

Trinidad and Tobago



Multiple Indicator
Cluster Surveys

Snapshot of Key Findings

Thrive – Reproductive and Maternal Health



The Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) was carried out from August to December 2022 by the Central Statistical Office in collaboration with UNICEF, as part of the Global MICS Programme. Technical support was provided by the United Nations Children’s Fund (UNICEF), with government funding and financial support of UNICEF.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. In this regard, Trinidad and Tobago has aligned its National Development Strategy 2016-2030, also known as Vision 2030, with the SDGs, so that progress towards one redounds to the other.

The objective of this snapshot of key findings is to facilitate the dissemination and use of the results from the Trinidad and Tobago MICS 2022. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

For more information on the Global MICS Programme, please go to mics.unicef.org.

Suggested citation:

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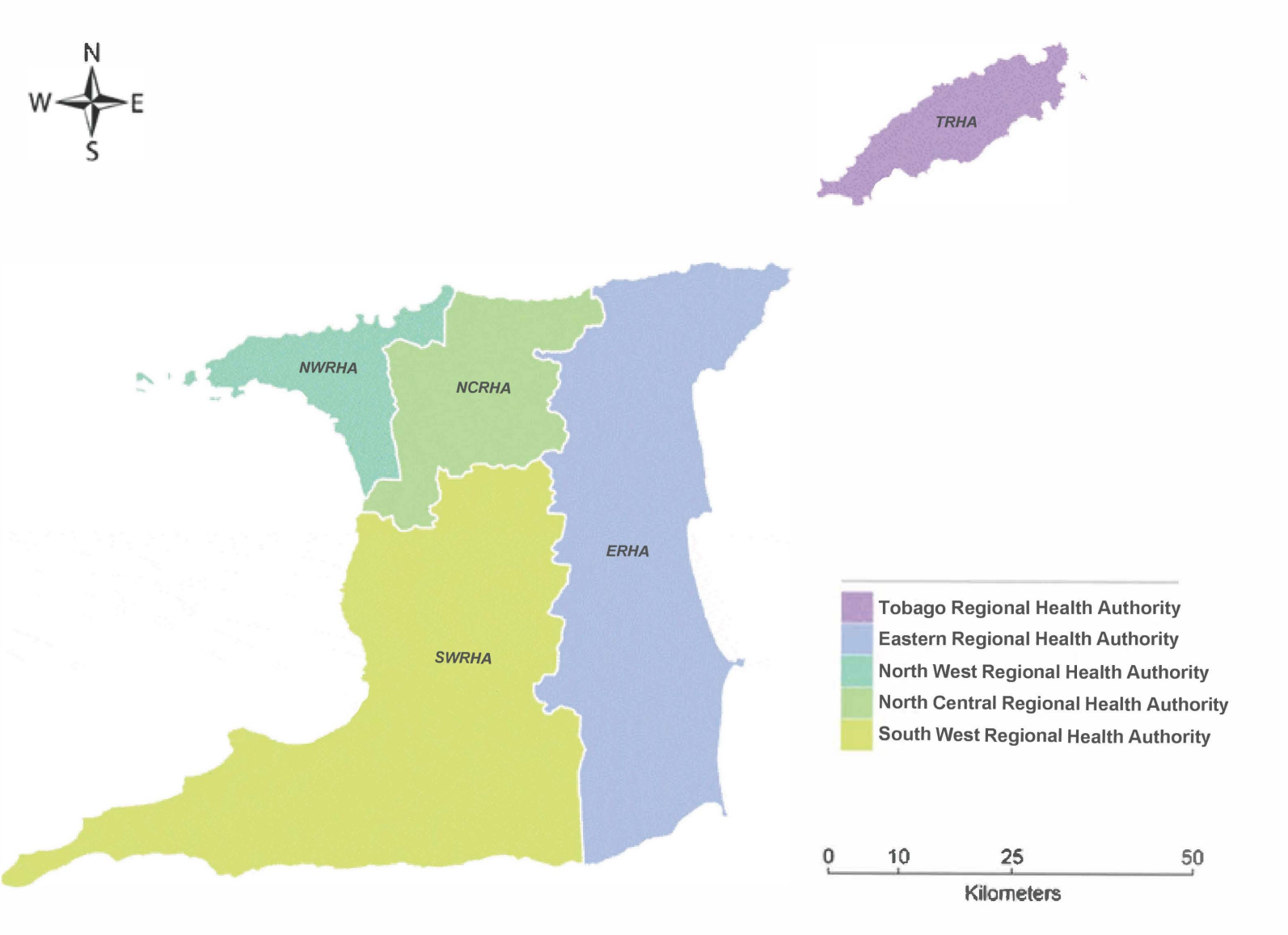
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Trinidad and Tobago 2022



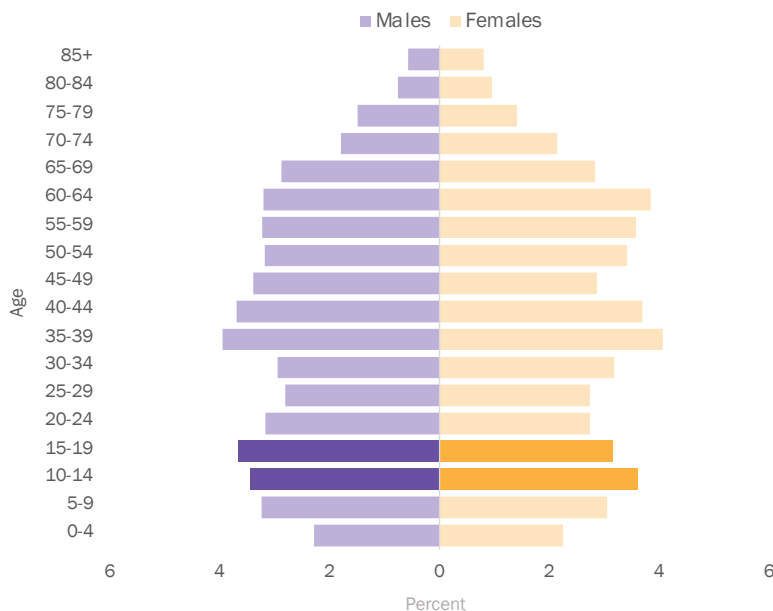
Adolescents

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The Adolescent Population: Age 10-19



Age & Sex Distribution of Household Population



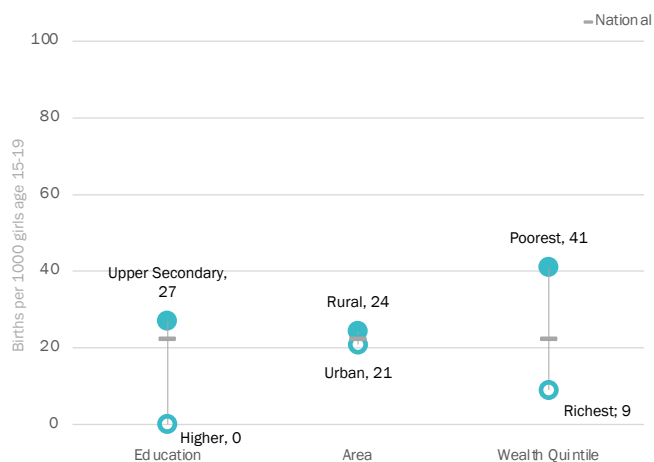
This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

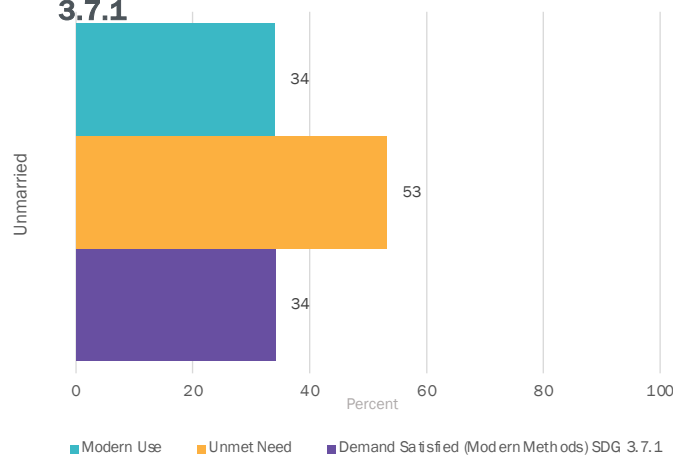
Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Adolescent Birth Rate: SDG 3.7.2



Age-specific fertility rate for girls age 15-19 years: the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women.

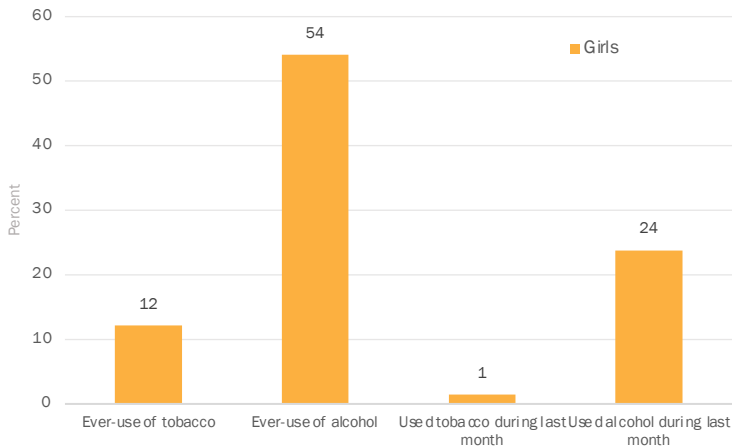
Modern Contraceptive Use, Unmet Need & Demand Satisfied for Modern Methods: SDG 3.7.1



Percentage of unmarried girls age 15-19 years who are using (or whose partner is using) a contraceptive method, percentage with an unmet need for contraception and percent of demand for modern methods of family planning satisfied

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use



Percentage of adolescent girls age 15-19 who have ever used tobacco

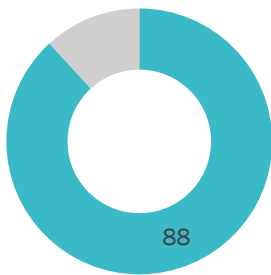
Percentage of adolescent girls age 15-19 who have used alcohol in the last 1 month

*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

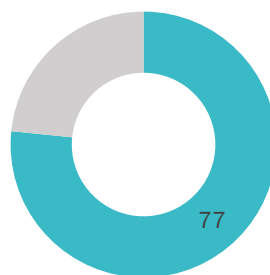
Every Adolescent Learns

Foundational Reading Skills



Percentage of children age 10-14 who can read 90% of words in a story correctly, 2) Answer three literal comprehension questions, and 3) Answer two inferential comprehension questions

Foundational Numeracy Skills

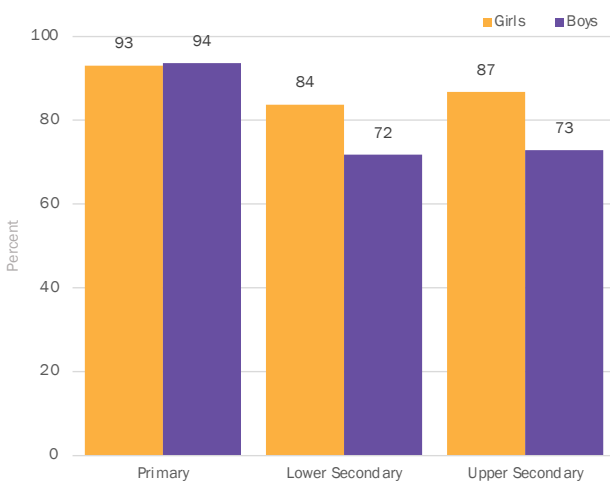


Percentage of children age 10-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

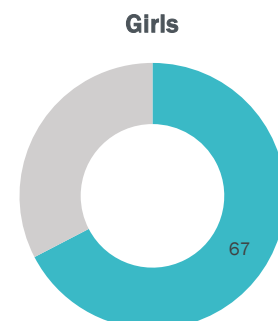
Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and numeracy at the level of Grade 2 in primary education.

School Attendance Rates



Adjusted net attendance rate, by level of education and by gender

Information & Communications Technology (ICT) Skills*

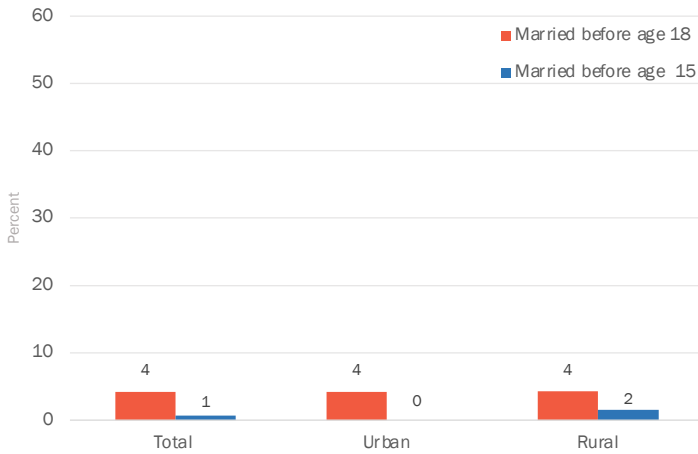


Percentage of girls age 15-19 who in the last 3 months have performed at least one of nine specific computer related activities

*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Every Adolescent is Protected from Violence & Exploitation

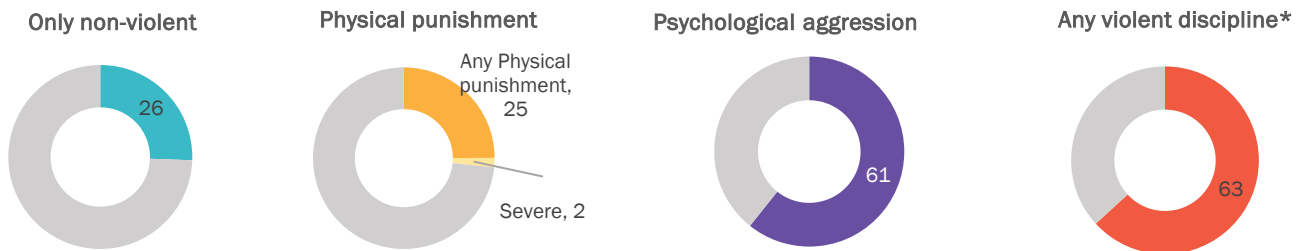
Child Marriage: SDG 5.3.1



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as female genital mutilation/cutting and child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

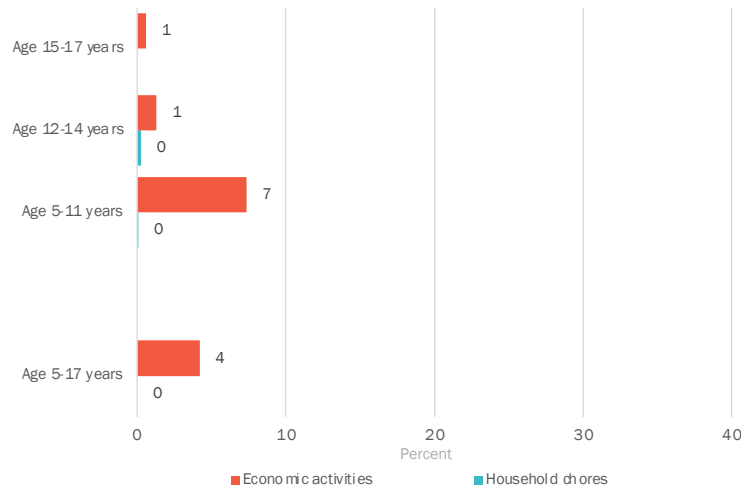
Child Discipline



Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type
 *Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age
 Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

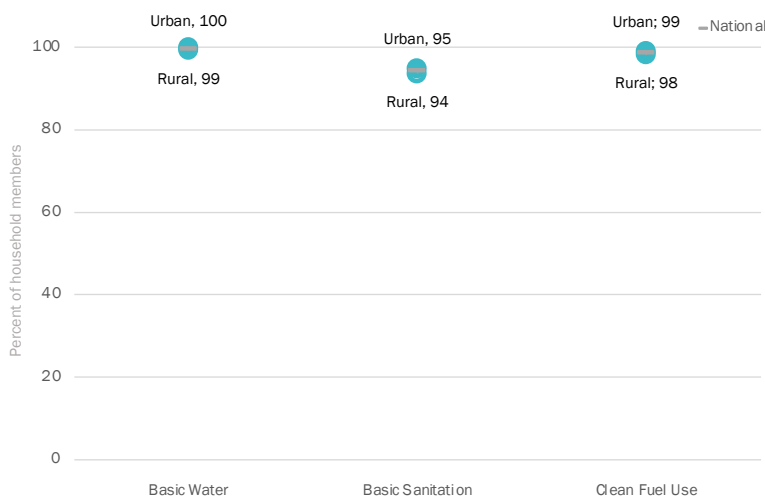
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

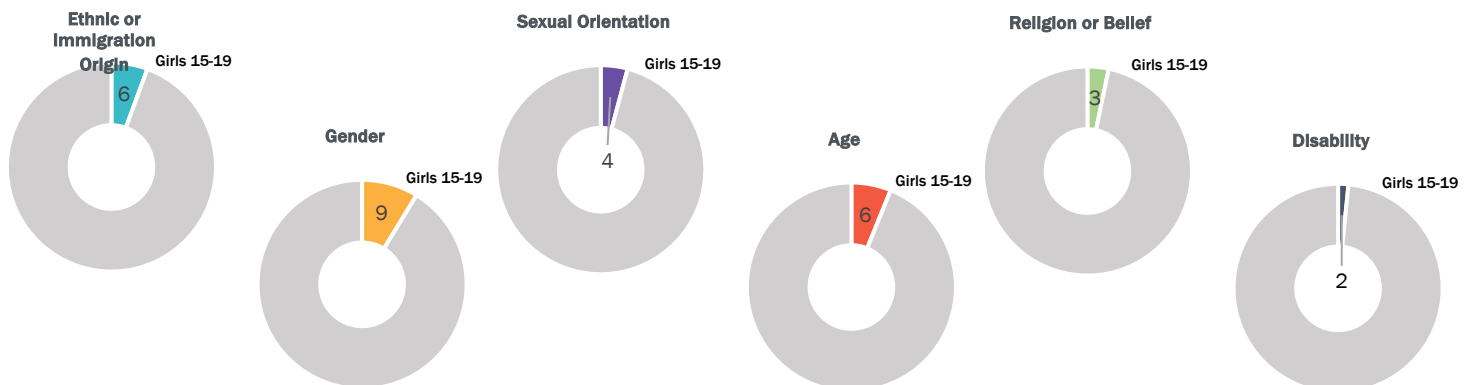
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water

Basic Sanitation Services SDG 1.4.1/6.2.1 : Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting

Every Adolescent has an Equitable Chance in Life

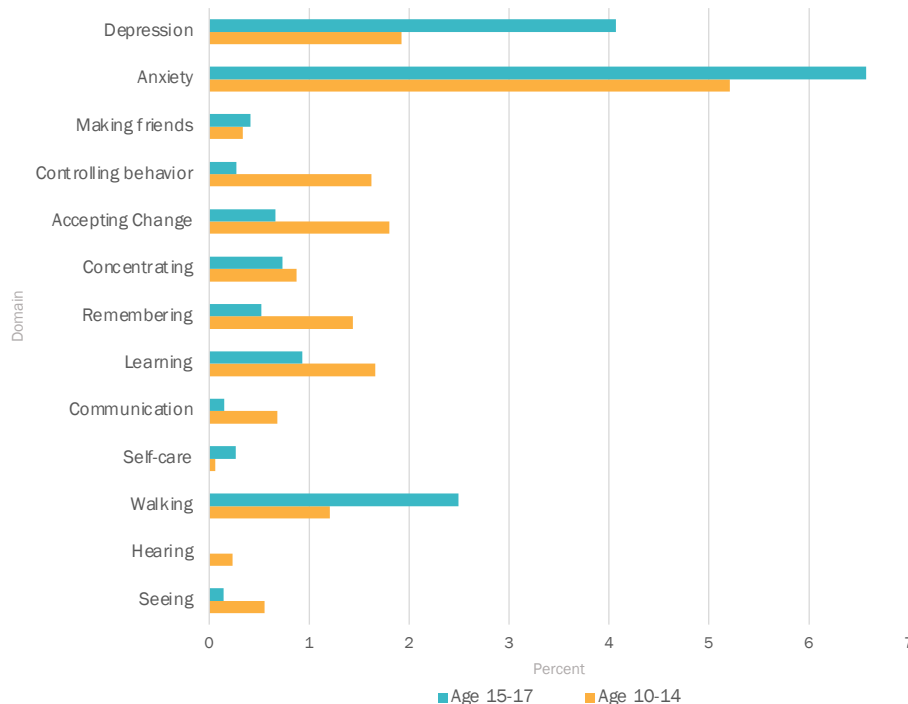
Discrimination & Harassment



Percentage of adolescent girls age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities. At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

- The adolescent population aged 10-19 years represented 14% of all household members.
- Among unmarried adolescents, the unmet need for contraception was the highest at 53%.
- Adolescent girls 15-19 years with upper secondary education (27%), in rural areas (24%) and those among the poorest (41%) were at a higher risk of early child bearing than those with higher education (0%), in urban areas (21%) and those in richer households (9%).
- Overall, almost 1 in every 4 girls 15-19 years (24%) consumed alcohol in the past month prior to the survey and 12% used tobacco at some point in their lives
- 88% of children ages 10-14 years demonstrated foundational reading skills, while 77% demonstrated foundational numeracy skills.
- There was a widening gap in the attendance rates between boys and girls as children ascend the education ladder. The difference grows from 1 percentage point in favour of the boys, to 12 and 14 percentage points behind the girls, from primary to lower and upper secondary school.
- 67% of girls 15-19 years engaged in computer related tasks to promote their ICT skills.
- 63% of all children 10-14 years were disciplined in a violent manner in the month leading up to the survey.
- Child labour, in terms of both economic activities was highest among 5-11 year olds.
- Adolescent girls reported that they experienced the most discrimination based on their gender (9%).
- Children aged 15-17 experienced depression (4%) at twice the rate of children aged 10-14 years (2%). Both age groups experienced anxiety more than any other form of functional difficulty.

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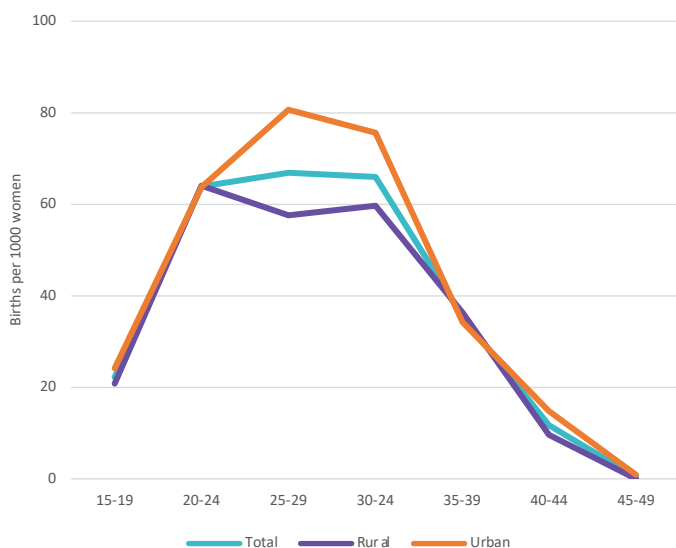
Fertility & Family Planning

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Fertility

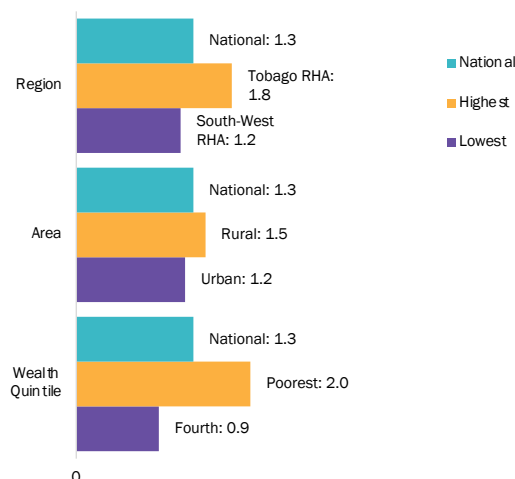


Age Specific Fertility Rates



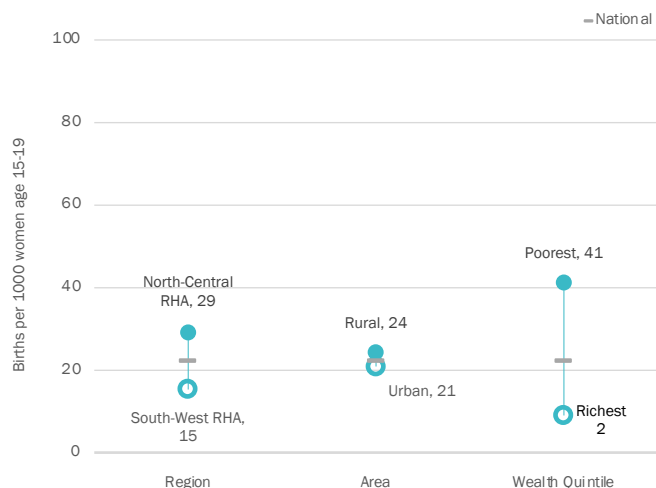
Age-specific fertility rates (ASFR) are the number of live births in the last 3 years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49

Adolescent Birth Rate: SDG indicator 3.7.2

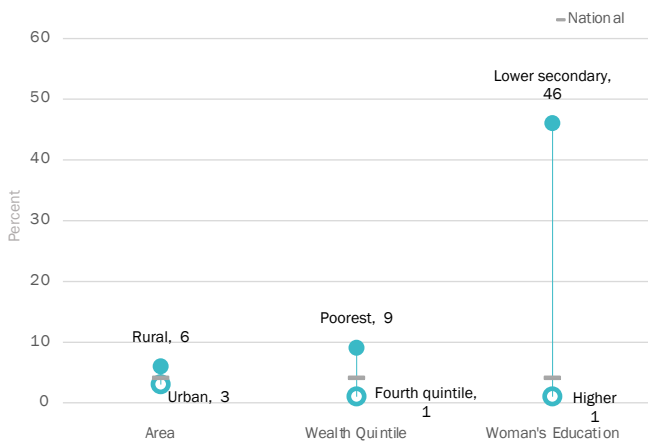


Age-specific fertility rate for girls age 15-19 years for the three-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

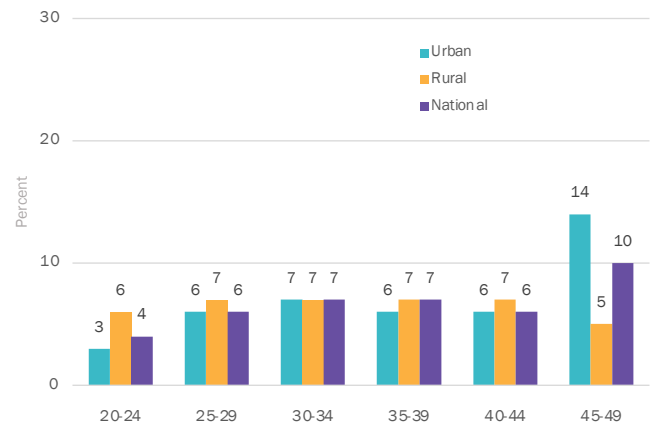
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics. Data for "Mother's education" are based on 25-49 unweighted cases

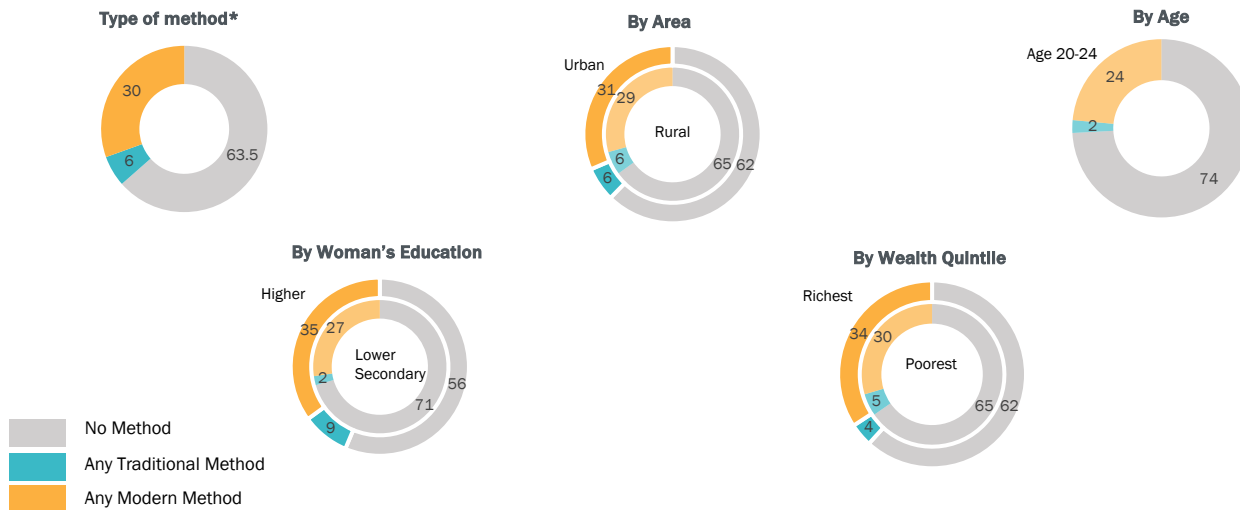
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics

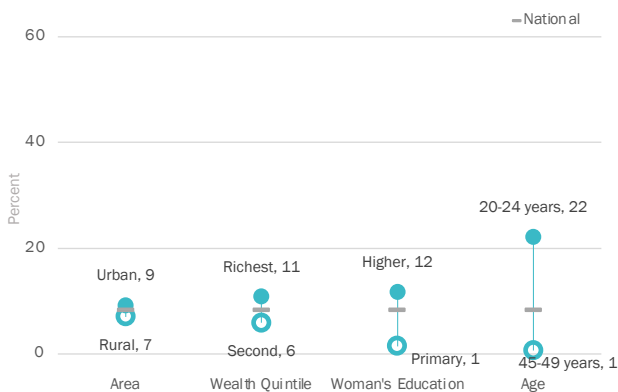


Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method

*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch
Traditional methods refer to periodic abstinence and withdrawal

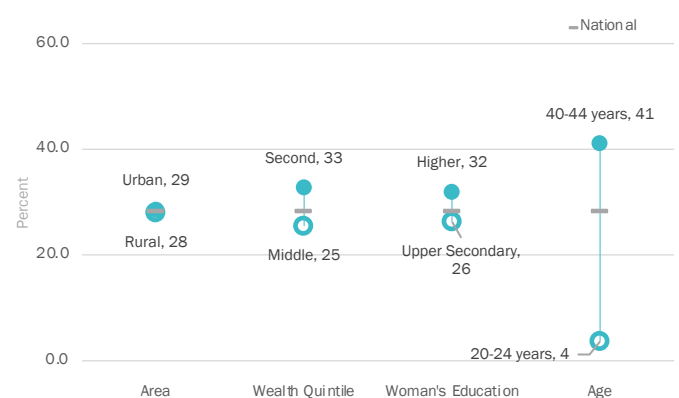
Met Need for Family Planning

Met Need for Family Planning - Spacing



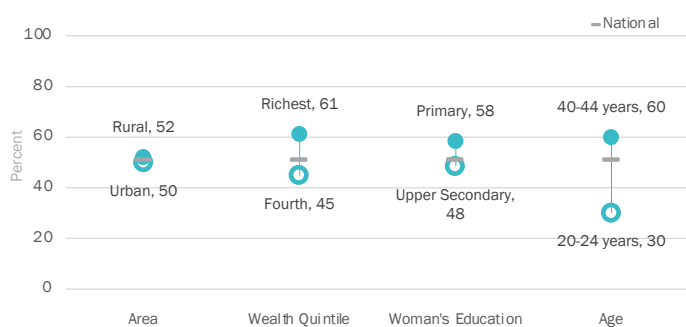
Percentage of women age 15-49 years currently married or in union with met need for family planning for spacing, by background characteristics

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married or in union with met need for family planning for limiting, by background characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Regional Data on Fertility & Family Planning

Region	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / In-union women
National	22	1	4	31	37	51
North-West RHA	24	1	0	24	32	40
North-Central RHA	29	1	4	32	37	51
Eastern RHA	20	2	6	30	36	50
South-West RHA	15	1	5	33	38	57
Tobago RHA	27	2	1	24	35	39

Percentage of women age 20-24 years who have had a live birth before age 18

Key Messages

- The total fertility rate was 1.3 births per woman, though higher in rural areas (1.5) than in urban areas (1.2), higher in TRHA (1.8) than in SWRHA (1.2) and more than double among the poorest households (2.0) than the fourth quintile.
- Adolescent birth rate among the poorest households was 41 babies per 1000 women versus 2 babies per 1000 women among the richest wealth quintile.
- Trends in early childbearing declined with age, as the percentage of women that had a child by age 18 declined from 10% of 45-49 year olds to 4% among 20-24 year olds.
- The onset of early child bearing by age 18 among lower secondary educated women was 46% compared to 1% among those with higher education.
- Almost 4 out of 10 married women (36%) used modern or traditional methods of contraception.
- Contraception use was highest among women with higher education (35%) and those belonging to the richest households (34%).
- Little over half (51%) of married women were satisfied with modern methods of contraception for family planning, ranging from 39% in TRHA to 57% in the SWRHA.

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HIV & Sexual Behaviour

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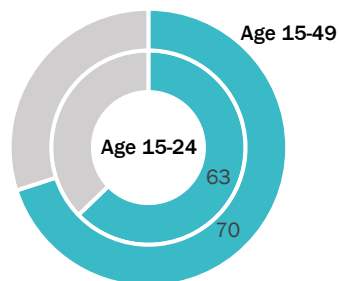
HIV Indicators



Women

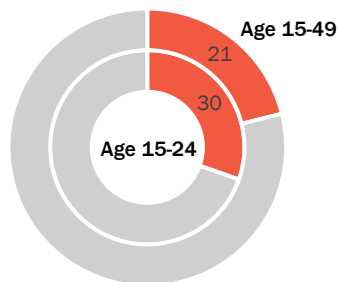
Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions



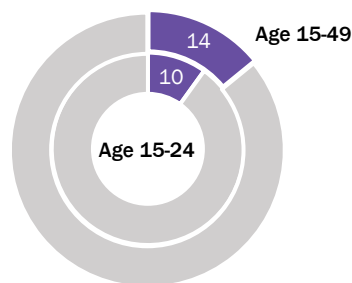
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



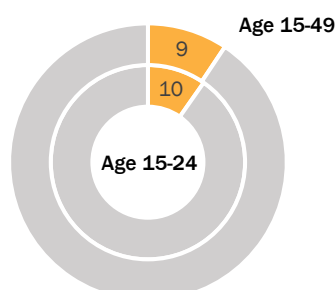
Testing

Percent who have been tested for HIV in the last 12 months and know the result



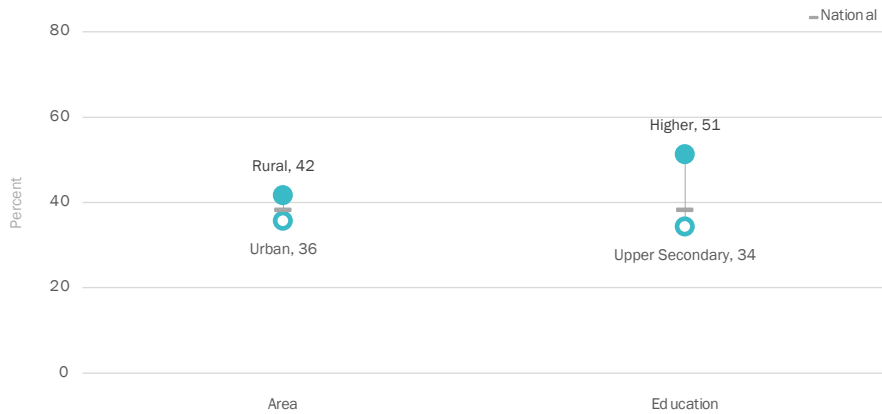
Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV



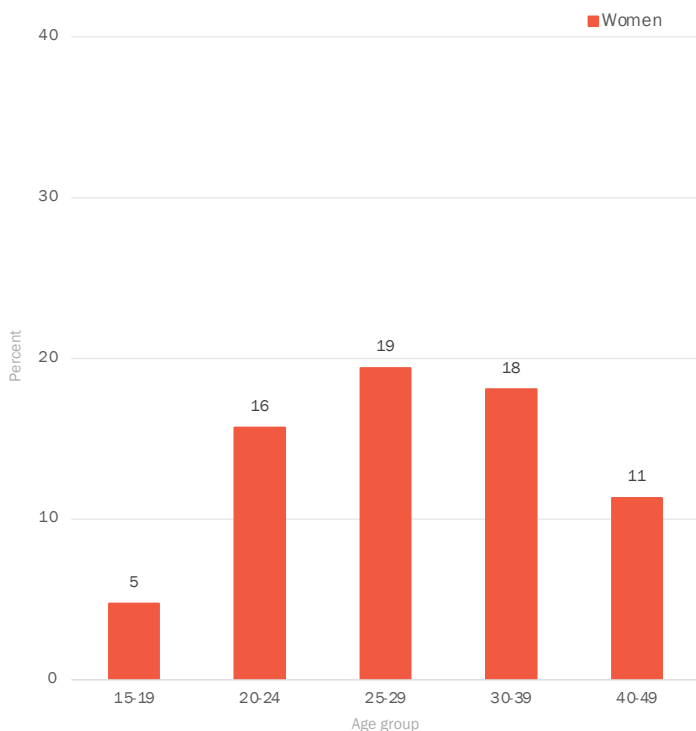
HIV Indicators by Key Characteristics

Knowledge among Adolescent Girls & Young Women (15-24)*



*Percent age 15-24 who know two ways of HIV prevention, who know that a healthy-looking person can be HIV-positive, and who reject two most common misconceptions.

Tested for HIV in last 12 months



Percent of women age 15-49 who have been tested for HIV in the last 12 months and know the result, by age group

Regional Data on HIV Testing

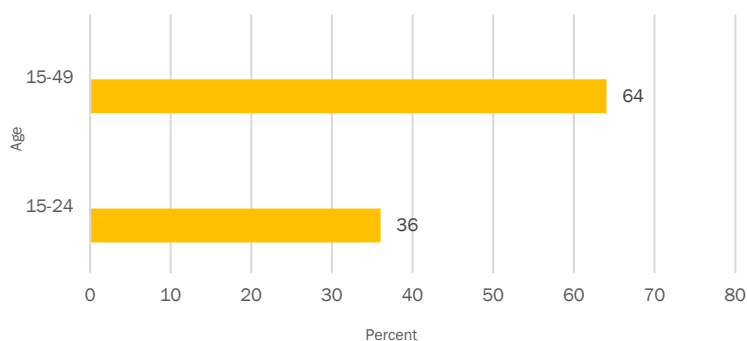
	Women who tested in last 12 months	Women testing at ANC
National	14	9
North-West RHA	20	6
North-Central RHA	14	13
Eastern RHA	13	12
South-West RHA	10	8
Tobago RHA	20	9

Tested in last 12 months: percent age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percent of women age 15-49 who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

Sexual Behaviour by Key Characteristics

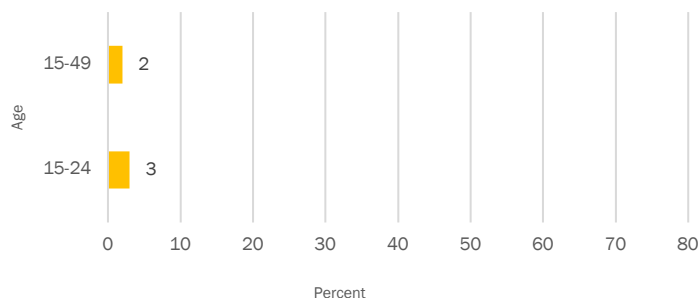
Sexually Active



Sexually active: Percent of women age 15-24 and 15-49 who had sexual intercourse within the last 12 months

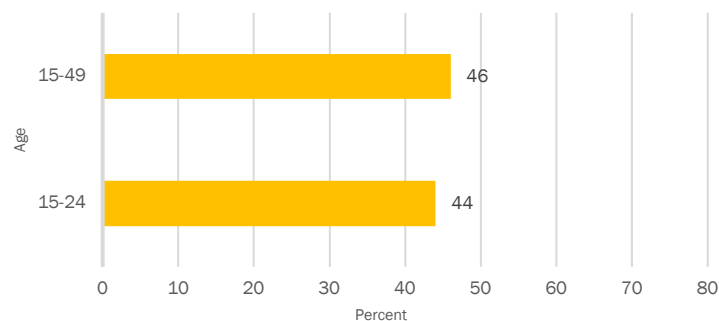
Sex before age 15: Percent of women age 15-24 who had sex before age 15

Multiple Partners



Multiple partners: Percent of women age 15-24 and 15-49 of those who had sex with more than 1 partner in the last 12 months

Condom Use



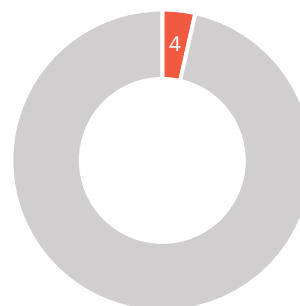
Condom use: Percent of women age 15-24 and 15-49 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex

Sex with man 10 years or older: Percent of adolescent girls age 15-19 who had sex in the last 12 months who report having had sex with a man 10 or more years older in the last 12 months

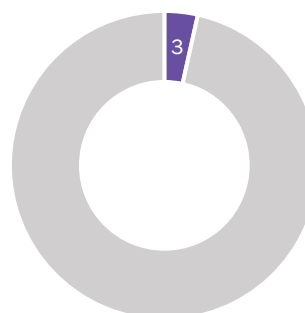
In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Young women who had Sex Before Age 15

Adolescent girls & young women 15-24



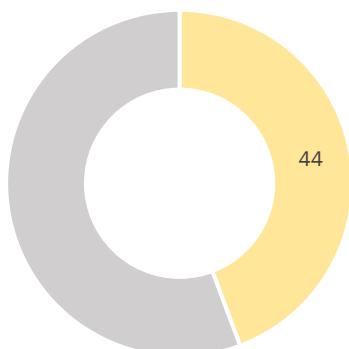
Girls age 15-19 Years who Report Sex with Partner 10 or more years older



Sexual Behavior by Key Characteristics

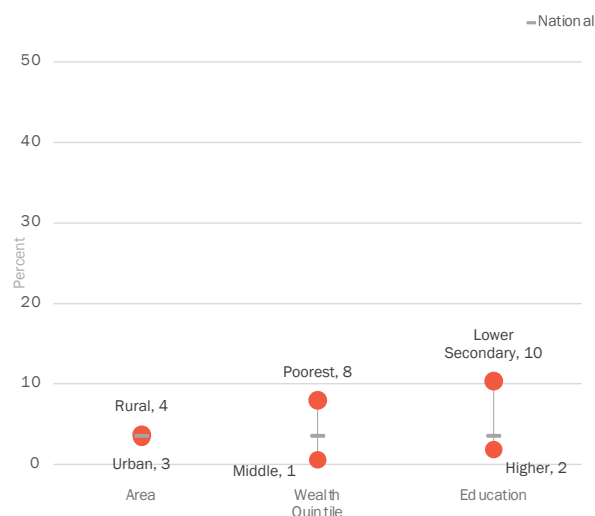
Condom Use among Young Women

Adolescent girls 15-24



Percent of young women age 15-24 who had more than one sexual partner in the last 12 months reporting that a condom was used the last time they had sex.

Sex before Age 15 among Adolescent Girls & Young Women 15-24



Percent of adolescent girls and young women age 15-24 who had sex before age 15

Adolescent girls and young women age 15-24

	Sex before 15	Ever had sex
National	4	47
North-West RHA	2	40
North-Central RHA	5	49
Eastern RHA	4	45
South-West RHA	2	50
Tobago RHA	6	51

Sex before 15: percent of adolescents and young women age 15-24 who had sexual intercourse before age 15

Condom use: percent of adolescents and young people age 15-24 who have ever had sex

Key Messages

- In general 7 out of every 10 women (70%) aged 15-49 years had comprehensive knowledge of HIV.
- Knowledge and testing were higher among women 15-49 years (70%) and (14%) as opposed to younger women aged 15-24 years (63%) and (10%) respectively.
- Women ages 15-24 years with higher education were 17 percentage points more likely to have comprehensive knowledge about HIV prevention than women with upper secondary education.
- Across all regions, HIV testing was highest among adults 25-29 years and lowest in the 15-19 age group.
- In the SWRHA only 10% of women aged 15-49 years reported having been tested in the last 12 months prior to the survey, in contrast to twice as many (20%) in both the NWRHA and TRHA.
- Only 9 out of 100 pregnant women were HIV-tested during their prenatal care. (they were offered the HIV test, accepted, received results and post health information or counselling related to HIV).
- 4 in every 100 adolescent girls and young women aged 15-24 years began having sex before their 15th birthday.
- 3% of teenage girls aged 15-19 reported having sex with a partner 10 years or older in the last year.

Key Messages

- Condom use among young women 15-24 years who had sex in the last 12 months with more than one partner was higher (44%) than women 15-49 years (46%).
- Sex debut before 15 years among young girls and young women was most prevalent in TRHA (6%), above the national average (4%).
- Sex before age 15 among young women was the highest for those living in rural areas (4%), women or girls with a lower educational background (10%) and for those belonging to the poorest wealth quintile (8%).

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