The Government of the
Republic of Trinidad and Tobago

Monitoring the situation of children and women

Multiple Indicator Cluster Survey 3

Ministry of
Social Development

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Central Statistical Office

MICS

Trinidad and Tobago

Multiple Indicator Cluster Survey 3

Final Report 2008

Summary Table of Findings

Multiple Indicator Cluster Survey (MICS) and Millennium Development Goals (MDG) Indicators, Trinidad and Tobago, 2006

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD MORTALITY					
Child mortality	1	13	Under-five mortality rate	35	Per thousand
	2	14	Infant mortality rate	29	Per thousand
NUTRITION					
Breastfeeding	45		Timely initiation of breastfeeding	41.2	Percent
	15		Exclusive breastfeeding rate	12.8	Percent
	16		Continued breastfeeding rate		
			at 12-15 months	33.8	Percent
			at 20-23 months	22.4	Percent
	17		Timely complementary feeding rate	42.7	Percent
	18		Frequency of complementary feeding	27.7	Percent
	19		Adequately fed infants	20.5	Percent
Salt iodization	41		Iodized salt consumption	27.8	Percent
Low Birth Weight	9		Low birth weights infants	18.8	Percent
	10		Infants weighed at birth	89.8	Percent
CHILD HEALTH					
Immunization					
	26		Polio immunization coverage	81.9	Percent
	27		DPT immunization coverage	72.5	Percent
	28	15	Measles immunization coverage	88.9	Percent
	31		Fully immunized children	50.2	Percent
	29		Hepatitis B Hepatitis B immunization coverage	70	Percent
	30		Yellow fever immunization coverage	35.2	Percent
Solid fuel use	24	29	Solid fuels	0.3	Percent
ENVIRONMENT					
Water and Sanitation	11	30	Use of improved drinking water sources	96.4	Percent
	13		Water treatment	34.1	Percent
	12	31	Use of improved sanitation facilities	98.7	Percent
	14		Disposal of child's faeces	24.9	Percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
REPRODUCTIVE HEALTH					
Contraception and unmet need	21	19c	Contraceptive prevalence	42.5	Percent
	98		Unmet need for family planning	26.7	Percent
	99		Demand satisfied for family planning	61.4	Percent
Maternal and newborn health	20		Antenatal care	95.7	Percent
	44		Content of antenatal care		
			Blood test taken	98	Percent
			Blood pressure measured	98.2	Percent
			Urine specimen taken	98	Percent
			Weight measured	97.6	Percent
	4	17	Skilled attendant at delivery	97.8	Percent
	5		Institutional deliveries	97.4	Percent
CHILD DEVELOPMENT					
Child development	46		Support for learning	94	Percent
	47		Father's support for learning	67.2	Percent
	48		Support for learning: children's books	81.4	Percent
	49		Support for learning: non-children's books	89.9	Percent
	50		Support for learning: materials for play	37	Percent
	51		Non-adult care	1	Percent
EDUCATION					
Education	52		Pre-school attendance	74.7	Percent
	53		School readiness	96.9	Percent
	54		Net intake rate in primary education	83.2	Percent
	55	6	Net primary school attendance rate	97.7	Percent
	56		Net secondary school attendance rate	87.2	Percent
	57	7	Children reaching standard five	99.2	Percent
	58		Transition rate to secondary school	92.6	Percent
	59	7b	Primary completion rate	78.1	Percent
	61	9	Gender parity index		
			primary school	1.00	Ratio
			secondary school	1.07	Ratio
Literacy	60	8	Adult literacy rate (female)	98.2	Percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
CHILD PROTECTION					
Birth registration	62		Birth registration	95.8	Percent
Child discipline	74		Child discipline		
			Any psychological/physical punishment	75.1	Percent
Early marriage	67		Marriage before age 15	1.6	Percent
			Marriage before age 18	10.7	Percent
	68		Young women aged 15-19 currently married/in union	6.3	Percent
	69		Spousal age difference		
			Women aged 20-24	25.3	Percent
Domestic violence	100		Attitudes towards domestic violence	7.6	Percent
HIV/AIDS AND SEXUAL BEHAVIOUR					
HIV/AIDS knowledge and attitudes	82	19b	Comprehensive knowledge about HIV prevention among young people	57.5	Percent
	89		Knowledge of mother- to-child transmission of HIV	50.3	Percent
	86		Attitude towards people with HIV/AIDS	38.6	Percent
	87		Women who know where to be tested for HIV	86.1	Percent
	88		Women who have been tested for HIV	41.3	Percent
	90		Counselling coverage for the prevention of mother-to-child transmission of HIV	75.5	Percent
	91		Testing coverage for the prevention of mother-to-child transmission of HIV	79.4	Percent
Sexual behaviour	84		Age at first sex among young people	4.7	Percent
	92		Age-mixing among sexual partners	15.4	Percent
	83	19a	Condom use with non-regular partners	51.2	Percent
	85		Higher risk sex in the last year	68	Percent

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AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillis-Cereus-Geuerin (Tuberculosis)
CSO	Central Statistical Office
CSPro	Census and Survey Processing System
DPT	Diphteria Pertussis Tetanus
EPI	Expanded Programme on Immunization
GPI	Gender Parity Index
HIV	Human Immunodeficiency Virus
IDD	Iodine Deficiency Disorders
IUD	Intrauterine Device
LAM	Lactational Amenorrhea Method
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
NAR	Net Attendance Rate
ORT	Oral rehydration treatment
ppm	Parts Per Million
SPSS	Statistical Package for Social Sciences
UNAIDS	United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNICEF	United Nations Children's Fund
WFFC	World Fit For Children
WHO	World Health Organization

Acknowledgements

The Ministry of Social Development wishes to acknowledge the following persons/ organizations that were involved in the conduct of the MICS 3:

- *Central Statistical Office;*
- *UNICEF;*
- *Members of the Technical Committee;*
- *Dr. Godfrey St. Bernard (for writing the final report);*
- *Mr. Winston Ramsaran and Mrs. Dawn Ramsingh (Database Specialists); and*
- *Mr. David Thomas (Survey Co-ordinator) and Mr. Simeon Henry (Field Director).*

The Ministry also extends its gratitude to all the field staff (supervisors, editors and interviewers) who worked tirelessly to ensure the survey was completed on a timely basis. The staff of the MICS Secretariat – Sherene Lisa Ali; Josanne Harry-Roach; Michelle Ramlagan and Nerrisa Derrick – and other members of staff who must also be thanked for their commitment, dedication and willingness to go beyond the call of duty to ensure the project came to fruition. Finally, the Ministry recognizes that without the co-operation of the members of the public, this survey would not have been possible.

Executive Summary

This Report is based on the Trinidad and Tobago Multiple Indicator Cluster Survey, conducted in 2006 by the Ministry of Social Development in collaboration with the Central Statistical Office (CSO) and UNICEF. The survey provides valuable information on the situation of children and women in Trinidad and Tobago and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

The Multiple Indicator Cluster Survey (MICS) is a household survey programme developed by UNICEF to assist countries in filling data gaps for monitoring the situation of children and women. It is capable of producing statistically sound, internationally comparable estimates of these indicators. Though this is the third rounds of the MICS, it is the second for Trinidad and Tobago.

The sample size was approximately 6,000 households and the modular survey instrument consisted of 3 questionnaires: a household questionnaire, a questionnaire for women aged 15-49, and a questionnaire for children under the age of 5 (addressed to the mother or primary caretaker of the child). The survey covered many of the same topics as the earlier rounds and provided an update on estimates and trends for many indicators. In addition, new indicators were included to provide baseline data or estimates of coverage for other priority issues.

The Trinidad and Tobago Multiple Indicator Cluster Survey 3 objectives were to:

- provide up-to-date information for assessing the situation of children and women in Trinidad and Tobago;

- furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, as a basis for future action;

- 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.

Comparative Analysis of the MICS and MDG

The Millennium Development Goals were adopted by the international community in 2000 as a framework for the development activities of the 191 member countries of the United Nations. The goals have been articulated into some 20 targets and over 60 indicators. Trinidad and Tobago joined the international community in adopting the MDGs as a framework for making progress towards development.

The year 2015 is the target year for the achievement of the Millennium Development Goals. Proper monitoring of the progress of these goals is essential to ensure that the policy planners can take the necessary actions on any exogenous and endogenous shocks that take place, with respect to their local economy and which have the potential to impact significantly on progress towards the goals. The Multiple Indicator Cluster Survey (MICS) 3 provided information on approximately twenty (20) of the MDG indicators. The MDGs are as follows:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability
- Develop a global partnership for development

The MDG baseline year is 1990. The aim has been for the targets to be achieved within a twenty-five (25) year time period, from 1990-2015. These targets are sub divisions of the above listed eight (8) goals.

The countries that signed on to the Millennium Declaration (191) all agreed to monitor the framework and structures within their policies to ensure the accomplishment of these goals. An advantage that the MDG brings with it is the ability of countries to make alterations to the goals to suit their respective problems.

Some of the MICS indicators are similar to the MDG indicators and this allows for the monitoring of progress of the indicators of the MDGs. The table below shows the identical indicators between databases and the values for the various indicators.

Analysis of the MDG targets using the MICS 3 Data

Child Mortality

The indicators of this subject area that have been measured under the MICS 3 are as follows:

- The infant mortality rate
- The under five mortality rate
- Solid fuel use
- Proportion of one year old children immunized against measles

The MDG target for these indicators, which falls under Goal 4 (Reduce Child Mortality), is to reduce by two-thirds the infant mortality and under five mortality rates.

However the data from the MICS 3, alongside data that have been sourced from both the Ministry of Health and Central Statistical Office, have shown the rates for both these indicators rising from the year 1996 until 2006. The under five mortality rate rose from under 15 per thousand to 35 per thousand, during the period 1996-2006. For the same period, the infant mortality rate rose from under 15 per thousand (both sexes) to an excess of 29 per thousand (MICS 2006).

The data shows that rather than moving toward achievement of this goal the country is lagging behind and there is a need for the Health Sector to pay urgent and specific attention to this issue.

MICS (2006), Ministry of Health (1990-2003) and Survey of Living Conditions (2005) and have provided data that suggest that almost 90% of the one year old population continues to be immunized against measles. Another positive statistic that falls under the area of child health is a 0.3% use of solid fuel as quoted by MICS 3, which suggests positive measures to aid in the reduction of child mortality.

Maternal and Newborn Health

The indicator that appears in both the MDG and MICS is:

- Skilled attendant at birth

This indicator falls under Goal 5 (Improve Maternal Health) of the Millennium Development Goals. The target for this goal is the reduction in the maternal mortality rate by three quarters during the period 1990-2015.

One of the measures identified for ensuring that this goal is achieved is the presence of qualified and skilled health care professionals at the time of birth. During the period 1996-2006, the percentage of births not attended to by a skilled health care professional has been negligible. In fact, the values have been constantly on the hundred percent marks during this ten (10) year period. The MICS 3 report quotes this figure as being 97.8%. Thus, Trinidad and Tobago has been able to move progressively toward the achievement of this goal.

Water and Sanitation

The two (2) indicators that have been included in both the MICS and MDG are:

- Use of improved drinking water.
- Use of improved sanitation facilities.

These indicators fall under Goal 7 (Ensure Environmental Stability). The targets for these indicators focus on achieving an optimal level of allocation so that the majority of the population has access to safe drinking water and improved sanitation facilities.

MICS 3 has produced highly correlated data on these indicators with over 95% use of both improved drinking water sources and improved sanitation facilities. MICS quotes the use of improved sources of drinking water as 96.4% and the use of improved sanitation as 98.7%.

Over the period 1994-2006, the use of unsafe disposal facilities has seen sharp decreases, while the use of more suitable sanitation facilities has increased by over 150% (Central Statistical Office, CSSP). In addition, public water piped into dwellings has almost doubled during the period 1980-2006, moving from just over 40% of dwellings having access to just under 80% in 2006 (Central Statistical Office, CSSP and National Census).

The data shows that the country is well on its way to achieve the set MDG targets by the year 2015.

HIV/AIDS

The indicators common for this area are:

- Contraceptive prevalence rate
- HIV/AIDS knowledge and attitudes
- Condom use with non-regular partners

These indicators fall under Goal 6 (Combat HIV/AIDS, Dengue, Diabetes and Hypertension). The target in this case is to begin to reverse the spread of HIV/AIDS by the year 2015.

The MICS 3 provided a contraceptive prevalence rate of 42.5%. A more detailed classification of this shows that the prevalence rate of women between 15-49 using measures that would prevent against HIV/AIDS was approximately 15%, with condom use representing 13%. The MICS 3 also suggests that 51.2% of persons use condoms with non-regular partners. Young persons with comprehensive knowledge of HIV/AIDS stood at 57.5%.

These data points suggest that more needs to be done with respect to education on HIV/AIDS. A more recent KAPB survey conducted by the National AIDS Coordinating Committee (NACC) indicates some progress in HIV-related knowledge and attitudes among young people.

Education

- Net primary school attendance rate
- Children reaching standard five
- Primary completion rate
- Adult literacy rate (female)
- Education- Gender parity index- primary school
- Education- Gender parity index- secondary school

These indicators are part of the overall Goal 2 (Achieve Universal Primary and Secondary Education), with the latter two (2) indicators being a part of Goal 3 (Promote Gender Equality and Empower Women). The target for Goal 2 is to ensure that by the year 2015, children everywhere would be able to complete a full course of primary schooling. The target for Goal 3 is to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

Currently the net enrolment in primary education and the percentage of pupils reaching standard five stand at 97.7% and 99.2% respectively (MICS 2006). However, the MICS 3 Report provides data that states only 78.1% complete the primary level education.

The gender parity index for primary and secondary education is 1 and 1.07 respectively (MICS 2006). This provides a situation of equal educational opportunities for both girls and boys, thus the education system is providing opportunities for both sexes to develop their capabilities.

Trinidad and Tobago has incorporated the aspects of these goals into its policies for the education sector and the rewards have already been seen. It is safe to pronounce that Trinidad and Tobago will be able to achieve the MDG targets in this area.

I. Introduction

Background

This report is based on the Trinidad and Tobago Multiple Indicator Cluster Survey, conducted in 2006 by the Ministry of Social Development in collaboration with the Central Statistical Office (CSO) and UNICEF. The survey provides valuable information on the situation of children and women in Trinidad and Tobago and was based, in large part, on the need to monitor progress towards goals and targets emanating from recent international agreements: the Millennium Declaration, adopted by all 191 United Nations Member States in September 2000, and the Plan of Action of A World Fit For Children, adopted by 189 Member States at the United Nations Special Session on Children in May 2002. Both of these commitments build upon promises made by the international community at the 1990 World Summit for Children.

In signing these international agreements, governments committed themselves to improving conditions for their children and to monitoring progress towards that end. UNICEF was assigned a supporting role in this task (see Box below).

A Commitment to Action: National and International Reporting Responsibilities

The governments that signed the Millennium Declaration and the World Fit for Children Declaration and Plan of Action also committed themselves to monitoring progress towards the goals and objectives they contained:

"We will monitor regularly at the national level and, where appropriate, at the regional level and assess progress towards the goals and targets of the present Plan of Action at the national, regional and global levels. Accordingly, we will strengthen our national statistical capacity to collect, analyse and disaggregate data, including by sex, age and other relevant factors that may lead to disparities, and support a wide range of child-focused research. We will enhance international cooperation to support statistical capacity-building efforts and build community capacity for monitoring, assessment and planning." (**A World Fit for Children**, paragraph 60)

"…We will conduct periodic reviews at the national and sub-national levels of progress in order to address obstacles more effectively and accelerate actions.…" (**A World Fit for Children**, paragraph 61)

The Plan of Action (paragraph 61) also calls for the specific involvement of UNICEF in the preparation of periodic progress reports:

"… As the world's lead agency for children, the United Nations Children's Fund is requested to continue to prepare and disseminate, in close collaboration with Governments, relevant funds, programmes and the specialized agencies of the United Nations system, and all other relevant actors, as appropriate, information on the progress made in the implementation of the Declaration and the Plan of Action."

Similarly, the Millennium Declaration (paragraph 31) calls for periodic reporting on progress:

"…We request the General Assembly to review on a regular basis the progress made in implementing the provisions of this Declaration, and ask the Secretary-General to issue periodic reports for consideration by the General Assembly and as a basis for further action."

According to the Social Sector Investment Programme 2008 Report, Trinidad and Tobago continues to maintain its position as a country with high Human Development, with a Human Development Index[1] value of 0.089 and a Human Development Rank of 57 when compared to 177 nations (HDR, 2006). According to the Global Competitiveness Report (GCR) (2006-2007), Trinidad and Tobago is considered to be transitioning from stage 2 to stage 3 of development, since the country's GDP is between US$9,000 and US$17,000[2].

1 "The [Human Development Index] is a summary measure of human development. It measures the average achievements in a country in three basic dimensions of human development: 1) a long and healthy life, as measured by life expectancy at birth; 2) knowledge, as measured by the adult literacy rate; 3) a decent standard of living, as measured by GDP per capita in purchasing power parity (PPP) terms in US dollars". (HDR, 2006: 394).

2 Countries must have a GDP per capita of > US$17,000 to be categorized at stage 3 which is the highest stage of development.

In Trinidad and Tobago in the last five (5) years, at least 20% of the national annual budget was allocated to the social sector and many positive returns have been observed from this investment. In recent times, social ills such as poverty, unemployment and the prevalence of HIV/AIDS have decreased, and high participation rates in education were maintained, with noticeable improvements observed in tertiary education levels.

- **Poverty**

  The Survey of Living Conditions Report (2005) revealed that 16.7% of the population fell below the national poverty line[3], and that 1.2% of the population was indigent. These findings represent a decrease in the level of poverty which was reported as 24% in 1997/98[4].

  In an effort to significantly reduce poverty, some of the new activities which will be undertaken in 2007/2008 include:

  - Refinement and implementation of a framework for decentralization of the social services delivery system;
  - The conduct of research and needs assessment pertaining to vulnerable and at-risk groups (including, persons addicted to drugs and other substances, older persons, socially displaced persons and at risk children).

- **Situation of Children**

  A National Plan of Action for Children for the period 2006-2010 for Trinidad and Tobago was developed to provide an action plan with respect to:

  - Promoting healthy lives;
  - Providing quality education;
  - Protecting against abuse, exploitation and violence; and
  - Combating HIV/AIDS.

3 According to the HDR 2006 report, in 1990 approximately 21% of the population fell below the national poverty line. 12.4% of the population earned $ US 1 a day or less, while 39% of the population earned $ US 2 a day.
4 Survey of Living Conditions 2005, Trinidad and Tobago

Survey Objectives of the MICS 3

The 2006 Trinidad and Tobago Multiple Indicator Cluster Survey has as its primary objectives:

- To provide up-to-date information for assessing the situation of children and women in Trinidad and Tobago;

- To furnish data needed for monitoring progress toward goals established in the Millennium Declaration, the goals of A World Fit For Children (WFFC), and other internationally agreed upon goals, 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.

II. Sample and Survey Methodology

Sample Design

The sample for the Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) was designed to provide estimates on a large number of indicators on the situation of children and women at the national level. The sample was selected from the following 15 regions:

• Port of Spain;	• Couva/Tabaquite/Talparo;
• San Fernando;	• Mayaro/Rio Claro;
• Arima;	• Sangre Grande;
• Chaguanas;	• Princes Town;
• Point Fortin;	• Penal/Debe;
• Diego Martin;	• Siparia; and
• San Juan/Laventille;	• Tobago.
• Tunapuna/Piarco;	

Regions were identified as the main sampling domains and the sample was selected in two stages. Within each region, census enumeration areas were selected with probability proportional to size. After carrying out a household listing within the selected enumeration areas, a systematic sample of 15 households was drawn. The sample was stratified by region and self-weighted. For reporting national level results, sample weights are used to address the issue of non-response.

The regions were then categorized according to the Ministry of Health's classification of Regional Health Authorities (RHAs) as follows:

- North West RHA:
  - Diego Martin;
  - Port-of-Spain;
  - San Juan/Laventille.

- North Central RHA:
  - Couva/Tabaquite/Talparo;
  - Chaguanas;
  - Tunapuna/Piarco;
  - Arima.

- South West RHA:
  - Siparia;
  - Penal/Debe;
  - Princes Town;
  - San Fernando;
  - Point Fortin.

- Eastern RHA:
  - Sangre Grande;
  - Mayaro/Rio Claro.

- Tobago.

A more detailed description of the sample design can be found in Appendix A.

Questionnaires

Three sets of questionnaires were used in the survey:

1. A household questionnaire which was used to collect information on all de jure household members, the household, and the dwelling;
2. A women's questionnaire administered in each household to all women aged 15-49 years; and
3. An under-5 questionnaire, administered to mothers or caretakers of all childrenunder 5 years living in households. In cases when the mother was not listed in the household roster, a primary caretaker for the child was identified and interviewed.

The questionnaires included the following modules:

- Household Questionnaire:
  - Household listing;
  - Education;
  - Water and Sanitation;
  - Household characteristics;
  - Child Labour;
  - Child Discipline;
  - Salt Iodization.

- Questionnaire for Individual Women:
  - Childbearing and Child Mortality;
  - Tetanus Toxoid;
  - Maternal and Newborn Health;
  - Marriage/Union;
  - Contraception and Unmet Need;
  - Attitudes Toward Domestic Violence;
  - Sexual Behaviour;
  - HIV/AIDS.

- Questionnaire for Children Under Five:
  - Birth Registration and Early Learning;
  - Child Development;

- Breastfeeding;
- Care of Illness;
- Immunization.

The questionnaires are based on the MICS3 model questionnaire[5]. From the MICS3 model English version, the questionnaires were pre-tested during April, 2006. Based on the results of the pre-test, modifications were made to the wording of the questionnaires. The household listing; education, child labour and immunization modules were notable modified to reflect our local reality.

A copy of the Trinidad and Tobago MICS questionnaires is provided in Appendix B.

In addition to the administration of questionnaires, fieldwork teams tested the salt used for cooking in the households for iodine content. Details and findings of this measurement are provided in the respective section of the report.

Training and Fieldwork

Training for the fieldwork was conducted for four (4) days in April, 2006. Training included lectures on interviewing techniques and the contents of the questionnaires, and mock interviews between trainees to gain practice in asking questions. Interviewers were also shown how to accurately use the salt testing kits.

Subsequently, during a three (3) day period, interviewers were allowed to complete three (3) questionnaires with selected households. A one (1) day recall session was held to ensure that the initial sets of questionnaires were accurately completed and to address any misconceptions/difficulties that interviewers were experiencing with the questionnaires.

The data were collected by 15 teams; each comprised 5 interviewers, one editor and a supervisor. Of the 75 interviewers, there were 9 male and 66 female interviewers. Fieldwork began in late April, 2006 and concluded in early June, 2006.

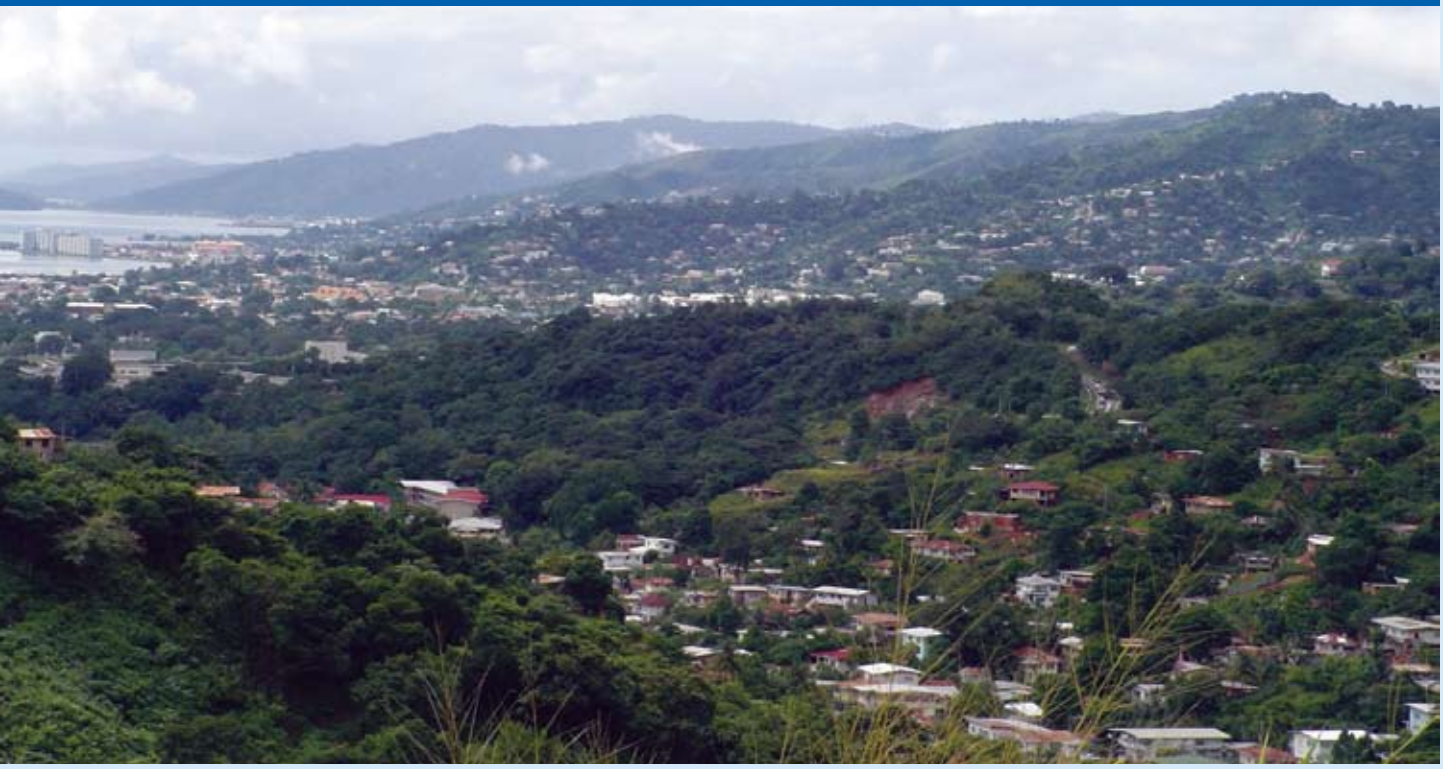
Data Processing

Data were entered using the CSPro software. The data were entered on twelve (12) microcomputers and carried out by twenty-four (24) data entry operators and four (4) data entry supervisors. Data entry personnel worked in two (2) daily shifts: 8.00 a.m. to 1 p.m. and 1 p.m. to 6 p.m. In order to ensure quality control, all questionnaires were double entered and internal consistency checks were performed. Procedures and standard programs developed

5 The model MICS3 questionnaire can be found at www.childinfo.org

under the global MICS3 project and adapted to the Trinidad and Tobago questionnaires were used throughout. Data processing (which included data entry, cleaning, verification and structure checking) began in June, 2006 and finished in November, 2006. Data were analyzed using the Statistical Package for Social Sciences (SPSS) software program, Version 14, and the model syntax and tabulation plans developed by UNICEF for this purpose.

III. Sample Coverage and the Characteristics of Households and Respondents



Sample Coverage

Five thousand nine hundred and seventy-four (5,974) households were found to be occupied of the 5,979 selected for the sample. Of these, 5,557 were successfully interviewed providing a household response rate of 93%. In the households interviewed, 4,826 women (age 15-49) were identified. Of these, 4,605 were successfully interviewed, yielding a response rate of 95.4%. In addition, 1,149 children under age five years were listed in the household questionnaire. Questionnaires were completed for 1,117 of these children which correspond to a response rate of 97.2%. Overall response rates of 88.8% and 90.4% were calculated for the women and under-5 respectively (Table HH.1). While response rates were consistently lower in Tobago than in the other regions, it should be noted that they were reasonably high in all regions. Lower response rates in Tobago have also been noted in other national surveys and require further investigation to ascertain the underlying reasons for this relatively recent trend.

Characteristics of Households

The age and sex distribution of the survey population is provided in Table HH.2. The distribution is also used to produce the population pyramid in Figure HH.1. In the 5,557 households successfully interviewed in the survey, 18,669 household members are listed. Of these, 9,461 are males, and 9,207 are females. These figures indicate that the average number of persons per household is 3.4.

The sum of persons 0-14 years of age, as shown in Table HH.2, is 3,921. Among the male and female household members, the difference in the respective proportions consisting of persons 0-14 years is negligible being 20.9 percent (1,976 persons) and 21.1 percent (1,946 persons). Meanwhile, those in the age group 15-64, which is the age category usually engaged in labour activities, consist of 13,126 persons. There are 6,769 men accounting for 71.6 percent of all male household members as compared to 6,356 females accounting for 69 percent of all female household members. Additionally, 9.7 percent of all female household members are women 65 years or older while the corresponding proportion among their male counterparts is 7.4 percent. The absolute counts are consistent with a larger female than male population among the elderly (See also Figure HH.1).

Figure HH.1: Age and Sex Distribution of Household Population, Trinidad and Tobago, 2006

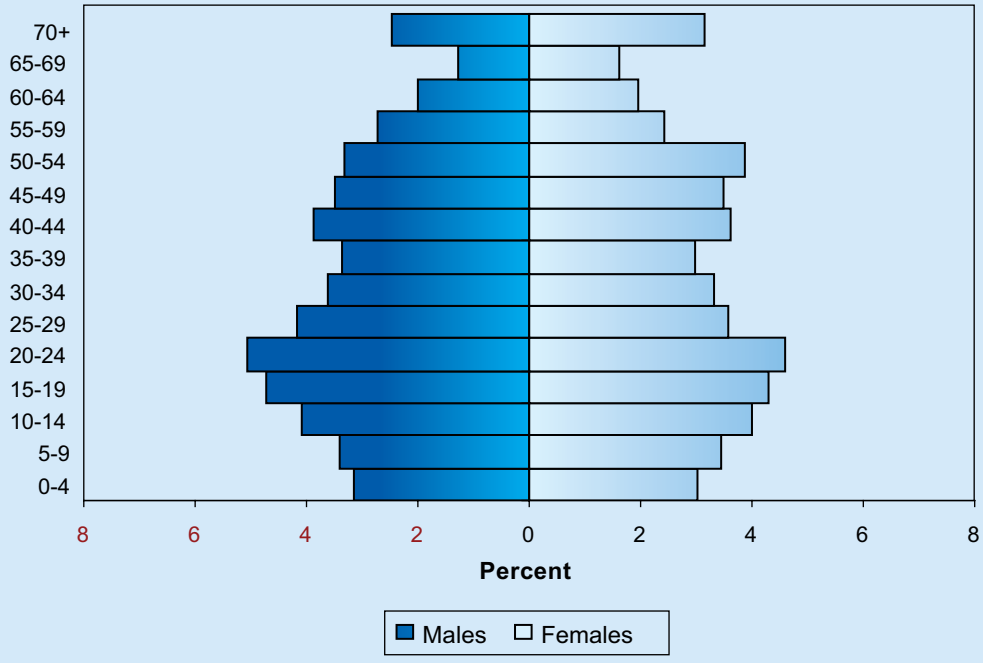


Table HH.3 provides basic background information on the households. Within households, the sex of the household head, region and number of household members are shown in the table. These background characteristics are also used in subsequent tables in this report; the figures in the table are also intended to show the numbers of observations by major categories of analysis in the report.

The overall sample size for the weighted and unweighted distribution of households is equal, since sample weights were normalized (See Appendix A). The table also shows the proportions of households where at least one child under 18, at least one child under 5, and at least one eligible woman age 15-49 were found.

The majority of households are male-headed, totalling to 68.3 percent with the remainder, 31.7 percent representing female-headed households.

In terms of classification by regions, North Central has the largest proportion of households amounting to 36.6 percent, followed by the South West with 26 percent. Close behind by a minimal difference of 0.1 percentage points is the North West Region. The East Region and Tobago trail far behind with 7.4 percent and 4.1 percent respectively.

According to the data represented in Table HH.3, it appears that most households comprise 2-3 members (38.9 percent) and 4-5 members (31 percent). Another 18.1 percent of households are occupied by only 1 member while a small percentage of 2.3 constitute 8-9 member households. Lastly, just under 1 percent of the households are observed to have 10 or more occupants.

Characteristics of Respondents

Tables HH.4 and HH.5 provide information on the background characteristics of female respondents 15-49 years of age and of children under age 5. In both tables, the total numbers of weighted and unweighted observations are equal, since sample weights have been normalized (standardized). In addition to providing useful information on the background characteristics of women and children, the tables are also intended to show the numbers of observations in each background category. These categories are used in the subsequent tabulations of this report.

Table HH.4 provides background characteristics of female respondents 15-49 years of age. The table includes information on the distribution of women according to region, age, marital status, motherhood status, education[6] and wealth index quintiles[7].

6 Unless otherwise stated, "education" refers to educational level attended by the respondent throughout this report when it is used as a background variable.

7 Principal components analysis was performed by using information on the ownership of household goods and amenities (assets) to assign weights to

Once again, the data reveal a pattern that is similar to that observed with regard to household composition. Specifically, the data corroborate observations obtained from Table HH.3 and reveal that the North Central Region accounts for the largest proportion of women 15-49 years (38.4 percent), followed by the South West Region (25.5 percent) and the North West (23.8 percent).

Most of the women are between the ages of 20-24 years (17.4 percent), followed by those in the age group 15-19. Older women between the ages 40-44 years account for 13.9 percent of all women interviewed whereas a close 13.6 percent were in the 45-49 age group. Women in their thirties, principally those aged 30-34 years and 35-39 years account for the lowest percentages among women interviewed.

Close to 50 percent of women aged 15-49 are currently married or in a common-law union while 41.3 percent have neither been married nor in a common-law union. A much smaller percentage amounting to 10.3 percent have been formerly married or in a common-law union.

In terms of their motherhood status, more than half of the women (56.7 percent) had experienced childbirth while 43.3 percent had never given birth.

The majority of women attained up to lower level secondary education (57.6 percent), while a much smaller percentage of 17.8 attained either no education, pre-school or a maximum of primary education. Meanwhile, 13.7 percent of the women received upper secondary or technical-vocational education while no more than 10.7 percent achieved university education. The education status of 0.3 percent of the women is not known.

Some background characteristics of children under 5 years are presented in Table HH.5. These include distribution of children by several attributes: sex, region, age in months, mother's or caretaker's education and wealth status.

The percentage distribution of children is such that 50.9 percent are male and 49.1 percent female. The largest percentage of children is from the North Central Region amounting to 39.6 percent. This percentage is followed by that for children from the North West Region (26.1 percent). While children from the South West Region account for 22.1 percent of all children under 5 years, those children from the East Region and Tobago constitute respective

each household asset, and obtain wealth scores for each household in the sample (The assets used in these calculations were as follows: [number of rooms used for sleeping; main material of dwelling floor, roof and walls; fuel used for cooking; electricity; radio; television; non-mobile telephone; refrigerator; stove; washing machine; clothes dryer; water heater; microwave oven; air condition unit; internet services; cable/direct TV; DVD player; mobile/cell phone; car/truck; computer; sewing machine; stereo/radio with CD Player; boat for fishing and pleasure; MP3 player; Ipod; drinking water and toilet facility]). Each household was then weighted by the number of household members, and the household population was divided into five groups of equal size, from the poorest quintile to the richest quintile, based on the wealth scores of households they were living in. The wealth index is assumed to capture the underlying long-term wealth through information on the household assets, and is intended to produce a ranking of households by wealth, from poorest to richest. The wealth index does not provide information on absolute poverty, current income or expenditure levels, and the wealth scores calculated are applicable for only the particular data set they are based on. Further information on the construction of the wealth index can be found in Rutstein and Johnson, 2004, and Filmer and Pritchett, 2001.

proportions of 7.2 percent and 5.1 percent.

Children under 6 months account for 9.2 percent of children under 5 years and those in the 6-11 months age grouping account for 9.8 percent. Most of the children are between the ages 48-59 months and constitute 21.8 percent of the children under review. The next largest set of children consists of those in the 24-35 month age group amounting to 20.7 percent.

A little less than 10.0 percent of the children (9.7 percent) live in households where their mothers or caregivers claimed to have had university education status. Larger percentages of children live in households where their mothers and caregivers claimed to have attaining upper secondary/technical-vocational education, this proportion amounting to 11.1 percent and even higher in the case of those children whose mothers or caregivers has attained none/pre-school/primary school education (17.5 percent). The largest proportion of children, a whopping 61.0 percent, live in households where their mothers or caregivers attained only lower secondary education. It must be noted that less than 1.0 percent of the cases (0.7 percent) consisted of children whose mothers'/caregivers' education level is not known.

The distribution of children according to wealth index quintiles shows that the majority of children are within the poorest quintile (23.2 percent). The next highest proportion is evident among children in the middle quintile. There are 18.5 percent of children in fourth quintile and 16.7 percent in the richest quintile. In sum, the distribution of children among the wealth index quintiles is fairly equal.

IV. Child Mortality

One of the overarching goals of the Millennium Development Goals (MDGs) and the World Fit for Children (WFFC) is to reduce infant and under-five mortality. Specifically, the MDGs call for the reduction in under-five mortality by two-thirds between 1990 and 2015. Monitoring progress towards this goal is an important but difficult objective. Measuring childhood mortality may seem easy, but attempts using direct questions, such as "Has anyone in this household died in the last year?" give inaccurate results. Using direct measures of child mortality from birth histories is time consuming, more expensive, and requires greater attention to training and supervision. Alternatively, indirect methods developed to measure child mortality produce robust estimates that are comparable with the ones obtained from other sources. Indirect methods minimize the pitfalls of memory lapses, inexact or misinterpreted definitions, and poor interviewing technique.

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 surveys, infant and under five mortality rates are calculated based on an indirect estimation technique known as the Brass method (United Nations, 1983; 1990a; 1990b). The data used in the estimation are: the mean number of children ever born for five year age groups of women from age 15 to 49, and the proportion of these children who are dead, also for five-year age groups of women.

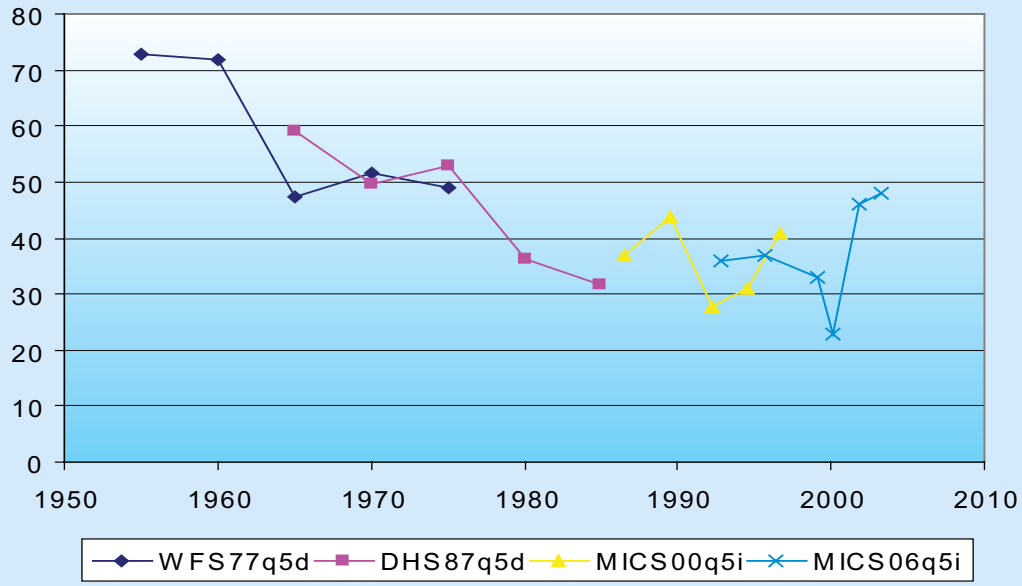
The technique converts these data into probabilities of dying by taking into account both the mortality risks to which children are exposed and their length of exposure to the risk of dying, assuming a particular model age pattern of mortality. Based on previous information on mortality in Trinidad and Tobago, the West Model Life Table was selected as the most appropriate.

Table CM.1 provides estimates of child mortality by various background characteristics. The infant mortality rate is estimated at 29 infant deaths per thousand live births, while the probability of dying before one's fifth birthday, the under-5 mortality rate (U5MR) is estimated to be around 35 per one thousand live births. These estimates have been calculated by averaging mortality estimates obtained from women 25-29 years and 30-34 years, and refer to mid 2004. Infant females have a slightly higher mortality rate at 29 per thousand than infant males at 27 per thousand. The same is also true for the under-five mortality rates which stand at 37 per thousand for females and 32 for males.

At the same time, it is worth noting that official estimates and data from other sources support more favourable magnitudes of infant mortality and child mortality at the national level. For instance, the World Health Organization (WHO) provides respective figures of 17 infant deaths per 1,000 live births and 19 per one thousand live births for 2005. For 2004, the WHO estimates of under-5 mortality indicate higher levels among males than among females, the respective figures being 24 per one thousand live births and 15 per one thousand live births. Moreover, under-5 mortality was estimated to be about 20 per one thousand live births for Trinidad and Tobago as a whole in 2004.

It is worth noting, however, that similar estimates for the different sub-populations whether predicated upon region or education, are not readily available from official sources. Nonetheless, the set of estimates that are derived from the Trinidad and Tobago 2006 MICS though indicative of an upward bias, may still provide insightful means for gauging differentials in the prevalence of infant and under-5 mortality across regions and mothers' education. Additionally, child mortality, whether from the standpoint of infant or under-5 mortality, is highest among the offspring of mothers or caregivers who have only attained none/pre-school/primary level education. Altogether, the 2006 MICS results pertaining to infant and under-5 mortality should be evaluated further by drawing on data from other sources.

Figure CM. 1- Trend in Under 5 Mortality Rates, Trinidad and Tobago, 2006



* Sources of data are:
World Fertility Survey 1977; Demographic and Health Survey 1987; MICS 2000; MICS 2006

V. Nutrition

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 Fit for Children goal states that children should be exclusively breastfed for 6 months and continue to be breastfed with safe, appropriate and adequate complementary feeding for up to 2 years of age and beyond.

WHO/UNICEF have the following feeding recommendations:

- Exclusive breastfeeding for first six months;
- Continued breastfeeding for two years or more;
- Safe, appropriate and adequate complementary foods beginning at 6 months;
- Frequency of complementary feeding: 2 times per day for 6-8 month olds; 3 times per day for 9-11 month olds.

It is also recommended that breastfeeding be initiated within one hour of birth.

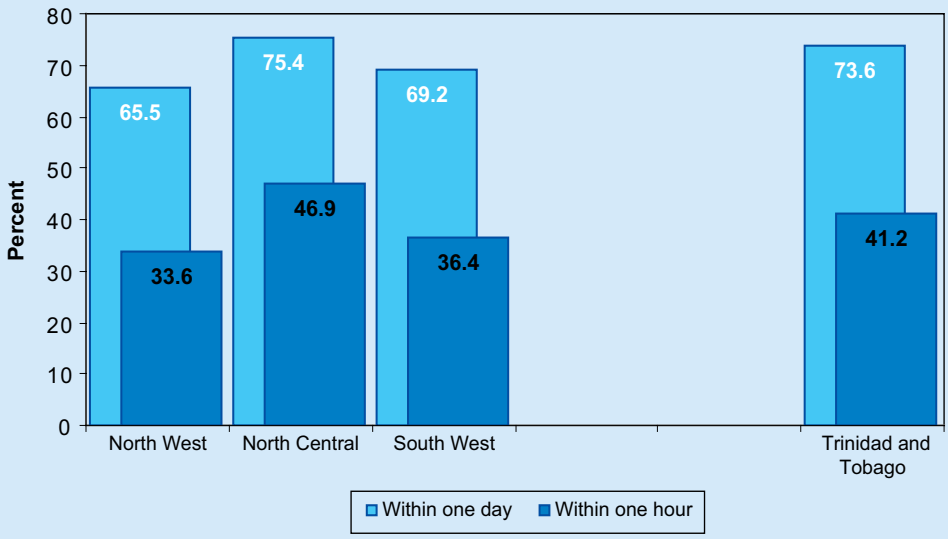
The indicators of recommended child feeding practices are as follows:

- Exclusive breastfeeding rate (< 6 months & < 4 months);
- Timely complementary feeding rate (6-9 months);
- Continued breastfeeding rate (12-15 & 20-23 months);
- Timely initiation of breastfeeding (within 1 hour of birth);
- Frequency of complementary feeding (6-11 months);
- Adequately fed infants (0-11 months).

Table NU.1 provides the proportion of women who started breastfeeding their infants within one hour of birth, and women who started breastfeeding within one day of birth (which includes those who started within one hour). The overall picture for Table NU.1, shows marked differentials in the percentage of women who started breastfeeding within one hour of birth (41.2 percent) and those women who started breastfeeding within one day of birth (73.6 percent). In looking at specific attributes of the population, the table demonstrates that the lowest proportions for both nursing indicators have been observed among women of the highest socio-economic status. Among the different socio-economic status groups, there were differences between those women who started breastfeeding within one hour of birth and those who started within one day of birth. For example, in the 2 lowest socio-economic groups, the percentage was higher for women who started breastfeeding within an hour of birth (42.6 and 47.0 percent respectively) compared to those women in the richest socio-economic group (36.6 percent). Similarly, for women who started breastfeeding within one day of birth, women from the 2 lowest wealth index quintiles represented 80.6 and 78.2 percent compared to women in the richest households (68.0 percent).

Differentials by region are also observed illustrating that the North West RHA had the lowest percentage (33.6 percent) of women who started breastfeeding within one hour of birth. The North Central Region had the highest percentage (75.4 percent) of women who started breastfeeding within one day of birth while the North West Region had the lowest (65.5 percent).

Figure NU.1 Percentage of mothers who started breastfeeding within one hour and within one day of birth, Trinidad and Tobago, 2006

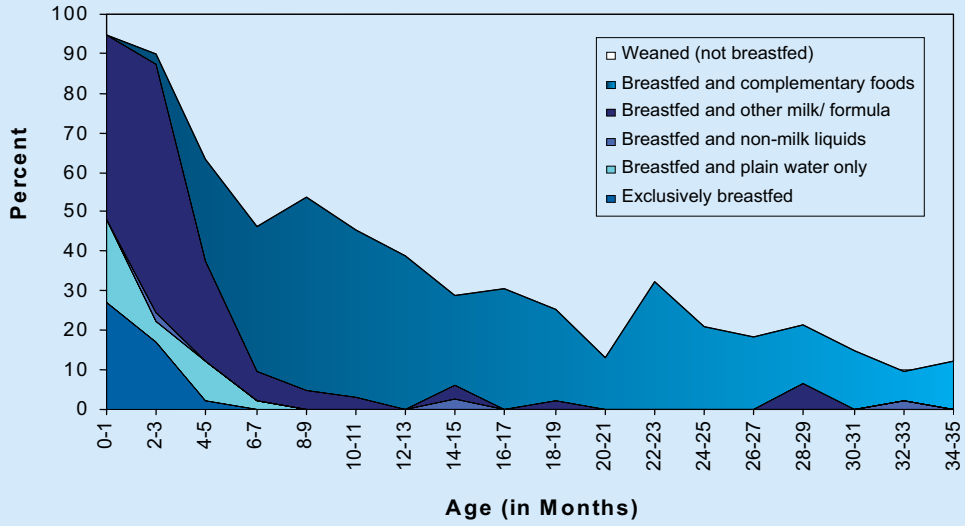


East and Tobago regions not shown as the number of cases were too small

In Table NU.2, breastfeeding status is based on the reports of mothers/caretakers of children's consumption of food and fluids in the 24 hours prior to the interview. *Exclusively breastfed* refers to infants who received only breast milk (and vitamins, mineral supplements, or medicine). The table shows exclusive breastfeeding of infants during the first six months of life (separately for children 0-3 months and children 0-5 months), as well as complementary feeding of children 6-9 months and continued breastfeeding of children at 12-15 and 20-23 months of age.

Approximately 12.8 percent of children aged less than six months are exclusively breastfed, a level considerably lower than recommended. At age 6-9 months, 42.7 percent of children are fed breast milk and receive solid or semi-solid foods. By age 12-15 months, 33.8 percent of children are being breastfed and by age 20-23 months, 22.4 percent are still breastfed.

Figure NU.2 Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Trinidad and Tobago, 2006



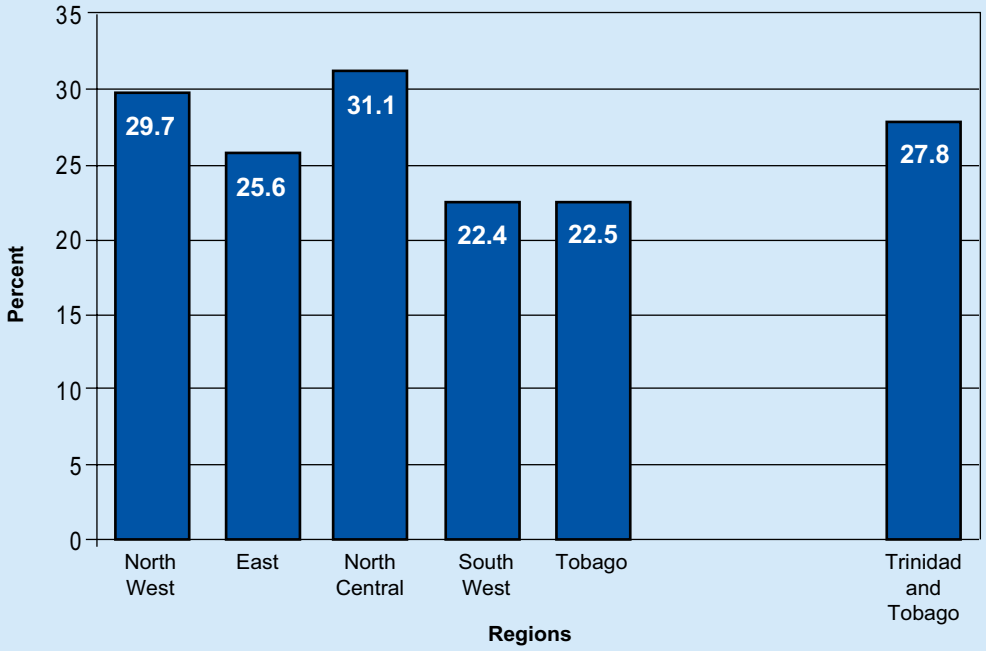
The adequacy of infant feeding among children under 12 months is provided in Table NU.3. Different criteria of adequate feeding are used depending on the age of the child. For infants aged 0-5 months, exclusive breastfeeding is considered as adequate feeding. Infants aged 6-8 months are considered to be adequately fed if they are receiving breast milk and complementary food at least two times per day, while infants aged 9-11 months are considered to be adequately fed if they are receiving breast milk and eating complementary food at least three times a day. The key findings in this table show that for 8 month old infants, 32.5 percent (the highest among the three age categories) received breast milk and complimentary food at least 2 times in the preceding 24 hours. For 9-11 month old infants, 21.9 percent received breast milk and complementary food at least 3 times in the preceding 24 hours. As a result of these feeding patterns, only 27.7 percent of children aged 6-11 months are being adequately fed. Adequate feeding among all infants (aged 0-11) drops to 20.5 percent.

Salt Iodization

Iodine Deficiency Disorders (IDD) is the world's leading cause of preventable mental retardation and impaired psychomotor development in young children. In its most extreme form, iodine deficiency causes cretinism. It also increases the risks of stillbirth and miscarriage in pregnant women. Iodine deficiency is most commonly and visibly associated with goitre. IDD takes its greatest toll in impaired mental growth and development, contributing in turn to poor school performance, reduced intellectual ability, and impaired work performance. The international goal is to achieve sustainable elimination of iodine deficiency by 2005. The indicator is the percentage of households consuming adequately iodized salt (≥15 parts per million).

Table NU.4 shows that in about 85.7 percent of households, salt used for cooking was tested for iodine content by using salt test kits and testing for the presence of potassium iodide or potassium iodate content or both. Table NU.4 also shows that in a small proportion of households (5.0 percent), there was no salt available. In 27.8 percent of households, salt was found to contain 15 parts per million (ppm) or more of iodine. In accordance with that standard criterion, Table NU.4 and Figure NU.3 show that the use of iodized salt was observed to be lowest in the South Western Region (22.4 percent) and highest in the North Central Region of Trinidad (31.1 percent). There is little notable difference among households according to the socio-economic criteria.

Figure NU.3 Percentage of households consuming adequately iodized salt, Trinidad and Tobago, 2006



Low Birth Weight

Weight at birth is a good indicator not only of a mother's health and nutritional status but also the newborn's chances for survival, growth, long-term health and psychosocial development. Low birth weight (less than 2,500 grams) carries a range of grave health risks for children. Babies who were undernourished in the womb face a greatly increased risk of dying during their early months and years. Those who survive have impaired immune function and increased risk of disease; they are likely to remain undernourished, with reduced muscle strength, throughout their lives, and suffer a higher incidence of diabetes and heart disease in later life. Children born underweight also tend to have a lower IQ and cognitive disabilities, affecting their performance in school and their job opportunities as adults.

In the developing world, low birth weight stems primarily from the mother's poor health and nutrition. Three factors have most impact: the mother's poor nutritional status before conception, short stature (due mostly to under nutrition and infections during her childhood), and poor nutrition during the pregnancy. Inadequate weight gain during pregnancy is particularly important since it accounts for a large proportion of foetal growth retardation. Moreover, diseases such as diarrhoea and malaria, which are common in many developing countries, can significantly impair foetal growth if the mother becomes infected while pregnant.

In the industrialized world, cigarette smoking during pregnancy is the leading cause of low birth weight. In developed and developing countries alike, teenagers who give birth when their own bodies have yet to finish growing run the risk of bearing underweight babies.

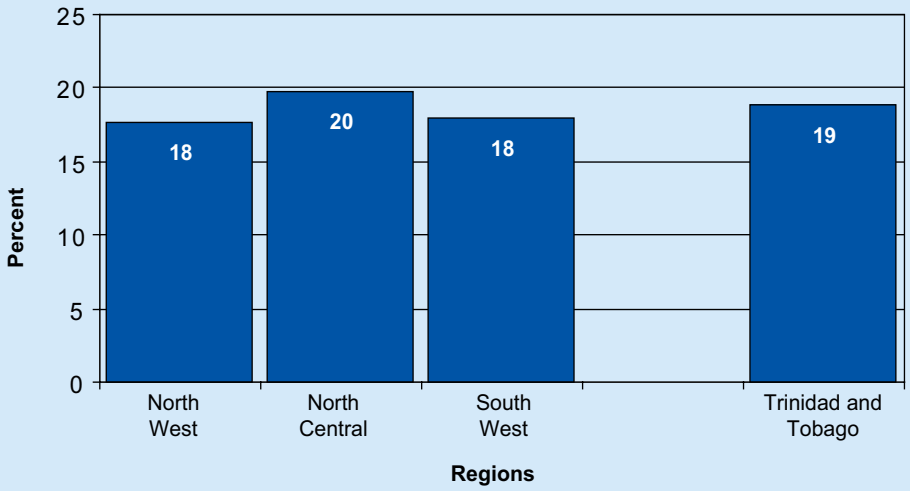
One of the major challenges in measuring the incidence of low birth weight is the fact that more than half of infants in the developing world are not weighed. In the past, most estimates of low birth weight for developing countries were based on data compiled from health facilities. However, these estimates are biased for most developing countries because the majority of newborns are not delivered in facilities, and those who are represent only a selected sample of all births.

Because many infants are not weighed at birth and those who are weighed may be a biased sample of all births, the reported birth weights usually cannot be used to estimate the prevalence of low birth weight among all 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[8] .

Table NU.5 shows that overall, 89.8 percent of live births were weighed at birth and that approximately 18.8 percent of infants are estimated to weigh less than 2500 grams at birth. The table also shows that there was noteworthy variation by socio-economic status. The highest percentages of low birth weight infants were evident among infants who belonged to the poorest and upper middle quintile groups (20.6 percent and 21.5 percent respectively) while the lowest percentages of low birth weight infants were evident among infants who belonged to the richest and lower middle quintile groups (16.4, 18.2 and 17.1 percent respectively).

8 For a detailed description of the methodology, see Boerma, Weinstein, Rutstein and Sommerfelt, 1996.

Figure NU.4 Percentage of Infants Weighing Less Than 2500 Grams at Birth, Trinidad and Tobago, 2006



* East and Tobago regions not shown as the number of cases were too small

VI. Child Health

Immunization

The Millennium Development Goal (MDG 4) is to reduce child mortality by two thirds between 1990 and 2015. Immunization plays a key part in this goal. Immunizations have saved the lives of millions of children in the three decades since the launch of the Expanded Programme on Immunization (EPI) in 1974. Worldwide there are still 27 million children overlooked by routine immunization and as a result, vaccine-preventable diseases cause more than 2 million deaths every year.

A World Fit for Children goal is to ensure full immunization of children under one year of age at 90 percent nationally, with at least 80 percent coverage in every district or equivalent administrative unit.

The immunization schedule for Trinidad and Tobago is as follows:

DOSE	*AGE OF CHILD*	*IMMUNIZATION*
First	3 months	DPT/HepB/Hib, Oral Polio
Second	4 months	DPT/HepB/Hib, Oral Polio
Third	6 months	DPT/HepB/Hib, Oral Polio
	12 months	Yellow Fever/MMR
Booster	18 months	DPT/Oral Polio Vaccine
Booster	4-5 years	DPT/Oral Polio Vaccine
Booster	4-6 years	MMR
Booster	10-12 years	Td(Adult), Yellow Fever
Adult	19-45 years	MMR

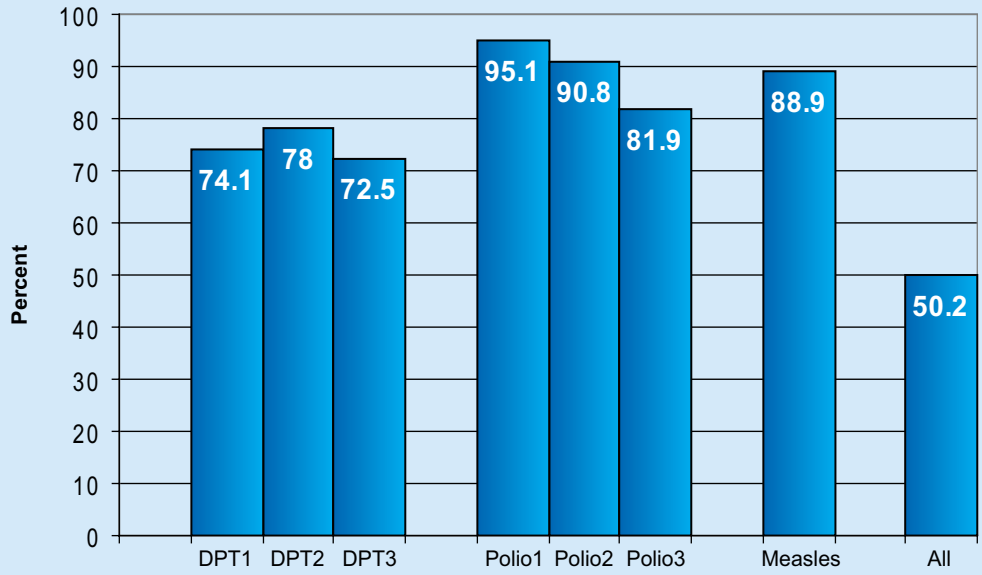
According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT to protect against diphtheria, pertussis, and tetanus, three doses of polio vaccine, and a measles vaccination by the age of 12 months. Mothers were asked to provide vaccination cards for children under the age of five years. Interviewers were expected to copy the vaccination information from the cards onto the MICS questionnaire. In Trinidad and Tobago, official statistics published by the Ministry of Health reveal that the coverage of polio and DPT among infants in their first year of life was 95 percent in 2005 for both vaccines. With respect to the MMR and yellow fever vaccines, the coverage among children 12-23 months was 93 percent for both vaccines. Similar levels of coverage in the neighbourhood of 90 percent were evident since 2000.

Overall, Table CH.2 shows that 78.8 percent of children had health cards. If the child did not have a card, the mother was asked to recall whether or not the child had received each of the vaccinations and, for DPT and Polio, how many times. The percentage of children aged 18 to 29 months who received each of the vaccinations is shown in Table CH.1. The denominator for the table is comprised of children aged 18-29 months so that only children who are old enough to be fully vaccinated are counted. In the top panel, the numerator includes all children who were vaccinated at any time before the survey according to the vaccination card or the mother's report. In the bottom panel, only those who were vaccinated before their first birthday, as recommended, are included. 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.

By the age of 12 months, 74.1 percent of children aged 18-29 months had received the first dose of DPT vaccinations. The percentage for subsequent doses of DPT is 78.0 percent for the second dose, and declines to 72.5 percent for the third dose (Figure CH.1). Similarly, 95.1 percent of children aged 18-29 months received their first polio vaccine by the age 12 months.

However, the respective proportions that received their second and third polio vaccines by the age of 12 months declined to 90.8 percent and 81.9 percent respectively. By the age of 12 months, the coverage for measles vaccination is estimated to be 88.9 percent among children aged 18-29 months. Given such patterns of vaccination, it is estimated that approximately one half (50.2 percent) of the children aged 18-29 months had all of their recommended vaccinations before their first birthday. Moreover, a relatively small proportion amounting to 3.0 percent had none of the recommended vaccinations by their first birthday.

Figure CH.1 Percentage of children aged 12-23 months who received the recommended vaccinations by 12 months, Trinidad and Tobago, 2006



In Trinidad and Tobago, additional recommended vaccinations include Hepatitis B, yellow fever and Haemophilus Influenzae type b (Hib), insofar as they are reflected in the above immunization schedule. Accordingly, Table CH.1c reveals that 77.6 percent of all children 18-29 months had received their first Hepatitis B vaccine by their first birthday. Lower proportions amounting to 74.2 percent and 70.0 percent respectively, had received their second and third Hepatitis B vaccinations by their first birthday. In contrast, just over one third (approximately 35.2 percent) of 18-29 month olds had received vaccination against yellow fever by their first birthday.

Tables CH.2 and CH.2c show vaccination coverage rates among children 18-29 months by background characteristics including sex, health region of residence, mother's education and socio-economic status. The figures pertain to children who had received vaccinations at any time up to the date of the survey, and are based on information from both the vaccination cards and mothers'/caretakers' reports. In the context of different doses of vaccines against polio, measles or diphtheria, pertussis and tetanus, males appear to be a bit more likely than females to have received vaccinations. The estimates also suggest that males are slightly

more likely to have received all of these vaccinations when compared to females. Despite relatively small proportions that are less than 5.0 percent, the estimates suggest that females may almost be twice as likely as males to have received none of these vaccines.

It is worth noting that some of these findings, whether in the context of children's sex, health region of residence and socio-economic status, seem counter-intuitive and thus, may rely upon the outcome of further research initiatives that seek to evaluate the statistical significance of such observed patterns.

With respect to some of the additional recommended vaccines such as Hepatitis B and yellow fever, Table CH.2c indicates that there is likely to be little or no differentials in vaccination status across the sexes. In the case of the Haemophilus Influenzae type b (Hib) vaccine, there appears to be a slightly higher likelihood of the vaccination being administered to males when compared to females.

Tetanus Toxoid

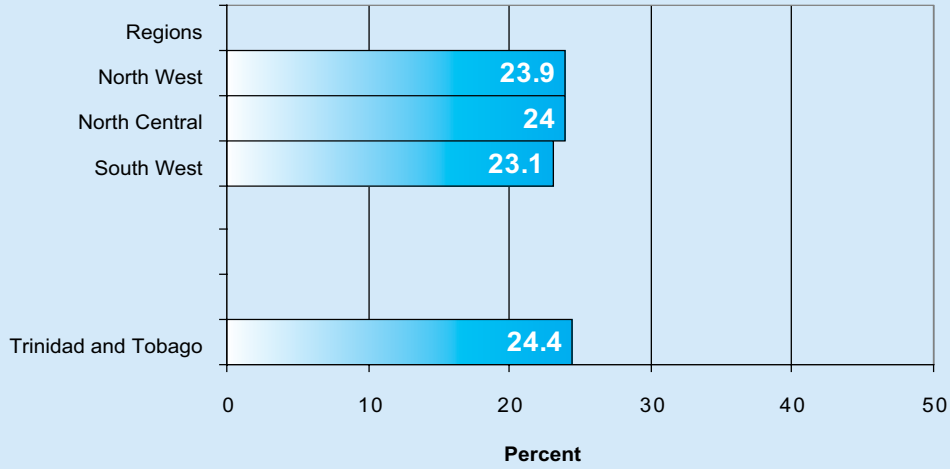
One of the MDGs is to reduce by three quarters the maternal mortality ratio, with one strategy to eliminate maternal tetanus. In addition, another goal is to reduce the incidence of neonatal tetanus to less than 1 case of neonatal tetanus per one thousand live births in every district. A World Fit for Children goal is to eliminate maternal and neonatal tetanus by 2005.

Prevention of maternal and neonatal tetanus is to assure all pregnant women receive at least two doses of tetanus toxoid vaccine. However, if women have not received two doses of the vaccine during the pregnancy, they (and their newborn) are also considered to be protected if the following conditions are met:

- Received at least two doses of tetanus toxoid vaccine, the last within the prior 3 years;
- Received at least 3 doses, the last within the prior 5 years;
- Received at least 4 doses, the last within 10 years;
- Received at least 5 doses during lifetime.

Table CH.3 shows the protection status from tetanus among women who have had a live birth within the last 24 months. Figure CH.2 shows the protection of women against neonatal tetanus according to the background characteristic of region. Altogether, 24.4 percent of women with a live birth in the last 24 months were protected against neonatal tetanus. There appeared to be very little variation among women across the regions.

Figure CH.2 Percentage of women with a live birth in the last 24 months who are protected against neonatal tetanus, Trinidad and Tobago, 2006



* East and Tobago regions not shown as the number of cases were too small

Oral Rehydration Treatment

Diarrhoea is the second leading cause of death among children under five worldwide. Most diarrhoea-related deaths in children are due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhoea – 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 diarrhoea.

The goals are to: 1) reduce by one half death due to diarrhoea among children under five by 2010 compared to 2000 (A World Fit for Children); and 2) reduce by two thirds the mortality rate among children under five by 2015 compared to 1990 (Millennium Development Goals). In addition, the World Fit for Children calls for a reduction in the incidence of diarrhoea by 25 percent.

The indicators are:

- Prevalence of diarrhoea;
- Oral rehydration therapy (ORT);
- Home management of diarrhoea;
- (ORT or increased fluids) ***AND*** continued feeding.

In the MICS questionnaire, mothers (or caretakers) were asked to report whether their child had had diarrhoea 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.

In the case of Trinidad and Tobago, for reporting purposes, there were too few cases of children (3.7 percent) who were found in the data with diarrhoeal related issues.

Care Seeking and Antibiotic Treatment of Pneumonia

Pneumonia is the leading cause of death in children and the use of antibiotics in children under 5 years with suspected pneumonia is a key intervention. A World Fit for Children goal is to reduce by one-third the deaths due to acute respiratory infections.

Children with suspected pneumonia are those who had an illness with a cough accompanied by rapid or difficult breathing and whose symptoms were NOT due to a problem in the chest and a blocked nose. The indicators are:

- Prevalence of suspected pneumonia;
- Care seeking for suspected pneumonia;
- Antibiotic treatment for suspected pneumonia;
- Knowledge of the danger signs of pneumonia.

In the case of Trinidad and Tobago, for reporting purposes, there were too few cases of children (2.5 percent) who were found in the data with suspected pneumonia.

Issues related to knowledge of danger signs of pneumonia are presented in Table CH.4. Obviously, mothers' knowledge of the danger signs is an important determinant of care-seeking behaviour. Overall, (40.0 percent) of mothers/caregivers know of the two danger signs of pneumonia – fast and difficult breathing. The most commonly identified symptom for taking a child to a health facility is when the child develops a fever (77.7 percent). The least frequently recognized symptom is if the child is drinking poorly (27.6 percent). The percentage of mothers/caregivers who identified fast breathing as a symptom for taking children immediately to a health care provider is 45.7 percent as opposed to 61.1 percent in the case of mothers/caregivers who identified difficult breathing as such a symptom.

Interestingly, mothers/caregivers who attained lower levels of education have been observed to be more likely to recognize the two danger signs of pneumonia. With respect to mothers/caregivers with no more than primary level education, the respective proportion of mothers who recognized the two danger signs of pneumonia is observed to be 41.6 percent while only

37.1 percent recognized such signs among mothers/caregivers with secondary/technical-vocational education.

Across the different geographic regions, there does not appear to be much variation in the percentages of mothers/caregivers who recognized the two danger signs of pneumonia although the North Central RHA recorded a slightly lower percentage (35.6 percent) than the other regions. There appears to be a slight positive association between the socio-economic status of mothers/caregivers and recognition of the two danger signs of pneumonia. Specifically, mothers/caregivers belonging to the richest and upper middle class group appear to be a bit more likely than those in the middle, lower middle and poorest groups to have recognized the two danger signs. For the richest and upper middle class groups, the respective percentages are 42.3 and 42.9 percent while corresponding percentages among the poorest, middle and lower middle class groups are 39.2, 38.1 and 38.4 percent respectively.

Solid Fuel Use

More than 3 billion people around the world rely on solid fuels (biomass and coal) for their basic energy needs, including cooking and heating. Cooking and heating with solid fuels leads to high levels of indoor smoke, a complex mix of health-damaging pollutants. The main problem with the use of solid fuels is products of incomplete combustion, including CO, polyaromatic hydrocarbons, SO_2, and other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

Overall, Table CH.5 shows that point three percent of households used solid fuels for cooking. The use of solid fuels was highest in Tobago (0.9 percent) and Eastern Region (0.7 percent). Use of this fuel varied in other parts of the country from 0.1 to 0.3 percent. The findings also revealed that only the poorest households (1.4 percent) use solid fuels to cook.

The most widely used fuels for cooking were liquid propane gas and electricity. The respective fuels were estimated to be used in 92.8 percent and 5.7 percent of all households nationwide. However, electricity was more than four times as likely to be used as a cooking fuel in the richest households than in any other set of households predicated upon socio-economic status. In fact, there is evidence of a positive association between the socio-economic status of households and the likelihood of electricity use as a source of cooking fuel. Specifically, 22.3 percent of the households in which the head had at least a university education and 21.7 percent of the richest households used electricity as a source of cooking fuel. In contrast, more affluent households appear less likely than less affluent ones to use liquid propane gas as a source of cooking fuel, the proportions being 76.7 percent for households with heads who

had at least a university education and 78.1 percent for the richest households. In less affluent households, corresponding percentages in excess of 90 percent are observed in Table CH.5.

From the standpoint of the general population, it can be deduced from the findings that the health effects associated with the burning of solid fuels for cooking would be low. However, for the poor households that use solid fuels for cooking, the health effects would be influenced by the type of devices used for cooking and the adequacy of ventilation provided in the households.

VII. Environment

Water and Sanitation

Safe drinking water is a basic necessity for good health. 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 bear the primary responsibility for carrying water, often for long distances, especially in rural areas.

The MDG goal is to reduce by half, between 1990 and 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. The World Fit for Children goal calls for a reduction in the proportion of households without access to hygienic sanitation facilities and affordable and safe drinking water by at least one-third.

The list of indicators used in MICS are as follows :

Water:

- Use of improved drinking water sources;
- Use of adequate water treatment method;

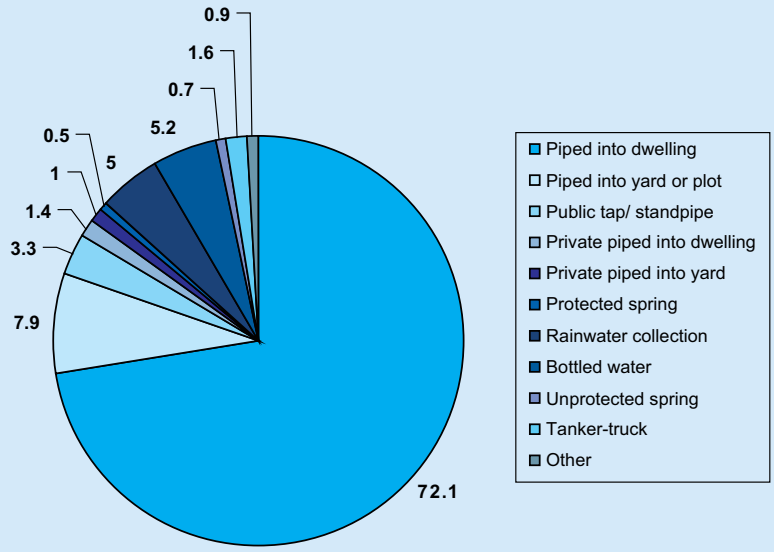
- Time to source of drinking water;
- Person collecting drinking water.

Sanitation:

- Use of improved sanitation facilities;
- Sanitary disposal of child's faeces.

The distribution of the population by source of drinking water is shown in Tables EN.1-A and B and Figure EN.1. The population using *improved sources* of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/standpipe, protected spring and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as hand-washing and cooking. Rainwater collection being classified as an improved source is consistent with the international standard that is embraced by UNICEF (Table EN.1-A). The report also presents results in accordance with a country-specific standard that more adequately reflects the cultural space of Trinidad and Tobago (Table EN.1-B).

Figure EN.1 Percentage distribution of household members by source of drinking water, Trinidad and Tobago, 2006



In accordance with the international standard embraced by UNICEF, Table EN.1-A reveals that 96.4 percent of the population had an improved source of drinking water. Moreover, the table also shows that 72.1 percent of the population had their supply piped into dwelling and 7.9 percent piped into yard or plot. In terms of region, the South Western Region and Tobago had the highest percentage of persons living in situations with water piped into yard or plot (12.5 and 10.8 percent respectively). The use of bottled water was observed to be

significantly higher in the population with university education (13.4 percent) and among the richest quintile (12.0 percent) when compared to the average of 5.2 percent for the total population.

The data also revealed that relatively larger percentages of poorer household members had water piped into yard or plot (20.3 percent) and used public/standpipe (13.9 percent). The use of rain water was also highest among the poorest household members (14.5 percent) and persons from households in the Eastern Region (19.3 percent) when compared to other relevant groups in the total population. When reference is made to the country-specific conception of improved water sources, Table EN.1-B shows that a lower proportion amounting to 91.4 percent of the population had an improved source of drinking water. Irrespective of the standard embraced, the pattern of variation in improved and unimproved sources of water appear to remain unchanged for the different categories of region, education of household head and wealth index quintiles.

Use of in-house water treatment is presented in Table EN.2. Households were asked of ways they may be treating water at home to make it safer to drink – boiling, adding bleach or chlorine, using a water filter, straining through a cloth and letting the water stand and settle were considered as proper treatment of drinking water. The table shows the percentages of household members using appropriate water treatment methods, separately for all households, for households using improved and unimproved drinking water sources. Overall, 34.1 percent of household members use an appropriate water treatment method while 63.3 percent of household members live in environments that do not use any water treatment method. Households that use boiled water accounts for 22.1 percent while filter use as a treatment method was relatively higher among persons from households in which the head was university-trained (27.4 percent) and among richest persons (29.1 percent). When one looks at regional differences in the treatment of water from all drinking sources, the Eastern Region had the lowest proportion of household members exposed to the use of an appropriate water treatment method (18.2 percent).

The percentage of household members living in environments that do not use any treatment method (63.3 percent) must be considered in relation to the percentage of household members (96.4 percent) that had been exposed to an improved source of drinking water. Further household treatment of this improved source of drinking water to reduce the likely occurrence of waterborne diseases may not be necessary. Of concern, however, would be household members' exposure to the unimproved drinking water sources for which only 28.1 percent were exposed to the use of an appropriate water treatment method.

A distribution of households according to the amount of time it takes to obtain water is presented in Table EN.3. In the case of households in which drinking water is collected off the premises, Table EN.4 presents a distribution according to the characteristics of persons

collecting such water. Note that these results refer to one roundtrip from home to drinking water source. Information on the number of trips made in one day was not collected.

Overall, Table EN.3 shows that the mean time to source drinking water (excluding water on premises) was estimated to be 18.5 minutes. The percentage of households sourcing drinking water however, was low, since 92.9 percent of household had water on their premises. With respect to households in which drinking water is collected off the premises, Table EN.4 shows that adult men (71.1 percent) collected drinking water for a greater proportion of households than any other sub-population. In 20.8 percent of households, adult women collected drinking water. Generally, the percentage of households with children collecting drinking water was found to be extremely low, except in Tobago where female children collected water in 6.3 percent of the households and in the North Central Region where male children collected water in 6.4 percent of all households.

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal diseases and polio. Improved sanitation facilities for excreta disposal include: flush or pour flush to a piped sewer system, septic tank, or latrine; ventilated improved pit (VIP) latrine and pit latrine with slab.

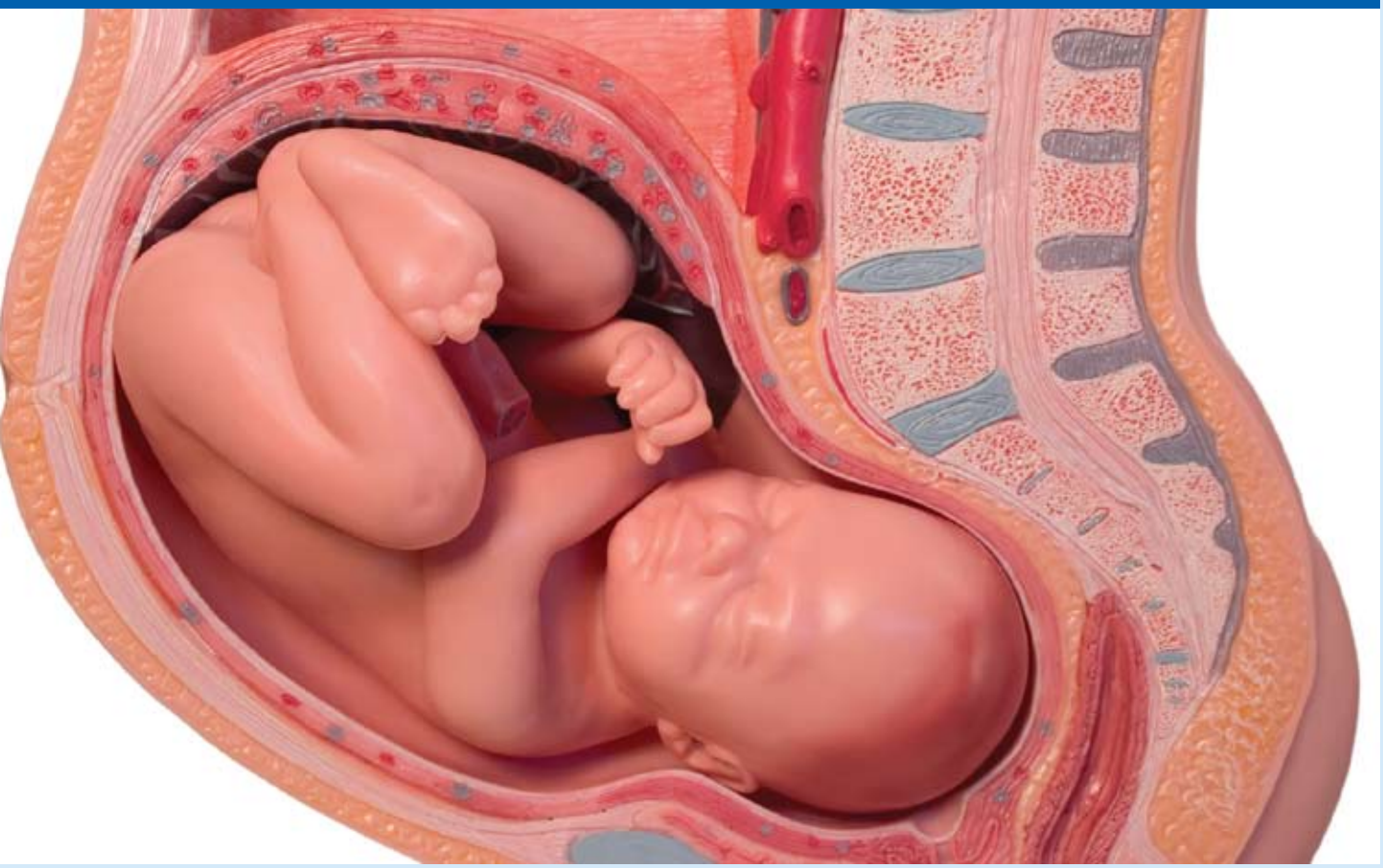
Table EN.5 reveals that 98.8 percent of the population in households was exposed to using sanitary means of excreta disposal. Improved sanitation facility reflected flush to septic tank as the main source of disposal (65.3 percent) followed by flush to piped sewer system (19.1 percent) and pit latrine with slab (12.7 percent). The highest percentage of exposure to the pit latrine use was among the poorest persons (57.1 percent in the case of pit latrine use with slab, 6.5 percent in the case of VIP and 3.7 percent in the case of pit latrine without slab).

With respect to children 0-2 years, in terms of disposal of child's faeces, Table EN.6 shows the pattern of disposal of faeces. According to the table, solid waste was the principal means of disposal of child faeces which was thrown into the garbage , this being evident in the case of 73.1 percent of the children. This pattern was not very different across the Regional Health Areas (RHAs), mother's education and wealth index quintiles. Safe disposal of stools was therefore only reflected in the cases of 24.9 percent of the children 0-2 years. Although disposal of children stools into garbage may not be considered to be safe disposal, its contribution to diarrheal disease may be extremely low especially if an efficient collection and disposal system for solid wastes exists in the community. Unsafe drinking water, poor nutrition of the child and poor personal hygiene of the caregivers are more likely to be associated with outbreaks of diarrheal diseases.

Table EN.7 presents an overview of the percentage of household members using improved sources of drinking water and sanitary means of excreta disposal. The presence of both indicators was seen in 95.2 percent of the survey population, while the percentage using

improved sources of drinking water was 96.4 percent and sanitary means of excreta disposal at a high of 98.7 percent. Evidently, attributes deemed to be characteristic of socio-economic status, for example, the education of the household head and wealth index quintiles, are positively correlated with persons' simultaneous exposure to the use of improved sources of drinking water and sanitary means of excreta disposal.

VIII. Reproductive Health



Contraception

Appropriate family planning is important to the health of women and children by: 1) preventing pregnancies that are too early or too late; 2) extending the period between births; and 3) limiting the number of children. A World Fit for Children goal is that all couples should have access to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many.

According to Table RH.1, current use of contraception was reported by 42.5 percent of women, aged 15-49 years, currently married or in union. Approximately 37.7 percent of women reported using a modern method of contraception as compared to 4.8 percent of women who use any traditional method. The most popular method that such women reported is the condom which is used by the partners of 13.0 percent of women. The pill is the next most popular method that was reported by 10.9 percent of these women. This was followed by female sterilization for which the corresponding proportion is 8.4 percent. Between two and three percent of women reported the use of the IUD and injectables. Between one to two percent reported the use of periodic abstinence, withdrawal and other methods. Male sterilization, vaginal methods, or the lactational amenorrhea method (LAM) were used by less than one percent.

Current use of contraception does reflect a pattern that may be indicative of age-related childbearing intentions of women currently married or in union. For married or in union women aged 15-19 years, those who reported current use of a contraceptive method represent 41.3 percent compared to respective proportions of 49.1 percent and 47.4 percent among women aged 30-34 years and 40-44 years. Thus, the relatively higher proportions of current use in these age groups could be indicative of women's desire to avert or limit pregnancy very early in their reproductive lives or at later stages. In contrast, lower proportions of current use are evident in the 20-24 and 45-49 age groups, the respective figures being 34.1 percent and 30.6 percent which could be indicative of efforts to start on continue childbearing in the case of the younger women 20-24 years and perhaps, the onset of menopause in the case of the older women 45-49 years.

Women's education level is associated with current contraceptive prevalence. The percentage of women using any method of contraception rises from 36.9 percent among those with no/pre-school/primary education to 42.3 percent among those with lower secondary education and to approximately 56.5 percent among those with university education. Thus, the findings are consistent with a positive association between women's education and current contraceptive prevalence. In addition to differences in prevalence, the method mix varies by education. Among the contraceptive users with no/pre-school/primary, 9.9 percent and 9.7 percent use female sterilization and the condom as the main methods of contraception; this is followed by use of the pill at 7.8 percent. In contrast, contraceptive users with university education use the condom at 17.4 percent and the pill at 14.5 percent as the main methods of contraception. This is followed by an estimated 10.0 percent who are sterilized.

Unmet Need

Unmet need[9] for contraception refers to fecund women who are not using any method of contraception, but who wish to postpone the next birth or who wish to stop childbearing altogether. Unmet need is identified in MICS by using a set of questions eliciting current behaviours and preferences pertaining to contraceptive use, fecundity, and fertility preferences.

Women in unmet need for spacing includes women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to space their births. Pregnant women are considered to want to space their births when they did not want the child at the time they got pregnant. Women who are not pregnant are classified in this category if they want to have a(nother) child, but want to have the child at least two years later, or after marriage.

9 Unmet need measurement in MICS is somewhat different than that used in other household surveys, such as the Demographic and Health Surveys (DHS). In DHS, more detailed information is collected on additional variables, such as postpartum amenorrhoea, and sexual activity. Results from the two types of surveys are strictly not comparable.

Women in unmet need for limiting are those women who are currently married (or in union), fecund (are currently pregnant or think that they are physically able to become pregnant), currently not using contraception, and want to limit their births. The latter group includes women who are currently pregnant but had not wanted the pregnancy at all, and women who are not currently pregnant but do not want to have a(nother) child.

Total unmet need for contraception is simply the sum of unmet need for spacing and unmet need for limiting.

Using information on contraception and unmet need, the percentage of demand for contraception satisfied is also estimated from the MICS data. Percentage of demand for contraception satisfied is defined as the proportion of women currently married or in union who are currently using contraception, of the total demand for contraception. The total demand for contraception includes women who currently have an unmet need (for spacing or limiting), plus those who are currently using contraception.

Table RH.2 shows the results of the survey on contraception, unmet need, and the demand for contraception satisfied. In Trinidad and Tobago, the unmet need for contraception is 26.7 percent (spacing is 6.3 percent and limiting is 20.4 percent). The percentage of demand for contraception satisfied is 61.4 percent.

Antenatal Care

The antenatal period presents important opportunities for reaching pregnant women with a number of interventions that may be vital to their health and well-being and that of their infants. Better understanding of foetal growth and development and its relationship to the mother's health has resulted in increased attention to the potential of antenatal care as an intervention to improve both maternal and newborn health. For example, if the antenatal period is used to inform women and families about the danger signs and symptoms and about the risks of labour and delivery, it may provide the route for ensuring that pregnant women do, in practice, deliver with the assistance of a skilled health care provider. The antenatal period also provides an opportunity to supply information on birth spacing, which is recognized as an important factor in improving infant survival.

Tetanus immunization during pregnancy can be life-saving for both the mother and infant. The prevention and treatment of malaria among pregnant women, management of anaemia during pregnancy and treatment of STIs can significantly improve foetal outcomes and improve maternal health. Adverse outcomes such as low birth weight can be reduced through a combination of interventions to improve women's nutritional status and prevent infections (e.g., malaria and STIs) during pregnancy. More recently, the potential of the antenatal period as an entry point for HIV prevention and care, in particular for the prevention of HIV transmission from mother to child, has led to renewed interest in access to and use of antenatal

services. In Trinidad and Tobago, there is a Prevention of Mother to Child Transmission Unit located in the Ministry of Health which deals specifically with the provision of services identified above.

WHO recommends a minimum of four antenatal visits based on a review of the effectiveness of different models of antenatal care. WHO guidelines are specific on the content of antenatal care visits, which include:

- Blood pressure measurement;
- Urine testing for bateriuria and proteinuria;
- Blood testing to detect syphilis and severe anemia;
- Weight/height measurement (optional).

According to Table RH.3, 95.7 percent of the women aged 15-49 years who gave birth in the last two (2) years preceding the survey received antenatal care by a skilled person such as a doctor, nurse, midwive, and auxiliary nurse midwive who are skilled health personnel with midwifery skills to manage normal deliveries and diagnose or refer obstetric complications. The level of antenatal care does not differ significantly across the regions.

The type of personnel providing antenatal care to women aged 15-49 years who gave birth in the two years preceding is presented in Table RH.3. Approximately 88.8 and 6.5 percent of women receive antenatal care from either a medical doctor or nurse/midwife respectively. This was followed by 3.3 percent of women who received assistance from a community health worker and less than 1 percent from an auxiliary midwife or other/missing. Only 0.8 percent of the women reported that they did not receive any antenatal care.

An analysis of the services received by the women reveal that 98.0 percent had a blood sample taken; 98.2 percent had blood pressure measured; 98.0 percent had a urine specimen taken and 97.6 percent had weight measured. There is little variance across age, education and socio-economic status.

Assistance at Delivery

Three quarters of all maternal deaths occur during delivery and the immediate post-partum period. The single most critical intervention for safe motherhood is to ensure a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency. A World Fit for Children goal is to ensure that women have ready and affordable access to skilled attendance at delivery. The indicators are the proportion of births with a skilled attendant and proportion of institutional deliveries. The skilled attendant at delivery indicator is also used to track progress toward the

Millennium Development target of reducing the maternal mortality ratio by three quarters between 1990 and 2015.

The MICS included a number of questions to assess the proportion of births attended by a skilled attendant. *A skilled attendant* includes a doctor, nurse, midwife or auxiliary midwife.

According to Table RH.5, about 97.8 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel. This percentage does not differ significantly across any of the regions. Further, the educational levels of women did not affect the likelihood of delivery with the assistance of a skilled person.

A little less than half of the births (48.8 percent) were delivered with assistance by a doctor. Nurses/midwives assisted with the delivery of 48.1 percent of births. One percent or less of births was delivered with the assistance of auxiliary midwives, traditional birth attendants or a relative/friend. Only 0.3 percent of women reported that there was no attendant to assist with their delivery. Approximately 97.4 percent of the births were delivered in a health facility.

IX. Child Development

It is well recognized that a period of rapid brain development occurs in the first 3-4 years of life, and the quality of home care is the major determinant of the child's development during this period. In this context, adult activities with children, presence of books in the home, for the child, and the conditions of care are important indicators of the quality of home care. A World Fit for Children goal is that "children should be physically healthy, mentally alert, emotionally secure, socially competent and ready to learn."

Information on a number of activities that support early learning was collected in the survey. These included the involvement of adults with children in the following activities: reading books or looking at picture books, telling stories, singing songs, taking children outside the home, compound or yard, playing with children, and spending time with children naming, counting, or drawing things.

According to Table CD.1, 94.0 percent of under-five children had an adult who engaged in four or more activities that promote learning and school readiness during the 3 days preceding the survey. The average number of activities that adults engaged with children was 5.4. Having presented the overall picture, and in looking at specific attributes of the children under review, the table illustrates that father's level of educational attainment was associated with his involvement in such activities; fathers who had attained university education were more involved than fathers who were not educated or had attained up to a primary school education. The data suggest that there appears to be a relationship between fathers who were

not in the household and the low percentage of involvement in four or more activities. Only 31.4 percent of children were living in a household without their natural fathers.

Whether the children were male or female, there appear to be negligible difference in their exposure to activities promoting school readiness. From a gender lens, however, male children were more likely to be exposed to activities initiated by fathers than was the case among female children. Differentials by region and socio-economic status are also observed with the greatest level of exposure to adult activities being evident among children resident in the North Central region (95.5 percent) and the lowest among those resident in the Tobago (86.5 percent). The greatest exposure to adult activities is observed among children living in the richest households (97.3 percent) while the lowest exposure is evident among those living in the poorest households (92.1 percent).

Exposure to books in early years not only provides the child with greater understanding of the nature of print, but may also gives the child opportunities to see others reading, such as older siblings doing school work. The presence of books is important for later school performance and IQ scores.

Table CD.2 illustrates that 89.9 percent of children are living in households where at least 3 non-children's books are present. The percentage of children living in households where 3 or more children's books are present is slightly lower, at 81.4 percent. The richest households had the highest percentage (94.7 percent) of children living in households where there are 3 or more non-children's books present. The corresponding proportion in the poorest households was 81.2 percent.

The differentials observed across the regions are negligible, indicating that children in each of the regions have similar access to both types of books. Children's exposure to both non-children's and children's books is positively associated with the their age; for older children aged 24-59 months, as much as 91.4 percent lived in the homes with 3 or more non-children's books while in the case of their younger counterparts aged 0-23 months, the corresponding proportion is 87.3 percent. A similar differential exists in terms of children's books.

Mothers/caretakers were asked about their children's exposure to a specific set of playthings. Accordingly, Table CD.2 shows that 37.0 percent of children aged 0-59 months had 3 or more playthings to play with in their homes, while 5.0 percent had none. The playthings in MICS included household objects, homemade toys, toys that came from a store, and objects and materials found outside the home. It is interesting to note that 91.0 percent of children play with toys that come from a store; however, the percentages for other types of toys are below 50.0 percent.

The proportion of children who have 3 or more playthings to play with is 39.9 percent among male children and 34.0 percent among female children. The Eastern Region has the highest percentage (52.4 percent) of children aged 0-59 months who had 3 or more types of playthings. The table also shows that in terms of mother's education, the highest percentage (44.2 percent of children who belonged to mothers who had an upper secondary / technical-vocational level of education had 3 or more types of playthings. In contrast, the lowest percentage of children (34.7 percent) belonged to mothers whose level of education did not surpass primary school.

With respect to differences in the socio-economic status of households, differentials in children's access to at least three playthings are small. Table CD.2 shows that in the case of the richest households, 43.2 percent of the children aged 0-59 months had 3 or more types of playthings. Age is the only background variable that appears to have a strong association with children's access to playthings.

Leaving children alone or in the presence of other young children is known to increase the risk of accidents. In MICS, two questions were asked to find out whether children aged 0-59 months were left alone during the week preceding the interview, and whether children were left in the care of other children under 10 years of age. According to Table CD.3, less than 1 percent (0.8 percent) of children aged 0-59 months were left in the care of other children, while less than a half percent (0.4 percent) were left alone during the week preceding the interview. Table CD.3 indicates that 1.0 percent of children age 0-59 months was left with inadequate care during the week preceding the survey. Compared to the other Regions of Trinidad and Tobago, the South West Region had the highest percentage of children who were left with inadequate care (2.7 percent). Mother's education appears to be associated with the likelihood of children being left with inadequate care. Thus, inadequate care was more prevalent among children whose mothers had primary level education or less (4.0 percent), as opposed to among children whose mothers had secondary education (less than 1.0 percent for both categories of secondary education). Estimates reveal that children whose mothers had university education may have had universal exposure to adequate care during the period under review.

Notwithstanding earlier observations that just 1.0 percent of the under-five children are left with inadequate care, the survey data also reveal that children under 2 years (i.e. aged 0-23 months) were almost twice as likely to be left with inadequate care when compared to their older counterparts aged 24-59 months, the respective proportions being 1.4 percent and 0.8 percent. With regard to socio-economic status, children in the two poorest groups were more likely to be left with inadequate care when compared to their counterparts from the other socio-economic groups.

X. Education

Education System

The government's education policy has been to create a modernized education system that provides the education and training as well as inculcate the skills and values relevant to the developmental needs of the country. In this regard, the government has accorded high priority to the development of a seamless, quality education system that affords articulation from Early Childhood Care and Education (ECCE) level to the tertiary level. In accordance with Vision 2020, these initiatives are expected to create an education system with contents and methods that reflect the country's social and cultural realities and provide young people with skills for living, working and citizenship in Trinidad and Tobago.

The education system in Trinidad and Tobago includes both public (government and government-assisted) and private schools. It is comprised of five levels, namely, pre-primary, primary, secondary, post-secondary (Advanced Proficiency and Technical /Vocational) and tertiary levels. The Ministry of Education (MOE) is the administrative authority for the pre-primary to post-secondary and the Ministry of Science, Technology and Tertiary Education (MSTTE) has responsibility for tertiary level education. Mission and Vision of the Ministry of

Education is 'Excellence in Education: developing imagination, intellect and spirit for creating committed enterprising citizens and global leaders'.

Early Childhood Care and Education

Attendance to early childhood care and education in an organized learning or child education programme is important for the readiness of children to attend primary school. One of the World Fit for Children goals is the promotion of early childhood care and education.

In 2005, there were approximately 35,000 children of pre-school age (3 – 4 years old). Of this number 18,000 were males and 17,000 were females (UIS Global Education Database, 2006). According to Table ED.1, 74.7 percent of children aged 36–59 months are attending early childhood care and education programmes. Female children aged 36-59 months appear a bit more likely than their male counterparts to be attending early childhood care and education programmes, the respective proportions being 75.8 percent and 73.5 percent.

Among children aged 36-59 months, the survey results did not reveal substantial regional differences with regard to attendance to early childhood centres in Trinidad. However, such attendance was more prevalent in the Eastern Region (79.6%), and lowest in Tobago (63.2%), a difference of 16.4 percentage points. Table ED.1 also shows that mother's education may be related to children's attendance at an early childhood care and education programme.

Differentials by the socio-economic status of children aged 36-59 months are observed with regard to attendance to early childhood care and education programmes. Overall, 87.3 percent of children living in the richest households were estimated to be attending an early childhood care and education programmes, while the figure falls to 64.8 percent among children in the poorest households. It is interesting to note that 57.5% of children aged 36-47 months and 90.1 percent of children aged 48-59 months are attending early childhood care and education centres. The survey results also show that the children of the official entry age (36-47 months) for ECCE are less represented at early childhood care and education centres throughout the country.

This situation is currently being addressed through the Ministry of Education's thrust to ensure universal quality access to early childhood care and education for all children by 2010. In essence, the goal of the Government of Trinidad and Tobago is to ensure that all children (36–59 months) irrespective of their socio-economic status, place of residence and mother's educational attainment are attending an ECCE programme of good quality.

Table ED.1 also shows the estimated proportion of children who attended pre-school the previous year and currently attending the first level of primary school, an important indicator of school readiness. It is estimated that 96.9 percent of children attending the first level of primary had attended an ECCE programme in the previous year. Overall, 98.6 percent of

five year olds and 94.0 percent of 6 year olds in the first level of primary school had attended pre-school in the previous year. There appeared to be little difference between boys and girls. However, almost 100 percent of children in the North Central and South West Regions (98.8% and 98.2% respectively) had attended pre-school the previous year compared to 86.7 percent among children living in Tobago.

Primary and Secondary School Participation[10]

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 Millennium Development Goals and A World Fit 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 population growth.

The indicators for primary and secondary school attendance include:

- Net intake rate in primary education;
- Net primary school attendance rate;
- Net secondary school attendance rate;
- Net primary school attendance rate of children of secondary school age;
- Female to male education ratio (or gender parity index - GPI).

The indicators of school progression include:

- Survival rate to standard five;
- Transition rate to secondary school;
- Net primary completion rate.

In 2005, the primary school age population was approximately 125,000 children (UIS Global Education Database, 2006). In Trinidad and Tobago, Table ED.2 shows that approximately 83.2 percent of the children who were of primary school entry age (age 6), were attending the first level of primary school. However, significant differentials are evident between such children dependent on their sex and region of residence. In general, female children of primary school entry age appeared more likely to be attending Standard 1 than their male counterparts (86.3% as opposed 79.9%).

10 The survey was conducted towards the end of the academic school year in which many children would have turned one year older than at the start of the school year. During the data analyses children were rejuvenated by one year so children who may no longer be in the age range for either primary or secondary school would be included in the respective net attendance ratios."

In Trinidad and Tobago the official primary school entry age is six years old. However, the general practice has been to enroll children who are five years old at the primary level of education.

Table ED.3 provides the percentage of children of official primary school age (6-12 years and children who are 5 years old) attending primary or secondary school. The majority of children of primary school age are attending school (97.7 percent) indicating that 2.3 percent of the children are out of school when they are expected to be attending school. There are no notable differences in the primary school net attendance ratio across the regions.

Trinidad and Tobago achieved universal secondary education in 2000. At present, there are approximately 114,000 children of secondary school age (UIS Global Education Database, 2006). According to Table ED.4, the survey results show that the secondary school net attendance ratio is 84.1 percent among males aged 13-17 years and 90.4 percent among their female counterparts. Overall, the secondary school net attendance ratio is 87.2 percent indicating that approximately 12.8 percent of children of secondary school age are not attending schools at the secondary level. At the secondary level, the observations are also indicative of higher net attendance among females aged 13-17 years than among their male counterparts. An analysis of the proportion of children of secondary school age who are not attending secondary schools reveals that some of them are attending primary school or out of school (see below).

The primary school net attendance ratio of children of secondary school age is presented in Table ED.4W. The survey results show that 5.7 percent of the children of secondary school age are attending primary school when they should, in fact, be attending secondary school. The remaining 7.1 percent are not attending school at all; they are children out of school.

The percentage of children entering Standard 1 and eventually reaching Standard 5 is presented in Table ED.5. Of all children starting Standard 1, the majority of them (99.2 percent) will eventually reach Standard 5. Notice that this number includes children who repeat levels and that eventually move up to reach Standard 5. Irrespective of children's sex, region of residence, mother's educational attainment and socio-economic status, there appeared to be no major differences between them with regard to the survival rate between Standard 1 and Standard 5.

The net primary school completion rate and transition rate to secondary education are presented in Table ED.6. In 2006, 78.1 percent of the children of primary school completion age (12 years) were attending the last level of primary level education. This value should be distinguished from the gross primary school completion ratio which includes children of any age attending the last level of primary. The difference between the official and actual primary school entry age may account for the small percentage of children aged 12 years old enrolled

at the last standard of the primary. In fact, a high percentage of children aged 12 years may be attending secondary school already. It is estimated that 92.6 percent of the children who successfully completed the last level of primary school were found at the moment of the survey to be attending the first level of secondary school.

The net attendance ratio of girls to that of boys attending primary and secondary education permit the derivation of the Gender Parity Index which is shown in Table ED.7. Notice that the ratios included here are obtained from net attendance ratios rather than gross attendance ratios since the latter provides an erroneous description of the GPI mainly because in most of the cases the majority of over-aged children attending primary education tend to be boys. The table shows that gender parity for primary school is 1.00, indicating no difference in the attendance of girls and boys to primary school. However, the indicator increases to 1.07 for secondary education. This result indicates that girls are 7.0 percent more likely to be attending secondary schools than boys, this being particularly pronounced in the North West and Eastern Regions, among children living in the poorest households and among children whose mother had a maximum of a primary education or none whatsoever.

The Ministry of Education is cognisant of the low participation of boys at the secondary level and has taken deliberate and specific actions to improve their participation and achievement rates:

- Undertaken quantitative and qualitative research at the local level to inform policy decisions. Thus far, two local studies have been initiated and the preliminary analysis of one of these studies has been submitted to the Ministry;
- Participated in a regional study;
- Devised new strategies for placement through the Secondary Entrance Assessment Examination;
- Initiated programmes at the level of the school to encourage fathers and men to participate more fully in school activities and the education of their children;
- Revised the curricula at the secondary level [Forms 1 to 4] to capture the diverse interests of all students including male students;
- Additionally, teaching and learning strategies at the primary and secondary level continue to be developed;
- Provided on-going professional support through the Student Support Services;
- Introduced gender specific subject areas such as Physical and Technology Education; and
- Articulation, collaboration with teacher education provider for appropriate course (B.Ed). Offerings (Survey of Exceptionalities) and on the design of a B.Ed in Special Education.

Adult Literacy

One of the World Fit for Children goals is to achieve a 50 percent improvement in levels of adult literacy by 2015, especially for women. Adult literacy is also an MDG indicator, relating to both men and women. In MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24 years. Literacy was assessed on the ability of women to read a short simple statement or on school attendance. The percent literate is presented in Table ED.8 which shows a literacy rate of 98.2 percent among young women aged 15-24 years. There is little difference in literacy rates between women aged 15-19 years and 20-24 years.

Table ED.8 also shows that there are no major differentials in adult literacy between women according to their region of residence and their socio-economic status. As expected, the survey results are indicative of the impact of education on women's literacy so that while the attainment of secondary education is associated with near universal literacy, the attainment of primary or lower levels of education may not render all women as literate. For women aged 15-24years, Table ED.8 shows that 72.6 percent of those with primary education were literate as opposed to 100 percent of those with secondary or higher qualifications.

XI. Child Protection

Birth Registration

The 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 World Fit for Children states the goal to develop systems to ensure the registration of every child at or shortly after birth, and fulfil his or her right to acquire a name and a nationality, in accordance with national laws and relevant international instruments. The indicator is the percentage of children under 5 years of age whose birth is registered.

In the case of Trinidad and Tobago, Table CP.1 shows that the births of 95.8 percent of children under five years have been registered. Moreover, there appears to be very little or no variations in birth registration between children due to differences in sex, age, and mother's education. Among those whose births are not registered, travel distance and lack of knowledge do not appear to be the main reasons.

Child Labour

Article 32 of the Convention on the Rights of the Child states: "States Parties recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to

the child's health or physical, mental, spiritual, moral or social development..." The World Fit for Children mentions nine strategies to combat child labour and the MDGs call for the protection of children against exploitation. In the MICS questionnaire, a number of questions addressed the issue of child labour, that is, children 5-14 years of age involved in labour activities. A child is considered to be involved in child labour activities at the moment of the survey if during the week preceding the survey:

- Ages 5-11: at least one hour of economic work or 28 hours of domestic work per week.
- Ages 12-14: at least 14 hours of economic work or 28 hours of domestic work per week.

This definition allows differentiation between child labour and child work to identify the type of work that should be eliminated. As such, the estimate provided here is a minimum of the prevalence of child labour since some children may be involved in hazardous labour activities for a number of hours that could be less than the numbers specified in the criteria explained above. In Trinidad and Tobago, the number of children involved in child labour (0.7 percent) was too small to perform any further analyses.

Child Discipline

As stated in A World Fit for Children, "children must be protected against any acts of violence …" and the Millennium Declaration calls for the protection of children against abuse, exploitation and violence. In the Trinidad and Tobago MICS survey, mothers/caretakers of children aged 2-14 years were asked a series of questions on the ways parents tend to use to discipline their children when they misbehave. Note that for the child discipline module, one child aged 2-14 years per household was selected randomly during fieldwork. Out of these questions, the two indicators used to describe aspects of child discipline are: 1) the number of children 2-14 years that experience psychological aggression as punishment ***or*** minor physical punishment ***or*** severe physical punishment; and 2) the number of parents/caretakers of children 2-14 years of age that believe that in order to raise their children properly, they need to physically punish them.

In households with at least one child 2-14 years, Table CP.2 shows that 75.1 percent had at least one child who was subjected to at least one form of psychological or physical punishment by their mothers/caretakers or other household members. More importantly, 4.4 percent of such cases were subjected to severe physical punishment. From another standpoint, it is worth noting that 25.4 percent of mothers/caretakers who believed that children should be physically punished though such an outcome does not appear to be consistent with the actual prevalence of physical discipline. Altogether, more than half (55.8 percent) of the children under review were subjected to either minor or severe forms of physical discipline.

In addition, males appeared to be a bit more likely than females to be subjected to both minor and severe physical discipline at 53.8 and 5.2 percent respectively in the case of males and 49.1 percent and 3.6 percent respectively in the case of females.

Early Marriage

Marriage before the age of 18 is a reality for many young girls. According to UNICEF's worldwide estimates, over 60 million women aged 20-24 years were married/in union before the age of 18 years. Factors that influence child marriage rates include: the state of the country's civil registration system, which provides proof of age for children; the existence of an adequate legislative framework with an accompanying enforcement mechanism to address cases of child marriage; and the existence of customary or religious laws that condone the practice.

In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of all Forms of Discrimination against Women mentions the right to protection from child marriage in Article 16, which states: "The betrothal and the marriage of a child shall have no legal effect, and all necessary action, including legislation, shall be taken to specify a minimum age for marriage..."

While marriage is not considered directly in the Convention on the Rights of the Child, child marriage is linked to other rights - such as the right to express their views freely, the right to protection from all forms of abuse, and the right to be protected from harmful traditional practices - and is frequently addressed by the Committee on the Rights of the Child. Other international agreements related to child marriage are the Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriages and the African Charter on the Rights and Welfare of the Child and the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa. Child marriage was also identified by the Pan-African Forum against the Sexual Exploitation of Children as a type of commercial sexual exploitation of children.

Young married girls are a unique, though often invisible, group who are sometimes required to perform heavy amounts of domestic work, under pressure to demonstrate fertility, and responsible for raising children while still children themselves. Married girls and child mothers face constrained decision-making and reduced life choices. Boys are also affected

by child marriage but the issue impacts girls in far larger numbers and with more intensity. Cohabitation - when a couple lives together as if married - raises the same human rights concerns as marriage. Where a girl lives with a man and takes on the role of caregiver for him, the assumption is often that she has become an adult woman, even if she has not yet reached the age of 18. Additional concerns due to the informality of the relationship - for example, inheritance, citizenship and social recognition - might make girls in informal unions vulnerable in different ways than those who are in formally recognized marriages.

Research suggests that many factors interact to place a child at risk of marriage. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are considered as significant factors in determining a girl's risk of becoming married while still a child. Women who married at younger ages were more likely to believe that it is sometimes acceptable for a husband to beat his wife and were more likely to experience domestic violence themselves. The age gap between partners is thought to contribute to these abusive power dynamics and to increase the risk of untimely widowhood.

Closely related to the issue of child marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest of this cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection. Parents seek to marry off their girls to protect their honour, and men often seek younger women as wives as a means to avoid choosing a wife who might already be infected. The demand for this young wife to reproduce and the power imbalance resulting from the age differential lead to very low condom use among such couples.

Two of the indicators are to estimate the percentage of women 15-49 years married/in union before their 15th birthday and the percentage of women 20-49 years married/in union before their 18th birthday. The percentage of women married/in union at various ages is provided in Table CP.3. In Trinidad and Tobago, the percentage of women 15-49 years who were married/in union before their 15th birthday is 1.6 percent while 10.7 percent of those 20-49 years were married/in union before their 18th birthday. The lower a women's educational level and socio-economic status, the greater her chances of being married/in union before the age of 18 years. For example, 22.2 percent of the women with none/pre-school/primary level schooling were married/in union before the age of 18 years old as compared to only 1.9 percent among women with university education. Similarly, 19.9 percent of women from the poorest wealth index quintile are observed to have been married/in union before the age of 18 years as compared to 4.8 percent among their counterparts from the richest quintile.

Another component is the spousal age difference with an indicator being the percentage of married/in union women who were 10 or more years younger than their current spouse/partner. Table CP.4 presents the results of the age difference between partners. The percentage of currently married/in union women aged 20-24 whose husbands/partners were 10 or more years older is 25.3 percent. Among such women, 34.9 percent had none/pre-school/primary level schooling, as compared 13.6 percent with secondary education.

Domestic Violence

A number of questions were asked of women age 15-49 years to assess their attitudes towards whether husbands are justified to hit or beat their wives/partners bearing in mind a variety of scenarios. These questions were asked to have an indication of cultural beliefs that tend to be associated with the prevalence of violence against women by their husbands/partners. The main assumption here is that women who agree with the statements indicating that husbands/partners are justified to beat their wives/partners under the situations described constitute potential sub-populations could reinforce abusive behaviour that may be characteristic of husbands/partners with such tendencies. The finding associated with responses to these questions can be found in Table CP.5.

In Trinidad and Tobago, the percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner for a variety of reasons is as follows: when she goes out without telling him (1.0 percent); when she neglects the children (6.5 percent); when she argues with him (1.4 percent); when she refuses to have sex with him (0.5 percent) and when she burns the food (0.7 percent). Table CP.5 shows that 7.6 percent of women aged 15-49 years claimed that at least one of these statements constitute a justifiable means for a husband to beat his wife/partner. However, this proportion varied according the educational level and socio-economic status of the women under review. Hence, while respective proportions of 12.6 percent and 12.2 percent of women with none/pre-school/primary level schooling and from the poorest households made such a claim, respective proportions of 2.2 percent and 3.0 percent had university education and were from the richest households.

XII. HIV/AIDS and Sexual Behaviour

Knowledge of HIV Transmission and Condom Use

One of the most important prerequisites for reducing the rate of HIV infection is accurate knowledge of how HIV is transmitted and strategies for preventing transmission. Correct information is the first step toward raising awareness and giving young people the tools to protect them from infection. Misconceptions about HIV are common and can confuse young people and hinder prevention efforts. In different regions, there are likely to be variations in the prevalence of misconceptions although some categories of misconceptions appear to be universal (for example that sharing food can transmit HIV or mosquito bites can transmit HIV). The UN General Assembly Special Session on HIV/AIDS (UNGASS) called on governments to improve the knowledge and skills of young people to protect themselves from HIV. The indicators to measure this goal as well as the MDG of reducing HIV infections by half include improving the level of knowledge of HIV and its prevention, and changing behaviours to prevent further spread of the disease. The HIV module was administered to women 15-49 years of age.

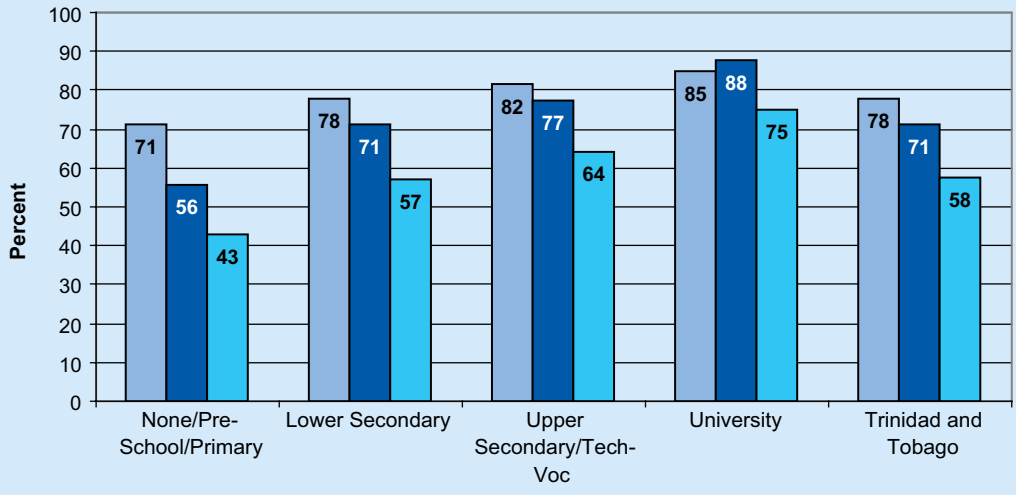
One indicator which is both an MDG and UNGASS indicator is the percent of young women who have comprehensive and correct knowledge of HIV prevention and transmission. Women were asked whether they knew of the three main ways of preventing HIV transmission – having only one faithful uninfected partner, using a condom every time, and abstaining from sex. The results are presented in Table HA.1. In Trinidad and Tobago, 99.7 percent of the women interviewed have heard of AIDS. However, the percentage of women who know of all three ways of preventing HIV transmission is 72.7 percent. Approximately 90.8 percent of women know of having one faithful uninfected partner, 83.8 percent know of using a condom every time, and 89.5 percent know of abstaining from sex as main ways of preventing HIV transmission. While 72.7 percent know all three ways, a high proportion of women (98.5 percent) know at least one way. The knowledge of preventing HIV transmission in women aged 15-49 years who know the main ways of preventing HIV transmission varies according to the level of the women's education. Those who had none/pre-school/primary education

were less likely (61.3%) to have known all three ways of preventing HIV transmission when compared to their counterparts who had university education (82.4%).

Table HA.2 presents the percent of women who can correctly identify misconceptions concerning HIV. The indicator is based on the two most common and relevant misconceptions in Trinidad and Tobago. The table shows that 87.3 and 80.5 percent respectively of women knew that HIV/AIDS cannot be transmitted by sharing food and by mosquito bites. In addition, it reveals that 96.2 percent of women knew that a health looking person could be infected with HIV/AIDS. Overall, women from the South West and North Central Regions appear to be less likely than their counterparts in the North Wes and East Regions and Tobago to have identified misconceptions about HIV/AIDS. In addition, there appears to be a positive association between the likelihood of identifying misconceptions about HIV/AIDS and women's socio-economic status whether such status is predicated upon women's educational attainment or the wealth index quintile of their household.

Table HA.3 summarizes information from Tables HA.1 and HA.2 and presents the percentage of women who know 2 ways of preventing HIV transmission and reject three common misconceptions (referred to as 'comprehensive knowledge'). Overall, 57.5 percent of women were found to have comprehensive knowledge of HIV/AIDS. As expected, the percent of women with comprehensive knowledge increases with the woman's education level (Figure HA.1). For example, for women who had none/pre-school/primary level schooling, 43.1 percent know 2 ways of preventing HIV transmission and reject three common misconceptions as compared to 74.9 percent among women with university level education. With regard to having comprehensive knowledge, observed variation in their ability to identify three misconceptions is much more substantial than that associated with two means of prevention, this being evident when women's education is taken into account (Figure HA.1).

Figure HA.1 Percent of women who have comprehensive knowledge of HIV/AIDS transmission, Trinidad and Tobago, 2006



Knowledge of mother-to-child transmission of HIV is also an important first step for women to seek HIV testing when they are pregnant to avoid infection in the baby. Women should know that HIV can be transmitted during pregnancy, delivery, and through breastfeeding. The level of knowledge among women aged 15-49 years concerning mother-to-child transmission is presented in Table HA.4. Overall, 95.4 percent of women know that HIV can be transmitted from mother to child. The percentage of women who know all three ways of mother-to-child transmission is 50.3 percent, while 4.4 percent of women did not know of any specific way.

The indicators on attitudes toward people living with HIV measure stigma and discrimination in the community. Stigma and discrimination are low if respondents report an accepting attitude on the following four questions: 1) would care for family member sick with AIDS; 2) would buy fresh vegetables from a vendor who was HIV positive; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school; and 4) would ***not*** want to keep HIV status of a family member a secret. Table HA.5 presents the attitudes of women toward people living with HIV/AIDS.

The responses to the questions were as follows: 1) would care for family member sick with AIDS – 5.2 percent; 2) would buy fresh vegetables from a vendor who was HIV positive – 37.3 percent; 3) thinks that a female teacher who is HIV positive should be allowed to teach in school – 17.4 percent; and 4) would ***not*** want to keep HIV status of a family member a secret – 37.5 percent. Of the women interviewed, 61.4 percent agreed with at least one discriminatory statement compared to 38.6 percent who did not agree with any of the discriminatory statements. Table HA.5 is indicative of an *inverse* relationship between the likelihood embracing discriminatory attitudes and women's socio-economic status. A similar relationship also emerges between the likelihood of embracing discriminatory attitudes and women's education.

Another important indicator is the knowledge of where to be tested for HIV and the pursuit of such services. Questions related to knowledge among women of a facility for HIV testing and whether they have ever been tested is presented in Table HA.6. Accordingly, 86.1 percent of women know where to be tested, while 41.3 percent have actually been tested. Of these, a large proportion amounting to 89.5 percent have been told the result.

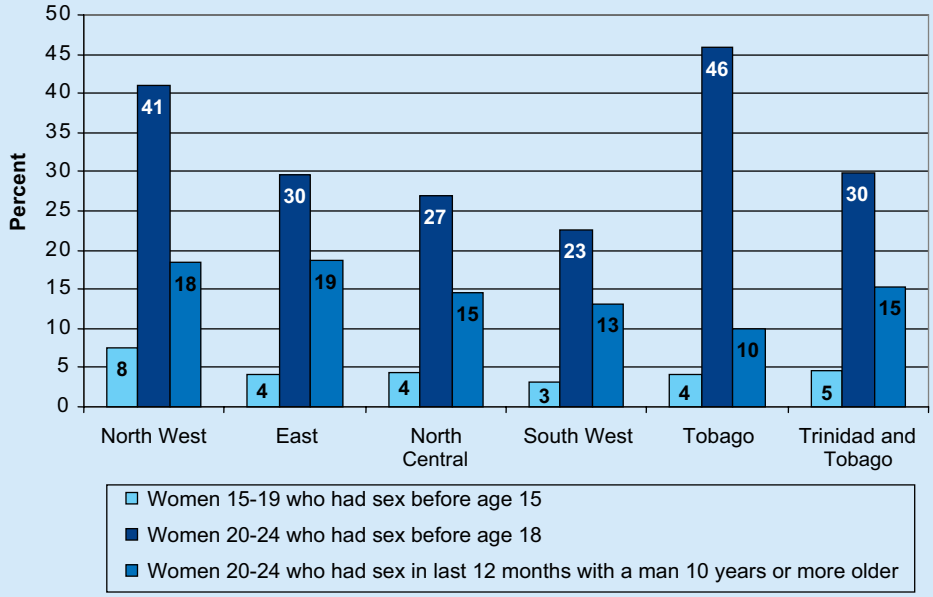
Among women who had given birth within the two years preceding the survey, the percent who received counselling and HIV testing during antenatal care is presented in Table HA.7. For Trinidad and Tobago, the proportion of women who received antenatal care from a health professional during their last pregnancy in the two years preceding the survey stands at 95.7 percent. With respect to the magnitudes of the other indicators, 75.5 percent of women were provided with information about HIV prevention during their antenatal care visit. The percentage of women who were tested for HIV at the antenatal care visit was 91.4 percent and of these women, 79.4 percent received the results of the HIV test at the antenatal care visit.

Sexual Behaviour Related to HIV Transmission

Promoting safer sexual behaviour is critical for reducing HIV prevalence. The use of condoms during sex, especially with non-regular partners, is especially important for reducing the spread of HIV. In most countries, over half of new HIV infections are among young people 15-24 years thus a change in behaviour among this age group will be especially important to reduce new infections. A module of questions was administered to women 15-24 years of age to assess their risk of HIV infection. Risk factors for HIV include sex at an early age, sex with older men, sex with a non-marital non-cohabitating partner, and failure to use a condom.

The frequency of sexual behaviours that increase the risk of HIV infection among women is presented in Table HA.8 and Figure HA.2. According to the results of the survey, 4.7 percent of women aged 15-19 years old had sex before age 15 years and 29.9 percent of women aged 20-24 years old had sex before the age of 18 years. Relatively larger numbers among women aged 15-24 years in Tobago and in the North West Region, claimed to have had sex before their 18th birthday when compared to their counterparts from any of the other regions nationwide (See Figure HA.2).

Figure HA.2 Sexual behaviour that increases risk of HIV infection, Trinidad and Tobago, 2006



Condom use during sex with men other than husbands or live-in partners (non-marital, non-cohabiting) was assessed in women 15-24 years of age who had sex with such a partner in the previous year (Table HA.9). Approximately 68.0 percent of women 15-24 years who had sex in the last 12 months reported having sex with a non-regular partner during that period. Of those women, only half (51.2 percent) claimed that they used a condom when they had their last sexual encounter with the high risk partner. In addition, there appears to be appositive association between young women's educational attainment and the likelihood of using

condoms during high risk sex so that while 46.5 percent of women with none/pre-school/primary level education used a condom during higher risk sex in the year before the MICS, the corresponding proportion among women with university education was 61.3 percent.

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Appendix A

Description of the Sample Design

Two basic requirements of the MICS are:

(a) That probability sampling be used. In probability sampling, each ***sampling unit*** has a known non-zero chance of selection in the sample. The chance of selection must also be calculable.

(b) That a nationally representative sample of the ***population*** be selected.

In order to achieve these two requirements, the decision was made to utilize the current sample design of the CSO's Continuous Sample Survey of Population (CSSP), with some modifications where necessary.

Following the design of the CSSP, the MICS sample utilizes an equal probability of selection method (epsem), whereby each ***sampling unit*** (household) has an equal chance of being selected from the ***population*** (i.e. The Non-Institutional households in Trinidad and Tobago). Access to the population is made possible through a ***Frame***, a listing of households within Enumeration Districts (EDD). EDD are the smallest geographic units into which the country is sub-divided for the purpose of national surveys and censuses. These units have been demarcated to fit within non-overlapping boundaries based on easily identifiable features as far as possible. The size of an ED ranges between 100 - 200 households and is adequate and manageable for canvassing by interviewers. The CSSP frame is developed and updated from information obtained in decennial censuses. The MICS sample was drawn from a frame based on data from the 2000 Census.

Sample size

Among the most important modules of the survey requiring the largest sample size is the Immunization Module. The target population for this module is children aged 12 – 23 months. A key indicator for that age domain of the module is the proportion of children aged 12 – 23 months who had received all three doses of DPT. Therefore, the sample size was determined with the view of providing foremost, estimations for that indicator.

For the sample size, denoted by ***n***, the following formula was applied:

$$n = t^2 * deft * r * (1-r) / (me * r)\text{^}2,$$

where,

n = required number of observations for the target population
deft = design effect (***deft*** = 1.5)
r = estimated proportion of children aged 12 – 23 months that had received the third dose of DPT (***r*** = .558 which was obtained from the MICS 2000 study)

me = an acceptable relative margin of error, with 95 % level of confidence (***me*** = 0.09).
t = the value of the ordinate of normal distribution corresponding to .95 of the total area of the distribution (***t*** = 2).

Therefore, from the above, ***n*** was estimated to be approximately equal to 587 children aged 12 – 23 months. Given that children of that age group (ie. base population) represent approximately 3% of total non- institutional population, and that the average size of the non-institutional households is 3.8 persons, then, allowing for 10% non-responding households to the survey, the number of households, ***n***(Hh), required to be sampled in order to obtain the sample size of 587 children aged 12 – 23 months was:

n(Hh) = (587/((.03)*(3.8))*(1.10) = 5662 households, which was rounded upwards to 6,000 households approximately.

Sample Selection

Based on the CSSP survey plan, the MICS sample was selected in two stages. At the first stage, EDD, representing the Primary Sampling Units (PSUs), were systematically selected with probability proportional to size, the size measure being the number of households assigned to the EDD. For the systematic selection of EDD, the EDD were stratified by sixteen geographic areas within Trinidad and Tobago. The total sample was allocated the strata in proportion to the size of the population in each stratum. In addition to the geographic stratification of EDD, EDD within each stratum were placed in descending order of the proportion of persons in the labour force categorized as "Elementary Workers". That categorization was used as a proxy for ***socio-economic status*** of an ED.

At the second stage, for each selected PSU, households were selected with probability inversely proportional to size (pps^{-1}), the size measure used being the same for the EDD. That procedure ensured that the sample was self- weighting, that is, each household in the population was given approximately, the same chance of selection in the sample.

In order to improve the precision of the estimates, a decision was made to select 15 households from each selected PSU, so that approximately 407 PSU's were selected.

Listing of EDD

A program of listing of certain selected EDD was necessary due to the fact that in the selection process of EDD, some EDD, which were not selected in the current CSSP frame of first stage EDD were selected for the sample due to the process of random selection. Those EDD accounted for approximately 38% of the total sample of PSU's which were not subjected to listing during the regular listing exercise of the CSSP labour force survey. As was anticipated, some of the selected EDD had burgeoned over time, so that in order to maintain a constant probability of selection for each household, cluster sizes were allowed to vary relative to growth or contraction of EDD over time.

Appendix B
List of Personnel Involved in the Survey

Members of the Technical Steering Committee:

- Mrs. Jacinta Bailey-Sobers - Chairperson
- Mr. David Thomas - Survey Co-ordinator
- Mr. Dennis Williams - Social Policy Analyst
- Ms. Sherene Lisa Ali - Research Specialist
- Ms. Verna Haynes - Medical Social Worker
- Mrs. Dawn Ramsingh - Database Specialist
- Mr. Winston Ramsaran - System Analyst
- Mrs. Lenor Baptiste-Simmons - Education Specialist
- Ms. Kalowatie Gokool - Nutritionist
- Mr. Roy Dalrymple - Water & Sanitation Quality Control Officer
- Dr. Godfrey St. Bernard - Data Analyst
- Mr. Karmesh Sharma - Epidemiologist
- Representative - UNICEF

Members of the MICS Secretariat:

- Sherene Lisa Ali;
- Josanne Harry-Roach;
- Michelle Ramlagan; and
- Nerrisa Derrick.

Field Staff:

Co-ordinator

Mr. Simeon Henry

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Appendix C

Estimates of Sampling Errors

The sample of respondents selected in the Trinidad and Tobago Multiple Indicator Cluster Survey is only one of the samples that could have been selected from the same population, using the same design and size. Each of these samples would yield results that differ somewhat from the results of the actual sample selected. Sampling errors are a measure of the variability between all possible samples. The extent of variability is not known exactly, but can be estimated statistically from the survey results.

The following sampling error measures are presented in this appendix for each of the selected indicators:

- Standard error (***se***): Sampling errors are usually measured in terms of standard errors for particular indicators (means, proportions etc). Standard error is the square root of the variance. The Taylor linearization method is used for the estimation of standard errors.
- Coefficient of variation (***se***/***r***) is the ratio of the standard error to the value of the indicator.
- Design effect (***deff***) is the ratio of the actual variance of an indicator, under the sampling method used in the survey, to the variance calculated under the assumption of simple random sampling. The square root of the design effect (***deft***) is used to show the efficiency of the sample design. A ***deft*** value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a ***deft*** value above 1.0 indicates the increase in the standard error due to the use of a more complex sample design.
- Confidence limits are calculated to show the interval within which the true value for the population can be reasonably assumed to fall. For any given statistic calculated from the survey, the value of that statistics will fall within a range of plus or minus two times the standard error (***p*** + 2.***se*** or ***p*** – 2.***se***) of the statistic in 95 percent of all possible samples of identical size and design.

For the calculation of sampling errors from MICS data, SPSS Version 14 Complex Samples module has been used. The results are shown in the tables that follow. In addition to the sampling error measures described above, the tables also include weighted and unweighted counts of denominators for each indicator.

Sampling errors are calculated for indicators of primary interest, for the national total, and for the regions. Two (2) of the selected indicators are based on households, 7 are based on household members, 11 are based on women, and 10 are based on children under 5. All indicators presented here are in the form of proportions. Table SE.1 shows the list of indicators for which sampling errors are calculated, including the base population (denominator) for each indicator. Tables SE.2 to SE.7 show the calculated sampling errors.

Table SE.1:
Indicators selected for sampling error calculations

List of indicators selected for sampling error calculations, and base populations (denominators) for each indicator, Trinidad & Tobago, 2006

MICS Indicator		Base Population
HOUSEHOLDS		
41	Iodized salt consumption	All households
74	Child discipline	Children aged 2-14 years selected
HOUSEHOLD MEMBERS		
11	Use of improved drinking water sources	All household members
12	Use of improved sanitation facilities	All household members
55	Net primary school attendance rate	Children of primary school age
56	Net secondary school attendance rate	Children of secondary school age
59	Primary completion rate	Children of primary school completion age
71	Child labour	Children aged 5-14 years
75	Prevalence of orphans	Children aged under 18
WOMEN		
4	Skilled attendant at delivery	Women aged 15-49 years with a live birth in the last 2 years
20	Antenatal care	Women aged 15-49 years with a live birth in the last 2 years
21	Contraceptive prevalence	Women aged 15-49 currently married/in union
60	Adult literacy	Women aged 15-24 years
67	Marriage before age 18	Women aged 20-49 years
82	Comprehensive knowledge about HIV prevention among young people	Women aged 15-24 years
83	Condom use with non-regular partners	Women aged 15-24 years that had a non-marital, non-cohabiting partner in the last 12 months
84	Age at first sex among young people	Women aged 15-24 years
86	Attitude towards people with HIV/AIDS	Women aged 15-49 years
88	Women who have been tested for HIV	Women aged 15-49 years
89	Knowledge of mother- to-child transmission of HIV	Women aged 15-49 years
UNDER-5s		
26	Polio immunization coverage	Children aged 12-23 months
27	Immunization coverage for DPT	Children aged 12-23 months
28	Measles immunization coverage	Children aged 12-23 months
31	Fully immunized children	Children aged 12-23 months
-	Acute respiratory infection in last two weeks	Children under age 5
22	Antibiotic treatment of suspected pneumonia	Children under age 5 with suspected pneumonia in the last 2 weeks
-	Diarrhoea in last two weeks	Children under age 5
35	Received ORT or increased fluids and continued feeding	Children under age 5 with diarrhoea in the last 2 weeks
46	Support for learning	Children under age 5
62	Birth registration	Children under age 5

Table SE.2:
Sampling errors: Total sample

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Trinidad and Tobago, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.278	0.008	0.030	1.776	1.332	5013	5019	0.262	0.295
Child discipline	CP.4	0.751	0.011	0.015	1.317	1.148	5013	2063	0.729	0.773
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.939	0.008	0.009	6.595	2.568	18669	5557	0.923	0.956
Use of improved sanitation facilities	EN.5	0.988	0.003	0.003	3.072	1.753	18669	5557	0.983	0.993
Net primary school attendance rate	ED.3	0.977	0.005	0.006	2.328	1.526	1844	1842	0.966	0.987
Net secondary school attendance rate	ED.4	0.872	0.009	0.011	1.261	1.123	1594	1596	0.853	0.891
Primary completion rate	ED.6	0.781	0.017	0.022	0.508	0.712	285	285	0.747	0.816
Child labour	CP.2	0.007	0.002	0.331	2.013	1.419	2770	2768	0.002	0.011
Prevalence of orphans	HA.10	0.057	0.005	0.089	2.298	1.516	4850	4848	0.047	0.067
WOMEN										
Skilled attendant at delivery	RH.5	0.978	0.006	0.006	0.778	0.882	417	415	0.966	0.991
Antenatal care	RH.3	0.957	0.007	0.007	0.446	0.668	417	415	0.943	0.970
Contraceptive prevalence	RH.1	0.425	0.012	0.028	1.277	1.130	2229	2236	0.402	0.449
Adult literacy	ED.8	0.982	0.003	0.003	0.991	0.995	1579	1583	0.975	0.989
Marriage before age 18	CP.5	0.107	0.005	0.047	1.005	1.002	3827	3827	0.097	0.117
Comprehensive knowledge about HIV prevention among young people	HA.3	0.536	0.014	0.025	1.185	1.089	1579	1583	0.509	0.563
Condom use with non-regular partners	HA.9	0.512	0.015	0.029	0.415	0.644	464	457	0.482	0.542
Age at first sex among young people	HA.8	0.047	0.007	0.148	0.844	0.918	777	778	0.033	0.061
Attitude towards people with HIV/ AIDS	HA.5	0.386	0.008	0.022	1.397	1.182	4592	4592	0.369	0.403

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
Knowledge of mother- to-child transmission of HIV	HA.4	0.503	0.009	0.017	1.423	1.193	4605	4605	0.486	0.521
UNDER-5s										
Polio immunization coverage	CH.2	0.862	0.020	0.024	0.716	0.846	207	207	0.822	0.903
Immunization coverage for DPT	CH.2	0.769	0.012	0.016	0.173	0.416	204	204	0.745	0.794
Measles immunization coverage	CH.2	0.907	0.014	0.016	0.490	0.700	207	207	0.878	0.935
Fully immunized children	CH.2	0.659	0.018	0.027	0.291	0.540	208	208	0.624	0.695
Acute respiratory infection in last two weeks	CH.6	0.025	0.005	0.191	1.028	1.014	1117	1117	0.015	0.034
Antibiotic treatment of suspected pneumonia	CH.7	0.337	0.000	0.000	0.000	0.000	28	27	0.337	0.337
Diarrhoea in last two weeks	CH.4	0.037	0.006	0.150	0.958	0.979	1117	1117	0.026	0.048
Received ORT or increased fluids and continued feeding	CH.5	0.321	0.025	0.077	0.112	0.335	41	41	0.272	0.371
Support for learning	CD.1	0.940	0.006	0.007	0.765	0.874	1117	1117	0.928	0.953
Birth registration	CP.1	0.958	0.006	0.006	0.999	0.999	1117	1117	0.946	0.970

Table SE.3: Sampling errors:

North West Region

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Trinidad, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.297	0.017	0.057	1.736	1.317	1316	1271	0.263	0.331
Child discipline	CP.4	0.776	0.022	0.028	1.385	1.177	525	507	0.733	0.820
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.948	0.021	0.022	12.216	3.495	4541	1391	0.906	0.990
Use of improved sanitation facilities	EN.5	0.984	0.006	0.006	3.456	1.859	4541	1391	0.971	0.996
Net primary school attendance rate	ED.3	0.975	0.008	0.008	1.058	1.029	455	440	0.959	0.990
Net secondary school attendance rate	ED.4	0.888	0.016	0.018	0.894	0.946	369	356	0.856	0.920
Primary completion rate	ED.6	0.769	0.025	0.032	0.203	0.451	63	61	0.720	0.818
Child labour	CP.2	0.006	0.003	0.501	0.999	1.000	684	661	0.000	0.012
Prevalence of orphans	HA.10	0.067	0.009	0.127	1.334	1.155	1190	1150	0.050	0.084
WOMEN										
Skilled attendant at delivery	RH.5	0.961	0.013	0.014	0.465	0.682	104	101	0.935	0.988
Antenatal care	RH.3	0.961	0.014	0.014	0.493	0.702	104	101	0.934	0.988
Contraceptive prevalence	RH.1	0.467	0.025	0.053	1.137	1.066	473	456	0.417	0.517
Adult literacy	ED.8	0.992	0.005	0.005	0.983	0.991	370	357	0.982	1.000
Marriage before age 18	CP.5	0.086	0.008	0.095	0.752	0.867	918	885	0.069	0.102
Comprehensive knowledge about HIV prevention among young people	HA.3	0.605	0.028	0.045	1.128	1.062	370	357	0.550	0.660
Condom use with non-regular partners	HA.9	0.517	0.023	0.045	0.323	0.569	156	151	0.471	0.563
Age at first sex among young people	HA.8	0.076	0.021	0.281	1.103	1.050	179	172	0.033	0.118
Attitude towards people with HIV/ AIDS	HA.5	0.416	0.018	0.043	1.397	1.182	1096	1056	0.380	0.452

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	r + 2se
Knowledge of mother- to-child transmission of HIV	HA.4	0.433	0.019	0.043	1.507	1.228	1097	1057	0.395	0.470
UNDER-5s										
Polio immunization coverage	CH.2	0.856	0.006	0.008	0.016	0.128	50	49	0.843	0.869
Immunization coverage for DPT	CH.2	0.729	0.024	0.033	0.138	0.371	49	48	0.680	0.777
Measles immunization coverage	CH.2	0.897	0.025	0.028	0.315	0.562	49	48	0.847	0.947
Fully immunized children	CH.2	0.631	0.041	0.065	0.348	0.590	50	49	0.549	0.713
Acute respiratory infection in last two weeks	CH.6	0.024	0.009	0.379	1.016	1.008	292	284	0.006	0.043
Antibiotic treatment of suspected pneumonia	CH.7	0.426	0.000	0.000	0.000	0.000	7	7	0.426	0.426
Diarrhoea in last two weeks	CH.4	0.031	0.012	0.368	1.238	1.113	292	284	0.008	0.054
Received ORT or increased fluids and continued feeding	CH.5	0.221	0.000	0.000	0.000	0.000	9	9	0.221	0.221
Support for learning	CD.1	0.937	0.013	0.014	0.818	0.904	292	284	0.911	0.963
Birth registration	CP.1	0.968	0.010	0.010	0.915	0.957	292	284	0.948	0.988

Table SE.4: Sampling errors:

East Region

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Trinidad, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.256	0.032	0.125	1.951	1.397	363	364	0.192	0.319
Child discipline	CP.4	0.814	0.028	0.035	0.901	0.949	172	172	0.757	0.870
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.960	0.016	0.017	2.726	1.651	1451	410	0.928	0.992
Use of improved sanitation facilities	EN.5	0.997	0.002	0.002	0.701	0.837	1451	410	0.993	1.000
Net primary school attendance rate	ED.3	0.977	0.014	0.014	1.460	1.208	175	175	0.950	1.000
Net secondary school attendance rate	ED.4	0.890	0.022	0.024	0.764	0.874	163	163	0.846	0.933
Primary completion rate	ED.6	0.759	0.059	0.078	0.538	0.733	29	29	0.640	0.877
Child labour	CP.2	0.008	0.008	1.021	2.092	1.446	265	265	0.000	0.023
Prevalence of orphans	HA.10	0.054	0.016	0.304	2.339	1.529	442	443	0.021	0.087
WOMEN										
Skilled attendant at delivery	RH.5	1.000	0.000	0.000	.	.	27	28	1.000	1.000
Antenatal care	RH.3	1.000	0.000	0.000	.	.	27	28	1.000	1.000
Contraceptive prevalence	RH.1	0.543	0.034	0.063	0.941	0.970	194	199	0.474	0.612
Adult literacy	ED.8	0.993	0.007	0.007	1.025	1.012	141	144	0.979	1.000
Marriage before age 18	CP.5	0.151	0.026	0.175	1.682	1.297	305	312	0.098	0.203
Comprehensive knowledge about HIV prevention among young people	HA.3	0.597	0.042	0.071	1.056	1.028	141	144	0.513	0.682
Condom use with non-regular partners	HA.9	0.364	0.103	0.283	1.472	1.213	32	33	0.158	0.570
Age at first sex among young people	HA.8	0.041	0.031	0.751	1.751	1.323	71	73	0.000	0.103
Attitude towards people with HIV/ AIDS	HA.5	0.380	0.024	0.064	0.944	0.972	373	382	0.332	0.428

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	***r + 2se***
Knowledge of mother- to-child transmission of HIV	HA.4	0.545	0.035	0.065	1.916	1.384	376	385	0.475	0.615
UNDER-5s										
Polio immunization coverage	CH.2	0.835	0.000	0.000	0.000	0.000	18	18	0.835	0.835
Immunization coverage for DPT	CH.2	0.945	0.000	0.000	0.000	0.000	18	18	0.945	0.945
Measles immunization coverage	CH.2	1.000	0.000	0.000	.	.	18	18	1.000	1.000
Fully immunized children	CH.2	0.780	0.000	0.000	0.000	0.000	18	18	0.780	0.780
Acute respiratory infection in last two weeks	CH.6	0.025	0.017	0.678	0.939	0.969	80	82	0.000	0.058
Antibiotic treatment of suspected pneumonia	CH.7	0.500	0.000	0.000	0.000	0.000	2	2	0.500	0.500
Diarrhoea in last two weeks	CH.4	0.061	0.011	0.185	0.179	0.423	80	82	0.038	0.083
Received ORT or increased fluids and continued feeding	CH.5	0.199	0.199	1.000	0.995	0.998	5	5	0.000	0.598
Support for learning	CD.1	0.914	0.027	0.029	0.738	0.859	80	82	0.861	0.968
Birth registration	CP.1	0.964	0.015	0.016	0.556	0.746	80	82	0.933	0.995

Table SE.5: Sampling errors:

North Central Region

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Trinidad, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.311	0.013	0.043	1.571	1.253	1899	1911	0.285	0.338
Child discipline	CP.4	0.738	0.019	0.026	1.454	1.206	786	790	0.700	0.775
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.981	0.005	0.005	2.464	1.570	7186	2045	0.971	0.990
Use of improved sanitation facilities	EN.5	0.988	0.004	0.004	3.292	1.814	7186	2045	0.979	0.997
Net primary school attendance rate	ED.3	0.984	0.008	0.008	2.762	1.662	696	700	0.968	1.000
Net secondary school attendance rate	ED.4	0.848	0.017	0.020	1.318	1.148	592	596	0.815	0.882
Primary completion rate	ED.6	0.825	0.030	0.036	0.685	0.828	109	110	0.765	0.885
Child labour	CP.2	0.012	0.005	0.433	2.314	1.521	1048	1054	0.002	0.022
Prevalence of orphans	HA.10	0.052	0.007	0.136	1.858	1.363	1843	1853	0.038	0.066
WOMEN										
Skilled attendant at delivery	RH.5	0.988	0.009	0.009	1.007	1.003	162	159	0.970	1.000
Antenatal care	RH.3	0.981	0.007	0.007	0.406	0.638	162	159	0.968	0.995
Contraceptive prevalence	RH.1	0.428	0.020	0.046	1.441	1.200	896	892	0.389	0.468
Adult literacy	ED.8	0.976	0.006	0.007	1.008	1.004	581	574	0.963	0.989
Marriage before age 18	CP.5	0.110	0.008	0.074	0.983	0.991	1477	1463	0.094	0.126
Comprehensive knowledge about HIV prevention among young people	HA.3	0.479	0.022	0.047	1.138	1.067	581	574	0.434	0.523
Condom use with non-regular partners	HA.9	0.515	0.025	0.048	0.370	0.608	156	152	0.466	0.565
Age at first sex among young people	HA.8	0.043	0.008	0.184	0.432	0.658	293	289	0.027	0.058
Attitude towards people with HIV/ AIDS	HA.5	0.370	0.015	0.040	1.623	1.274	1764	1746	0.340	0.399
Women who have been tested for HIV	HA.6	0.389	0.012	0.031	1.083	1.041	1770	1752	0.365	0.413

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	***r + 2se***
UNDER-5s										
Polio immunization coverage	CH.2	0.818	0.047	0.057	1.211	1.100	85	84	0.725	0.912
Immunization coverage for DPT	CH.2	0.703	0.021	0.030	0.174	0.417	84	83	0.661	0.745
Measles immunization coverage	CH.2	0.870	0.031	0.035	0.692	0.832	86	85	0.809	0.931
Fully immunized children	CH.2	0.577	0.033	0.057	0.379	0.616	87	86	0.512	0.643
Acute respiratory infection in last two weeks	CH.6	0.030	0.009	0.288	1.118	1.057	442	438	0.013	0.047
Antibiotic treatment of suspected pneumonia	CH.7	0.232	0.000	0.000	0.000	0.000	13	13	0.232	0.232
Diarrhoea in last two weeks	CH.4	0.037	0.008	0.225	0.838	0.916	442	438	0.020	0.053
Received ORT or increased fluids and continued feeding	CH.5	0.381	0.000	0.000	0.000	0.000	16	16	0.381	0.381
Support for learning	CD.1	0.955	0.009	0.009	0.795	0.892	442	438	0.937	0.973
Birth registration	CP.1	0.960	0.011	0.011	1.305	1.142	442	438	0.938	0.981

Table SE.6: Sampling errors:

South West Region

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Trinidad, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.224	0.017	0.075	2.213	1.488	1317	1362	0.190	0.257
Child discipline	CP.4	0.709	0.023	0.032	1.265	1.125	496	513	0.664	0.755
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.953	0.013	0.014	5.643	2.375	4767	1495	0.927	0.979
Use of improved sanitation facilities	EN.5	0.988	0.005	0.005	2.697	1.642	4767	1495	0.979	0.997
Net primary school attendance rate	ED.3	0.987	0.007	0.007	1.743	1.320	432	446	0.972	1.000
Net secondary school attendance rate	ED.4	0.881	0.020	0.023	1.653	1.286	406	420	0.840	0.921
Primary completion rate	ED.6	0.736	0.038	0.052	0.541	0.735	70	72	0.659	0.813
Child labour	CP.2	0.000	0.000	.	.	.	650	672	0.000	0.000
Prevalence of orphans	HA.10	0.061	0.014	0.233	4.167	2.041	1152	1191	0.032	0.089
WOMEN										
Skilled attendant at delivery	RH.5	0.981	0.013	0.014	0.991	0.995	98	104	0.954	1.000
Antenatal care	RH.3	0.922	0.010	0.011	0.139	0.372	98	104	0.903	0.942
Contraceptive prevalence	RH.1	0.360	0.023	0.063	1.377	1.173	575	609	0.314	0.406
Adult literacy	ED.8	0.978	0.007	0.007	0.957	0.978	433	460	0.965	0.991
Marriage before age 18	CP.5	0.113	0.010	0.085	0.952	0.976	969	1028	0.094	0.132
Comprehensive knowledge about HIV prevention among young people	HA.3	0.522	0.027	0.053	1.386	1.177	433	460	0.467	0.577
Condom use with non-regular partners	HA.9	0.578	0.028	0.049	0.306	0.553	89	95	0.522	0.635
Age at first sex among young people	HA.8	0.032	0.010	0.328	0.779	0.882	207	220	0.011	0.053
Attitude towards people with HIV/ AIDS	HA.5	0.381	0.016	0.041	1.272	1.128	1174	1245	0.350	0.412
Women who have been tested for HIV	HA.6	0.331	0.014	0.043	1.138	1.067	1176	1248	0.302	0.359
Knowledge of mother- to-child transmission of HIV	HA.4	0.573	0.016	0.027	1.246	1.116	1176	1248	0.542	0.604
UNDER-5s										
Polio immunization coverage	CH.2	0.957	0.001	0.001	0.002	0.043	44	47	0.955	0.960
Immunization coverage for DPT	CH.2	0.870	0.019	0.022	0.142	0.377	43	46	0.832	0.908

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	***r + 2se***
Fully immunized children	CH.2	0.804	0.017	0.022	0.087	0.296	43	46	0.769	0.839
Acute respiratory infection in last two weeks	CH.6	0.008	0.005	0.688	0.948	0.974	247	261	0.000	0.018
Antibiotic treatment of suspected pneumonia	CH.7	0.000	0.000	.	.	.	2	2	0.000	0.000
Diarrhoea in last two weeks	CH.4	0.027	0.010	0.380	1.037	1.018	247	261	0.006	0.047
Received ORT or increased fluids and continued feeding	CH.5	0.285	0.041	0.143	0.049	0.221	7	7	0.204	0.367
Support for learning	CD.1	0.943	0.011	0.012	0.609	0.781	247	261	0.920	0.965
Birth registration	CP.1	0.935	0.014	0.015	0.838	0.915	247	261	0.907	0.963

Table SE.7: Sampling errors:

Tobago

Standard errors, coefficients of variation, design effects (deff), square root of design effects (deft) and confidence intervals for selected indicators, Tobago, 2006

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	*r + 2se*
HOUSEHOLDS										
Iodized salt consumption	NU.5	0.225	0.044	0.196	1.230	1.109	86	111	0.137	0.314
Child discipline	CP.4	0.840	0.032	0.038	0.590	0.768	86	81	0.776	0.903
HOUSEHOLD MEMBERS										
Use of improved drinking water sources	EN.1	0.984	0.010	0.010	1.353	1.163	724	216	0.964	1.000
Use of improved sanitation facilities	EN.5	0.988	0.008	0.008	1.307	1.143	724	216	0.972	1.000
Net primary school attendance rate	ED.3	0.877	0.070	0.080	3.610	1.900	86	81	0.737	1.000
Net secondary school attendance rate	ED.4	0.902	0.040	0.044	1.067	1.033	65	61	0.822	0.981
Primary completion rate	ED.6	0.769	0.096	0.125	0.627	0.792	14	13	0.577	0.962
Child labour	CP.2	0.000	0.000	.	.	.	123	116	0.000	0.000
Prevalence of orphans	HA.10	0.028	0.011	0.400	0.985	0.992	224	211	0.006	0.051
WOMEN										
Skilled attendant at delivery	RH.5	0.957	0.042	0.044	0.924	0.961	26	23	0.873	1.000
Antenatal care	RH.3	0.870	0.066	0.076	0.850	0.922	26	23	0.737	1.000
Contraceptive prevalence	RH.1	0.337	0.050	0.148	0.886	0.941	91	80	0.237	0.438
Adult literacy	ED.8	0.979	0.020	0.021	0.965	0.982	55	48	0.938	1.000
Marriage before age 18	CP.5	0.079	0.024	0.302	1.084	1.041	158	139	0.031	0.127
Comprehensive knowledge about HIV prevention among young people	HA.3	0.625	0.077	0.122	1.175	1.084	55	48	0.472	0.778
Condom use with non-regular partners	HA.9	0.423	0.064	0.152	0.426	0.652	30	26	0.294	0.552
Age at first sex among young people	HA.8	0.042	0.004	0.102	0.010	0.102	27	24	0.033	0.050
Attitude towards people with HIV/ AIDS	HA.5	0.399	0.034	0.085	0.771	0.878	185	163	0.331	0.466
Women who have been tested for HIV	HA.6	0.607	0.055	0.090	2.029	1.424	185	163	0.498	0.717

	Table	Value (r)	Standard error (se)	Coefficient of variation (se/r)	Design effect (deff)	Square root of design effect (deft)	Weighted count	Unweighted count	Confidence limits	
									r - 2se	***r + 2se***
UNDER-5s										
Polio immunization coverage	CH.2	0.889	0.111	0.125	1.000	1.000	10	9	0.667	1.000
Immunization coverage for DPT	CH.2	0.778	0.111	0.143	0.571	0.756	10	9	0.556	1.000
Measles immunization coverage	CH.2	0.778	0.000	0.000	0.000	0.000	10	9	0.778	0.778
Fully immunized children	CH.2	0.667	0.000	0.000	0.000	0.000	10	9	0.667	0.667
Acute respiratory infection in last two weeks	CH.6	0.058	0.026	0.447	0.623	0.790	57	52	0.006	0.109
Antibiotic treatment of suspected pneumonia	CH.7	0.667	0.000	0.000	0.000	0.000	3	3	0.667	0.667
Diarrhoea in last two weeks	CH.4	0.077	0.045	0.590	1.477	1.216	57	52	0.000	0.168
Received ORT or increased fluids and continued feeding	CH.5	0.500	0.000	0.000	0.000	0.000	4	4	0.500	0.500
Support for learning	CD.1	0.865	0.039	0.045	0.662	0.813	57	52	0.788	0.943
Birth registration	CP.1	0.981	0.018	0.018	0.862	0.928	57	52	0.945	1.000

Appendix D

Data Quality Tables

Table DQ.1:

Age distribution of household population

Single-year age distribution of household population by sex (weighted), Trinidad and Tobago, 2006

	Males		Females			Males		Females	
	Number	Percent	Number	Percent		Number	Percent	Number	Percent
0	111	1.2	116	1.3	41	126	1.3	136	1.5
1	118	1.2	99	1.1	42	155	1.6	130	1.4
2	120	1.3	120	1.3	43	156	1.6	142	1.5
3	110	1.2	112	1.2	44	123	1.3	128	1.4
4	128	1.3	117	1.3	45	140	1.5	154	1.7
5	136	1.4	126	1.4	46	140	1.5	144	1.6
6	126	1.3	131	1.4	47	131	1.4	138	1.5
7	114	1.2	126	1.4	48	123	1.3	118	1.3
8	132	1.4	128	1.4	49	119	1.3	94	1.0
9	123	1.3	127	1.4	50	143	1.5	215	2.3
10	137	1.4	117	1.3	51	118	1.2	144	1.6
11	159	1.7	139	1.5	52	136	1.4	137	1.5
12	137	1.4	148	1.6	53	114	1.2	121	1.3
13	168	1.8	168	1.8	54	109	1.1	109	1.2
14	158	1.7	171	1.9	55	104	1.1	122	1.3
15	137	1.4	147	1.6	56	122	1.3	90	1.0
16	173	1.8	160	1.7	57	106	1.1	83	.9
17	165	1.7	148	1.6	58	81	.9	81	.9
18	213	2.3	173	1.9	59	93	1.0	74	.8
19	191	2.0	177	1.9	60	93	1.0	101	1.1
20	186	2.0	168	1.8	61	75	.8	60	.7
21	202	2.1	190	2.1	62	74	.8	71	.8
22	182	1.9	162	1.8	63	70	.7	66	.7
23	208	2.2	178	1.9	64	59	.6	63	.7
24	169	1.8	158	1.7	65	59	.6	87	1.0
25	188	2.0	169	1.8	66	44	.5	59	.6
26	147	1.5	143	1.5	67	51	.5	59	.6
27	180	1.9	116	1.3	68	37	.4	56	.6
28	118	1.2	127	1.4	69	49	.5	40	.4
29	144	1.5	112	1.2	70	52	.6	57	.6
30	157	1.7	130	1.4	71	30	.3	41	.4
31	104	1.1	108	1.2	72	48	.5	49	.5
32	163	1.7	130	1.4	73	47	.5	38	.4
33	133	1.4	134	1.5	74	21	.2	35	.4
34	118	1.2	117	1.3	75	34	.4	43	.5
35	132	1.4	104	1.1	76	29	.3	32	.3
36	112	1.2	108	1.2	77	34	.4	34	.4
37	108	1.1	106	1.2	78	15	.2	29	.3
38	141	1.5	121	1.3	79	29	.3	21	.2
39	130	1.4	116	1.3	80+	116	1.2	211	2.3
40	161	1.7	134	1.5					
					DK/ Missing	19	.2	15	.2
					Total	9461	100.0	9207	100.0

Table DQ.2:

Age distribution of eligible and interviewed women

Household population of women age 10-54, interviewed women age 15-49, and percentage of eligible women who were interviewed (weighted), by five-year age group, Trinidad and Tobago, 2006

	Household population of women age 10-54	Interviewed women age 15-49		Percentage of eligible women interviewed
	Number	Number	Percent	
Age				
10-14	742	na	na	na
15-19	804	776	16.9	96.4
20-24	856	802	17.4	93.7
25-29	666	630	13.7	94.6
30-34	619	587	12.8	94.8
35-39	556	538	11.7	96.7
40-44	671	637	13.9	95.0
45-49	647	625	13.6	96.6
50-54	725	Na	na	Na
15-49	4819	4595	100.0	95.3

na: not applicable

Note: Weights for both household population of women and interviewed women are household weights. Age is based on the household schedule.

Table DQ.3:

Age distribution of eligible and interviewed under-5s

Household population of children age 0-4, children whose mothers/caretakers were interviewed, and percentage of under-5 children whose mothers/caretakers were interviewed (weighted), by five-year age group, Trinidad and Tobago, 2006

	Household population of children age 0-7	Interviewed children age 0-4		Percentage of eligible children interviewed
	Number	Number	Percent	
Age				
0	227	221	19.8	97.3
1	217	212	18.9	97.6
2	240	231	20.7	96.2
3	222	217	19.4	97.7
4	245	238	21.3	97.1
5	262	Na	Na	na
6	257	Na	Na	na
7	240	Na	Na	na
0-4	1151	1119	100.0	97.2

na: not applicable

Note: Weights for both household population of children and interviewed children are household weights. Age is based on the household schedule.

Table DQ.4:

Age distribution of under-5 children

Age distribution of under-5 children by 3-month groups (weighted), Trinidad and Tobago, 2006

	Males			Females			Total	
	Number	Percent		Number	Percent		Number	Percent
Age in months								
0-2	24	4.2		19	3.5		43	3.9
3-5	23	4.0		36	6.6		59	5.3
6-8	26	4.6		33	6.0		59	5.3
9-11	29	5.0		21	3.9		50	4.5
12-14	26	4.5		23	4.4		50	4.5
15-17	33	5.7		22	3.9		54	4.8
18-20	33	5.8		27	5.0		60	5.4
21-23	24	4.1		24	4.3		47	4.2
24-26	35	6.1		24	4.4		59	5.3
27-29	23	4.1		25	4.5		48	4.3
30-32	37	6.5		35	6.2		71	6.4
33-35	19	3.3		33	6.2		53	4.7
36-38	30	5.3		29	5.3		59	5.3
39-41	38	6.7		27	5.0		65	5.8
42-44	24	4.2		25	4.6		49	4.4
45-47	18	3.2		28	5.1		46	4.2
48-50	29	5.2		30	5.4		59	5.3
51-53	28	4.9		29	5.1		56	5.0
54-56	39	6.9		27	4.9		66	5.9
57-59	31	5.4		30	5.6		62	5.5
Total	568	100.0		549	100.0		1117	100.0

Table DQ.5:
Heaping on ages and periods

Age and period ratios at boundaries of eligibility by type of information collected (weighted), Trinidad and Tobago, 2006

	Age and period ratios*			Eligibility boundary (lower-upper)	Module or questionnaire
	Males	Females	Total		
Age in household questionnaire					
1	1.01	.89	.95		
2	1.04	1.09	1.06	Lower	Child discipline and child disability
3	.92	.96	.94		
4	1.03	.99	1.01	Upper	Under-5 questionnaire
5	1.05	1.01	1.03	Lower	Child labour and education
6	1.00	1.03	1.01		
8	1.07	1.01	1.04		
9	.94	1.02	.98	Upper	Child disability
10	.98	.92	.95		
13	1.09	1.04	1.06		
14	1.02	1.06	1.04	Upper	Child labour and child discipline
15	.88	.92	.90	Lower	Women's questionnaire
16	1.09	1.06	1.08		
17	.90	.92	.91	Upper	Orphaned and vulnerable children
18	.87	.89	.88		
23	1.12	1.07	1.09		
24	.90	.94	.92	Upper	Education
25	1.12	1.08	1.10		
48	.99	1.01	1.00		
49	.93	.66	.79	Upper	Women's questionnaire
50	1.13	1.42	1.29		
Age in women's questionnaire					
23	na	1.10	na		
24	na	.90	na	Upper	Sexual behaviour
25	na	1.09	na		
Months since last birth in women's questionnaire					
6-11	na	1.06	na		
12-17	na	.95	na		
18-23	na	1.05	na	Upper	Tetanus toxoid and maternal and child health
24-29	na	.88	na		
30-35	na	1.13	na		
* Age or period ratios are calculated as $x / ((x_{n-1} + x_n + x_{n+1}) / 3)$, where x is age or period.					
na: not applicable					

Table DQ.6:

Completeness of reporting

Percentage of observations missing information for selected questions and indicators (weighted), Trinidad and Tobago, 2006

Questionnaire and Subject	Reference group	Percent with missing information*	Number of cases
Household			
Salt testing	All households surveyed	.1	5557
Women			
Date of Birth	All women age 15-49		
Month only		.4	4605
Month and year missing		.0	4605
Date of first birth	All women age 15-49 with at least one live birth		
Month only		1.0	2613
Month and year missing		.9	2613
Completed years since first birth	All women age 15-49 with at least one live birth	2.1	44
Date of last birth	All women age 15-49 with at least one live birth		
Month only		.9	2613
Month and year missing		.7	2613
Date of first marriage/union	All ever married women age 15-49		
Month only		8.9	2703
Month and year missing		15.9	2703
Age at first marriage/union	All ever married women age 15-49	1.3	2703
Age at first intercourse	All women age 15-24 who have ever had sex	.5	1579
Time since last intercourse	All women age 15-24 who have ever had sex	1.4	741
Under-5			
Date of Birth	All under five children surveyed		
Month only		.1	1117
Month and year missing		.3	1117
* Includes "Don't know" responses			

Table DQ.7:

Presence of mother in the household and the person interviewed for the under-5 questionnaire

Distribution of children under five by whether the mother lives in the same household, and the person interviewed for the under-5 questionnaire (weighted), Trinidad and Tobago, 2006

	Mother in the household				Mother not in the household			Total	Number of children aged 0-4 years
	Mother interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed	Father interviewed	Other adult female interviewed	Other adult male interviewed		
Age									
0	99.2				.0	.8	.0	100.0	227
1	95.8				.5	3.7	.0	100.0	217
2	95.8				1.7	2.5	.0	100.0	240
3	91.3				2.3	6.4	.0	100.0	222
4	88.4				2.1	9.1	.4	100.0	245
Total	94.0				1.3	4.6	.1	100.0	1151

Table DQ.8:

School attendance by single age

Distribution of household population age 5-24 by educational level and grade attended in the current year (weighted), Trinidad and Tobago, 2006

	Pre-school	Primary school								Secondary school							University	Post-Grad	Tech /Voc	Don't know	Not attending school	Total	Number
		Std 1	Std 2	Std 3	Std 4	Std 5	Std 6	Std 7	Std 8	Form 1	Form 2	Form 3	Form 4	Form 5	Form 6	Form 7							
Age																							
5	3.7	34.1	50.7	9.1	1.2	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1.2	100.0	257
6	.4	5.5	42.1	42.4	8.8	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.4	.0	100.0	240
7	.0	1.9	9.0	27.7	52.5	6.1	.7	.0	.0	.4	.0	.4	.0	.0	.0	.0	.0	.0	.0	.8	.4	100.0	261
8	.4	1.2	1.6	9.7	37.3	45.8	3.3	.0	.0	.0	.0	.4	.0	.0	.0	.0	.0	.0	.0	.4	.0	100.0	250
9	.0	.4	.8	4.8	11.3	35.3	39.9	5.9	.0	.4	.0	.0	.0	.0	.0	.0	.0	.0	.0	.4	.8	100.0	254
10	.0	.0	.0	1.7	3.4	10.6	34.9	45.2	.3	2.7	.4	.4	.0	.0	.0	.0	.0	.0	.0	.4	.0	100.0	297
11	.0	.4	.0	.4	1.4	2.9	11.5	41.7	.7	33.3	4.9	1.0	.0	.0	.0	.0	.0	.0	.0	1.1	.7	100.0	285
12	.0	.3	.0	.0	.9	.0	3.6	11.7	.0	32.6	40.8	6.9	.3	.3	.3	.0	.0	.0	.0	.6	1.7	100.0	336
13	.0	.0	.3	.0	.3	.3	.9	5.6	.3	11.7	36.2	39.1	2.2	.3	.0	.0	.0	.0	.3	.0	2.4	100.0	329
14	.0	.0	.0	.0	1.1	.0	1.0	.0	.0	5.3	11.6	33.1	40.1	2.9	.4	.0	.0	.0	.4	.0	4.2	100.0	283
15	.0	.0	.0	.0	.3	.3	.3	.0	.0	1.5	1.5	11.2	31.8	37.2	1.8	.0	.0	.0	1.2	.0	12.9	100.0	333
16	.0	.0	.0	.0	.0	.0	.0	.3	.0	.0	.3	2.9	6.1	38.4	13.3	2.2	1.6	.0	5.8	.9	28.1	100.0	313
17	.3	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1.6	15.3	6.1	8.1	3.4	.3	7.0	.0	57.9	100.0	386
18	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	1.1	3.6	3.3	6.1	8.7	1.1	7.3	.3	68.6	100.0	368
19	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.6	.3	1.1	9.6	.6	5.0	.3	82.5	100.0	354
20	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.2	.0	.0	.7	.8	.5	14.1	1.0	2.8	.0	79.8	100.0	392
21	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3	.0	.6	8.2	.3	3.0	.0	87.6	100.0	344
22	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3	.0	.3	8.1	1.8	4.2	.0	85.3	100.0	386
23	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	5.5	.3	2.4	.3	91.4	100.0	327
24	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.3	6.8	.6	2.3	.0	90.1	100.0	356

Table DQ.9:

Sex ratio at birth among children ever born and living

Sex ratio at birth among children ever born, children living, and deceased children, by age of women (weighted), Trinidad and Tobago, 2006

	Children Ever Born			Children Living			Children deceased			
	Number of sons ever born	Number of daughters ever born	Sex ratio	Number of sons living	Number of daughters living	Sex ratio	Number of deceased sons	Number of deceased daughters	Sex ratio	Number of women
Age										
15-19	27	24	1.14	27	24	1.14	0	0	na	777
20-24	167	135	1.23	157	133	1.18	10	2	5.05	802
25-29	298	311	.96	288	296	.97	10	16	.64	632
30-34	540	503	1.07	525	495	1.06	15	8	1.93	590
35-39	568	554	1.03	545	539	1.01	23	15	1.56	539
40-44	837	809	1.03	799	781	1.02	38	28	1.35	639
45-49	888	898	.99	843	864	.98	45	33	1.35	626
Total	3326	3235	1.03	3184	3133	1.02	142	102	1.39	4605

Note: Sex ratios are calculated as number of males/ number of females

Table DQ.10:

Distribution of women by time since last birth

Distribution of women aged 15-49 with at least one live birth, by months since last birth (weighted), Trinidad and Tobago, 2006

	Months since last birth				
	Number	Percent		Number	Percent
0	9	1.5	18	23	3.8
1	11	1.8	19	23	3.8
2	23	3.8	20	13	2.2
3	19	3.1	21	18	3.0
4	17	2.9	22	9	1.5
5	27	4.4	23	12	2.0
6	17	2.8	24	15	2.5
7	23	3.9	25	20	3.3
8	19	3.2	26	12	2.0
9	18	3.0	27	13	2.2
10	15	2.5	28	8	1.3
11	17	2.8	29	18	3.1
12	14	2.3	30	20	3.3
13	17	2.7	31	24	4.0
14	16	2.6	32	21	3.4
15	14	2.4	33	22	3.7
16	16	2.6	34	15	2.5
17	20	3.3	35	7	1.1
			Total	605	100.0

Appendix E

MICS Indicators: Numerators and Denominators

INDICATOR		NUMERATOR	DENOMINATOR
1	Under-five mortality rate	Probability of dying by exact age 5 years	
2	Infant mortality rate	Probability of dying by exact age 1 year	
4	Skilled attendant at delivery	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that were attended during childbirth by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
5	Institutional deliveries	Number of women aged 15-49 years with a birth in the 2 years preceding the survey that delivered in a health facility	Total number of women surveyed aged 15-49 years with a birth in 2 years preceding the survey
9	Low-birthweight infants	Number of last live births in the 2 years preceding the survey weighing below 2,500 grams	Total number of last live births in the 2 years preceding the survey
10	Infants weighed at birth	Number of last live births in the 2 years preceding the survey that were weighed at birth	Total number of last live births in the 2 years preceding the survey
11	Use of improved drinking water sources	Number of household members living in households using improved sources of drinking water	Total number of household members in households surveyed
12	Use of improved sanitation facilities	Number of household members using improved sanitation facilities	Total number of household members in households surveyed
13	Water treatment	Number of household members using water that has been treated	Total number of household members in households surveyed
14	Disposal of child's faeces	Number of children under age three whose (last) stools were disposed of safely	Total number of children under age three surveyed
15	Exclusive breastfeeding rate	Number of infants aged 0-5 months that are exclusively breastfed	Total number of infants aged 0-5 months surveyed
16	Continued breastfeeding rate	Number of infants aged 12-15 months, and 20-23 months, that are currently breastfeeding	Total number of children aged 12-15 months and 20-23 months surveyed
17	Timely complementary feeding rate	Number of infants aged 6-9 months that are receiving breastmilk and complementary foods	Total number of infants aged 6-9 months surveyed
18	Frequency of complementary feeding	Number of infants aged 6-11 months that receive breastmilk and complementary food at least the minimum recommended number of times per day (two times per day for infants aged 6-8 months, three times per day for infants aged 9-11 months)	Total number of infants aged 6-11 months surveyed
19	Adequately fed infants	Number of infants aged 0-11 months that are appropriately fed: infants aged 0-5 months that are exclusively breastfed and infants aged 6-11 months that are breastfed and ate solid or semi-solid foods the appropriate number of times (see above) yesterday	Total number of infants aged 0-11 months surveyed
20	Antenatal care	Number of women aged 15-49 years that were attended at least once during pregnancy in the 2 years preceding the survey by skilled health personnel	Total number of women surveyed aged 15-49 years with a birth in the 2 years preceding the survey
21	Contraceptive prevalence	Number of women currently married or in union aged 15-49 years that are using (or whose partner is using) a contraceptive method (either modern or traditional)	Total number of women aged 15-49 years that are currently married or in union
22	Antibiotic treatment of suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks receiving antibiotics	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
23	Care-seeking for suspected pneumonia	Number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks that are taken to an appropriate health provider	Total number of children aged 0-59 months with suspected pneumonia in the previous 2 weeks
24	Solid fuels	Number of residents in households that use solid fuels (wood, charcoal, crop residues and dung) as the primary source of domestic energy to cook	Total number of residents in households surveyed
26	Polio immunization coverage	Number of children aged 12-23 months receiving OPV3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
27	Immunization coverage for diphtheria, pertussis and tetanus (DPT)	Number of children aged 12-23 months receiving DPT3 vaccine before their first birthday	Total number of children aged 12-23 months surveyed
28	Measles immunization coverage	Number of children aged 12-23 months receiving measles vaccine before their first birthday	Total number of children aged 12-23 months surveyed

INDICATOR		NUMERATOR	DENOMINATOR
29	Hepatitis B immunization coverage	Number of children aged 12-23 months immunized against hepatitis before their first birthday	Total number of children aged 12-23 months surveyed
30	Yellow fever immunization coverage	Number of children aged 12-23 months immunized against yellow fever before their first birthday	Total number of children aged 12-23 months surveyed
31	Fully immunized children	Number of children aged 12-23 months receiving DPT1-3, OPV-1-3, BCG and measles vaccines before their first birthday	Total number of children aged 12-23 months surveyed
32	Neonatal tetanus protection	Number of mothers with live births in the previous year that were given at least two doses of tetanus toxoid (TT) vaccine within the appropriate interval prior to giving birth	Total number of women surveyed aged 15-49 years with a birth in the year preceding the survey
33	Use of oral rehydration therapy (ORT)	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received oral rehydration salts and/or an appropriate household solution	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
34	Home management of diarrhoea	Number of children aged 0-59 months with diarrhoea in the previous 2 weeks that received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
35	Received ORT or increased fluids and continued feeding	Number of children aged 0-59 months with diarrhoea that received ORT (oral rehydration salts or an appropriate household solution) or received more fluids AND continued eating somewhat less, the same or more food	Total number of children aged 0-59 months with diarrhoea in the previous 2 weeks
41	Iodized salt consumption	Number of households with salt testing 15 parts per million or more of iodine/iodate	Total number of households surveyed
44	Content of antenatal care	Number of women with a live birth in the 2 years preceding the survey that received antenatal care during the last pregnancy	Total number of women with a live birth in the 2 years preceding the survey
45	Timely initiation of breastfeeding	Number of women with a live birth in the 2 years preceding the survey that put the newborn infant to the breast within 1 hour of birth	Total number of women with a live birth in the 2 years preceding the survey
46	Support for learning	Number of children aged 0-59 months living in households in which an adult has engaged in four or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months surveyed
47	Father's support for learning	Number of children aged 0-59 months whose father has engaged in one or more activities to promote learning and school readiness in the past 3 days	Total number of children aged 0-59 months
48	Support for learning: children's books	Number of households with three or more children's books	Total number of households surveyed
49	Support for learning: non-children's books	Number of households with three or more non-children's books	Total number of households surveyed
50	Support for learning: materials for play	Number of households with three or more materials intended for play	Total number of households surveyed
51	Non-adult care	Number of children aged 0-59 months left alone or in the care of another child younger than 10 years of age in the past week	Total number of children aged 0-59 months surveyed
52	Pre-school attendance	Number of children aged 36-59 months that attend some form of early childhood education programme	Total number of children aged 36-59 months surveyed
53	School readiness	Number of children in first grade that attended some form of pre-school the previous year	Total number of children in the first grade surveyed
54	Net intake rate in primary education	Number of children of school-entry age that are currently attending first grade	Total number of children of primary- school entry age surveyed
55	Net primary school attendance rate	Number of children of primary-school age currently attending primary or secondary school	Total number of children of primary- school age surveyed
56	Net secondary school attendance rate	Number of children of secondary-school age currently attending secondary school or higher	Total number of children of secondary-school age surveyed
57	Children reaching grade five	Proportion of children entering the first grade of primary school that eventually reach grade five	
58	Transition rate to secondary school	Number of children that were in the last grade of primary school during the previous school year that attend secondary school	Total number of children that were in the last grade of primary school during the previous school year surveyed
59	Primary completion rate	Number of children (of any age) attending the last grade of primary school (excluding repeaters)	Total number of children of primary school completion age (age appropriate to final grade of primary school) surveyed
60	Adult literacy rate	Number of women aged 15-24 years that are able to read a short simple statement about everyday life	Total number of women aged 15-24 years surveyed
61	Gender parity index	Proportion of girls in primary and secondary education	Proportion of boys in primary and secondary education

INDICATOR		NUMERATOR	DENOMINATOR
62	Birth registration	Number of children aged 0-59 months whose births are reported registered	Total number of children aged 0-59 months surveyed
67	Marriage before age 15 and age 18	Number of women that were first married or in union by the exact age of 15 and the exact age of 18, by age groups	Total number of women aged 15-49 years and 20-49 years surveyed, by age groups
68	Young women aged 15-19 years currently married or in union	Number of women aged 15-19 years currently married or in union	Total number of women aged 15-19 years surveyed
69	Spousal age difference	Number of women married/in union aged 15-19 years and 20-24 years with a difference in age of 10 or more years between them and their current spouse	Total number of women aged 15-19 and 20-24 years surveyed that are currently married or in union
71	Child labour	Number of children aged 5-14 years that are involved in child labour	Total number of children aged 5-14 years surveyed
72	Labourer students	Number of children aged 5-14 years involved in child labour activities that attend school	Total number of children aged 5-14 years involved in child labour activities
73	Student labourers	Number of children aged 5-14 years attending school that are involved in child labour activities	Total number of children aged 5-14 years attending school
74	Child discipline	Number of children aged 2-14 years that (1) experience only non-violent aggression, (2) experience psychological aggression as punishment, (3) experience minor physical punishment, (4) experience severe physical punishment	Total number of children aged 2-14 years selected and surveyed
82	Comprehensive knowledge about HIV prevention among young people	Number of women aged 15-24 years that correctly identify two ways of avoiding HIV infection and reject three common misconceptions about HIV transmission	Total number of women aged 15-24 years surveyed
83	Condom use with non-regular partners	Number of women aged 15-24 years reporting the use of a condom during sexual intercourse with their last non-marital, non-cohabiting sex partner in the previous 12 months	Total number of women aged 15-24 years surveyed that had a non-marital, non-cohabiting partner in the previous 12 months
84	Age at first sex among young people	Number of women aged 15-24 years that have had sex before age 15	Total number of women aged 15-24 surveyed
85	Higher risk sex in the last year	Number of sexually active women aged 15-24 years that have had sex with a non-marital, non-cohabitating partner in the previous 12 months	Total number of women aged 15-24 that were sexually active in the previous 12 months
86	Attitude towards people with HIV/ AIDS	Number of women expressing acceptance on all four questions about people with HIV or AIDS	Total number of women surveyed
87	Women who know where to be tested for HIV	Number of women that state knowledge of a place to be tested	Total number of women surveyed
88	Women who have been tested for HIV	Number of women that report being tested for HIV	Total number of women surveyed
89	Knowledge of mother-to-child transmission of HIV	Number of women that correctly identify all three means of vertical transmission	Total number of women surveyed
90	Counselling coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received counselling on HIV/AIDS during this care	Total number of women that gave birth in the previous 24 months surveyed
91	Testing coverage for the prevention of mother-to-child transmission of HIV	Number of women that gave birth in the previous 24 months and received antenatal care reporting that they received the results of an HIV test during this care	Total number of women that gave birth in the previous 24 months surveyed
92	Age-mixing among sexual partners	Number of women aged 15-24 years that had sex in the past 12 months with a partner who was 10 or more years older than they were	Total number of sexually active women aged 15-24 years surveyed
98	Unmet need for family planning	Number of women that are currently married or in union that are fecund and want to space their births or limit the number of children they have and that are not currently using contraception	Total number of women interviewed that are currently married or in union
99	Demand satisfied for family planning	Number of women currently married or in union that are currently using contraception	Number of women currently married or in union that have an unmet need for contraception or that are currently using contraception
100	Attitudes towards domestic violence	Number of women that consider that a husband/partner is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food	Total number of women surveyed

Appendix F

Trinidad and Tobago Questionnaires

Ministry of Social Development
in collaboration with
UNICEF and the Central Statistical Office

MICS

HOUSEHOLD QUESTIONNAIRE

We are from the Ministry of Social Development. We are working on a project concerned with family health and education. I would like to talk to you about this. All the information we obtain will remain strictly confidential and your answers will never be identified. During this time I would like to speak with an adult and all mothers or others who take care of children in the household.

May I start now? *If permission is given, begin the interview.*

HOUSEHOLD INFORMATION PANEL	HH
HH1. ED number: ___ ___ ___ ___ ___ ___ ___	HH2. Household number: ___ ___ ___
HH3. Interviewer name and number: Name..... ___ ___	HH4. Supervisor name and number: Name..... ___ ___
HH4A. Start Date (Day/Month/Year) of interview:	.....___ ___/ ___ ___/ ___ ___ ___ ___
HH5. End Date (Day/Month/Year) of interview:	.....___ ___/ ___ ___/ ___ ___ ___ ___
HH 8. Name of head of household:	

After all questionnaires for the household have been completed, fill in the following information:

HH9. Result of HH interview: Completed ..... 1 Not at home ..... 2 Refused ..... 3 HH not found/destroyed ..... 4 Other (*specify*) _____ 6	HH10. Respondent to HH questionnaire: Name: Line No: .....___ ___ HH11. Total number of household members: .....___ ___
HH12. No.of women eligible for interview: ___ ___	HH13. No.of women questionnaires completed: ___ ___
HH14. No.of children under age 5: ___ ___	HH15. No.of under-5 questionnaires completed: ___ ___
Interviewer/supervisor notes: *Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.*	
HH16. Data entry clerk: ___ ___	

HOUSEHOLD LISTING FORM — HL

FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD.
List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4).
Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). *If yes, complete listing.*
Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there are more than 10 household members. Tick here if continuation sheet used ☐

						Eligible for:									
						WOMEN'S INTERVIEW	CHILD LABOUR MODULE	UNDER-5 INTERVIEW	*For children **age 0-17 years** ask HL9-HL12*				***For all household members***		
HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.		HL5. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years* 98=DK*	HL6. *Circle Line no. if **woman** is age **15-49***	HL7. *For each **child age 5-17**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL8. *For each **child under 5**:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO→ HL11 8 DK→ HL11	HL10. *If alive:* DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *IF **YES**→ Record Line no. of mother* *IF **No**→ Record 00*	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO→ NEXT LINE 8 DK→ NEXT LINE	HL12. *If alive:* DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSEHOLD? *IF **YES**→ Record Line no. of father* *IF **No**→ Record 00*	HC1A. WHAT IS THE RELIGION OF EACH PERSON IN THS HOUSEHOLD?	HC1C. TO WHAT ETHNIC GROUP DOES EACH PERSON IN THIS HOUSEHOLD BELONG?
LINE	NAME	REL.	M	F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER		
01		0 1	1	2	__ __	01	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
02		__ __	1	2	__ __	02	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
03		__ __	1	2	__ __	03	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
04		__ __	1	2	__ __	04	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
05		__ __	1	2	__ __	05	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
06		__ __	1	2	__ __	06	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
07		__ __	1	2	__ __	07	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
08		__ __	1	2	__ __	08	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __
09		__ __	1	2	__ __	09	__ __	__ __	1 2 8	__ __	1 2 8	__ __	__ __	__ __

HL1. *Line no.*	HL2. *Name*	HL3. WHAT IS THE RELATION-SHIP OF (*name*) TO THE HEAD OF THE HOUSE-HOLD?	HL4. IS (*name*) MALE OR FEMALE? 1 MALE 2 FEM.	HL5. HOW OLD IS (*name*)? HOW OLD WAS (*name*) ON HIS/HER LAST BIRTHDAY? *Record in completed years* 98=DK*	HL6. *Circle Line no. if* ***woman is age 15-49***	HL7. *For each* ***child age 5-17****:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL8. *For each* ***child under 5****:* WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? *Record Line no. of mother/ caretaker*	HL9. IS (*name's*) NATURAL MOTHER ALIVE? 1 YES 2 NO→ HL11 8 DK→ HL11	HL10. *If alive*: DOES (*name's*) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? *IF* ***YES***→ *Record Line no. of mother* *IF* ***No***→ *Record* *00*	HL11. IS (*name's*) NATURAL FATHER ALIVE? 1 YES 2 NO→ NEXT LINE 8 DK→ NEXT LINE	HL12. *If alive*: DOES (*name's*) NATURAL FATHER LIVE IN THIS HOUSEHOLD? *IF* ***YES***→ *Record Line no. of father* *IF* ***No***→ *Record* *00*	HC1A. WHAT IS THE RELIGION OF EACH PERSON IN THS HOUSEHOLD?	HC1C. TO WHAT ETHNIC GROUP DOES EACH PERSON IN THIS HOUSEHOLD BELONG?
LINE	NAME	REL.	M F	AGE	15-49	MOTHER	MOTHER	Y N DK	MOTHER	Y N DK	FATHER		
10		___ ___	1 2	___ ___	10	___ ___	___ ___	1 2 8	___ ___	1 2 8	___ ___	___ ___	___ ___

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD?
INCLUDING CHILDREN AT WORK OR AT SCHOOL? *If yes, insert child's name and complete form.*
Then, complete the totals below.

	Women 15-49	Children 5-14	Under-5s
Totals	___ ___	___ ___	___ ___

** See instructions: to be used only for elderly household members (code meaning "do not know/over age 50").*

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Questionnaire for Children Under Five.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* **Codes for HL3: Relationship to head of household:**		
01 = Head 02 = Wife or Husband 03 = Son or Daughter 04 = Son-in-law or Daughter-in-law 05 = Grandchild 06 = Parent	07 = Parent-in-law 08 = Brother or Sister 09 = Brother-in-law or Sister-in-law 10 = Uncle/Aunt 11 = Niece/Nephew By Blood 12 = Niece/Nephew By Marriage	13 = Other Relative 14 = Adopted/Foster/Stepchild 15 = Not Related 98 = Don't Know
*** Codes for HC1A: Religion**		
01 = Anglican 02 = Baptist 03 = Hindu 04 = Muslim 05 = Jehovah Witness 06 = Methodist	07 = Moravian 08 = Pentecostal/Evangelical 09 = Presbyterian 10 = Roman Catholic 11 = Seventh Days Adventist	95 = No religion 96 = Other (specify) 98 = DK
*** Codes for HC1C: Ethnic Group**		
01 = African 02 = Indian 03 = Chinese 04 = Syrian/Lebanese	05 = Caucasian 06 = Mixed 07 = Not Stated 96 = Other (specify)	

EDUCATION MODULE — ED

For household members ***age 5 and above***				*For household members* ***age 5-30 years***							
ED1. *Line no.*	ED1A. *Name*	ED2. Has (*name*) ever attended school or preschool? 1 YES → ED3 2 NO → NEXT LINE	ED3. What is the highest level of school (*name*) attended? What is the highest grade (*name*) completed at this level? Level and Grade: 00 Preschool; 01 1st year Infants; 02 2nd year Infants; 11 Standard 1; 12 Standard 2; 13 Standard 3; 14 Standard 4; 15 Standard 5; 16 Standard 6/7; 21 Form 1; 22 Form 2; 23 Form 3; 24 Form 4; 25 Form 5; 26 Lower 6; 27 Upper 6; 31-36 University Yr1-Yr6; 41-46 Post Graduate Yr1-Yr6; 51-56 Technical / Vocational Yr1-Yr6; 98 DK	ED4. During the ***(2005-2006)*** school year, did (*name*) attend school or preschool at any time? 1 YES 2 NO → ED7	ED5. Since last *(day of the week)*, how many days did (*name*) attend school? *Insert number of days in space below.*	ED6. During this school year, which level and grade is (*name*) attending? Level and Grade: 00 Preschool; 01 1st year Infants; 02 2nd year Infants; 11 Standard 1; 12 Standard 2; 13 Standard 3; 14 Standard 4; 15 Standard 5; 16 Standard 6/7; 21 Form 1; 22 Form 2; 23 Form 3; 24 Form 4; 25 Form 5; 26 Lower 6; 27 Upper 6; 31-36 University Yr1-Yr6; 41-46 Post Graduate Yr1-Yr6; 51-56 Technical / Vocational Yr1-Yr6; 98 DK	ED7. Did (*name*) attend school or preschool at any time during the previous school year, that is (***2004-2005***)? 1 YES 2 NO → NEXT LINE 8 DK → NEXT LINE			ED8. During that previous school year, which level and grade did (*name*) attend? Level and Grade: 00 Preschool; 01 1st year Infants; 02 2nd year Infants; 11 Standard 1; 12 Standard 2; 13 Standard 3; 14 Standard 4; 15 Standard 5; 16 Standard 6/7; 21 Form 1; 22 Form 2; 23 Form 3; 24 Form 4; 25 Form 5; 26 Lower 6; 27 Upper 6; 31-36 University Yr1-Yr6; 41-46 Post Graduate Yr1-Yr6; 51-56 Technical / Vocational Yr1-Yr6; 98 DK
LINE		YES NO	LEVEL AND GRADE	YES	NO	DAYS	LEVEL AND GRADE	Y	N	DK	LEVEL AND GRADE
01		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
02		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
03		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
04		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
05		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
06		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
07		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
08		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
09		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___
10		1 2→ NEXT LINE	___ ___	1	2	___	___ ___	1	2	8	___ ___

WATER AND SANITATION MODULE		WS
WS1. What is the main source of drinking water for members of your household?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Private piped into dwelling ..... 22 Private piped into yard ..... 23 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	 11➔WS5 12➔WS5 13➔WS3 22➔WS5 23➔WS5 ➔WS3 96➔WS3
WS2. What is the main source of water used by your household for other purposes such as cooking and handwashing?	Piped water Piped into dwelling ..... 11 Piped into yard or plot ..... 12 Public tap/standpipe ..... 13 Private piped into dwelling ..... 22 Private piped into yard ..... 23 Water from spring Protected spring ..... 41 Unprotected spring ..... 42 Rainwater collection ..... 51 Tanker-truck ..... 61 Cart with small tank/drum ..... 71 Surface water (river, stream, dam, lake, pond, canal, irrigation channel) ..... 81 Bottled water ..... 91 Other (*specify*) _____ 96	 11➔WS5 12➔WS5 22➔WS5 23➔WS5
WS3. How long does it take to go there, get water, and come back?	No. of minutes ..... __ __ __ Water on premises ..... 995 DK 998	 995➔WS5
WS4. Who usually goes to this source to fetch the water for your household? *Probe:* Is this person under age 15? What sex? *Circle code that best describes this person.*	Adult woman ..... 1 Adult man ..... 2 Female child (under 15) ..... 3 Male child (under 15) ..... 4 DK 8	

WS5. Do you treat your water in any way to make it safer to drink?	Yes.....1 No.....2 DK.....8	 2➔WS7 8➔WS7
WS6. What do you usually do to the water to make it safer to drink? Anything else? *Record all items mentioned.*	Boil.....A Add bleach/chlorine.....B Strain it through a cloth.....C Use water filter (ceramic, sand, composite, etc.).....D Let it stand and settle.....F Other (*specify*) _____ X DK.....Z	
WS7. What kind of toilet facility do members of your household usually use? *If "flush" or "pour flush", probe:* Where does it flush to? *If necessary, ask permission to observe the facility.*	Flush / pour flush Flush to piped sewer system.....11 Flush to septic tank.....12 Flush to somewhere else.....14 Flush to unknown place/not sure where/DK.....15 Ventilated Improved Pit latrine (VIP).....21 Pit latrine with slab.....22 Pit latrine without slab / open pit.....23 Bucket.....41 No facilities or bush or field.....95 Other (*specify*) _____ 96	 95➔ NEXT MODULE
WS8. Do you share this facility with other households?	Yes.....1 No.....2	 2➔ NEXT MODULE
WS9. How many households in total use this toilet facility?	No. of households (if less than 10).....0 ___ Ten or more households.....10 DK.....98	

HOUSEHOLD CHARACTERISTICS MODULE		HC
HC2. In this household, how many rooms do household members use for the purpose of sleeping?	No. of rooms ..... __ __	
HC3. Main material of the dwelling floor: *Record observation.*	Natural floor Dirt/Tapia ..... 13 Rudimentary floor Wood planks ..... 21 Finished floor Parquet or polished wood ..... 31 Vinyl or asphalt strips ..... 32 Ceramic tiles ..... 33 Concrete ..... 34 Carpet ..... 35 Other (*specify*) _____ 96	
HC4. Main material of the roof. *Record observation.*	Rudimentary Roofing Wood planks ..... 23 Finished roofing Metal ..... 31 Wood ..... 32 Concrete ..... 35 Roofing shingles ..... 36 Clay tiles ..... 37 Galvanized iron/Aluzinc ..... 38 Other (*specify*) _____ 96	
HC5. Main material of the walls. *Record observation.*	Natural walls Dirt/Tapia ..... 13 Rudimentary walls Plywood ..... 24 Carton ..... 25 Reused wood ..... 26 Galvanized iron/Aluzinc ..... 27 Finished walls Concrete ..... 31 Stone with mortar ..... 32 Bricks ..... 33 Concrete blocks ..... 34 Hollow clay blocks ..... 37 Hollow clay/Concrete blocks(plastered) ..... 38 Wood (e.g. cedar) ..... 39 Other (*specify*) _____ 96	
HC6. What type of fuel does your household mainly use for cooking?	Electricity ..... 01 Liquid Propane Gas (LPG) ..... 02 Natural gas ..... 03 Kerosene ..... 05 Wood ..... 08 Other (*specify*) _____ 96	01➔HC8 02➔HC8 03➔HC8

HC7. In this household, is food cooked on an open fire, an open stove or a closed stove? *Probe for type.*	Open fire ..... 1 Open stove ..... 2 Closed stove ..... 3 Other (*specify*) _____ 6	 3➔HC8 6➔HC8
HC7A. Does the fire/stove have a chimney or a hood?	Yes ..... 1 No 2	
HC8. Is the cooking usually done in the house, in a separate building, or outdoors?	In the house ..... 1 In a separate building ..... 2 Outdoors ..... 3 Other (*specify*) _____ 96	
HC9. Does your household have: Electricity? A radio? A television? A non-mobile telephone? A refrigerator? A stove? A washing machine? A clothes dryer? A water heater (tank/canister)? A microwave oven? An air condition unit? internet service? cable/direct tv? A dvd player?	Yes No Electricity ..... 1 2 Radio ..... 1 2 Television ..... 1 2 Non-Mobile Telephone ..... 1 2 Refrigerator ..... 1 2 Stove ..... 1 2 Washing Machine ..... 1 2 Clothes Dryer ..... 1 2 Water Heater ..... 1 2 Microwave Oven ..... 1 2 Air Condition Unit ..... 1 2 Internet Service ..... 1 2 Cable/Direct TV ..... 1 2 DVD Player 1 2	
HC10. Does any member of your household own: A Mobile/Cellular Phone A car or truck? A Computer? A Sewing Machine? A Stereo or Radio with CD Player? A Boat for Fishing? A Boat for Pleasure? An MP3 Player? An Ipod?	Yes No Mobile/Cell phone ..... 1 2 Car/Truck ..... 1 2 Computer ..... 1 2 Sewing Machine ..... 1 2 Stereo/radio with CD player ..... 1 2 Boat for Fishing ..... 1 2 Boat for Pleasure ..... 1 2 MP3 Player ..... 1 2 Ipod 1 2	

CHILD LABOUR MODULE

To be administered to mother/caretaker of each child in the household age 5 through 17 years. For household members below age 5 or above age 17, leave rows blank.

NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. *Line no.*	CL2. *Name*	CL3. SINCE LAST (*day of the week*), DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ➔ TO CL5	CL4. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If more than one job, include all hours at all jobs.* *Record response then ➔ CL5A*	CL5. AT ANY TIME DURING THE PAST YEAR, DID (*name*) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? *If yes*: FOR PAY IN CASH OR KIND? 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO	CL5A. SINCE LAST (*day of the week*), DID (*name*) UNDERTAKE ANY WORK ACTIVITY ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? 1 YES 2 NO ➔ CL6	CL5B. *If yes:* SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK ON HIS/HER OWN ACCOUNT OR IN HIS/HER OWN ENTERPRISE? *If more than one job, include all hours at all jobs.*	CL6. SINCE LAST (*day of the week*),DID (*name*) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, FETCHING WATER, OR CARING FOR CHILDREN? 1 YES 2 NO ➔ CL8	CL7. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?	CL8. SINCE LAST (*day of the week*), DID (*name*) DO ANY OTHER FAMILY WORK (ON THE FARM OR IN A BUSINESS OR SELLING GOODS IN THE STREET?) 1 YES, FOR PAY (CASH OR KIND) 2 YES, UNPAID 3 NO ➔ CL10	CL9. *If yes*: SINCE LAST (*day of the week*), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK?

LINE NO.	NAME	YES PAID	YES UNPAID	NO	NO. HOURS	YES PAID	YES UNPAID	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES PAID	YES UNPAID	NO	NO. HOURS
01		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
02		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
03		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
04		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
05		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
06		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
07		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
08		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
09		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____
10		1	2	3	____ ____	1	2	3	1	2	____ ____	1	2	____ ____	1	2	3	____ ____

CHILD LABOUR MODULE C2

CL1. *Line no.*	CL2. *Name*	CL10. *Check CL3, CL5A, CL8:* *Worked, paid or unpaid➔ CL11* *Did not work ➔Next Line*		CL11. DESCRIBE THE MAIN JOB/TASK.***(name)*** WAS PERFORMING, FOR EXAMPLE, CLEANING CARS, HARVESTING, AGRICULTURAL PRODUCTS, ETC. *Main refers to the work that (name) spent most of the time of the week doing. If two or more jobs occupy the same time, consider the job earning the most money.*	CL12. PLEASE DESCRIBE BRIEFLY THE MAIN ACTIVITY, THAT IS, GOODS PRODUCED OR SERVICES RENDERED WHERE ***(name)*** IS WORKING	CL13. DURING WHAT TIME OF DAY DID ***(name)*** CARRY OUT HIS /HER WORK? A MORNING/ AFTERNOON (6AM-6PM) B NIGHT/PRE-DAWN (6PM-6AM) Z DON'T KNOW		CL14. IN HIS/HER WORK IS ***(name)*** EXPOSED TO ANY OF THE FOLLOWING: A DUST, FUMES, GAS (OXYGEN, AMMONIA) B NOISE C EXTREME TEMPERATURES OR HUMIDITY D DANGEROUS TOOLS (KNIVES, ETC.) E WORK UNDERGROUND F WORK AT HEIGHTS G INSUFFICIENT LIGHTING H CHEMICALS (PESTICIDE, GLUE, ETC.) X OTHER (*SPECIFY*) Y NONE OF THE ABOVE Z DON'T KNOW												
LINE	NAME	YES	NO	OCCUPATION	INDUSTRY	DAY	NIGHT	DK													
01		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
02		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
03		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
04		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
05		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
06		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
07		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
08		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
09		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....
10		☐	☐	_____ __ __	_____ __ __	A	B	Z	A	B	C	D	E	F	G	H	Y	Z	X OTHER (*SPECIFY*) .....

CHILD DISCIPLINE MODULE

TABLE 1: CHILDREN AGED 2-14 YEARS ELIGIBLE FOR CHILD DISCIPLINE QUESTIONS

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, age, and the line number of the mother or caretaker for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. *Rank no.*	***CD2.*** *Line no. from HL1.*	***CD3.*** *Name from HL2.*	***CD4.*** *Sex from HL4.*	***CD5.*** *Age from HL5.*	***CD6.*** *Line no. of mother/ caretaker from HL7 or HL8.*	
LINE	LINE	NAME	M F	AGE	MOTHER	
01	__ __		1 2	___ ___	___ ___	
02	__ __		1 2	___ ___	___ ___	
03	__ __		1 2	___ ___	___ ___	
04	__ __		1 2	___ ___	___ ___	
05	__ __		1 2	___ ___	___ ___	
06	__ __		1 2	___ ___	___ ___	
07	__ __		1 2	___ ___	___ ___	
08	__ __		1 2	___ ___	___ ___	
CD7.	TOTAL CHILDREN AGED 2-14 YEARS					___ ___

If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

TABLE 2: SELECTION OF RANDOM CHILD FOR CHILD DISCIPLINE QUESTIONS

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page. Then, find the mother or primary caretaker of that child, and ask the questions, beginning with CD12.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	1	2	3	4	5	6	7	8+
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

CD9. *Record the rank number of the selected child*	Rank number of child.....__ __

CHILD DISCIPLINE MODULE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions. Ask to interview the mother or primary caretaker of the selected child (identified by the line number in CD6).		
CD11. *Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.*	Name Line number ..... __ __	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF ***YOU OR ANYONE ELSE IN YOUR HOUSEHOLD*** HAS USED THIS METHOD WITH *(name)* IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING *(name)* LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes.....1 No.....2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes.....1 No.....2	
CD12C. SHOOK HIM/HER.	Yes.....1 No.....2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes.....1 No.....2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes.....1 No.....2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes.....1 No.....2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes.....1 No.....2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes.....1 No.....2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes.....1 No.....2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes.....1 No.....2	
CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes.....1 No.....2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (*name*) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes.....1 No.....2 Don't know/no opinion.....8	

SALT IODIZATION MODULE		SI
SI1. We would like to check whether the salt used in your household is iodized. May I see a sample of the salt used to cook the main meal eaten by members of your household last night? *Once you have examined the salt, circle number that corresponds to test outcome.*	Not iodized 0 PPM ..... 1 Less than 15 PPM ..... 2 15 PPM or more ..... 3 No salt in home..... 6 Salt not tested..... 7	

SI2. ***Does any eligible woman age 15-49 reside in the household?***
Check household listing, column HL6.You should have a questionnaire with the Information Panel filled in for each eligible woman.

☐ ***Yes. ➔ Go to QUESTIONNAIRE FOR INDIVIDUAL WOMEN to administer the questionnaire to the first eligible woman.***

☐ ***No. ➔Continue.***

SI3. ***Does any child under the age of 5 reside in the household?***
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

☐ ***Yes. ➔ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire to mother or caretaker of the first eligible child.***

☐ ***No. ➔End the interview by thanking the respondent for his/her cooperation.***
Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.

MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	WM
This module is to be administered to all ***women age 15 through 49*** *(see column HL6 of HH listing).* *Fill in one form for each eligible woman* *Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.*	
WM1. ED number: ___ ___ ___ ___ ___ ___ ___	WM2. Household number: ___ ___ ___
WM3. Woman's Name:	WM4. Woman's Line Number: ___ ___
WM5.Interviewer name and number: _____ ___ ___	
WM5A. Start Date (Day/Month/Year) of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
WM6. End Date (Day/Month/Year) of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
WM7. Result of women's interview	Completed .....1 Not at home .....2 Refused .....3 Partly completed .....4 Incapacitated .....5 Other (*specify*) 6

Repeat greeting if not already read to this woman:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future revisit.

WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years).....__ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL?	Yes.....1 No.....2	2➔WM14

WM11. What is the highest level and grade of school you attended?	Level and Grade: 00 Preschool 01 1st year Infants 02 2nd year Infants 11 Standard 1 12 Standard 2 13 Standard 3 14 Standard 4 15 Standard 5 16 standard 6/7 21 Form 1 22 Form 2 23 Form 3 24 Form 4 25 Form 5 26 Lower 6 27 Upper 6 31-36 University Yr1-Yr6 41-46 Post Graduate Yr1-Yr6 51-56 Technical / Vocational Yr1-Yr6 98 dK	
WM14. Now I would like you to read this sentence to me. *Show sentences to respondent.* *If respondent cannot read whole sentence, probe:* Can you read part of the sentence to me? *Example sentences for literacy test:* *1. The child is reading a book.* *2. The rains came late this year.* *3. Parents must care for their children.* *4. Farming is hard work.*	Cannot read at all.....1 Able to read only parts of sentence.....2 Able to read whole sentence.....3 No sentence in required language_____4 *(specify language)* Blind/mute, visually/speech impaired.....5	

CHILDBEARING AND CHILD MORTALITY MODULE		CM
This module is to be administered to all women age 15-49. All questions refer only to LIVE births.		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? *If "No" probe by asking:* I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?	Yes ..... 1 No 2	2➔ MARRIAGE/UNION MODULE
CM2A. WHAT WAS THE DATE OF YOUR FIRST BIRTH? I MEAN THE VERY FIRST TIME YOU GAVE BIRTH, EVEN IF THE CHILD IS NO LONGER LIVING, OR WHOSE FATHER IS NOT YOUR CURRENT PARTNER. *Skip to CM3 only if year of first birth is given. Otherwise, continue with CM2B.*	Date of first birth Day ..... __ __ DK day ..... 98 Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	➔CM3 ➔CM2B
CM2B. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?	Completed years since first birth ..... __ __	
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes ..... 1 No 2	2➔CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... __ __ Daughters at home ..... __ __	
CM5. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?	Yes ..... 1 No 2	2➔CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ..... __ __ Daughters elsewhere ..... __ __	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes ..... 1 No 2	2➔CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead ..... __ __ Girls dead ..... __ __	
CM9. Sum answers to CM4, CM6, and CM8.	Sum ..... __ __	

CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number*) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?

☐ *Yes.* ➔ *Go to CM11*

☐ *No.* ➔ *Check responses and make corrections before proceeding to CM11*

CM11. OF THESE (*total number*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)? If day is not known, enter '98' in space for day.	Date of last birth Day/Month/Year..... __ __/__ __/__ __ __ __	

CM12. ***Check CM11: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview in 2004)?***

If child has died, take special care when referring to this child by name in the following modules.

☐ ***No live birth in last 2 years.*** ➔ ***Go to MARRIAGE/UNION module.***

☐ ***Yes, live birth in last 2 years.*** ➔ ***Continue with CM13***

***Name of child*_____**

CM13. AT THE TIME YOU BECAME PREGNANT WITH (*name*), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then .....1 Later .....2 No more.....3	

TETANUS TOXOID (TT) MODULE — TT

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.

TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? *If a card is presented, use it to assist with answers to the following questions.*	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No. ..... 3 DK 8	
TT2. WHEN YOU WERE PREGNANT WITH YOUR LAST CHILD, DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH (AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER)?	Yes ..... 1 No ..... 2 DK 8	 2 ➔ TT5 8 ➔ TT5
TT3. *If yes:* HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR LAST PREGNANCY?	No. of times ..... __ __ DK 98	 98 ➔ TT5
TT4. ***How many TT doses during last pregnancy were reported in TT3?*** ☐ ***At least two TT injections during last pregnancy. ⇨ Go to Next Module*** ☐ ***Fewer than two TT injections during last pregnancy. ⇨ Continue with TT5***		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR LAST PREGNANCY?	Yes ..... 1 No ..... 2 DK 8	 2 ➔ NEXT MODULE 8 ➔ NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... __ __	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY? *Skip to next module only if year of injection is given. Otherwise, continue with TT8.*	Month ..... __ __ DK month ..... 98 Year ..... __ __ __ __ DK year 9998	 ➔ NEXT MODULE ↓ TT8
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE THAT LAST PREGNANCY?	Years ago ..... __ __	

MATERNAL AND NEWBORN HEALTH MODULE — MN

This module is to be administered to all women with a live birth in the 2 years preceding date of interview.
Check child mortality module CM12 and record name of last-born child here _____
Use this child's name in the following questions, where indicated.

MN2. Did you see anyone for antenatal care for this pregnancy? *If yes*: Whom did you see? Anyone else? *Probe for the type of person seen and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	Y➔MN7
MN3. As part of your antenatal care, were any of the following done at least once? MN3a. Were you weighed? MN3b. Was your blood pressure measured? MN3c. Did you give a urine sample? MN3d. Did you give a blood sample?	Yes No Weight ..... 1 2 Blood pressure ..... 1 2 Urine sample ..... 1 2 Blood sample 1 2	
MN4. During any of the antenatal visits for the pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	Yes ..... 1 No ..... 2 DK 8	
MN5. I don't want to know the results, but were you tested for HIV/AIDS as part of your antenatal care?	Yes ..... 1 No ..... 2 DK 8	2➔MN7 8➔MN7
MN6. I don't want to know the results, but did you get the results of the test?	Yes ..... 1 No ..... 2 DK 8	
MN7. Who assisted with the delivery of your last child (*name*)? Anyone else? *Probe for the type of person assisting and circle all answers given.*	Health professional: Doctor ..... A Nurse/midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G Relative/friend ..... H Other (*specify*) _____ X No one ..... Y	

MN8. WHERE DID YOU GIVE BIRTH TO (*name*)? *If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.* _____ *(Name of place)*	Home Your home ..... 11 Other home ..... 12 Public sector Govt. hospital ..... 21 Govt. clinic/health center ..... 22 Other public (*specify*) _____ 26 Private Medical Sector Private hospital ..... 31 Private clinic ..... 32 Private maternity home ..... 33 Other private medical (*specify*) _____ 36 Other (*specify*) _____ 96	
MN9. WHEN YOUR LAST CHILD (*name*) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large ..... 1 Larger than average ..... 2 Average ..... 3 Smaller than average ..... 4 Very small ..... 5 DK 8	
MN10. WAS (*name*) WEIGHED AT BIRTH?	Yes ..... 1 No ..... 2 DK 8	2➔MN12 8➔MN12
MN11. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (kilograms) __ . __ __ __ From recall ..... 2 (kilograms) __ . __ __ __ DK 99998	
MN11A. HOW MUCH DID (*name*) WEIGH? *Record weight from health card, if available.*	From card ..... 1 (pounds/ounces) __ __/__ __ From recall ..... 2 (pounds/ounces) __ __/__ __ DK 99998	
MN12. DID YOU EVER BREASTFEED (*name*)?	Yes ..... 1 No 2	2➔ NEXT MODULE
MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (*name*) TO THE BREAST? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	Immediately ..... 000 Hours ..... 1 __ __ *or* Days ..... 2 __ __ Don't know/remember 998	

MARRIAGE/UNION MODULE		MA
MA1. Are you currently married or living in a common-law union with a male?	Yes, currently married.....1 Yes, common-law union .....2 No, not in union .....3 Yes, currently married and in a common-law union.....4	3➔MA3
MA2. How old was your husband/partner on his last birthday?	Age in years.....__ __ DK.....98	➔MA5 98➔MA5
MA3. Have you ever been married or lived in a common-law union with a male?	Yes, formerly married.....1 Yes, formerly in common-law union.....2 No.....3	3➔NEXT MODULE
MA4. What is your status now: are you widowed, divorced or separated?	Widowed.....1 Divorced .....2 Separated.....3	
MA5. Have you been married or lived with a male only once or more than once?	Only once .....1 More than once.....2	
MA6. In what month and year did you FIRST marry or start living with a male as if married?	Month.....__ __ DK month.....98 Year .....__ __ __ __ DK year.....9998	
MA7. ***Check MA6:*** ☐ ***Both month and year of marriage/union known? ⇨ Go to Next Module*** ☐ ***Either month or year of marriage/union not known? ⇨ Continue with MA8***		
MA8. How old were you when you started living with your first husband/partner?	Age in years.....__ __	

CONTRACEPTION AND UNMET NEED MODULE		CP
CP1. I would like to talk with you about another subject – family planning – and your reproductive health. Are you pregnant now?	Yes, currently pregnant ..... 1 No ..... 2 Unsure or DK 8	 1➔CP2 1➔CP2
CP1A. At the time you became pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any more children?	Then ..... 1 Later ..... 2 Not want more children 3	1➔CP4B 2➔CP4B 3➔CP4B
CP2. Some people use various ways or methods to delay or avoid a pregnancy. Are you currently doing something or using any method to delay or avoid getting pregnant?	Yes ..... 1 No 2	 2➔ CP4A
CP3. Which method are you using? *Do not prompt.* *If more than one method is mentioned, circle each one.*	Female sterilization ..... A Male sterilization ..... B Pill ..... C IUD ..... D Injections ..... E Implants ..... F Condom ..... G Female condom ..... H Diaphragm ..... I Foam/jelly ..... J Lactational amenorrhoea method (LAM) ..... K Periodic abstinence ..... L Withdrawal ..... M Other (*specify*) _____ X	
CP4A. Now I would like to ask some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? CP4B. *If currently pregnant:* Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any (more) children?	Have (a/another) child ..... 1 No more/none ..... 2 Says she cannot get pregnant ..... 3 Undecided/don't know 8	 2➔CP4D 3➔NEXT MODULE 8➔CP4D
CP4C. How long would you like to wait before the birth of (a/another) child?	Months ..... 1 __ __ Years ..... 2 __ __ Soon/now ..... 993 Says she cannot get pregnant ..... 994 After marriage ..... 995 Other ..... 996 Don't Know 998	 994➔NEXT MODULE

CP4D. Check CP1:		
☐ *Currently pregnant?* ➔ *Go to Next Module* ☐ *Not currently pregnant or unsure?* ➔ *Continue with CP4E*		
CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes.....1 No.....2 DK.....8	

ATTITUDES TOWARD DOMESTIC VIOLENCE MODULE — DV

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR ***OPINION***, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

	Yes	No	DK
DV1A. IF SHE GOES OUT WITH OUT TELLING HIM?	Goes out without telling 1	2	8
DV1B. IF SHE NEGLECTS THE CHILDREN?	Neglects children 1	2	8
DV1C. IF SHE ARGUES WITH HIM?	Argues 1	2	8
DV1D. IF SHE REFUSES SEX WITH HIM?	Refuses sex 1	2	8
DV1E. IF SHE BURNS THE FOOD?	Burns food 1	2	8

SEXUAL BEHAVIOUR MODULE — SB

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, ENSURE PRIVACY.

SB0. ***Check WM9: Age of respondent is between 15 and 24?***

☐ ***Age 25-49.*** ⇨ ***Go to Next Module***
☐ ***Age 15-24.*** ⇨ ***Continue with SB1***

SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse ..... 00 Age in years..... __ __ First time when started living with (first) husband/partner..... 95	00➔NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? *Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.*	Days ago ..... 1 __ __ Weeks ago..... 2 __ __ Months ago..... 3 __ __ Years ago ..... 4 __ __	4➔NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes..... 1 No..... 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? *If man is 'boyfriend' or 'fiancée', ask:* WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? *If 'yes', circle 1 .If 'no', circle 2.*	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée..... 2 Other friend..... 3 Casual acquaintance ..... 4 Other (*specify*) _____ 6	1➔SB6
SB5. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK..... 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2➔NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes..... 1 No..... 2	
SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN? *If man is 'boyfriend' or 'fiancée', ask:* WAS YOUR BOYFRIEND/FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? *If 'yes', circle 1. If 'no', circle 2.*	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée..... 2 Other friend..... 3 Casual acquaintance ..... 4 Other (*specify*) _____ 6	1➔SB10
SB9. HOW OLD IS THIS PERSON? *If response is DK, probe:* ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK..... 98	
SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes..... 1 No..... 2	2➔NEXT MODULE
SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?	No. of partners..... __ __	

HIV/AIDS MODULE		HA
HA1. Now I would like to talk with you about something else. Have you ever heard of the virus HIV or an illness called AIDS?	Yes.....1 No.....2	 2➔ next module
HA2. Can people protect themselves from getting infected with the AIDS virus by having one sex partner who is not infected and also has no other partners?	Yes.....1 No.....2 DK.....8	
HA3. Can people get infected with the AIDS virus because of OBEAH, witchcraft or other supernatural means?	Yes.....1 No.....2 DK.....8	
HA4. Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	Yes.....1 No.....2 DK.....8	
HA5. Can people get the AIDS virus from mosquito bites?	Yes.....1 No.....2 DK.....8	
HA6. Can people reduce their chance of getting infected with the AIDS virus by not having sex at all?	Yes.....1 No.....2 DK.....8	
HA7. Can people get the AIDS virus by sharing food with a person who has AIDS?	Yes.....1 No.....2 DK.....8	
HA7a. Can people get the AIDS virus by getting injections with a needle that was already used by someone else?	Yes.....1 No.....2 DK.....8	
HA8. Is it possible for a healthy-looking person to have the AIDS virus?	Yes.....1 No.....2 DK.....8	
HA9. Can the AIDS virus be transmitted from a mother to a baby? HA9a. During pregnancy? HA9b. During delivery? HA9c. By breastfeeding?	Yes No DK During pregnancy.....1 2 8 During delivery.....1 2 8 By breastfeeding.....1 2 8	
HA10. If a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in school?	Yes.....1 No.....2 DK/not sure/depends.....8	
HA11. Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	Yes.....1 No.....2 DK/not sure/depends.....8	
HA12. If a member of your family became infected with the AIDS virus, would you want it to remain a secret?	Yes.....1 No.....2 DK/not sure/ depends.....8	
HA13. If a member of your family became sick with the AIDS virus, would you be willing to care for him or her in your household?	Yes.....1 No.....2 DK/not sure/depends.....8	

HA14. ***Check MN5: Tested for HIV during antenatal care?*** ☐ ***Yes.*** ➔ ***Go to HA18A*** ☐ ***No.*** ➔ ***Continue with HA15***		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes.....1 No.....2	 2➔HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes.....1 No.....2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test.....1 Offered and accepted.....2 Required.....3	1➔NEXT MODULE 2➔NEXT MODULE 3➔NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. *If tested for HIV during antenatal care:* OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes.....1 No.....2	

Follow instructions in your Interviewer's Manual.

UNDER-FIVE CHILD INFORMATION PANEL — UF

This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5).
A separate questionnaire should be used for each eligible child.
Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.

UF1. ED number: ___ ___ ___ ___ ___ ___ ___	UF2. Household number: ___ ___ ___
UF3. Child's Name:	UF4. Child's Line Number: ___ ___
UF5. Mother's/Caretaker's Name:	UF6. Mother's/Caretaker's Line Number: ___ ___
UF7. Interviewer name and number: _____ ___ ___	
UF7A. Start Date (Day/Month/Year) of interview: ___ ___ / ___ ___ / ___ ___ ___ ___	
UF8. End Date (Day/Month/Year) of interview:	___ ___ / ___ ___ / ___ ___ ___ ___
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed ..... 1 Not at home ..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated ..... 5 Other (specify) _____ 6

Repeat greeting if not already read to this respondent:

WE ARE FROM THE MINISTRY OF SOCIAL DEVELOPMENT. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?

If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.

UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW. NOW I WANT TO ASK YOU ABOUT (*name*). IN WHAT MONTH AND YEAR WAS (*name*) BORN? *Probe:* WHAT IS HIS/HER BIRTHDAY? If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day.	Date of birth: Day ..... __ __ DK day ..... 98 Month ..... __ __ Year ..... __ __ __ __	
UF11. HOW OLD WAS (*name*) AT HIS/HER LAST BIRTHDAY? Record age in completed years.	Age in completed years ..... __	

BIRTH REGISTRATION AND EARLY LEARNING MODULE — BR

BR1. Does (*name*) have a birth certificate? May I see it?	Yes, seen ..... 1 Yes, not seen ..... 2 No. ..... 3 DK 8	1 ➔ BR5
BR2. Has (*name's*) birth been registered with the civil authorities?	Yes ..... 1 No. ..... 2 DK 8	1 ➔ BR5 8 ➔ BR4
BR3. Why is (*name's*) birth not registered?	Must travel too far ..... 2 Did not know it should be registered ..... 3 Did not want to pay fine ..... 4 Does not know where to register ..... 5 Other (*specify*) _____ 6 DK 8	
BR4. Do you know how to register your child's birth?	Yes ..... 1 No 2	

BR5. ***Check age of child in UF11: Child is 3 or 4 years old?***

☐ ***Yes.*** ➔ ***Continue with BR6***

☐ ***No.*** ➔ ***Go to BR8***

BR6. Does (*name*) attend any organized learning or early childhood education programme, such as a private or government facility, including kindergarten or community child care?	Yes ..... 1 No. ..... 2 DK 8	 2 ➔ BR8 8 ➔ BR8
BR7. Within the last seven days, about how many hours did (*name*) attend?	No. of hours ..... __ __	

BR8. In the past 3 days, did you or any household member over 15 years of age engage in any of the following activities with (*name*):

If yes, ask: Who engaged in this activity with the child - the mother, the child's father or another adult member of the household (including the caretaker/respondent)?
Circle all that apply.

		Mother	Father	Other	No one
BR8a. Read books or look at picture books with (*name*)?	Books	A	B	X	Y
BR8b. Tell stories to (*name*)?	Stories	A	B	X	Y
BR8c. Sing songs with (*name*)?	Songs	A	B	X	Y
BR8d. Take (*name*) outside the home, compound, yard or enclosure?	Take outside	A	B	X	Y
BR8e. Play with (*name*)?	Play with	A	B	X	Y
BR8f. Spend time with (*name*) naming, counting, and/or drawing things?	Spend time with	A	B	X	Y

CHILD DEVELOPMENT MODULE		CE
Question CE1 is to be administered only once to each caretaker		
CE1. How many books are there in the household? Please include schoolbooks, but not other books meant for children, such as picture books If 'none' enter 00	Number of non-children's books.....0 __ Ten or more non-children's books.....10	
CE2. How many children's books or picture books do you have for (*name*)? If 'none' enter 00	Number of children's books.....0 __ Ten or more books 10	
CE3. I am interested in learning about the things that (*name*) plays with when he/she is at home. What does (*name*) play with? Does he/she play with household objects, such as bowls, plates, cups or pots? objects and materials found outside the living quarters, such as sticks, rocks, animals, shells, or leaves? homemade toys, such as dolls, cars and other toys made at home? toys that came from a store? If the respondent says "YES" to any of the prompted categories, then probe to learn specifically what the child plays with to ascertain the response Code Y if child does not play with any of the items mentioned.	Household objects (bowls, plates, cups, pots) .....A Objects and materials found outside the living quarters (sticks, rocks, animals, shells, leaves) .....B Homemade toys (dolls, cars and other toys made at home) ..... C Toys that came from a store ..... D No playthings mentioned.....Y	
CE4. Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children with others. Since last (*day of the week*) how many times was (*name*) left in the care of another child (that is, someone less than 10 years old)? If 'none' enter 00	Number of times .....__ __	
CE5. In the past week, how many times was (*name*) left alone? If 'none' enter 00	Number of times .....__ __	

BREASTFEEDING MODULE		BF
BF1. Has (*name*) ever been breastfed?	Yes.....1 No.....2 DK.....8	 2➔BF3 8➔BF3
BF2. Is he/she still being breastfed?	Yes.....1 No.....2 DK.....8	
BF3. Since this time yesterday, did he/she receive any of the following: Read each item aloud and record response before proceeding to the next item. BF3a. Vitamin, mineral supplements or medicine? BF3b. Plain water? BF3c. Sweetened, flavoured water or fruit juice or tea? BF3d. Oral rehydration solution (ORS)? BF3e. Infant formula? BF3f. Tinned, powdered or fresh milk? BF3g. Any other liquids? BF3h. Solid or semi-solid (mushy) food?	Y N DK A. Vitamin supplements.....1 2 8 B. Plain water .....1 2 8 C. Sweetened water or juice.....1 2 8 D. ORS .....1 2 8 E. Infant formula .....1 2 8 F. Milk .....1 2 8 G. Other liquids.....1 2 8 H. Solid or semi-solid food.....1 2 8	
BF4.* Check BF3H: Child received solid or semi-solid (mushy) food?** ☐ **Yes. ➔ Continue with BF5** ☐ ***No or DK. ➔ Go to Next Module		
BF5. Since this time yesterday, how many times did (*name*) eat solid, semisolid, or soft foods other than liquids? If 7 or more times, record '7'.	No. of times .....___ Don't know.....8	

CARE OF ILLNESS MODULE		CA
CA1. HAS (*name*) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST? Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.	Yes ..... 1 No ..... 2 DK 8	 2 ➔ CA5 8 ➔ CA5
CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (*name*) DRINK ANY OF THE FOLLOWING: Read each item aloud and record response before proceeding to the next item. CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED AN ORAL REHYDRATION SOLUTION OR GESOL? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA SUCH AS PEDIALYTE? CA2D. LOCAL HOMEMADE FLUID SUCH AS COCONUT WATER, COCA COLA, GUAVA BUDS OR FLOUR AND WATER?	Yes No DK A. Fluid from ORS packet/Gesol ..... 1 2 8 C. Pre-packaged ORS fluid ..... 1 2 8 D. Local homemade fluid 1 2 8	
CA3. DURING (*name's*) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none ..... 1 About the same (or somewhat less) ..... 2 More ..... 3 DK 8	
CA4. DURING (*name's*) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None ..... 1 Much less ..... 2 Somewhat less ..... 3 About the same ..... 4 More ..... 5 DK 8	
CA5. HAS (*name*) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (*day of the week*) OF THE WEEK BEFORE LAST?	Yes ..... 1 No ..... 2 DK 8	 2 ➔ CA12 8 ➔ CA12
CA6. WHEN (*name*) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?	Yes ..... 1 No ..... 2 DK 8	 2 ➔ CA12 8 ➔ CA12
CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?	Problem in chest ..... 1 Blocked nose ..... 2 Both ..... 3 Other (*specify*) _____ 6 DK 8	 2 ➔ CA12 6 ➔ CA12
CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?	Yes ..... 1 No. ..... 2 DK 8	 2 ➔ CA10 8 ➔ CA10

CA9. From where did you seek care? Anywhere else? Circle all providers mentioned, but do NOT prompt with any suggestions. If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Govt. hospital ..... A Govt. health centre ..... B Govt. health post ..... C Village health worker ..... D Mobile/outreach clinic ..... E Other public (*specify*) _____ H Private medical sector Private hospital/clinic ..... I Private physician ..... J Private pharmacy ..... K Mobile clinic ..... L Other private medical (*specify*) _____ O Other source Relative or friend ..... P Shop ..... Q Traditional practitioner ..... R Other (*specify*) X	
CA10. Was (*name*) given medicine to treat this illness?	Yes ..... 1 No. ..... 2 DK 8	 2➔CA12 8➔CA12
CA11. What medicine was (*name*) given? Circle all medicines given.	Amoxil ..... A Ceclor ..... B Augmentin ..... C Curam ..... D Tussadryl ..... E Tylanol Cold ..... F Robitussin ..... G Buckleys Jack and Jill ..... H Paracetamol/Panadol/Acetaminophen ..... P Aspirin ..... Q Ibupropfen ..... R Other (*specify*) _____ X DK ..... Z	
CA12.* Check UF11: Child aged under 3?** ☐ **Yes. ➔ Continue with CA13** ☐ ***No. ➔ Go to CA14		
CA13. The last time *(name)* passed stools, how was the stool disposed?	Child used toilet/latrine ..... 01 Put/rinsed into toilet or latrine ..... 02 Thrown into garbage (solid waste) ..... 04 Buried ..... 05 Left in the open ..... 06 Other (*specify*) _____ 96 DK 98	

Ask the following question (CA14) only once for each mother/caretaker. CA14. Sometimes children have severe illnesses and should be taken immediately to a health facility. What types of symptoms would cause you to take your child to a health facility right away? Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms. Circle all symptoms mentioned, **But do NOT prompt with any suggestions.**	Child not able to drink or breastfeed.....A Child becomes sicker .....B Child develops a fever ..... C Child has fast breathing..... D Child has difficulty breathing.....E Child has blood in stool .....F Child is drinking poorly ..... G Other (*specify*) _____X Other (*specify*) _____Y Other (*specify*) _____Z	

IMMUNIZATION MODULE — IM

If an immunization card is available, copy the dates in IM3B-IM7 for each type of immunization recorded on the card. IM10-IM18 are for recording vaccinations that are not recorded on the card. IM10-IM18 will only be asked when a card is not available.

IM1. Is there a vaccination card for (*name*)?		Yes, seen.....1 Yes, not seen.....2 No.....3	2➔IM10 3➔IM10

(a) Copy dates for each vaccination from the card. (b) Write '44' in day column if card shows that vaccination was given but no date recorded.		Date of Immunization						
		DAY		MONTH		YEAR		
IM3B. Polio 1	OPV1							
IM3C. Polio 2	OPV2							
IM3D. Polio 3	OPV3							
IM4A. DPT1	DPT1							
IM4B. DPT2	DPT2							
IM4C. DPT3	DPT3							
IM4D. HiB1	HiB1							
IM4E. HiB2	HiB2							
IM4F. HiB3	HiB3							
IM4G. HepB1	HepB1							
IM4H. HepB2	HepB2							
IM4I. HepB3	HepB3							
IM5A. DPTHepBHiB1	DPTHepBHiB1							
IM5B. DPTHepBHiB2	DPTHepBHiB2							
IM5C. DPTHepBHiB3	DPTHepBHiB3							
IM6. Measles Mumps and Rubella	MMR							
IM7. Yellow Fever	YF							

IM9. In addition to the vaccinations shown on this card, did (*name*) receive any other vaccinations – including vaccinations received in campaigns or immunization days? Record 'Yes' only if respondent mentions OPV 1-3, DPT 1-3, HepB 1-3,HiB 1-3, DPTHepBHiB 1-3, MMR, or Yellow Fever vaccine(s).	Yes.....1 (Probe for vaccinations and write '66' in the corresponding day column on IM2 to IM8B.) No.....2 DK.....8	1➔IM20 2➔IM20 8➔IM20
IM10. Has (*name*) ever received any vaccinations to prevent him/her from getting diseases, including vaccinations received in a campaign or immunization day?	Yes.....1 No.....2 DK.....8	2➔IM20 8➔IM20
IM12. Has (*name*) ever been given any "vaccination drops in the mouth" to protect him/her from getting diseases – that is, polio?	Yes.....1 No.....2 DK.....8	2➔IM14A 8➔IM14A
IM13. How old was he/she when the first dose was given – just after birth (within two weeks) or later?	Just after birth (within two weeks).....1 Later.....2	
IM14. How many times has he/she been given these drops?	No. of times.....__ __	
IM14A. Has (*name*) ever been given "DPTHepBHiB vaccination injections" – that is, an injection in the thigh or buttocks – to prevent him/her from getting diphtheria, whooping cough, tetanus, hepatitis B and influenza type b? (Sometimes given at the same time as polio)	Yes.....1 No.....2 DK.....8	2➔IM15 8➔IM15
IM14B. How many times has he/she been given this vaccination?	No. of times.....__ __	
IM15. Has (*name*) ever been given "DPT vaccination injections" – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? (Sometimes given at the same time as polio)	Yes.....1 No.....2 DK.....8	2➔IM16A 8➔IM16A
IM16. How many times?	No. of times.....__ __	
IM16A. Has (*name*) ever been given "HiB only vaccination injections" – that is, an injection in the thigh or buttocks – to prevent him/her from getting influenza type b? (Sometimes given at the same time as polio)	Yes.....1 No.....2 DK.....8	2➔IM16C 8➔IM16C
IM16B. How many times has he/she been given this vaccination?	No. of times.....__ __	

IM16C. Has (*name*) ever been given "HepB only vaccination injections" – that is, an injection in the thigh or buttocks – to prevent him/her from getting Hepatitis B? (Sometimes given at the same time as polio)	Yes.....1 No.....2 DK.....8	 2➔IM17 8➔IM17
IM16D. How many times has he/she been given this vaccination?	No. of times.....__ __	
IM17. Has (*name*) ever been given "Measles Mumps and Rubella vaccination injections (MMR)" – that is, a shot in the arm at the age of 12months or older - to prevent him/her from getting measles mumps and rubella?	Yes.....1 No.....2 DK.....8	
IM18. Has (*name*) ever been given "Yellow Fever vaccination injections" – that is, a shot in the arm at the age of 12months or older - to prevent him/her from getting yellow fever? (Sometimes given at the same time as MMR)	Yes.....1 No.....2 DK.....8	

IM20. ***Does another eligible child reside in the household for whom this respondent is mother/caretaker? Check household listing, column HL8.***

☐ ***Yes.*** ➔ ***End the current questionnaire and then Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE to administer the questionnaire for the next eligible child.***

☐ ***No.*** ➔ ***End the interview with this respondent by thanking him/her for his/her cooperation.***

Appendix G

Listing of Tables

Table HH.1: Results of household and individual interviews

Numbers of households, women and children under 5 by results of the household, women's and under-five's interviews, and household, women's and under-five's response rates, Trinidad and Tobago, 2006

	Regional Health Authority					Total
	North West	East	North Central	South West	Tobago	
Sampled households	1549	440	2187	1553	250	5979
Occupied households	1549	440	2186	1553	246	5974
Interviewed households	1391	410	2045	1495	216	5557
Household response rate	89.8	93.2	93.5	96.3	87.8	93.0
Eligible women	1108	394	1869	1272	183	4826
Interviewed women	1057	385	1752	1248	163	4605
Women response rate	95.4	97.7	93.7	98.1	89.1	95.4
Women's overall response rate	85.7	91.1	87.7	94.4	78.2	88.8
Eligible children under 5	291	83	457	263	55	1149
Mother/Caretaker Interviewed	284	82	438	261	52	1117
Child response rate	97.6	98.8	95.8	99.2	94.5	97.2
Children's overall response rate	87.6	92.1	89.7	95.5	83.0	90.4

Table HH.2: Household age distribution by sex

Percent distribution of the household population by five-year age groups and dependency age groups, and number of children aged 0-17 years, by sex, Trinidad and Tobago, 2006

		Sex						Total	
		Male		Female		Missing		Number	Percent
		Number	Percent	Number	Percent	Number	Percent		
Age Group	0-4	586	6.2	565	6.1	0	.0	1151	6.2
	5-9	631	6.7	639	6.9	0	.0	1270	6.8
	10-14	758	8.0	742	8.1	0	.0	1500	8.0
	15-19	879	9.3	804	8.7	0	.0	1683	9.0
	20-24	947	10.0	856	9.3	0	.0	1803	9.7
	25-29	776	8.2	666	7.2	0	.0	1442	7.7
	30-34	676	7.1	619	6.7	0	.0	1295	6.9
	35-39	623	6.6	556	6.0	0	.0	1179	6.3
	40-44	719	7.6	671	7.3	0	.0	1390	7.4
	45-49	652	6.9	647	7.0	0	.0	1300	7.0
	50-54	620	6.6	725	7.9	1	100.0	1346	7.2
	55-59	506	5.3	450	4.9	0	.0	956	5.1
	60-64	371	3.9	361	3.9	0	.0	732	3.9
	65-69	240	2.5	301	3.3	0	.0	541	2.9
	70+	456	4.8	590	6.4	0	.0	1047	5.6
	Missing/DK	19	*	15	*	0	*	34	(.2)
Dependency age groups	<15	1976	20.9	1946	21.1	0	.0	3921	21.0
	15-64	6769	71.6	6356	69.0	1	100.0	13126	70.3
	65+	697	7.4	891	9.7	0	.0	1588	8.5
	Missing/DK	19	*	15	*	0	*	34	(.2)
Age	Children aged 0-17	2451	25.9	2400	26.1	0	.0	4850	26.0
	Adults 18+/Missing/DK	7010	74.1	6807	73.9	1	100.0	13819	74.0
Total		9461	100.0	9207	100.0	1	100.0	18669	100.0

Table HH.3: Household composition

Percent distribution of households by selected characteristics, Trinidad and Tobago, 2006

		Weighted percent	Number of households weighted	Number of households unweighted
Sex of household head	Male	68.3	3797	3805
	Female	31.7	1760	1752
Regional Health Authority	North West	25.9	1441	1391
	East	7.4	409	410
	North Central	36.6	2033	2045
	South West	26.0	1445	1495
	Tobago	4.1	229	216
Number of household members	1	18.1	1005	1003
	2-3	38.9	2159	2157
	4-5	31.0	1721	1724
	6-7	8.9	494	495
	8-9	2.3	128	128
	10+	.9	50	50
Total		100.0	5557	5557

Table HH.3: Household composition

Percent distribution of households by selected characteristics, Trinidad and Tobago, 2006

	Weighted percent	Number of households weighted	Number of households unweighted
At least one child aged < 18 years	45.7	5557	5557
At least one child aged < 5 years	16.5	5557	5557
At least one woman aged 15-49 years	61.5	5557	5557

Table HH.4: Women's background characteristics

Percent distribution of women aged 15-49 years by background characteristics, Trinidad and Tobago, 2006

		Weighted percent	Number of women weighted	Number of women unweighted
Regional Health Authority	North West	23.8	1097	1057
	East	8.2	376	385
	North Central	38.4	1770	1752
	South West	25.5	1176	1248
	Tobago	4.0	185	163
Age Group	15-19	16.9	777	778
	20-24	17.4	802	805
	25-29	13.7	632	631
	30-34	12.8	590	587
	35-39	11.7	539	539
	40-44	13.9	639	638
	45-49	13.6	626	627
Marital/Union status	Currently married/in union	48.4	2229	2236
	Formerly married/in union	10.3	473	470
	Never married/in union	41.3	1902	1899
Motherhood status	Ever gave birth	56.7	2613	2608
	Never gave birth	43.3	1992	1997
Women's education	None/Pre-School/Primary	17.8	818	827
	Lower Secondary	57.6	2652	2654
	Upper Secondary/ Technical-Vocational	13.7	630	626
	University	10.7	493	487
	Missing/DK	*	12	11
wealth index quintiles	Poorest	17.3	797	806
	Second	19.2	886	891
	Middle	21.8	1003	1001
	Fourth	20.7	955	953
	Richest	20.9	964	954
Total		100.0	4605	4605

Table HH.5: Children's background characteristics

Percent distribution of children under five years of age by background characteristics, Trinidad and Tobago, 2006

		Weighted percent	Number of under-5 children weighted	Number of under-5 children unweighted
Sex	Male	50.9	568	570
	Female	49.1	549	547
Regional Health Authority	North West	26.1	292	284
	East	7.2	80	82
	North Central	39.6	442	438
	South West	22.1	247	261
	Tobago	5.1	57	52
Age Group	< 6 months	9.2	102	103
	6-11 months	9.8	109	109
	12-23 months	18.9	212	212
	24-35 months	20.7	231	231
	36-47 months	19.6	219	219
	48-59 months	21.8	243	243
Mother's education	None/Pre-School/Primary	17.5	196	196
	Lower Secondary	61.0	682	684
	Upper Secondary/Technical-Vocational	11.1	125	124
	University	9.7	108	106
	Missing/DK	*	7	7
wealth index quintiles	Poorest	23.2	259	261
	Second	19.6	219	220
	Middle	22.0	245	245
	Fourth	18.5	207	207
	Richest	16.7	187	184
Total		100.0	1117	1117

Table CM.1: Early child mortality

Infant and under-five mortality rates by background and demographic characteristics [BASED ON WEST], Trinidad & Tobago, 2006

		Infant Mortality Rate*	Under-five Mortality Rate**
Sex	Male	27	32
	Female	29	37
Regional Health Authority	North West	32	40
	East	27	32
	North Central	28	34
	South West	16	19
	Tobago	48	66
Total		29	35

* MICS indicator 2; MDG indicator 14
** MICS indicator 1; MDG indicator13

Table NU.1: Initial breastfeeding

Percentage of women aged 15-49 years with a birth in the 2 years preceding the survey who breastfed their baby within one hour of birth and within one day of birth, Trinidad and Tobago, 2006

		Percentage who started breastfeeding within one hour of birth*	Percentage who started breastfeeding within one day of birth	Number of women with live birth in the two years preceding the survey
Regional Health Authority	North West	33.6	65.5	104
	East	(42.9)	(92.9)	27
	North Central	46.9	75.4	162
	South West	36.4	69.2	98
	Tobago	(52.2)	(91.3)	26
Months since last birth	< 6 months	40.1	77.3	105
	6-11 months	39.1	72.5	110
	12-23 months	42.8	72.4	202
Woman's education	None/Pre-School/ Primary	35.1	70.8	54
	Lower Secondary	43.6	74.7	268
	Upper Secondary/ Technical-Vocational	(42.6)	(76.4)	47
	University	(31.4)	(67.4)	46
wealth index quintiles	Poorest	42.6	80.6	85
	Second	47.0	78.2	93
	Middle	37.8	65.3	92
	Fourth	40.4	74.7	85
	Richest	36.6	68.0	63
Total		41.2	73.6	417

* MICS indicator 45
^ Total includes 1 child with missing information on mother's education who is not shown separately

Table NU.2: Breastfeeding

Percent of living children according to breastfeeding status at each age group, Trinidad and Tobago, 2006

		Children 0-3 months		Children 0-5 months		Children 6-9 months		Children 12-15 months		Children 20-23 months	
		Percent exclusively breastfed	Number of children	Percent exclusively breastfed *	Number of children	Percent receiving breast milk and solid/mushy food **	Number of children	Percent breastfed***	Number of children	Percent breastfed ***	Number of children
Sex	Male	(20.9)	28	(14.6)	47	(47.5)	38	(32.3)	34	(20.9)	33
	Female	(19.6)	32	11.2	55	(38.1)	40	(35.3)	31	(24.1)	30
Total		20.2	60	12.8	102	42.7	78	33.8	65	22.4	62

* MICS indicator 15
** MICS indicator 17
*** MICS indicator 16

Table NU.3: Adequately fed infants

Percentage of infants under 6 months of age exclusively breastfed, percentage of infants 6-11 months who are breastfed and who ate solid/semi-solid food at least the minimum recommended number of times yesterday and percentage of infants adequately fed, Trinidad and Tobago, 2006

		0-5 months exclusively breastfed	6-8 months who received breast milk and complementary food at least 2 times in prior 24 hours	9-11 months who received breast milk and complementary food at least 3 times in prior 24 hours	6-11 months who received breast milk and complementary food at least the minimum recommended number of times per day*	0-11 months who were appropriately fed**	Number of infants aged 0-11 months
Sex	Male	14.6	35.1	24.2	29.4	22.6	102
	Female	11.2	30.4	18.9	25.9	18.5	110
Regional Health Authority	North West	19.9	47.6	8.6	32.6	26.9	57
	East	*	*	*	*	*	12
	North Central	7.2	19.6	34.2	26.9	17.0	81
	South West	11.1	20.0	9.9	16.0	13.5	49
	Tobago	*	*	*	*	*	12
wealth index quintiles	Poorest	20.4	30.7	23.4	26.1	23.3	52
	Second	(10.8)	(47.3)	(10.5)	(33.5)	(23.9)	42
	Middle	(10.8)	(37.0)	(20.1)	(27.7)	(17.5)	46
	Fourth	(9.8)	(17.1)	(24.1)	(19.9)	(14.7)	41
	Richest	(9.3)	(28.4)	(34.7)	(30.3)	(23.1)	31
Total		12.8	32.5	21.9	27.7	20.5	212

* MICS indicator 18
** MICS indicator 19

Table NU.4: Iodized salt consumption

Percentage of households consuming adequately iodized salt, Trinidad and Tobago, 2006

		Percent of households in which salt was tested	Number of households interviewed	Percent of households with salt test result			Total	Number of households in which salt was tested or with no salt
				Percent of households with no salt	< 15 PPM	15+ PPM*		
Regional Health Authority	North West	84.7	1441	7.3	63.1	29.7	100.0	1316
	East	86.8	409	2.2	72.2	25.6	100.0	363
	North Central	88.7	2033	5.0	63.9	31.1	100.0	1899
	South West	88.7	1445	2.6	75.0	22.4	100.0	1317
	Tobago	44.0	229	14.4	63.1	22.5	100.0	118
wealth index quintiles	Poorest	81.2	1275	8.3	67.1	24.6	100.0	1129
	Second	86.5	1203	3.7	71.2	25.1	100.0	1082
	Middle	88.7	1036	3.4	67.1	29.4	100.0	951
	Fourth	86.0	1020	5.2	64.5	30.3	100.0	925
	Richest	87.0	1023	3.9	65.2	30.9	100.0	926
Total		85.7	5557	5.0	67.2	27.8	100.0	5013

*MICS indicator 41

Table NU.5: Low birth weight infants

Percentage of live births in the 2 years preceding the survey that weighed below 2500 grams at birth, Trinidad and Tobago, 2006

		Percent of live births below 2500 grams *	Percent of live births weighed at birth **	Number of live births
Regional Health Authority	North West	17.6	90.7	104
	East	(17.4)	(89.4)	27
	North Central	19.8	92.9	162
	South West	17.9	91.5	98
	Tobago	(22.5)	(60.9)	26
Mother's education	None/Pre-School/Primary	18.9	83.1	54
	Lower Secondary	19.4	90.7	268
	Upper Secondary/Technical-Vocational	(16.0)	(86.7)	47
	University	(18.1)	(98.0)	46
wealth index quintiles	Poorest	20.6	86.8	85
	Second	16.4	87.7	93
	Middle	18.2	89.4	92
	Fourth	21.5	92.8	85
	Richest	17.1	93.3	63
Total		18.8	89.8	417

* MICS Indicator 9
** MICS Indicator 10

^ Total includes 1 child with missing information on mother's education who is not shown separately

Table CH.1: Vaccinations in first year of life

Percentage of children aged 18-29 months immunized against childhood diseases at any time before the survey and before the first birthday (18 months for measles), Trinidad and Tobago, 2006

	DPT 1	DPT 2	DPT 3 ***	Polio 1	Polio 2	Polio 3 **	Measles ****	All *****	None	Number of children aged 18-29 months
Vaccination card	73.1	70.3	68.7	80.0	80.4	79.0	78.6	61.2	.0	215
Mother's report	12.5	11.8	8.3	15.7	12.7	7.2	12.1	4.8	2.4	215
Either	85.6	82.0	76.9	95.7	93.1	86.2	90.7	65.9	2.4	215
Vaccinated by 12 months of age	74.1	78.0	72.5	95.1	90.8	81.9	88.9	50.2	3.0	215

** MICS Indicator 26
*** MICS Indicator 27
**** MICS Indicator 28 ; MDG Indicator 15
***** MICS Indicator 31

Table CH.1c Vaccinations in first year of life (continued)

Percentage of children aged 18-29 months immunized against childhood diseases at any time before the survey and before the first birthday, Trinidad and Tobago, 2006

	HepB1	HepB2	HepB3*	Hib1	Hib2	Hib3	Yellow Fever**	Number of children aged 18-29 months
Vaccination card	68.1	65.8	65.1	73.3	68.7	10.3	77.1	215
Mother's report	13.8	11.4	8.9	11.1	6.4	5.9	12.1	215
Either	81.9	77.2	74.0	84.4	75.2	16.2	89.2	215
Vaccinated by 12 months of age	77.6	74.2	70.0	79.1	71.9	14.6	35.2	215

* MICS Indicator 29
** MICS Indicator 30

Table CH.2: Vaccinations by background characteristics

Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Trinidad and Tobago, 2006

		DPT1	DPT2	DPT3	Polio 1	Polio 2	Polio 3	MMR	All	None	Percent with health card	Number of children aged 18-29 months
Sex	Male	87.3	84.5	79.6	96.5	92.7	87.1	91.0	66.8	1.8	77.2	115
	Female	83.6	79.1	73.8	94.8	93.6	85.2	90.2	64.8	3.2	80.6	100
Regional Health Authority	North West	77.1	79.1	72.9	94.0	91.9	85.6	89.7	63.1	6.0	80.0	51
	East	*	*	*	*	*	*	*	*	*	*	18
	North Central	84.4	78.0	70.3	98.9	92.7	81.8	87.0	57.7	1.1	73.8	90
	South West	(93.3)	(89.1)	(87.0)	(97.9)	(100.0)	(95.7)	(97.9)	(80.4)	(.0)	(83.3)	45
	Tobago	*	*	*	*	*	*	*	*	*	*	11
wealth index quintiles	Poorest	(86.1)	(83.4)	(78.8)	(95.4)	(95.4)	(86.5)	(97.6)	(67.5)	(2.4)	(78.5)	47
	Second	(84.8)	(84.9)	(82.1)	(92.5)	(94.9)	(89.7)	(86.8)	(66.7)	(5.1)	(77.3)	40
	Middle	87.4	85.3	81.2	97.9	95.8	91.5	90.0	74.1	2.0	77.0	52
	Fourth	(89.2)	(86.7)	(83.9)	(97.6)	(92.2)	(92.2)	(92.2)	(71.9)	(.0)	(82.9)	42
	Richest	(79.3)	(67.1)	(53.8)	(94.2)	(85.3)	(67.3)	(85.0)	(43.7)	(3.0)	(78.7)	34
Total		85.6	82.0	76.9	95.7	93.1	86.2	90.7	65.9	2.4	78.8	215

Table CH.2c: Vaccinations by background characteristics (continued)

Percentage of children aged 18-29 months currently vaccinated against childhood diseases, Trinidad and Tobago, 2006

		HepB1	HepB2	HepB3	Hib1	Hib2	Hib3	Yellow Fever	Percent with health card	Number of children aged 18-29 months
Sex	Male	81.9	77.2	74.3	86.0	75.4	19.8	89.2	77.2	115
	Female	81.9	77.2	73.7	82.5	74.9	12.0	89.3	80.6	100
Regional Health Authority	North West	75.5	64.6	62.6	81.0	70.3	23.8	87.6	80.0	51
	East	*	*	*	*	*	*	*	*	18
	North Central	82.0	78.1	72.7	83.7	69.6	17.3	88.1	73.8	90
	South West	(87.3)	(87.0)	(84.8)	(87.0)	(82.6)	(6.5)	(93.6)	(83.3)	45
	Tobago	*	*	*	*	*	*	*	*	11
wealth index quintiles	Poorest	(79.8)	(77.1)	(74.3)	(83.6)	(79.3)	(18.4)	(95.3)	(78.5)	47
	Second	(79.7)	(79.7)	(76.9)	(81.8)	(76.5)	(13.7)	(84.4)	(77.3)	40
	Middle	83.1	76.4	74.3	84.7	78.1	19.5	90.0	77.0	52
	Fourth	(90.2)	(79.6)	(76.8)	(92.1)	(78.8)	(10.2)	(92.1)	(82.9)	42
	Richest	(75.8)	(72.5)	(66.4)	(79.0)	(59.8)	(18.4)	(82.2)	(78.7)	34
Total		81.9	77.2	74.0	84.4	75.2	16.2	89.2	78.8	215

Table CH.3: Neonatal tetanus protection

Percentage of mothers with a birth in the last 24 months protected against neonatal tetanus, Trinidad and Tobago, 2006

		Received at least 2 doses during last pregnancy	Received at least 2 doses, the last within prior 3 years	Received at least 3 doses, the last within 5 years	Received at least 4 doses, the last within 10 years	Received at least 5 doses during lifetime	Protected against tetanus *	Number of mothers
Regional Health Authority	North West	11.2	12.8	.0	.0	.0	23.9	104
	East	(14.4)	(21.3)	(.0)	(.0)	(.0)	(35.7)	27
	North Central	6.8	16.6	.7	.0	.0	24.0	162
	South West	8.7	14.4	.0	.0	.0	23.1	98
	Tobago	(13.0)	(8.7)	(.0)	(.0)	(.0)	(21.7)	26
Age Group	15-19	(5.6)	(5.4)	(.0)	(.0)	(.0)	(11.0)	36
	20-24	10.5	12.4	.0	.0	.0	23.0	104
	25-29	11.3	17.1	.0	.0	.0	28.3	116
	30-34	7.8	17.3	.0	.0	.0	25.0	91
	35-39	(9.0)	(15.0)	(.0)	(.0)	(.0)	(24.1)	46
	40-44	*	*	*	*	*	*	21
	45-49	*	*	*	*	*	*	2
wealth index quintiles	Poorest	13.3	19.0	.0	.0	.0	32.3	85
	Second	13.9	14.9	.0	.0	.0	28.8	93
	Middle	8.7	14.1	.0	.0	.0	22.8	92
	Fourth	3.4	12.5	1.3	.0	.0	17.2	85
	Richest	5.2	13.9	.0	.0	.0	19.2	63
Total		9.2	14.9	.3	.0	.0	24.4	417

* MICS Indicator 32

Table CH.4: Knowledge of the two danger signs of pneumonia

Percentage of mothers/caretakers of children aged 0-59 months by knowledge of types of symptoms for taking a child immediately to a health facility, and percentage of mothers/caretakers who recognize fast and difficult breathing as signs for seeking care immediately, Trinidad and Tobago, 2006

		Percentage of mother/caretakers of children aged 0-59 months who think that a child should be taken immediately to a health facility if the child:								Mothers/ caretakers who recognize the two danger signs of pneumonia	Number of mothers/ caretakers of children aged 0-59 months
		Is not able to drink or breastfeed	Becomes sicker	Develops a fever	Has fast breathing	Has difficulty breathing	Has blood in stool	Is drinking poorly	Has other symptoms		
Regional Health Authority	North West	30.7	46.5	75.0	50.2	60.3	43.7	34.6	50.5	42.2	292
	East	19.6	41.7	69.7	44.1	64.8	43.9	23.3	74.3	41.7	80
	North Central	27.1	39.4	78.2	42.1	56.3	30.8	19.3	61.5	35.6	442
	South West	34.1	52.5	86.6	47.9	69.0	47.1	36.0	46.4	44.1	247
	Tobago	28.8	34.6	59.6	44.2	63.5	42.3	26.9	53.8	42.3	57
Mother's education	None/Pre-School/Primary	27.8	42.8	73.2	50.7	57.9	41.2	24.3	48.2	41.6	196
	Lower Secondary	29.7	45.9	80.1	44.4	63.2	38.4	30.8	56.9	40.1	682
	Upper Secondary/ Technical-Vocational	29.3	39.6	75.4	41.9	60.2	38.1	21.1	58.2	37.1	125
	University	26.9	39.9	75.2	48.7	54.8	41.1	20.9	61.2	38.2	108
	Missing/DK	*	*	*	*	*	*	*	*	*	7
wealth index quintiles	Poorest	28.5	44.5	76.8	42.7	59.6	37.5	30.6	51.9	39.2	259
	Second	35.0	47.5	77.8	44.3	62.3	41.7	29.5	49.6	38.4	219
	Middle	27.8	36.7	79.8	45.1	58.0	34.8	25.8	58.1	38.1	245
	Fourth	29.1	47.6	80.1	49.0	63.3	37.7	24.9	61.1	42.9	207
	Richest	25.0	45.2	73.2	48.9	63.6	46.5	26.8	59.9	42.3	187
Total		29.1	44.1	77.7	45.7	61.1	39.3	27.6	55.8	40.0	1117

Table CH.5: Solid fuel use

Percent distribution of households according to type of cooking fuel, and percentage of households used solid fuels for cooking, Trinidad & Tobago, 2006

		Type of fuel using for cooking						Total	Solid fuels for cooking *	Number of households
		Electricity	Liquid propane gas (LPG)	Natural gas	Kerosene	Wood	Other			
Regional Health Authority	North West	9.7	89.2	.2	.1	.1	.7	100.0	.1	1441
	East	1.0	97.3	.0	.0	.7	1.0	100.0	.7	409
	North Central	5.5	92.5	1.0	.0	.3	.7	100.0	.3	2033
	South West	3.1	95.9	.1	.2	.3	.4	100.0	.3	1445
	Tobago	8.8	90.3	.0	.0	.9	.0	100.0	.9	229
Education of household head	None/Pre-School/Primary	2.8	95.4	.5	.1	.4	.8	100.0	.4	2506
	Lower Secondary	5.7	92.9	.5	.1	.3	.5	100.0	.3	1869
	Upper Secondary/Technical-Vocational	7.2	92.0	.0	.0	.2	.7	100.0	.2	588
	University	22.3	76.7	.5	.0	.2	.2	100.0	.2	421
	Missing/DK	4.0	94.8	.0	.6	.0	.6	100.0	.0	173
wealth index quintiles	Poorest	.9	94.6	.4	.4	1.4	2.4	100.0	1.4	1275
	Second	1.0	98.5	.4	.0	.0	.1	100.0	.0	1203
	Middle	2.7	96.4	.7	.0	.0	.1	100.0	.0	1036
	Fourth	4.5	94.8	.6	.0	.0	.1	100.0	.0	1020
	Richest	21.7	78.1	.1	.0	.0	.1	100.0	.0	1023
Total		5.7	92.8	.4	.1	.3	.6	100.0	.3	5557

* MICS indicator 24; MDG indicator 29

Table EN.1- A: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Trinidad and Tobago, 2006

		Main source of drinking water														Total	Improved source of drinking water*	Number of household members
		Improved sources								Unimproved sources								
		Piped into dwelling	Piped into yard or plot	Public tap/ standpipe	Private piped into dwelling	Private piped into yard	Protected spring	Rainwater collection	Bottled water	Unprotected spring	Tanker-truck	Cart with small tank/ drum	Surface water	Bottled water	Other			
Regional Health Authority	North West	69.9	5.0	7.3	1.5	1.2	1.2	1.9	6.8	2.5	1.7	.0	.0	.3	.7	100.0	94.8	4541
	East	66.3	6.5	1.3	.8	.3	.0	19.3	1.5	1.2	.2	.0	.6	.0	2.0	100.0	96.0	1451
	North Central	78.2	6.8	1.4	2.0	1.5	.4	2.8	5.0	.1	.6	.1	.0	.0	1.1	100.0	98.1	7186
	South West	67.2	12.5	3.1	.7	.5	.0	6.8	4.6	.0	3.7	.4	.0	.0	.6	100.0	95.3	4767
	Tobago	70.6	10.8	2.9	.6	.3	.0	6.1	7.0	.3	.4	.0	.9	.0	.0	100.0	98.4	724
Education of household head	None/Pre-School/ Primary	68.2	10.2	4.1	1.3	1.4	.5	7.4	2.8	.9	1.9	.1	.2	.1	1.0	100.0	95.8	8547
	Lower Secondary	72.2	7.4	3.7	1.8	.6	.6	3.6	5.8	.9	2.0	.3	.0	.1	1.1	100.0	95.7	6222
	Upper Secondary/ Technical-Vocational	79.9	5.0	1.8	1.5	.9	.0	1.8	8.0	.0	.8	.0	.0	.1	.2	100.0	99.0	1911
	University	82.2	1.2	.1	.7	.3	.3	1.2	13.4	.0	.0	.0	.0	.0	.6	100.0	99.4	1284
	Missing/DK	79.8	6.1	1.0	.6	1.5	.0	3.8	5.8	.7	.3	.4	.0	.0	.0	100.0	98.7	706
wealth index quintiles	Poorest	35.0	20.3	13.9	1.4	2.9	1.1	14.5	1.1	1.9	4.0	.4	.4	.3	2.8	100.0	90.1	3734
	Second	70.2	11.8	2.4	2.0	1.2	.2	5.4	2.1	1.1	2.5	.2	.0	.0	1.1	100.0	95.2	3733
	Middle	82.2	5.0	.2	1.1	.7	.9	3.0	5.3	.5	1.0	.0	.0	.0	.2	100.0	98.3	3734
	Fourth	88.1	1.7	.0	1.7	.3	.2	1.7	5.5	.3	.4	.1	.0	.0	.1	100.0	99.0	3738
	Richest	85.2	.9	.0	.9	.0	.0	.4	12.0	.0	.2	.0	.0	.1	.2	100.0	99.5	3730
Total		72.1	7.9	3.3	1.4	1.0	.5	5.0	5.2	.7	1.6	.1	.1	.1	.9	100.0	96.4	18669

* MICS indicator 11; MDG indicator 30

'Improved sources' include: Piped into dwelling; Piped into yard or plot; Public tap/ standpipe; Private piped into dwelling; Private piped into yard; Protected spring; Rainwater collection; Bottled water

Table EN.1- B: Use of improved water sources

Percent distribution of household population according to main source of drinking water and percentage of household members using improved drinking water sources, Trinidad and Tobago, 2006

		Main source of drinking water														Total	Improved source of drinking water*	Number of household members
		Improved sources							Unimproved sources									
		Piped into dwelling	Piped into yard or plot	Public tap/ standpipe	Private piped into dwelling	Private piped into yard	Protected spring	Bottled water	Unprotected spring	Rainwater collection	Tanker -truck	Cart with small tank/ drum	Surface water	Bottled water	Other			
Regional Health Authority	North West	69.9	5.0	7.3	1.5	1.2	1.2	6.8	2.5	1.9	1.7	.0	.0	.3	.7	100.0	92.9	4541
	East	66.3	6.5	1.3	.8	.3	.0	1.5	1.2	19.3	.2	.0	.6	.0	2.0	100.0	76.7	1451
	North Central	78.2	6.8	1.4	2.0	1.5	.4	5.0	.1	2.8	.6	.1	.0	.1	1.1	100.0	95.3	7186
	South West	67.2	12.5	3.1	.7	.5	.0	4.6	.0	6.8	3.7	.4	.0	.0	.6	100.0	88.6	4767
	Tobago	70.6	10.8	2.9	.6	.3	.0	7.0	.3	6.1	.4	.0	.9	.0	.0	100.0	92.2	724
Education of household head	None/Pre-School/ Primary	68.2	10.2	4.1	1.3	1.4	.5	2.8	.9	7.4	1.9	.1	.2	.1	1.0	100.0	88.4	8547
	Lower Secondary	72.2	7.4	3.7	1.8	.6	.6	5.8	.9	3.6	2.0	.3	.0	.1	1.1	100.0	92.0	6222
	Upper Secondary/ Technical-Vocational	79.9	5.0	1.8	1.5	.9	.0	8.0	.0	1.8	.8	.0	.0	.1	.2	100.0	97.2	1911
	University	82.2	1.2	.1	.7	.3	.3	13.4	.0	1.2	.0	.0	.0	.0	.6	100.0	98.2	1284
	Missing/DK	79.8	6.1	1.0	.6	1.5	.0	5.8	.7	3.8	.3	.4	.0	.0	.0	100.0	94.8	706
wealth index quintiles	Poorest	35.0	20.3	13.9	1.4	2.9	1.1	1.0	1.9	14.5	4.0	.4	.4	.4	2.8	100.0	75.5	3734
	Second	70.2	11.8	2.4	2.0	1.2	.2	2.1	1.1	5.4	2.5	.2	.0	.0	1.1	100.0	89.8	3733
	Middle	82.2	5.0	.2	1.1	.7	.9	5.3	.5	3.0	1.0	.0	.0	.0	.2	100.0	95.4	3734
	Fourth	88.1	1.7	.0	1.7	.3	.2	5.5	.3	1.7	.4	.1	.0	.0	.1	100.0	97.4	3738
	Richest	85.2	.9	.0	.9	.0	.0	12.0	.0	.4	.2	.0	.0	.1	.2	100.0	99.0	3730
Total		72.1	7.9	3.3	1.4	1.0	.5	5.1	.7	5.0	1.6	.1	.1	.1	.9	100.0	91.4	18669

* MICS indicator 11

'Improved sources' include: Piped into dwelling; Piped into yard or plot; Public tap/ standpipe; Private piped into dwelling; Private piped into yard; Protected spring; Bottled water

Table EN.2: Household water treatment

Percentage distribution of household population according to drinking water treatment method used in the household and percentage of household members that applied an appropriate water treatment method, Trinidad and Tobago, 2006

		Water treatment method used in the household					All drinking water sources: Appropriate water treatment method *	Number of household members	Improved drinking water sources: Appropriate water treatment method	Number of household members	Unimproved drinking water sources: Appropriate water treatment method	Number of household members
		None	Boil	Add bleach/ chlorine	Strain through a cloth	Use water filter						
Regional Health Authority	North West	58.5	26.6	2.8	.0	12.6	39.9	4541	39.7	4220	42.5	322
	East	79.2	10.7	3.2	1.7	5.1	18.2	1451	18.8	1112	16.2	338
	North Central	63.1	22.2	2.5	.1	10.9	34.7	7186	35.0	6848	28.4	339
	South West	63.7	19.9	4.6	.8	9.7	32.1	4767	32.7	4222	27.7	546
	Tobago	60.5	29.7	1.9	.0	6.4	38.1	724	39.7	667	18.9	56
Education of household head	None/Pre-School/ Primary	67.9	20.2	3.8	.4	5.8	28.9	8547	29.6	7557	23.3	989
	Lower Secondary	61.6	24.0	2.8	.4	11.1	36.5	6222	36.2	5724	40.8	498
	Upper Secondary/ Technical-Vocational	56.7	23.6	2.8	.0	17.4	40.8	1911	41.2	1856	26.2	54
	University	50.9	21.6	1.1	.0	27.4	47.0	1284	47.8	1261	*	23
	Missing/DK	61.9	24.3	3.0	1.0	9.2	35.0	706	36.6	670	(5.3)	36
wealth index quintiles	Poorest	72.3	18.0	4.9	.9	1.2	23.4	3734	23.7	2821	22.5	914
	Second	69.9	21.5	3.1	.6	3.2	27.3	3733	26.9	3354	30.6	379
	Middle	63.0	25.6	3.7	.2	6.7	35.0	3734	34.4	3560	46.7	173
	Fourth	59.4	26.2	1.9	.3	11.6	38.0	3738	38.1	3640	35.0	98
	Richest	51.7	19.1	2.1	.0	29.1	47.1	3730	47.2	3694	(35.5)	36
Total		63.3	22.1	3.1	.4	10.4	34.1	18669	34.7	17068	28.1	1601

* MICS indicator 13

Table EN.3: Time to source of water

Percent distribution of households according to time to go to source of drinking water, get water and return, and mean time to source of drinking water, Trinidad and Tobago, 2006

		Time to source of drinking water						Total	Mean time to source of drinking water (excluding those on premises)	Number of households
		Water on premises	Less than 15 minutes	15 minutes to less than 30 minutes	30 minutes to less than 1 hour	1 hour or more	DK			
Regional Health Authority	North West	89.7	4.9	2.8	1.2	.4	.9	100.0	17.2	1441
	East	93.3	3.7	1.2	.0	.0	1.7	100.0	10.1	409
	North Central	96.8	1.9	.6	.2	.1	.4	100.0	14.7	2033
	South West	90.7	3.3	2.7	1.4	.8	1.2	100.0	22.6	1445
	Tobago	91.9	1.5	.5	2.5	.5	3.0	100.0	24.5	229
Education of household head	None/Pre-School/ Primary	91.4	3.6	2.2	1.2	.4	1.1	100.0	18.4	2506
	Lower Secondary	92.4	3.7	2.0	.5	.3	1.0	100.0	16.9	1869
	Upper Secondary/ Technical-Vocational	96.3	1.5	.7	.7	.2	.6	100.0	27.6	588
	University	98.6	.8	.0	.0	.5	.0	100.0	26.2	421
	Missing/DK	96.9	1.2	.0	1.3	.0	.6	100.0	17.8	173
wealth index quintiles	Poorest	77.2	10.2	6.2	2.9	1.2	2.4	100.0	18.3	1275
	Second	95.3	2.0	1.1	.6	.3	.8	100.0	18.4	1203
	Middle	98.4	.9	.2	.1	.0	.4	100.0	10.1	1036
	Fourth	99.0	.4	.0	.0	.1	.4	100.0	39.7	1020
	Richest	99.4	.1	.1	.0	.1	.2	100.0	30.2	1023
Total		92.9	3.2	1.8	.8	.4	.9	100.0	18.5	5557

Table EN.4: Person collecting water

Percent distribution of households according to the person collecting water used in the household, Trinidad and Tobago, 2006

		Person collecting drinking water						Total	Number of households
		Adult woman	Adult man	Female child (under 15)	Male child (under 15)	DK	Missing		
Regional Health Authority	North West	15.6	77.5	.7	.7	5.4	.0	100.0	138
	East	(22.2)	(66.7)	(.0)	(.0)	(7.4)	(3.7)	(100.0)	27
	North Central	23.6	65.2	1.6	6.4	3.0	.0	100.0	62
	South West	23.1	72.4	.8	.7	2.2	.7	100.0	129
	Tobago	*	*	*	*	*	*	*	17
wealth index quintiles	Poorest	20.7	73.3	1.4	1.7	2.4	.4	100.0	287
	Second	25.0	65.7	.0	1.8	5.6	1.9	100.0	56
	Middle	*	*	*	*	*	*	*	16
	Fourth	*	*	*	*	*	*	*	9
	Richest	*	*	*	*	*	*	*	5
Total		20.8	71.1	1.1	1.6	4.4	1.1	100.0	373

Table EN.5: Use of sanitary means of excreta disposal

Percent distribution of household population according to type of toilet used by the household and the percentage of household members using sanitary means of excreta disposal, Trinidad and Tobago, 2006

		Type of toilet facility used by household											Total	Percentage of population using sanitary means of excreta disposal *	Number of households members
		Improved sanitation facility					Unimproved sanitation facility								
		Flush to piped sewer system	Flush to septic tank	Flush to somewhere else	Ventilated Improved Pit latrine (VIP)	Pit latrine with slab	Flush to unknown place/not sure/DK where	Pit latrine without slab/open pit	Bucket	No facilities or bush or field	Other	Missing			
Regional Health Authority	North West	29.9	55.5	.2	2.5	10.2	.3	.9	.0	.4	.0	.0	100.0	98.4	4541
	East	.5	66.3	.0	5.2	27.7	.0	.2	.0	.0	.1	.0	100.0	99.7	1451
	North Central	18.6	70.1	.1	.7	9.3	.3	.7	.1	.0	.1	.1	100.0	98.8	7186
	South West	18.1	65.9	.1	.9	13.8	.0	1.0	.0	.0	.2	.0	100.0	98.8	4767
	Tobago	1.6	73.1	.0	.0	24.2	.7	.4	.0	.0	.0	.0	100.0	98.8	724
Education of household head	None/Pre-School/ Primary	12.3	66.3	.1	1.9	18.2	.1	.9	.0	.2	.1	.0	100.0	98.8	8547
	Lower Secondary	21.9	64.7	.1	1.4	10.5	.1	1.0	.1	.0	.1	.1	100.0	98.6	6222
	Upper Secondary/ Technical-Vocational	27.9	65.6	.0	1.2	4.1	.9	.1	.0	.0	.2	.0	100.0	98.8	1911
	University	38.7	59.5	.0	.1	1.1	.7	.0	.0	.0	.0	.0	100.0	99.3	1284
	Missing/DK	18.3	69.1	.0	1.0	10.6	.3	.7	.0	.0	.0	.0	100.0	99.0	706
wealth index quintiles	Poorest	3.8	27.8	.1	6.5	57.1	.1	3.7	.1	.4	.3	.0	100.0	95.3	3734
	Second	14.0	78.3	.1	1.1	5.9	.4	.1	.0	.1	.0	.0	100.0	99.3	3733
	Middle	19.4	79.5	.1	.0	.4	.3	.0	.0	.0	.0	.1	100.0	99.5	3734
	Fourth	26.0	73.9	.0	.0	.0	.1	.0	.0	.0	.0	.0	100.0	99.9	3738
	Richest	32.5	67.1	.1	.0	.0	.2	.0	.0	.0	.1	.0	100.0	99.7	3730
Total		19.1	65.3	.1	1.5	12.7	.2	.8	.0	.1	.1	.0	100.0	98.8	18669

* MICS Indicator 12; MDG Indicator 31

Table EN.6: Disposal of child's faeces

Percent distribution of children aged 0-2 years according to place of disposal of child's faeces, and the percentage of children aged 0-2 years whose stools are disposed of safely, Trinidad and Tobago, 2006

		What was done to dispose of the stools								Total	Proportion of children whose stools are disposed of safely *	Number of children aged 0-2 years
		Child used toilet/latrine	Put/rinsed into toilet or latrine	Thrown into garbage (solid waste)	Buried	Left in the open	Other	DK	Missing			
Regional Health Authority	North West	10.4	9.5	78.8	.6	.0	.0	.6	.0	100.0	19.9	160
	East	(6.3)	(29.2)	(60.3)	(.0)	(.0)	(2.1)	(.0)	(2.1)	(100.0)	(35.5)	47
	North Central	14.0	9.9	75.4	.0	.0	.4	.4	.0	100.0	23.9	268
	South West	10.0	18.0	67.7	.6	.6	1.9	.6	.6	100.0	28.0	152
	Tobago	(15.2)	(12.1)	(69.7)	(.0)	(.0)	(3.0)	(.0)	(.0)	(100.0)	(27.3)	36
Mother's education	None/Pre-School/ Primary	12.6	21.9	61.4	1.0	.0	1.0	1.0	1.0	100.0	34.6	95
	Lower Secondary	10.0	14.2	74.2	.2	.2	.9	.2	.0	100.0	24.2	421
	Upper Secondary/ Technical-Vocational	16.7	5.3	76.7	.0	.0	.0	.0	1.3	100.0	22.0	73
	University	14.7	4.4	77.9	.0	.0	1.5	1.4	.0	100.0	19.1	70
	Missing/DK	*	*	*	*	*	*	*	*	*	*	4
wealth index quintiles	Poorest	8.5	29.4	58.7	1.4	.7	1.3	.0	.0	100.0	37.9	144
	Second	13.8	13.4	69.9	.0	.0	1.5	.7	.7	100.0	27.2	138
	Middle	10.6	11.1	77.0	.0	.0	.0	1.3	.0	100.0	21.7	150
	Fourth	12.4	6.0	79.4	.0	.0	1.5	.0	.7	100.0	18.4	130
	Richest	14.4	1.9	83.8	.0	.0	.0	.0	.0	100.0	16.2	101
Total		11.7	13.2	73.1	.3	.1	.9	.4	.3	100.0	24.9	663

* MICS indicator 14

Table EN.7A^:

Use of improved water sources and improved sanitation
Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Trinidad and Tobago, 2006

		Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Regional Health Authority	North West	94.8	98.2	93.2	4541
	East	96.0	99.7	95.8	1451
	Central	98.1	98.7	96.8	7186
	South West	95.3	98.7	94.1	4767
	Tobago	98.4	98.8	97.2	724
Education of household head	None/Pre-School/ Primary	95.8	98.6	94.4	8547
	Lower Secondary	95.7	98.5	94.4	6222
	Upper Secondary/ Technical-Vocational	99.0	98.8	97.8	1911
	University	99.4	99.3	98.8	1284
	Missing/DK	98.7	99.0	97.7	706
wealth index quintiles	Poorest	90.1	95.2	85.7	3734
	Second	95.2	99.2	94.4	3733
	Middle	98.3	99.4	97.8	3734
	Fourth	99.0	99.9	99.0	3738
	Richest	99.5	99.6	99.0	3730
Total		96.4	98.7	95.2	18669

*MICS indicator 11; MDG indicator 30
** MICS indicator 12; MDG indicator 31

^ Rainwater is considered to be an improved source of drinking water

Table EN.7B^: Use of improved water sources and improved sanitation

Percentage of household population using both improved drinking water sources and sanitary means of excreta disposal, Trinidad and Tobago, 2006

		Percentage of household population using improved sources of drinking water *	Percentage of household population using sanitary means of excreta disposal **	Percentage of household population using improved sources of drinking water and using sanitary means of excreta disposal	Number of household members
Regional Health Authority	North West	92.9	98.2	91.7	4541
	East	76.7	99.7	76.5	1451
	Central	95.3	98.7	94.0	7186
	South West	88.6	98.7	87.6	4767
	Tobago	92.2	98.8	91.1	724
Education of household head	None/Pre-School/ Primary	88.4	98.6	87.3	8547
	Lower Secondary	92.0	98.5	90.9	6222
	Upper Secondary/ Technical-Vocational	97.2	98.8	96.0	1911
	University	98.2	99.3	97.6	1284
	Missing/DK	94.8	99.0	93.9	706
wealth index quintiles	Poorest	75.5	95.2	71.9	3734
	Second	89.8	99.2	89.0	3733
	Middle	95.4	99.4	94.8	3734
	Fourth	97.4	99.9	97.3	3738
	Richest	99.0	99.6	98.6	3730
Total		91.4	98.7	90.3	18669

* MICS indicator 11
** MICS indicator 12

^ Rainwater is considered to be an unimproved source of drinking water

Table RH.1: Use of contraception

Percentage of women aged 15-49 years married or in union who are using (or whose partner is using) a contraceptive method, Trinidad & Tobago, 2006

		Percent of women (currently married or in union) who are using:													Total	Any modern method	Any traditional method	Any method *	Number of women currently married or in union
		Not using any method	Female sterilization	Male sterilization	Pill	IUD	Injections	Implants	Condom	Diaphragm/ foam/jelly	LAM	Periodic abstinence	Withdrawal	Other					
Regional Health Authority	North West	53.3	11.3	.2	11.1	2.9	3.5	.0	12.5	.2	.5	2.2	2.0	.4	100.0	41.6	5.1	46.7	473
	East	45.7	13.6	.0	9.5	2.5	6.0	.5	14.6	.0	.5	3.0	3.0	1.0	100.0	46.8	7.5	54.3	194
	North Central	57.2	9.2	.1	11.4	3.3	1.7	.4	12.3	.2	.5	1.3	1.6	.8	100.0	38.6	4.2	42.8	896
	South West	64.0	4.1	.0	9.7	1.3	1.5	.2	13.9	.0	.2	1.6	1.7	1.8	100.0	30.7	5.3	36.0	575
	Tobago	66.3	2.5	.0	15.0	.0	1.3	1.3	13.8	.0	.0	.0	.0	.0	100.0	33.8	.0	33.8	91
Age Group	15-19	(58.7)	(.0)	(.0)	(6.2)	(2.2)	(1.9)	(.0)	(28.8)	(.0)	(.0)	(.0)	(2.2)	(.0)	(100.0)	(39.1)	(2.2)	(41.3)	49
	20-24	65.9	.4	.0	8.0	.5	4.3	.0	18.5	.0	.5	.4	1.5	.0	100.0	31.8	2.4	34.1	207
	25-29	53.7	.3	.0	17.3	2.2	5.5	.0	16.2	.0	1.0	1.0	2.8	.0	100.0	41.5	4.8	46.3	314
	30-34	50.9	6.2	.0	16.4	1.7	3.5	.6	15.1	.0	.3	1.6	2.4	1.3	100.0	43.6	5.5	49.1	387
	35-39	54.3	10.4	.0	11.6	3.0	1.9	.8	12.2	.3	.3	3.2	1.0	1.0	100.0	40.2	5.5	45.7	377
	40-44	52.6	14.5	.2	9.7	3.2	.7	.2	12.3	.2	.5	2.4	1.6	1.7	100.0	41.1	6.3	47.4	449
	45-49	69.4	12.9	.2	4.1	3.1	.4	.0	6.2	.2	.0	.9	1.4	1.1	100.0	27.2	3.4	30.6	446
Number of living children	0	79.0	.0	.0	8.3	.3	.9	.3	9.4	.0	.0	.6	1.2	.0	100.0	19.2	1.7	21.0	345
	1	62.8	1.3	.0	14.2	1.9	1.9	.0	13.1	.5	.7	1.2	2.0	.4	100.0	32.9	4.3	37.2	467
	2	48.8	8.4	.0	11.9	3.5	2.8	.7	18.3	.2	.3	2.1	1.8	1.4	100.0	45.7	5.6	51.2	635
	3	48.9	14.9	.5	11.2	3.5	2.1	.3	13.5	.0	.5	2.5	1.5	.7	100.0	46.0	5.1	51.1	419
	4+	55.4	18.3	.0	6.9	2.4	3.9	.0	6.6	.0	.3	1.6	2.4	2.2	100.0	38.1	6.5	44.6	363
Woman's education	None/Pre-School/ Primary	63.1	9.9	.2	7.8	2.7	2.7	.4	9.7	.0	.4	.7	1.3	1.1	100.0	33.4	3.5	36.9	551
	Lower Secondary	57.7	7.3	.1	11.5	2.2	2.2	.2	14.4	.1	.3	1.5	1.7	.9	100.0	37.9	4.5	42.3	1229

		Percent of women (currently married or in union) who are using:													Total	Any modern method	Any traditional method	Any method *	Number of women currently married or in union
	Upper Secondary/ Technical-Vocational	54.7	9.6	.0	12.1	3.7	2.8	.4	10.1	.0	.0	2.9	2.9	.7	100.0	38.8	6.5	45.3	253
	University	43.5	10.0	.0	14.5	2.1	2.1	.6	17.4	1.1	1.1	3.8	2.1	1.6	100.0	47.9	8.6	56.5	192
	Missing/DK	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	4
wealth index quintiles	Poorest	59.5	7.8	.0	6.8	1.8	7.1	.3	13.0	.0	.5	1.7	1.2	.3	100.0	36.8	3.7	40.5	390
	Second	62.9	7.3	.0	9.5	1.9	2.9	.2	11.6	.3	.0	1.1	1.4	1.0	100.0	33.6	3.5	37.1	426
	Middle	61.2	8.1	.0	10.5	2.5	1.1	.0	12.5	.0	.4	1.3	1.5	.8	100.0	34.8	4.0	38.8	475
	Fourth	54.2	7.6	.0	12.4	1.7	.8	.7	15.3	.0	.9	2.4	3.3	.8	100.0	38.5	7.3	45.8	474
	Richest	50.5	11.2	.5	14.4	4.4	.9	.2	12.5	.5	.0	1.8	1.3	1.9	100.0	44.5	5.0	49.5	465
Total		57.5	8.4	.1	10.9	2.5	2.4	.3	13.0	.1	.4	1.7	1.8	1.0	100.0	37.7	4.8	42.5	2229

* MICS indicator 21; MDG indicator 19C

Table RH.2: Unmet need for contraception

Percentage of women aged 15-49 years currently married or in union with an unmet need for family planning and percentage of demand for contraception satisfied, Trinidad and Tobago, 2006

		Current use of contraception*	Unmet need for contraception - For spacing**	Unmet need for contraception - For limiting***	Unmet need for contraception - Total ****	Number of women currently married or in union	Percentage of demand for contraception satisfied *****	Number of women currently married or in union with need for contraception
Regional Health Authority	North West	46.7	6.8	15.5	22.3	473	67.7	326
	East	54.3	2.5	14.1	16.6	194	76.6	138
	North Central	42.8	6.6	19.7	26.3	896	62.0	619
	South West	36.0	6.9	26.1	33.0	575	52.1	397
	Tobago	33.8	5.0	30.0	35.0	91	49.1	63
Age Group	15-19	(41.3)	(28.1)	(10.4)	(38.6)	(49)	(51.7)	39
	20-24	34.1	24.7	8.3	33.0	207	50.9	139
	25-29	46.3	13.3	10.5	23.7	314	66.1	220
	30-34	49.1	5.5	16.6	22.1	387	69.0	276
	35-39	45.7	2.6	24.1	26.7	377	63.1	273
	40-44	47.4	.4	25.4	25.8	449	64.8	329
	45-49	30.6	.2	29.2	29.4	446	50.9	268
Woman's education	None/Pre-School/Primary	36.9	3.5	23.7	27.2	551	57.5	354
	Lower Secondary	42.3	7.3	20.3	27.7	1229	60.5	860
	Upper Secondary/ Technical-Vocational	45.3	8.3	17.5	25.8	253	63.7	180
	University	56.5	5.1	14.9	20.1	192	73.8	147
	Missing/DK	*	*	*	*	*	*	2
wealth index quintiles	Poorest	40.5	7.8	18.3	26.1	390	60.8	260
	Second	37.1	9.9	21.4	31.3	426	54.2	291
	Middle	38.8	5.2	23.0	28.2	475	57.9	318
	Fourth	45.8	4.5	21.8	26.3	474	63.5	342
	Richest	49.5	4.8	17.0	21.8	465	69.5	332
Total		42.5	6.3	20.4	26.7	2229	61.4	1543

* MICS indicator 21; MDG indicator 19C
**** MICS indicator 98
***** MICS indicator 99

Table RH.3: Antenatal care provider

Percent distribution of women aged 15-49 who gave birth in the two years preceding the survey by type of personnel providing antenatal care, Trinidad and Tobago, 2006

		Person providing antenatal care						Total	Any skilled personnel *	Number of women who gave birth in the preceding two years
		Medical doctor	Nurse/ midwife	Auxiliary midwife	Community health worker	Other/ missing	No antenatal care received			
Regional Health Authority	North West	92.1	4.0	.0	2.9	.0	1.0	100.0	96.1	104
	East	(100.0)	(.0)	(.0)	(.0)	(.0)	(.0)	(100.0)	(100.0)	27
	North Central	93.6	4.5	.0	1.9	.0	.0	100.0	98.1	162
	South West	80.7	11.5	.0	7.8	.0	.0	100.0	92.2	98
	Tobago	(65.2)	(17.4)	(4.3)	(.0)	(4.3)	(8.7)	(100.0)	(87.0)	26
Age Group	15-19	(88.8)	(6.0)	(.0)	(5.3)	(.0)	(.0)	(100.0)	(94.7)	36
	20-24	89.6	3.7	.0	5.7	.0	1.1	100.0	93.2	104
	25-29	87.5	8.0	1.0	2.5	1.0	.0	100.0	96.6	116
	30-34	89.1	8.6	.0	1.1	.0	1.3	100.0	97.6	91
	35-39	(86.7)	(9.1)	(.0)	(4.2)	(.0)	(.0)	(100.0)	(95.8)	46
	40-44	*	*	*	*	*	*	*	*	21
	45-49	*	*	*	*	*	*	*	*	2
Woman's education	None/Pre-School/Primary	78.8	9.6	.0	5.6	.0	6.1	100.0	88.3	54
	Lower Secondary	90.0	7.1	.4	2.5	.0	.0	100.0	97.5	268
	Upper Secondary/ Technical-Vocational	(86.9)	(6.7)	(.0)	(4.0)	(2.4)	(.0)	(100.0)	(93.6)	47
	University	(95.8)	(.0)	(.0)	(4.2)	(.0)	(.0)	(100.0)	(95.8)	46
wealth index quintiles	Poorest	81.9	11.9	1.3	3.5	.0	1.3	100.0	95.1	85
	Second	87.1	6.5	.0	5.2	.0	1.2	100.0	93.6	93
	Middle	88.7	5.8	.0	3.1	1.2	1.1	100.0	94.5	92
	Fourth	95.3	3.5	.0	1.2	.0	.0	100.0	98.8	85
	Richest	92.4	4.6	.0	3.0	.0	.0	100.0	97.0	63
Total		88.8	6.5	.3	3.3	.3	.8	100.0	95.7	417

* MICS indicator 20

^ Total includes 1 woman with missing information on woman's education who is not shown separately

Table RH.4: Antenatal care content

Percentage of pregnant women receiving antenatal care among women aged 15-49 years who gave birth in two years preceding the survey and percentage of pregnant women receiving specific care as part of the antenatal care received, Trinidad and Tobago, 2006

		Percent of pregnant women receiving ANC one or more times during pregnancy*	Percent of pregnant women who had:				Number of women who gave birth in two years preceding survey
			Blood sample taken	Blood pressure measured	Urine specimen taken	Weight measured	
Regional Health Authority	North West	99.0	98.0	99.0	97.1	97.9	104
	East	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	27
	North Central	100.0	98.7	99.4	99.4	99.4	162
	South West	100.0	99.1	100.0	100.0	100.0	98
	Tobago	(91.3)	(87.0)	(78.3)	(82.6)	(73.9)	26
Age	15-19	(100.0)	(100.0)	(100.0)	(97.3)	(96.9)	36
	20-24	98.9	98.0	98.9	98.0	98.9	104
	25-29	100.0	98.1	98.0	99.0	97.1	116
	30-34	98.7	96.6	96.5	96.5	97.7	91
	35-39	(100.0)	(100.0)	(100.0)	(100.0)	(100.0)	46
	40-44	*	*	*	*	*	21
	45-49	*	*	*	*	*	2
Mother's education	None/Pre-School/ Primary	93.9	93.9	91.8	93.9	89.8	54
	Lower Secondary	100.0	99.3	99.6	98.8	99.2	268
	Upper Secondary/ Technical-Vocational	(100.0)	(97.6)	(97.6)	(97.6)	(97.6)	47
	University	(100.0)	(95.6)	(98.0)	(98.0)	(98.0)	46
wealth index quintiles	Poorest	98.7	98.7	98.7	98.7	96.0	85
	Second	98.8	97.8	97.6	98.8	96.3	93
	Middle	98.9	97.6	97.6	96.5	97.6	92
	Fourth	100.0	97.5	98.7	97.5	100.0	85
	Richest	100.0	98.5	98.5	98.5	98.5	63
Total		99.2	98.0	98.2	98.0	97.6	417

* MICS indicator 44

^ Total includes 1 woman with missing information on woman's education who is not shown separately

Table RH.5: Assistance during delivery

Percent distribution of women aged 15-49 with a birth in two years preceding the survey by type of personnel assisting at delivery, Trinidad and Tobago, 2006

		Person assisting at delivery								Total	Any skilled personnel *	Delivered in health facility **	Number of women who gave birth in preceding two years
		Medical doctor	Nurse/ midwife	Auxiliary midwife	Traditional birth attendant	Community health worker	Relative/ friend	Other/ missing	No attendant				
Regional Health Authority	North West	57.1	38.1	1.0	1.9	.0	1.0	.0	1.0	100.0	96.1	97.1	104
	East	(57.2)	(42.8)	(.0)	(.0)	(.0)	(.0)	(.0)	(.0)	(100.0)	(100.0)	(100.0)	27
	North Central	48.3	50.4	.0	.0	.0	.6	.7	.0	100.0	98.8	97.6	162
	South West	43.2	52.0	2.9	.0	1.0	.0	.9	.0	100.0	98.1	97.1	98
	Tobago	(30.4)	(65.2)	(.0)	(.0)	(.0)	(.0)	(4.3)	(.0)	(100.0)	(95.7)	(95.7)	26
Age Group	15-19	(48.1)	(46.3)	(.0)	(.0)	(2.6)	(.0)	(3.0)	(.0)	(100.0)	(94.4)	(100.0)	36
	20-24	45.9	51.3	1.8	1.0	.0	.0	.0	.0	100.0	99.0	98.1	104
	25-29	44.8	51.7	.8	.9	.0	.8	1.0	.0	100.0	97.4	94.9	116
	30-34	49.1	47.7	1.1	.0	.0	1.1	1.0	.0	100.0	97.9	97.9	91
	35-39	(59.4)	(40.6)	(.0)	(.0)	(.0)	(.0)	(.0)	(.0)	(100.0)	(100.0)	(100.0)	46
	40-44	*	*	*	*	*	*	*	*	*	*	*	21
	45-49	*	*	*	*	*	*	*	*	*	*	*	2
Woman's education	None/Pre-School/ Primary	41.6	54.6	.0	.0	.0	1.8	.0	1.9	100.0	96.2	96.4	54
	Lower Secondary	44.6	52.8	.7	.7	.4	.3	.4	.0	100.0	98.1	97.8	268
	Upper Secondary/ Technical-Vocational	(66.8)	(28.8)	(2.0)	(.0)	(.0)	(.0)	(2.4)	(.0)	(100.0)	(97.6)	(97.6)	47
	University	(64.0)	(31.9)	(2.1)	(.0)	(.0)	(.0)	(2.0)	(.0)	(100.0)	(98.0)	(95.9)	46
wealth index quintiles	Poorest	33.9	63.8	.0	.0	.0	2.3	.0	.0	100.0	97.7	95.5	85
	Second	49.3	47.5	2.1	1.1	.0	.0	.0	.0	100.0	98.9	100.0	93
	Middle	45.9	47.4	1.0	1.1	1.0	.0	2.4	1.1	100.0	94.3	98.8	92
	Fourth	49.0	49.9	.0	.0	.0	.0	1.1	.0	100.0	98.9	98.8	85
	Richest	72.0	26.5	1.5	.0	.0	.0	.0	.0	100.0	100.0	92.1	63
Total		48.8	48.1	.9	.5	.2	.5	.8	.3	100.0	97.8	97.4	417

* MICS indicator 4; MDG indicator 17
** MICS indicator 5
^ Total includes 1 woman with missing information on woman's education who is not shown separately

Table CD.1: Family support for learning

Percentage of children aged 0-59 months for whom household members are engaged in activities that promote learning and school readiness, Trinidad and Tobago, 2006

		Percentage of children aged 0-59 months					Number of children aged 0-59 months
		For whom household members engaged in four or more activities that promote learning and school readiness *	Mean number of activities household members engage in with the child	For whom the father engaged in one or more activities that promote learning and school readiness **	Mean number of activities the father engage in with the child	Living in a household without their natural father	
Sex	Male	94.4	5.4	69.1	2.9	31.0	568
	Female	93.6	5.4	65.2	2.8	31.9	549
Regional Health Authority	North West	93.7	5.4	63.1	2.8	39.0	292
	East	91.4	5.3	73.1	2.4	25.7	80
	North Central	95.5	5.5	71.9	3.0	29.2	442
	South West	94.3	5.5	63.6	2.8	24.5	247
	Tobago	86.5	4.8	57.7	2.3	48.1	57
Age	0-23 months	89.4	5.1	71.3	2.7	30.3	423
	24-59 months	96.8	5.6	64.7	2.9	32.1	694
Mother's education	None/Pre-School/ Primary	94.4	5.4	64.0	2.4	30.7	196
	Lower Secondary	93.3	5.4	64.6	2.8	34.1	682
	Upper Secondary/ Technical-Vocational	95.3	5.4	70.0	3.0	28.3	125
	University	97.2	5.7	85.1	3.7	19.1	108
Father's education	None/Pre-School/ Primary	92.8	5.4	78.9	3.1	.0	140
	Lower Secondary	93.0	5.4	85.2	3.6	.0	437
	Upper Secondary/ Technical-Vocational	97.9	5.6	88.9	4.2	.0	99
	University	98.6	5.8	97.0	4.8	.0	67
	Father not in household	94.8	5.4	27.8	1.0	100.0	351
wealth index quintiles	Poorest	92.1	5.2	58.8	2.1	36.9	259
	Second	92.6	5.4	65.8	2.8	33.3	219
	Middle	93.8	5.5	65.1	2.7	38.0	245
	Fourth	95.2	5.4	68.1	3.0	25.9	207
	Richest	97.3	5.7	82.1	4.0	19.2	187
Total		94.0	5.4	67.2	2.8	31.4	1117

* MICS indicator 46
** MICS indicator 47
It should be noted that for "Mother's education", there are 7 cases of Missing/DK and in the case of "Father's education", there are 23 cases of Missing/DK

Table CD.2: Learning materials

Percentage of children aged 0-59 months living in households containing learning materials, Trinidad and Tobago, 2006

		3 or more non-children's books *	3 or more children's books **	Child plays with:					3 or more types of playthings ***	Number of children aged 0-59 months
				Household objects	Objects and materials found outside the home	Homemade toys	Toys that came from a store	No playthings mentioned		
Sex	Male	90.2	80.8	41.8	52.9	30.7	91.1	4.8	39.9	568
	Female	89.5	82.0	42.1	41.3	28.4	90.9	5.1	34.0	549
Regional Health Authority	North West	91.6	84.3	44.6	51.7	32.0	93.0	3.5	39.7	292
	East	94.0	84.1	52.4	62.3	41.4	91.5	4.9	52.4	80
	North Central	91.6	85.2	44.0	48.7	25.4	94.4	4.7	38.2	442
	South West	84.7	70.5	35.6	38.3	28.3	86.2	6.1	29.8	247
	Tobago	84.6	80.8	25.0	28.8	38.5	75.0	9.6	23.1	57
Age	0-23 months	87.3	69.7	40.1	25.1	21.3	83.7	12.1	24.7	423
	24-59 months	91.4	88.5	43.1	60.6	34.7	95.5	.6	44.5	694
Mother's education	None/Pre-School/ Primary	82.1	71.8	37.9	50.5	30.6	90.3	3.1	34.7	196
	Lower Secondary	92.2	81.1	40.0	46.0	28.2	90.2	5.8	36.2	682
	Upper Secondary/ Technical-Vocational	85.0	87.1	53.6	48.3	32.2	93.8	3.8	44.2	125
	University	94.4	93.5	49.5	44.6	34.7	94.5	4.5	38.8	108
wealth index quintiles	Poorest	81.2	65.9	38.5	49.3	34.3	85.1	6.2	36.3	259
	Second	86.5	78.5	36.2	43.9	28.8	90.5	4.5	32.0	219
	Middle	93.1	83.7	41.7	47.2	24.1	92.3	5.2	38.0	245
	Fourth	96.2	90.5	42.3	43.9	28.9	93.8	4.3	36.6	207
	Richest	94.7	93.0	53.5	51.6	32.1	95.2	4.2	43.2	187
Total		89.9	81.4	42.0	47.2	29.6	91.0	5.0	37.0	1117

* MICS indicator 49
** MICS indicator 48
*** MICS indicator 50
It should be noted that for "Mother's education", there are 7 cases of Missing/DK

Table CD.3: Children left alone or with other children

Percentage of children age 0-59 months left in the care of other children under the age of 10 years or left alone in the past week, Trinidad and Tobago, 2006

		Left in the care of other children under the age of 10 years in past week	Left alone in the past week	Left with inadequate care in past week *	Number of children aged 0-59 months
Sex	Male	.7	.4	.8	568
	Female	.9	.5	1.3	549
Regional Health Authority	North West	.0	.4	.4	292
	East	.0	.0	.0	80
	North Central	.4	.2	.7	442
	South West	2.3	1.1	2.7	247
	Tobago	1.9	.0	1.9	57
Age	0-23	.9	.5	1.4	423
	24-59	.7	.4	.8	694
Mother's education	None/Pre-School/ Primary	3.5	1.5	4.0	196
	Lower Secondary	.3	.1	.4	682
	Upper Secondary/ Technical-Vocational	.0	.8	.8	125
	University	.0	.0	.0	108
wealth index quintiles	Poorest	1.8	1.1	2.2	259
	Second	.9	.9	1.8	219
	Middle	.0	.0	.0	245
	Fourth	.9	.0	.9	207
	Richest	.0	.0	.0	187
Total		.8	.4	1.0	1117

* MICS indicator 51

It should be noted that for "Mother's education", there are 7 cases of Missing/DK

Table ED.1: Early childhood education

Percentage of children aged 36-59 months who are attending some form of organized early childhood education programme and percentage of first year students who attended pre-school, Trinidad and Tobago, 2006

		Percentage of children aged 36-59 months currently attending early childhood education*	Number of children aged 36-59 months	Percentage of children attending first standard who attended preschool program in previous year**	Number of children attending first standard
Sex	Male	73.5	238	96.3	112
	Female	75.8	225	97.4	121
Regional Health Authority	North West	78.2	132	96.4	58
	East	(79.6)	33	*	18
	North Central	77.2	180	98.8	87
	South West	66.0	97	98.2	53
	Tobago	*	21	*	16
Age of child	36-47 months	57.5	219	*	0
	48-59 months	90.1	243	*	0
	5 years	*	0	98.6	147
	6 years	*.	0	94.0	86
Mother's education	None/Pre-School/ Primary	63.4	103	96.8	65
	Lower Secondary	75.1	267	96.5	115
	Upper Secondary/ Technical-Vocational	88.3	52	(96.3)	28
	University	(81.3)	39	*	23
	Missing/DK	*	3	*	1
wealth index quintiles	Poorest	64.8	115	96.5	57
	Second	68.9	83	(92.8)	43
	Middle	78.0	95	96.3	56
	Fourth	76.8	82	(100.0)	45
	Richest	87.3	88	(100.0)	31
Total		74.7	463	96.9	232

* MICS Indicator 52
** MICS Indicator 53

Table ED.2: Primary school entry

Percentage of children of primary school entry age attending Standard 1, Trinidad and Tobago, 2006

		Percentage of children of primary school entry age currently attending standard 1 *	Number of children of primary school entry age
Sex	Male	79.9	126
	Female	86.3	131
Regional Health Authority	North West	84.7	61
	East	(93.1)	29
	North Central	84.8	100
	South West	74.2	56
	Tobago	*	11
Age at beginning of school year	5	83.2	257
Mother's education	None/Pre-School/Primary	82.9	70
	Lower Secondary	80.5	134
	Upper Secondary/Technical-Vocational	(86.6)	30
	University	*	20
	Missing/DK	*	2
wealth index quintiles	Poorest	79.3	73
	Second	78.4	51
	Middle	82.1	50
	Fourth	(91.5)	47
	Richest	(88.5)	35
Total		83.2	257

* MICS Indicator 54
Table based on estimated age as of the beginning of the school year

Table ED.3: Primary school net attendance ratio

Percentage of children of primary school age attending primary school or secondary school (NAR), Trinidad and Tobago, 2006

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Regional Health Authority	North West	97.7	220	97.3	235	97.5	455
	East	97.9	93	97.6	82	97.7	175
	North Central	98.2	333	98.6	363	98.4	696
	South West	98.8	232	98.5	199	98.7	432
	Tobago	(87.0)	49	(88.6)	37	87.7	86
Age at beginning of school year	5	91.9	126	94.6	131	93.3	257
	6	98.2	114	98.4	126	98.3	240
	7	99.2	132	96.7	128	98.0	261
	8	97.5	123	99.2	127	98.4	250
	9	97.7	137	99.1	117	98.4	254
	10	99.3	159	98.5	139	98.9	297
	11	98.5	137	97.9	148	98.2	285
Mother's education	None/Pre-School/ Primary	97.1	281	97.0	270	97.1	551
	Lower Secondary	97.7	488	97.8	481	97.8	970
	Upper Secondary/ Technical-Vocational	96.8	97	98.9	97	97.9	195
	University	100.0	57	100.0	65	100.0	122
	Missing/DK	*	4	*	2	*	6
wealth index quintiles	Poorest	94.5	226	94.5	224	94.5	450
	Second	97.7	176	98.8	170	98.3	346
	Middle	98.4	188	98.8	178	98.6	366
	Fourth	99.4	181	99.4	192	99.4	374
	Richest	98.7	156	97.9	152	98.3	308
Total		97.6	928	97.8	916	97.7	1844

* MICS indicator 55; MDG indicator 6

Table based on estimated age as of the beginning of the school year

Table ED.4: Secondary school net attendance ratio

Percentage of children of secondary school age attending secondary or higher school (NAR), Trinidad and Tobago, 2006

		Male		Female		Total	
		Net attendance ratio	Number of children	Net attendance ratio	Number of children	Net attendance ratio*	Number of children
Regional Health Authority	North West	83.0	182	94.5	186	88.8	369
	East	85.7	84	92.4	79	89.0	163
	North Central	83.1	297	86.6	295	84.8	592
	South West	85.2	203	91.0	203	88.1	406
	Tobago	(87.9)	35	(92.9)	30	90.2	65
Age at beginning of school year	12	74.6	168	87.2	168	80.9	336
	13	85.4	158	93.4	171	89.5	329
	14	89.9	137	95.3	147	92.7	283
	15	83.3	173	88.8	160	85.9	333
	16	88.5	165	87.3	148	87.9	313
Mother's education	None/Pre-School/ Primary	76.1	299	85.9	309	81.1	608
	Lower Secondary	88.9	372	93.0	370	90.9	741
	Upper Secondary/ Technical-Vocational	84.5	80	92.5	65	88.1	145
	University	(95.5)	47	(97.9)	46	96.7	93
	Missing/DK	*	3	*	3	*	6
wealth index quintiles	Poorest	72.1	188	82.6	165	77.0	353
	Second	79.5	149	89.3	185	84.9	334
	Middle	87.7	172	92.2	141	89.7	313
	Fourth	90.1	162	90.0	147	90.0	309
	Richest	94.5	130	98.7	155	96.8	284
Total		84.1	801	90.4	793	87.2	1594

* MICS indicator 56

Table based on estimated age as of the beginning of the school year

Table ED.4W: Secondary school age children attending primary school

Percentage of children of secondary school age attending primary school. Trinidad and Tobago. 2006

		Male		Female		Total	
		Percent attending primary school	Number of children	Percent attending primary school	Number of children	Percent attending primary school	Number of children
Regional Health Authority	North West	10.2	182	2.8	186	6.5	369
	East	8.3	84	5.1	79	6.8	163
	North Central	6.6	297	3.1	295	4.8	592
	South West	6.7	203	4.7	203	5.7	406
	Tobago	(6.1)	35	(7.1)	30	6.6	65
Age at beginning of school year	12	21.8	168	11.1	168	16.4	336
	13	10.3	158	5.4	171	7.8	329
	14	3.6	137	.7	147	2.1	283
	15	1.1	173	.7	160	.9	333
	16	.7	165	.0	148	.3	313
Mother's education	None/Pre-School/ Primary	9.4	299	6.1	309	7.7	608
	Lower Secondary	6.3	372	2.7	370	4.5	741
	Upper Secondary/ Technical-Vocational	10.4	80	.0	65	5.7	145
	University	(2.3)	47	(.0)	46	1.2	93
	Missing/DK	*	3	*	3	*	6
wealth index quintiles	Poorest	12.2	188	7.9	165	10.2	353
	Second	10.3	149	5.4	185	7.6	334
	Middle	6.0	172	3.6	141	4.9	313
	Fourth	5.0	162	1.3	147	3.3	309
	Richest	3.1	130	.0	155	1.4	284
Total		7.6	801	3.8	793	5.7	1594

Table based on estimated age as of the beginning of the school year

Table ED.5: Children reaching standard 5

Percentage of children entering first standard of primary school who eventually reach standard 5, Trinidad and Tobago, 2006

		Percent attending 2nd standard who were in 1st standard last year	Percent attending 3rd standard who were in 2nd standard last year	Percent attending 4th standard who were in 3rd standard last year	Percent attending 5th standard who were in 4th standard last year	Percent who reach standard 5 of those who enter 1st standard *
Sex	Male	100.0	99.2	99.3	100.0	98.5
	Female	100.0	100.0	100.0	100.0	100.0
Regional Health Authority	North West	100.0	100.0	100.0	100.0	100.0
	East	100.0	100.0	96.2	100.0	96.2
	North Central	100.0	98.8	100.0	100.0	98.8
	South West	100.0	100.0	100.0	100.0	100.0
	Tobago	100.0	100.0	100.0	100.0	100.0
Mother's education	None/Pre-School/ Primary	100.0	100.0	100.0	100.0	100.0
	Lower Secondary	100.0	99.1	99.3	100.0	98.5
	Upper Secondary/ Technical-Vocational	100.0	100.0	100.0	100.0	100.0
	University	100.0	100.0	100.0	100.0	100.0
	Missing/DK	.	.	100.0	100.0	.
wealth index quintiles	Poorest	100.0	100.0	100.0	100.0	100.0
	Second	100.0	100.0	98.1	100.0	98.1
	Middle	100.0	97.8	100.0	100.0	97.8
	Fourth	100.0	100.0	100.0	100.0	100.0
	Richest	100.0	100.0	100.0	100.0	100.0
Total		100.0	99.6	99.7	100.0	99.2

* MICS Indicator 57 ; MDG Indicator 7

Table ED.6: Primary school completion and transition to secondary education

Primary school completion rate and transition rate to secondary education, Trinidad and Tobago, 2006

		Net primary school completion rate *	Number of children of primary school completion age	Transition rate to secondary education **	Number of children who were in the last standard of primary school the previous year
Sex	Male	74.4	137	90.5	128
	Female	81.7	148	94.5	144
Regional Health Authority	North West	76.9	63	93.4	63
	East	(75.9)	29	(93.1)	29
	North Central	82.5	109	93.4	107
	South West	73.6	70	88.8	61
	Tobago	*	14	*	12
Mother's education	None/Pre-School/Primary	66.5	101	92.6	92
	Lower Secondary	83.2	139	92.5	136
	Upper Secondary/ Technical-Vocational	(96.1)	25	(96.7)	30
	University	*	19	*	11
wealth index quintiles	Poorest	58.8	68	87.5	64
	Second	77.4	58	94.4	53
	Middle	90.5	52	94.7	55
	Fourth	(82.2)	46	(95.1)	41
	Richest	86.6	61	93.1	58
Total		78.1	285	92.6	272

* MICS Indicator 59; MDG Indicator 7b
** MICS Indicator 58
Table based on estimated age as of the beginning of the school year

^ Total includes 1 child with missing information on mother's education who is not shown separately

Table ED.7 : Education gender parity

Ratio of girls to boys attending primary education and ratio of girls to boys attending secondary education, Trinidad and Tobago, 2006

		Primary school net attendance ratio (NAR), girls	Primary school net attendance ratio (NAR), boys	Gender parity index (GPI) for primary school NAR*	Secondary school net attendance ratio (NAR), girls	Secondary school net attendance ratio (NAR), boys	Gender parity index (GPI) for
Regional Health Authority	North West	97.3	97.7	1.00	94.5	83.0	1.14
	East	97.6	97.9	1.00	92.4	85.7	1.08
	North Central	98.6	98.2	1.00	86.6	83.1	1.04
	South West	98.5	98.8	1.00	91.0	85.2	1.07
	Tobago	88.6	87.0	1.02	92.9	87.9	1.06
Mother's education	None/Pre-School/Primary	97.0	97.1	1.00	85.9	76.1	1.13
	Lower Secondary	97.8	97.7	1.00	93.0	88.9	1.05
	Upper Secondary/ Technical-Vocational	98.9	96.8	1.02	92.5	84.5	1.10
	University	100.0	100.0	1.00	97.9	95.5	1.03
	Missing/DK	50.3	100.0	.50	66.4	100.0	.66
wealth index quintiles	Poorest	94.5	94.5	1.00	82.6	72.1	1.15
	Second	98.8	97.7	1.01	89.3	79.5	1.12
	Middle	98.8	98.4	1.00	92.2	87.7	1.05
	Fourth	99.4	99.4	1.00	90.0	90.1	1.00
	Richest	97.9	98.7	.99	98.7	94.5	1.04
Total		97.8	97.6	1.00	90.4	84.1	1.07

* MICS Indicator 61; MDG Indicator 9

Table based on estimated age as of the beginning of the school year

Table ED.8: Adult literacy

Percentage of women aged 15-24 years that are literate, Trinidad and Tobago, 2006

		Percentage literate *	Percentage not known	Number of women aged 15-24 years
Regional Health Authority	North West	99.2	.3	370
	East	99.3	.0	141
	North Central	97.6	.0	581
	South West	97.8	.0	433
	Tobago	97.9	.0	55
Woman's education	None/Pre-School/Primary	72.6	.0	100
	Lower Secondary	100.0	.1	1079
	Upper Secondary/Technical-Vocational	100.0	.0	258
	University	100.0	.0	139
	Missing/DK	*	*	3
Age	15-19	98.1	.1	777
	20-24	98.3	.0	802
wealth index quintiles	Poorest	94.9	.0	325
	Second	98.7	.0	312
	Middle	99.1	.0	333
	Fourth	98.5	.4	281
	Richest	99.7	.0	329
Total		98.2	.1	1579

* MICS Indicator 60; MDG Indicator 8

Table CP.1: Birth registration

Percent distribution of children aged 0-59 months by whether birth is registered and reasons for non-registration, Trinidad & Tobago, 2006

		Birth is registered *	Don't know if birth is registered	Number of children aged 0-59 months
Sex	Male	95.5	.5	568
	Female	96.0	.2	549
Regional Health Authority	North West	96.8	.4	292
	East	96.4	1.2	80
	North Central	96.0	.5	442
	South West	93.5	.0	247
	Tobago	98.1	.0	57
Age	0-11 months	87.5	.0	212
	12-23 months	96.8	.5	212
	24-35 months	98.7	.5	231
	36-47 months	96.4	.5	219
	48-59 months	98.8	.4	243
Mother's education	None/Pre-School/ Primary	94.6	.0	196
	Lower Secondary	95.7	.6	682
	Upper Secondary/ Technical-Vocational	96.1	.0	125
	University	98.2	.0	108
	Missing/DK	*	*	7
wealth index quintiles	Poorest	94.3	.4	259
	Second	95.1	.4	219
	Middle	98.0	.0	245
	Fourth	93.9	.5	207
	Richest	97.9	.5	187
Total		95.8	.4	1117

* MICS Indicator 62

Table CP.2: Child discipline

Percentage of children aged 2-14 years according to method of disciplining the child, Trinidad & Tobago, 2006

		Percentage of children 2-14 years of age who experience:							Mother/ caretaker believes that the child needs to be physically punished	Number of children aged 2-14 years**
		Only non-violent discipline		Minor physical punishment	Severe physical	Any	No discipline or punishment			
Sex	Male	17.0	67.4	53.8	5.2	77.1	5.9	.0	27.3	1013
	Female	18.8	64.0	49.1	3.6	73.2	7.6	.3	23.6	1051
Regional Health Authority	North West	17.2	64.9	56.5	4.9	77.6	5.0	.2	31.3	525
	East	15.1	74.4	54.1	2.9	81.4	3.5	.0	26.2	172
	North Central	18.5	66.0	47.9	3.2	73.8	7.6	.1	22.1	786
	South West	19.9	62.0	47.7	4.9	70.9	9.2	.0	24.6	496
	Tobago	11.1	71.6	69.1	12.3	84.0	3.7	1.2	23.5	86
Age	2-4 years	12.2	65.4	69.5	2.9	81.1	6.5	.2	26.4	427
	5-9 years	17.2	66.5	58.1	4.5	77.7	5.1	.0	25.3	747
	10-14 years	21.3	65.1	37.2	5.0	70.1	8.3	.2	25.0	890
Mother's education	None/Pre-School/ Primary	17.8	66.0	51.2	6.3	73.5	8.5	.2	24.8	575
	Lower Secondary	17.3	66.2	51.8	3.8	76.1	6.4	.2	26.0	1091
	Upper Secondary/ Technical-Vocational	19.7	65.0	56.3	3.6	76.7	3.6	.0	28.4	223
	University	20.1	62.2	41.6	3.1	71.4	8.5	.0	19.5	165
	Missing/DK	*	*	*	*	*	*	*	*	10
Total		17.9	65.7	51.4	4.4	75.1	6.8	.2	25.4	2064

* MICS Indicator 74

** Table is based on children aged 2-14 years randomly selected during fieldwork (one child selected per household, if any children in the age range) for whom the questions on child discipline were administered

Table CP.3: Early marriage

Percentage of women aged 15-49 in marriage or union before their 15th birthday, percentage of women aged 20-49 in marriage or union before their 18th birthday, percentage of women aged 15-19 currently married or in union, Trinidad & Tobago, 2006

		Percentage married before age 15 *	Number of women aged 15-49 years		Number of women aged 20-49 years	Percentage of women 15-19 years married/in union **	Number of women aged 15-19 years
Regional Health Authority	North West	1.2	1097	8.6	918	4.6	179
	East	1.0	376	15.1	305	4.1	71
	North Central	1.6	1770	11.0	1477	9.7	293
	South West	1.8	1176	11.3	969	4.6	207
	Tobago	3.7	185	7.9	158	.0	27
Age group	15-19	.5	777	*	0	6.3	777
	20-24	1.8	802	8.1	802	na.	0
	25-29	1.8	632	9.5	632	na	0
	30-34	1.0	590	11.9	590	na	0
	35-39	2.7	539	12.8	539	na	0
	40-44	2.4	639	12.4	639	na	0
	45-49	1.0	626	10.5	626	na	0
Woman's education	None/Pre-School/Primary	3.9	818	22.2	786	(12.6)	32
	Lower Secondary	1.2	2652	10.3	2023	6.5	629
	Upper Secondary/ Technical-Vocational	1.0	630	3.2	535	4.3	95
	University	.2	493	1.9	474	*	19
	Missing/DK	*	12	*	10	*	2
wealth index quintiles	Poorest	3.5	797	19.9	628	10.9	169
	Second	1.7	886	14.1	727	6.8	159
	Middle	1.5	1003	9.9	848	5.3	155
	Fourth	.9	955	7.3	816	5.2	139
	Richest	.5	964	4.8	808	2.7	156
Total		1.6	4605	10.7	3827	6.3	777

* MICS Indicator 67
** MICS Indicator 68
*** MICS Indicator 70

Table CP.4: Spousal age difference

Percent distribution of currently married/in union women aged 15-19 and 20-24 according to the age difference with their husband or partner, Trinidad and Tobago, 2006

		Percentage of currently married/in union women aged 20-24 whose husband or partner is:				Total	Number of women aged 20-24 years currently married/in union
		Younger	0-4 years older	5-9 years older	10+ years older *		
Regional Health Authority	North West	(4.8)	(42.6)	(14.9)	(37.7)	(100.0)	42
	East	*	*	*	*	*	23
	North Central	3.0	49.9	27.3	19.9	100.0	73
	South West	.0	44.9	31.3	23.9	100.0	63
	Tobago	*	*	*	*	*	6
wealth index quintiles	Poorest	4.5	41.0	27.1	27.4	100.0	68
	Second	1.9	38.8	36.2	23.1	100.0	51
	Middle	(2.7)	(59.4)	(13.6)	(24.3)	(100.0)	36
	Fourth	(.0)	(41.0)	(27.5)	(31.4)	(100.0)	26
	Richest	(4.2)	(53.3)	(23.3)	(19.2)	(100.0)	26
Total		3.0	45.2	26.6	25.3	100.0	207

* MICS Indicator 69

Table CP.5: Attitudes toward domestic violence

Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner in various circumstances, Trinidad and Tobago, 2006

		Percentage of women aged 15-49 years who believe a husband is justified in beating his wife/partner:						Number of women aged 15-49 years
		When she goes out without telling him	When she neglects the children	When she argues with him	When she refuses sex with him	When she burns the food	For any of these reasons*	
Regional Health Authority	North West	.9	4.3	.8	.5	.7	5.1	1097
	East	.3	4.9	1.3	.0	.5	6.5	376
	North Central	.8	8.1	1.4	.6	.6	9.2	1770
	South West	1.6	6.7	2.2	.6	.7	7.7	1176
	Tobago	1.2	5.5	1.2	.6	2.5	7.4	185
Age Group	15-19	1.1	8.3	.6	.5	1.0	9.5	777
	20-24	1.4	7.1	1.6	.6	1.0	7.7	802
	25-29	.8	5.0	1.2	.2	.2	5.5	632
	30-34	.7	6.3	1.5	.9	.5	7.7	590
	35-39	1.3	6.4	1.5	.6	.6	8.3	539
	40-44	.6	5.3	1.5	.3	.4	6.4	639
	45-49	1.1	6.3	2.2	.7	1.2	7.6	626
Marital/Union status	Currently married/in union	1.1	6.8	1.7	.5	.5	8.0	2229
	Formerly married/in union	1.0	7.5	1.2	.2	1.3	9.1	473
	Never married/in union	.9	5.8	1.2	.6	.9	6.7	1902
Woman's education	None/Pre-School/ Primary	1.8	10.3	2.9	1.0	1.3	12.6	818
	Lower Secondary	1.0	6.9	1.3	.6	.8	8.1	2652
	Upper Secondary/ Technical-Vocational	.8	2.8	.8	.2	.2	3.0	630
	University	.2	2.2	.8	.0	.2	2.2	493
	Missing/DK	*	*	*	*	*	*	12
wealth index quintiles	Poorest	2.3	10.1	1.9	.5	1.7	12.2	797
	Second	1.6	8.9	1.7	1.0	.7	10.2	886
	Middle	.7	7.3	1.6	.7	.6	8.6	1003
	Fourth	.3	3.9	1.3	.3	.5	4.8	955
	Richest	.4	2.8	.8	.1	.2	3.0	964
Total		1.0	6.5	1.4	.5	.7	7.6	4605

* MICS Indicator 100

Table HA.1: Knowledge of preventing HIV transmission

Percentage of women aged 15-49 years who know the main ways of preventing HIV transmission, Trinidad and Tobago, 2006

		Heard of AIDS	Percentage 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 sex partner	Using a condom every time	Abstaining from sex				
Regional Health Authority	North West	99.9	91.5	87.2	91.6	77.4	98.7	1.3	1097
	East	99.2	93.0	86.5	93.0	78.4	98.7	1.3	376
	North Central	99.7	89.3	80.6	88.2	68.1	98.1	1.9	1770
	South West	99.8	91.5	84.6	88.6	73.5	98.7	1.3	1176
	Tobago	100.0	91.4	82.8	89.0	71.2	99.4	.6	185
Age Group	15-19	99.1	86.8	79.7	88.7	67.9	97.1	2.9	777
	20-24	99.9	90.0	83.8	89.7	72.7	98.6	1.4	802
	25-29	100.0	90.7	88.0	92.6	76.7	99.5	.5	632
	30-34	99.8	91.1	85.7	87.3	71.9	98.6	1.4	590
	35-39	99.6	92.6	84.8	89.8	74.1	98.9	1.1	539
	40-44	99.8	92.4	84.9	88.8	74.3	98.1	1.9	639
	45-49	99.8	93.2	80.6	89.9	72.3	99.2	.8	626
Woman's education	None/Pre-School/Primary	98.7	90.4	75.9	80.4	61.3	96.7	3.3	818
	Lower Secondary	100.0	90.5	84.3	90.3	73.2	98.8	1.2	2652
	Upper Secondary/ Technical-Vocational	100.0	92.0	87.5	93.1	77.5	99.3	.7	630
	University	100.0	91.8	89.3	95.9	82.4	99.2	.8	493
	Missing/DK	*	*	*	*	*	*	*	12
wealth index quintiles	Poorest	99.0	88.5	79.2	85.5	65.2	97.5	2.5	797
	Second	99.8	89.8	81.9	85.4	68.1	98.2	1.8	886
	Middle	100.0	91.7	83.8	89.8	72.9	98.8	1.2	1003
	Fourth	99.9	90.8	85.1	91.5	75.1	98.7	1.3	955
	Richest	99.8	92.6	87.9	94.3	80.5	99.2	.8	964
Total		99.7	90.8	83.8	89.5	72.7	98.5	1.5	4605

Table HA.2: Identifying misconceptions about HIV/AIDS

Percentage of women aged 15-49 years who correctly identify misconceptions about HIV/AIDS, Trinidad and Tobago, 2006

		Percent who know that:			Reject two most common misconceptions and know a healthy-looking person can be infected	HIV can be transmitted by sharing needles	HIV cannot be transmitted by supernatural means	Number of women
		HIV cannot be transmitted by sharing food	HIV cannot be transmitted by mosquito bites	A healthy looking person can be infected				
Regional Health Authority	North West	92.2	86.0	96.3	78.2	96.1	93.7	1097
	East	89.9	79.0	95.6	71.4	93.5	87.8	376
	North Central	86.9	77.0	96.4	68.8	95.9	93.6	1770
	South West	81.3	79.9	96.1	66.4	96.9	94.1	1176
	Tobago	93.9	87.7	95.7	80.4	95.1	84.0	185
Age	15-19	82,6	78,4	93,8	65,0	95,3	87,7	777
	20-24	87.0	83.0	97.1	72.2	96.5	92.9	802
	25-29	87.9	85.1	98.1	75.7	96.4	94.4	632
	30-34	92.0	81.2	97.4	75.3	95.4	94.2	590
	35-39	88.6	80.2	95.3	72.8	96.3	93.4	539
	40-44	87.7	79.3	97.0	71.3	95.2	95.5	639
	45-49	86.9	76.0	94.9	67.1	96.6	93.2	626
Woman's education	None/Pre-School/Primary	81.9	67.0	91.5	55.7	93.8	88.7	818
	Lower Secondary	86.9	81.5	96.5	71.4	96.3	93.0	2652
	Upper Secondary/ Technical-Vocational	90.9	84.1	98.4	77.2	97.3	95.2	630
	University	93.6	93.1	99.8	87.7	96.3	96.3	493
	Missing/DK	*	*	*	*	*	*	12
Wealth index quintiles	Poorest	81.1	72.2	92.5	59.3	94.8	88.9	797
	Second	86.8	76.9	94.9	67.0	95.9	91.5	886
	Middle	88.3	80.4	97.2	72.0	96.5	93.3	1003
	Fourth	88.6	84.8	97.3	75.7	95.6	94.2	955
	Richest	90.4	86.5	98.2	79.2	96.9	95.6	964
Total		87.3	80.5	96.2	71.1	96.0	92.9	4605

Table HA.3: Comprehensive knowledge of HIV/AIDS transmission

Percentage of women aged 15-49 years who have comprehensive knowledge of HIV/AIDS transmission, Trinidad and Tobago, 2006

		Knows 2 ways to prevent HIV transmission	Correctly identify 3 misconceptions about HIV transmission	Have comprehensive knowledge(identify 2 prevention methods and 3 misconceptions) *	Number of women
Regional Health Authority	North West	81.2	78.2	65.6	1097
	East	81.8	71.4	62.3	376
	North Central	74.0	68.8	52.8	1770
	South West	79.4	66.4	54.4	1176
	Tobago	77.9	80.4	63.8	185
Age	15-19	72.6	65.0	49.1	777
	20-24	77.2	72.2	57.9	802
	15-24	74.9	68.6	53.6	1579
	25-29	81.1	75.7	62.6	632
	30-34	79.5	75.3	62.1	590
	35-39	80.0	72.8	60.7	539
	40-44	80.0	71.3	59.4	639
	45-49	76.3	67.1	53.0	626
Woman's education	None/Pre-School/ Primary	71.0	55.7	43.1	818
	Lower Secondary	77.9	71.4	57.1	2652
	Upper Secondary/ Technical-Vocational	81.5	77.2	64.2	630
	University	84.7	87.7	74.9	493
	Missing/DK	*	*	*	12
wealth index quintiles	Poorest	71.6	59.3	45.5	797
	Second	75.1	67.0	51.9	886
	Middle	78.5	72.0	57.7	1003
	Fourth	79.4	75.7	62.0	955
	Richest	83.4	79.2	67.9	964
Total		77.9	71.1	57.5	4605

* MICS Indicator 82; MDG Indicator 19b

Table HA.4: Knowledge of mother-to-child HIV transmission

Percentage of women aged 15-49 who correctly identify means of HIV transmission from mother to child, Trinidad and Tobago, 2006

		Know HIV can be transmitted from mother to child	Percent who know HIV can be transmitted:				Did not know any specific way	Number of women
			During pregnancy	At delivery	Through breast milk	All three ways *		
Regional Health Authority	North West	94.7	84.3	63.8	61.0	43.3	5.3	1097
	East	94.5	84.4	67.5	75.3	54.5	4.7	376
	North Central	95.5	88.6	65.9	66.3	48.1	4.2	1770
	South West	95.8	91.4	70.9	73.4	57.3	3.9	1176
	Tobago	96.9	87.7	73.0	81.0	60.7	3.1	185
Age Group	15-19	93.0	86.1	65.0	72.4	52.4	6.1	777
	20-24	95.9	87.6	67.6	71.4	51.1	3.9	802
	25-29	96.8	86.9	71.0	71.5	52.9	3.2	632
	30-34	96.1	86.4	67.5	65.4	48.6	3.7	590
	35-39	95.0	89.2	64.8	62.3	44.7	4.6	539
	40-44	96.7	90.1	67.8	67.3	50.7	3.1	639
	45-49	94.3	89.8	66.0	64.2	50.3	5.5	626
Woman's education	None/Pre-School/ Primary	92.6	86.8	62.9	68.8	51.2	6.1	818
	Lower Secondary	95.2	88.3	66.8	68.5	50.6	4.7	2652
	Upper Secondary/ Technical-Vocational	97.8	88.2	68.9	69.6	49.6	2.2	630
	University	97.9	87.3	73.7	63.9	48.4	2.1	493
	Missing/DK	*	*	*	*	*	*	12
wealth index quintiles	Poorest	93.6	85.6	64.3	73.6	53.8	5.5	797
	Second	95.6	88.9	66.3	70.1	51.2	4.2	886
	Middle	95.4	88.6	66.3	68.0	50.0	4.6	1003
	Fourth	94.6	87.3	68.0	65.9	48.7	5.3	955
	Richest	97.4	88.8	70.0	64.4	48.8	2.4	964
Total		95.4	87.9	67.1	68.2	50.3	4.4	4605

* MICS Indicator 89

Table HA.5: Attitudes toward people living with HIV/AIDS

Percentage of women aged 15-49 years who have heard of AIDS who express a discriminatory attitude towards people living with HIV/AIDS, Trinidad and Tobago, 2006

		Percent of women who:						Number of women who have heard of AIDS
		Would not care for a family member who was sick with AIDS	If a family member had HIV would want to keep it a secret	Believe that a female teacher with HIV should not be allowed to work	Would not buy fresh vegetables from a person with HIV/AIDS	Agree with at least one discriminatory statement	Agree with none of the discriminatory statements*	
Regional Health Authority	North West	5.6	40.0	13.7	33.7	58.4	41.6	1096
	East	5.3	34.5	18.3	38.4	62.0	38.0	373
	North Central	5.1	37.6	18.9	39.6	63.0	37.0	1764
	South West	4.7	36.6	19.0	36.3	61.9	38.1	1174
	Tobago	8.0	31.9	14.7	41.1	60.1	39.9	185
Age Group	15-19	7.2	46.0	20.2	45.4	70.4	29.6	771
	20-24	4.1	38.5	12.6	33.9	58.1	41.9	801
	25-29	4.6	40.2	14.8	36.6	62.6	37.4	632
	30-34	5.6	34.2	18.5	37.0	59.5	40.5	589
	35-39	5.8	37.3	20.2	35.7	63.0	37.0	537
	40-44	4.7	32.9	16.9	32.1	56.0	44.0	638
	45-49	4.6	30.8	20.2	39.3	59.4	40.6	625
Woman's education	None/Pre-School/ Primary	7.5	31.4	32.3	45.0	65.4	34.6	807
	Lower Secondary	5.2	38.1	16.3	37.3	62.4	37.6	2651
	Upper Secondary/ Technical-Vocational	3.7	41.5	10.7	32.3	56.9	43.1	630
	University	3.7	38.7	8.1	30.8	55.5	44.5	493
	Missing/DK	*	*	*	*	*	*	11
wealth index quintiles	Poorest	8.0	34.1	26.5	44.2	67.0	33.0	790
	Second	5.6	37.4	19.5	40.7	63.5	36.5	884
	Middle	5.2	35.1	16.6	35.4	58.8	41.2	1003
	Fourth	4.9	40.2	15.5	35.7	61.2	38.8	954
	Richest	3.0	40.0	11.0	32.1	58.0	42.0	962
Total		5.2	37.5	17.4	37.3	61.4	38.6	4592

* MICS Indicator 86

Table HA.6: Knowledge of a facility for HIV testing

Percentage of women aged 15-49 years who know where to get an HIV test, percentage of women who have been tested and, of those tested the percentage who have been told the result, Trinidad and Tobago, 2006

		Know a place to get tested *	Have been tested **	Number of women	If tested, have been told result	Number of women who have been tested for HIV
Regional Health Authority	North West	90.7	52.6	1097	90.6	576
	East	86.5	35.9	376	87.7	135
	North Central	83.6	38.9	1770	86.9	689
	South West	85.2	33.1	1176	93.7	389
	Tobago	86.5	60.7	185	86.9	113
Age Group	15-19	74.0	12.1	777	86.1	94
	20-24	91.0	41.7	802	89.0	335
	25-29	93.5	60.7	632	88.8	384
	30-34	91.0	60.2	590	90.2	355
	35-39	89.2	47.4	539	87.9	255
	40-44	84.6	40.8	639	91.3	260
	45-49	81.3	34.9	626	91.2	219
Woman's education	None/Pre-School/Primary	77.5	34.7	818	88.2	283
	Lower Secondary	86.0	39.9	2652	89.0	1058
	Upper Secondary/Technical-Vocational	89.8	42.6	630	92.3	269
	University	95.9	57.8	493	89.6	285
	Missing/DK	*	*	*	*	7
wealth index quintiles	Poorest	80.9	39.6	797	87.5	316
	Second	82.6	38.3	886	87.7	339
	Middle	87.6	40.4	1003	88.7	405
	Fourth	86.9	42.7	955	90.1	408
	Richest	91.2	45.0	964	92.3	433
Total		86.1	41.3	4605	89.5	1901

* MICS Indicator 87
** MICS Indicator 88

Table HA.7: HIV testing and counseling coverage during antenatal care

Percentage of women aged 15-49 years who gave birth in the two years preceding the survey who were offered HIV testing and counseling with their antenatal care, Trinidad and Tobago, 2006

		Percent of women who:				Number of women who gave birth in two years preceding the survey
		Received antenatal care from a health professional for last pregnancy	Were provided information about HIV prevention during ANC visit *	Were tested for HIV at ANC visit	Received results of HIV test at ANC visit **	
Regional Health Authority	North West	96.1	81.0	95.0	84.9	104
	East	(100.0)	(82.1)	(92.9)	(85.7)	27
	North Central	98.1	67.9	88.6	73.7	162
	South West	92.2	85.6	95.2	88.4	98
	Tobago	(87.0)	(56.5)	(78.3)	(52.2)	26
Age Group	15-19	(94.7)	(83.4)	(94.0)	(72.1)	36
	20-24	93.2	81.5	94.0	81.9	104
	25-29	96.6	74.4	91.4	79.9	116
	30-34	97.6	71.8	88.7	78.9	91
	35-49	95.7	69.2	89.5	79.3	70
wealth index quintiles	Poorest	95.1	77.7	88.8	75.8	85
	Second	93.6	87.6	92.6	74.8	93
	Middle	94.5	79.8	94.4	82.3	92
	Fourth	98.8	68.1	91.4	82.9	85
	Richest	97.0	58.3	88.6	82.0	63
Total		95.7	75.5	91.4	79.4	417

* MICS Indicator 90
** MICS Indicator 91

Table HA.8: Sexual behaviour that increases risk of HIV infection

Percentage of young women aged 15-19 years who had sex before age 15, percentage of young women aged 20-24 who had sex before age 18 and percentage of young women aged 15-24 who had sex with a man 10 or more years older, Trinidad and Tobago, 2006

		Percentage of women aged 15-19 who had sex before age 15 *	Number of women aged 15-19 years	Percentage of women aged 20-24 who had sex before age 18	Number of women aged 20-24 years	Percentage who had sex in the 12 months preceding the survey with a man 10 or more years older **	Number of women who had sex in the 12 months preceding the survey
Regional Health Authority	North West	7.6	179	41.0	191	18.4	196
	East	4.1	71	29.6	69	18.6	58
	North Central	4.3	293	26.9	288	14.5	243
	South West	3.2	207	22.5	226	13.0	153
	Tobago	(4.2)	27	(45.8)	27	(10.0)	34
Age Group	15-19	4.7	777	*	0	17.3	192
	20-24	na	0	29.9	802	14.7	491
Woman's education	None/Pre-School/ Primary	(.0)	32	43.8	69	30.5	61
	Lower Secondary	5.5	629	38.4	450	16.1	475
	Upper Secondary/ Technical-Vocational	2.3	95	16.9	163	7.2	97
	University	*	19	6.8	119	(6.4)	48
wealth index quintiles	Poorest	7.6	169	51.8	155	20.4	195
	Second	5.3	159	37.1	153	14.9	161
	Middle	4.5	155	29.0	178	14.4	138
	Fourth	3.8	139	20.7	142	14.5	99
	Richest	2.0	156	12.5	173	7.9	89
Total		4.7	777	29.9	802	15.4	683

* MICS Indicator 84
** MICS Indicator 92
^ Total includes 1 woman with missing information on woman's education who is not shown separately

Table HA.9: Condom use at last high-risk sex

Percentage of young women aged 15-24 who had high risk sex in the previous year and who used a condom at last high risk sex, Trinidad & Tobago, 2006

		Ever had sex	Had sex in the last 12 months	Had sex with more than one partner in the last 12 months	Number of women aged 15-24	Percent who had sex with non-marital, non-cohabiting partner *	Number of women aged 15-24 years who had sex in last 12 months	Percent who used a condom at last sex with a non-marital, non-cohabiting partner **	Number of women aged 15-24 years who had sex in last 12 months with a non-marital, non-cohabiting partner
Regional Health Authority	North West	56.8	52.9	4.8	370	79.9	196	51.7	156
	East	42.4	41.0	4.2	141	56.0	58	(36.4)	32
	North Central	46.6	41.8	2.7	581	64.5	243	51.5	156
	South West	38.4	35.2	2.2	433	58.6	153	57.8	89
	Tobago	62.5	62.5	8.3	55	(86.7)	34	(42.3)	30
Age Group	15-19	26.5	24.7	1.8	777	78.4	192	57.0	150
	20-24	66.7	61.2	4.8	802	63.9	491	48.4	314
Women's education	None/Pre-School/ Primary	67.3	61.1	3.9	100	49.1	61	(46.5)	30
	Lower Secondary	47.3	44.0	3.6	1079	67.7	475	49.4	322
	Upper Secondary/ Technical-Vocational	41.6	37.7	2.7	258	72.5	97	55.2	70
	University	39.6	34.4	2.3	139	(87.4)	48	(61.3)	42
	Missing/DK	*	*	*	3	*	1	*	0
wealth index quintiles	Poorest	62.6	60.2	3.9	325	62.1	195	50.8	121
	Second	54.8	51.5	5.9	312	67.5	161	51.2	109
	Middle	46.6	41.6	3.5	333	71.6	138	52.5	99
	Fourth	39.5	35.3	2.5	281	72.0	99	46.8	71
	Richest	30.7	27.0	1.0	329	71.8	89	54.7	64
Total		46.9	43.2	3.4	1579	68.0	683	51.2	464

* MICS Indicator 85

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