167
Missing/DK	65.7	17.1	66.7	70
Total	73.6	18.6	87.9	4078

Source: Monitoring HIV/AIDS Indicator.

Table 29. Percentage of Married or in Union Women Aged 15-49 Who are Using (or Whose Partner is Using) a Contraceptive Method, Trinidad and Tobago, 2000

Background Characteristics	Percent of Women (Married or in Union) who are Using:												Total	Any Modern Method	Any Traditional Method	Any Method	Number of Women	
	Female Sterilization	Male Sterilization	Pill	IUD	Injection	Implant	Condom	Dia-phram	LAM	Periodic Abstinence	With-drawal	Other						
County/Ward																		
Port of Spain (City)	3.6	0.0	14.3	3.6	1.8	0.0	8.9	0.0	0.0	1.8	0.0	10.7	100.0	32.1	12.5	44.6	56	
San Fernando (City)	5.8	1.4	11.6	2.9	0.0	0.0	13.0	0.0	0.0	0.0	1.4	1.4	100.0	34.8	2.9	37.7	69	
Arima (Borough)	12.9	0.0	19.4	0.0	6.5	0.0	9.7	0.0	0.0	0.0	0.0	0.0	100.0	48.4	0.0	48.4	31	
Chaguanas (Bor.)	8.7	0.0	9.5	3.2	3.2	0.0	7.9	0.8	0.0	0.8	0.0	2.4	100.0	33.3	3.2	36.5	126	
Pt. Fortin (Borough)	0.0	0.0	14.3	0.0	0.0	0.0	25.0	0.0	0.0	0.0	7.1	3.6	100.0	39.3	10.7	50.0	28	
Diego Martin (Ward)	11.8	0.7	9.7	1.4	0.7	0.7	13.9	0.0	0.0	1.4	1.4	6.9	100.0	38.9	9.7	48.6	144	
St. Anns (Ward)	4.6	0.0	8.7	1.5	0.5	0.0	5.6	0.5	0.5	0.0	1.5	4.1	100.0	21.4	6.1	27.6	196	
Tacarigua (Ward)	9.6	0.0	11.3	1.7	0.6	0.6	7.3	0.0	0.0	1.7	2.3	1.7	100.0	31.1	5.6	36.7	177	
Rest of St. George (County)	5.6	0.0	7.0	2.8	1.4	0.0	9.9	1.4	0.0	0.0	0.0	7.0	100.0	28.2	7.0	35.2	71	
Caroni (County)	5.9	0.0	16.9	3.0	0.8	0.0	14.8	0.8	0.0	0.4	0.0	1.3	100.0	42.4	1.7	44.1	236	
Nariva/Mayaro (County)	10.7	0.0	17.9	0.0	3.6	0.0	14.3	0.0	0.0	0.0	1.8	1.8	100.0	46.4	3.6	50.0	56	
St. Andrew/ St. David (County)	8.2	0.0	8.2	1.0	1.0	1.0	12.4	0.0	0.0	0.0	1.0	1.0	100.0	32.0	2.1	34.0	97	
Victoria (County)	8.4	0.0	5.6	3.1	0.3	1.4	10.5	0.3	0.0	1.0	1.0	2.1	100.0	29.6	4.2	33.8	287	
St. Patrick (County)	4.6	0.5	6.9	2.3	0.0	0.0	18.3	1.4	0.0	1.4	1.8	3.2	100.0	33.9	6.4	40.4	218	
Tobago	3.8	0.0	11.5	1.9	0.0	0.0	9.6	0.0	0.0	0.0	0.0	1.9	100.0	26.9	1.9	28.8	52	
Age in 5 Year Age Groups																		
15-19 Years	0.0	0.0	11.1	0.0	0.0	0.0	11.1	0.0	2.8	0.0	0.0	0.0	100.0	22.2	2.8	25.0	36	
20-24 Years	0.0	0.0	13.2	0.7	2.1	0.0	10.4	0.0	0.0	0.0	1.4	4.2	100.0	26.4	5.6	31.9	144	
25-29 Years	1.1	0.4	22.0	3.0	1.9	0.7	11.9	0.4	0.0	0.0	1.5	1.5	100.0	41.4	3.0	44.4	268	
30-34 Years	4.5	0.0	13.4	1.8	2.7	0.6	12.2	0.6	0.0	1.5	1.8	1.8	100.0	35.7	5.1	40.8	336	
35-39 Years	10.8	0.3	9.5	2.5	0.0	0.5	15.1	0.3	0.0	0.8	1.3	4.3	100.0	38.9	6.3	45.2	398	
40-44 Years	10.5	0.3	5.1	2.3	0.0	0.3	12.0	0.6	0.0	1.4	0.3	4.8	100.0	31.1	6.6	37.6	351	
45-49 Years	10.9	0.0	1.9	2.6	0.0	0.0	6.8	1.0	0.0	0.3	1.0	1.9	100.0	23.2	3.2	26.4	311	
Education																		
None	16.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	16.7	0.0	16.7	6	
Primary	9.5	0.2	6.0	2.1	0.2	0.4	10.1	0.5	0.2	0.5	0.5	3.0	100.0	29.0	4.2	33.2	566	
Secondary	5.6	0.2	12.9	2.4	1.2	0.4	12.7	0.5	0.0	0.9	1.3	2.8	100.0	36.0	5.0	41.0	1169	
Non-Standard Curriculum	12.9	0.0	1.4	1.4	1.4	0.0	8.6	0.0	0.0	1.4	2.9	5.7	100.0	25.7	10.0	35.7	70	
Missing/DK	6.1	0.0	9.1	0.0	3.0	0.0	9.1	0.0	0.0	0.0	3.0	6.1	100.0	27.3	9.1	36.4	33	
Total	7.2	0.2	10.2	2.2	0.9	0.4	11.7	0.5	0.1	0.8	1.1	3.0	100.0	33.2	5.0	38.2	1844	

Source: Summit for Children Goal ⇒ Number 10.

Table 30. Percent Distribution of Women Aged 15-49 With a Birth in the Last Year by Type of Personnel Delivering Antenatal Care, Trinidad and Tobago, 2000

Background Characteristics	Person Delivering Antenatal Care					Total	Any Skilled Personnel	Number of Women
	Doctor	Nurse/Midwife	Traditional Birth Attendant	Other/Missing	No Antenatal Care			
County/Ward								
Port of Spain (City)	85.7	14.3	0.0	0.0	0.0	100	100.0	7
San Fernando (City)	45.5	45.5	0.0	0.0	9.1	100	90.9	11
Arima (Borough)	50.0	50.0	0.0	0.0	0.0	100	100.0	2
Chaguanas (Borough)	63.6	27.3	9.1	0.0	0.0	100	90.9	11
Point Fortin (Borough)	60.0	40.0	0.0	0.0	0.0	100	100.0	5
Diego Martin (Ward)	66.7	23.8	0.0	0.0	9.5	100	90.5	21
St. Anns (Ward)	79.3	3.4	0.0	6.9	10.3	100	82.8	29
Tacarigua (Ward)	93.8	6.3	0.0	0.0	0.0	100	100.0	16
Rest of St. George (County)	85.7	14.3	0.0	0.0	0.0	100	100.0	14
Caroni (County)	68.0	32.0	0.0	0.0	0.0	100	100.0	25
Nariva/Mayaro (County)	44.4	44.4	0.0	0.0	11.1	100	88.9	9
St. Andrew/St. David (County)	61.5	38.5	0.0	0.0	0.0	100	100.0	13
Victoria (County)	48.1	40.7	7.4	0.0	3.7	100	88.9	27
St. Patrick (County)	46.4	39.3	14.3	0.0	0.0	100	85.7	28
Tobago	100.0	0.0	0.0	0.0	0.0	100	100.0	5
Education								
Primary	62.8	27.9	2.3	2.3	4.7	100	90.7	43
Secondary	64.9	27.5	3.5	0.6	3.5	100	92.4	171
Non-standard curriculum	100.0	0.0	0.0	0.0	0.0	100	100.0	6
Missing/DK	66.7	33.3	0.0	0.0	0.0	100	100.0	3
Total	65.5	26.9	3.1	0.9	3.6	100	92.4	223

Source: World Summit for Children Goal ⇒ Number 9, 11.

Table 31. Percent Distribution of Women Age 15-49 With a Birth in the Last Year by Type of Personnel Assisting at Delivery, Trinidad and Tobago, 2000

Background Characteristics	Person Assisting at Delivery					Total	Skilled Personnel	Number of Women
	Doctor	Nurse/Midwife	Traditional Birth Attendant	Relative/Friend	Other			
County/Ward								
Port of Spain (City)	42.9	57.1	0.0	0.0	0.0	100	100.0	7
San Fernando (City)	27.3	72.7	0.0	0.0	0.0	100	100.0	11
Arima (Borough)	50.0	50.0	0.0	0.0	0.0	100	100.0	2
Chaguanas (Borough)	54.5	36.4	9.1	0.0	0.0	100	90.9	11
Point Fortin (Borough)	20.0	80.0	0.0	0.0	0.0	100	100.0	5
Diego Martin (Ward)	61.9	38.1	0.0	0.0	0.0	100	100.0	21
St. Anns (Ward)	41.4	48.3	0.0	3.4	6.9	100	89.7	29
Tacarigua (Ward)	56.3	43.8	0.0	0.0	0.0	100	100.0	16
Rest of St. George (County)	50.0	50.0	0.0	0.0	0.0	100	100.0	14
Caroni (County)	32.0	68.0	0.0	0.0	0.0	100	100.0	25
Nariva/Mayaro (County)	22.2	55.6	0.0	0.0	22.2	100	77.8	9
St. Andrew/St. David (County)	38.5	61.5	0.0	0.0	0.0	100	100.0	13
Victoria (County)	44.4	48.1	7.4	0.0	0.0	100	92.6	27
St. Patrick (County)	32.1	64.3	0.0	3.6	0.0	100	96.4	28
Tobago	60.0	40.0	0.0	0.0	0.0	100	100.0	5
Education								
Primary	41.9	53.5	0.0	0.0	4.7	100	95.3	43
Secondary	42.7	53.8	1.2	1.2	1.2	100	96.5	171
Non-standard curriculum	33.3	50.0	16.7	0.0	0.0	100	83.3	6
Missing/DK	33.3	66.7	0.0	0.0	0.0	100	100.0	3
Total	42.2	53.8	1.3	0.9	1.8	100	96.0	223

Source: World Summit for Children Goal ⇒ Number 11.

Table 32. Percent Distribution of Children Aged 0-59 Months by Whether Birth is Registered and Reasons for Non-Registration, Trinidad and Tobago, 2000

Background Characteristics	Registration Status			Total	Number of Children
	Birth Registered	Don't Know if Birth Registered	Other		
Gender					
Male	94.1	3.5	2.4	100.0	510
Female	93.5	3.2	3.2	100.0	493
County/Ward					
Port of Spain (City)	95.5	2.3	2.3	100.0	44
San Fernando (City)	92.5	2.5	5.0	100.0	40
Arima (Borough)	94.7	5.3	0.0	100.0	19
Chaguanas (Borough)	98.1	0.0	1.9	100.0	52
Point Fortin (Borough)	100.0	0.0	0.0	100.0	16
Diego Martin (Ward)	95.3	1.2	3.5	100.0	85
St. Anns (Ward)	89.1	6.8	4.1	100.0	147
Tacarigua (Ward)	95.6	3.3	1.1	100.0	90
Rest of St. George (County)	88.4	9.3	2.3	100.0	43
Caroni (County)	91.4	1.9	6.7	100.0	105
Nariva/Mayaro (County)	96.8	0.0	3.2	100.0	31
St. Andrew/St. David (County)	93.1	1.7	5.2	100.0	58
Victoria (County)	99.2	0.8	0.0	100.0	122
St. Patrick (County)	95.0	3.4	1.7	100.0	119
Tobago	84.4	15.6	0.0	100.0	32
Age (from CMC calculations)					
<6 months	71.6	1.1	27.3	100.0	88
6-11 Months	98.3	1.7	0.0	100.0	118
12-23 Months	95.2	3.7	1.1	100.0	189
24-35 Months	94.9	4.0	1.1	100.0	175
36-37 Months	96.2	3.8	0.0	100.0	210
48-59 Months	96.0	4.0	0.0	100.0	223
Mother's Education					
None	57.1	28.6	14.3	100.0	7
Primary	91.9	4.7	3.4	100.0	236
Secondary	94.9	2.6	2.6	100.0	700
Non-standard curriculum	92.5	5.0	2.5	100.0	40
Missing/DK	95.0	5.0	0.0	100.0	20
Total	93.8	3.4	2.8	100.0	1003

Source: Monitoring Children's Rights Indicator.

Table 33. Percentage of Children 0-14 Years of Age in Households Not Living with a Biological Parent, Trinidad and Tobago, 2000

Area/Age	Living with Both Parents	Living with neither parent				Living with mother only		Living with father only			Total	Not Living with a Biological Parent	One or Both Parents Dead	Number of Children
		Father Only Alive	Mother Only Alive	Both are Alive	Both are Dead	Father Alive	Father Dead	Mother Alive	Mother Dead	Im-possible to Determine				
Gender														
Male	59.1	0.3	0.3	5.2	0.2	25.9	3.1	4.4	0.5	1.0	100.0	6.0	4.4	1970
Female	60.5	0.4	0.6	4.1	0.2	26.3	2.3	3.9	0.6	0.9	100.0	5.4	4.2	2001
County/Ward														
Port of Spain (City)	32.7	0.6	1.2	2.9	0.0	51.5	7.6	0.6	0.6	2.3	100.0	4.7	9.9	174
San Fernando (City)	53.7	1.8	0.0	9.1	0.0	28.0	3.0	2.4	0.0	1.8	100.0	11.0	4.9	164
Arima (Borough)	52.9	1.5	0.0	7.4	0.0	23.5	2.9	10.3	0.0	1.5	100.0	8.8	4.4	68
Chaguanas (Borough)	71.9	0.0	0.0	0.5	0.0	21.6	1.6	2.2	0.5	1.6	100.0	0.5	2.2	185
Point Fortin (Borough)	52.9	0.0	0.0	4.4	0.0	36.8	1.5	1.5	1.5	1.5	100.0	4.4	2.9	68
Diego Martin (Ward)	48.1	0.6	0.0	4.6	0.0	36.0	4.0	6.3	0.0	0.3	100.0	5.2	4.6	347
St. Anns (Ward)	49.4	1.1	1.1	5.3	0.2	33.3	2.8	4.8	0.9	1.2	100.0	7.6	6.0	565
Tacarigua (Ward)	61.7	0.3	0.3	4.7	1.1	26.1	2.8	2.5	0.6	0.0	100.0	6.4	5.0	360
Rest of St. George (County)	63.0	0.0	1.8	6.1	0.0	20.6	0.6	6.1	0.0	1.8	100.0	7.9	2.4	165
Caroni (County)	74.6	0.0	0.0	4.2	0.0	14.1	1.2	3.8	1.4	0.7	100.0	4.2	2.6	425
Nariva/Mayaro (County)	56.1	0.0	0.0	4.5	0.0	28.8	5.3	4.5	0.0	0.8	100.0	4.5	5.3	132
St. Andrew/St. David (County)	68.6	0.5	0.0	5.3	0.5	20.7	1.1	2.1	0.0	1.1	100.0	6.4	2.1	188
Victoria (County)	66.2	0.0	0.5	4.2	0.5	17.5	3.2	5.8	1.2	0.9	100.0	5.3	5.4	571
St. Patrick (County)	69.6	0.0	0.7	3.6	0.0	20.2	1.7	3.8	0.0	0.5	100.0	4.3	2.4	421
Tobago	44.7	0.0	0.0	7.1	0.0	41.1	2.1	2.8	0.0	2.1	100.0	7.1	2.1	141
Age in 5 Year Age Groups														
0-4 Years	69.4	0.3	0.0	3.0	0.1	23.6	1.2	1.6	0.1	0.7	100.0	3.4	1.7	1003
5-9 Years	61.0	0.2	0.5	4.7	0.2	25.7	2.7	3.8	0.3	0.9	100.0	5.6	3.9	1395
10-14 Years	52.6	0.6	0.7	5.7	0.3	28.0	3.7	6.0	1.1	1.2	100.0	7.3	6.4	1573
Total	59.8	0.4	0.5	4.7	0.2	26.1	2.7	4.1	0.6	1.0	100.0	5.7	4.4	3971

Source: Monitoring Children's Rights Indicator.

TABLE 34. Percentage of Children 5-14 Years of Age Who are Currently Working, Trinidad and Tobago, 2000

Area	Paid Worker	Unpaid Worker	Domestic Work		Family Work (Farm or Business)	Currently Working	Number of Children
			< 4 Hours/Day	4 or More Hours/Day			
Gender							
Male	1.8	0.5	50.5	0.7	2.33	5.1	1460
Female	0.5	0.1	53.6	0.5	2.12	3.1	1508
County/Ward							
Port of Spain (City)	3.1	0.0	65.4	0.8	3.15	7.1	127
San Fernando (City)	0.0	0.0	48.4	0.0	4.03	4.0	124
Arima (Borough)	0.0	0.0	26.5	0.0	0.00	0.0	49
Chaguanas (Borough)	0.8	0.0	55.6	0.0	3.01	3.8	133
Point Fortin (Borough)	0.0	0.0	3.8	0.0	0.00	0.0	52
Diego Martin (Ward)	0.0	0.0	80.2	2.3	1.91	4.2	262
St. Anns (Ward)	3.6	0.5	69.4	0.0	1.67	5.3	418
Tacarigua (Ward)	0.0	0.0	36.3	0.4	1.48	1.9	270
Rest of St. George (County)	0.0	0.0	49.2	0.0	4.92	4.9	122
Caroni (County)	0.6	0.0	52.5	0.3	1.56	1.9	320
Nariva/Mayaro (County)	0.0	0.0	16.8	0.0	0.99	1.0	101
St. Andrew/St. David (County)	0.0	0.0	17.7	2.3	1.54	3.8	130
Victoria (County)	1.3	0.2	61.5	0.7	3.34	5.3	449
St. Patrick (County)	1.7	1.7	37.7	0.7	0.66	4.6	302
Tobago	1.8	0.9	54.1	0.0	5.50	8.3	109
Age							
5-9 Years	0.3	0.1	39.9	0.6	1.08	2.0	1395
10-14 Years	2.0	0.5	62.9	0.6	3.24	6.0	1573
Total	1.2	0.3	52.1	0.6	2.22	4.1	2968

Source: Monitoring Children's Rights Indicator.