



The Government of the
Republic of Trinidad and Tobago

Monitoring the situation of children and women



Multiple Indicator Cluster Survey 3

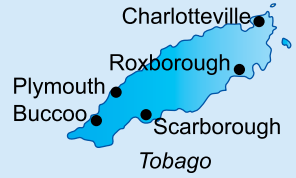
Statistical Digest



Central Statistical Office



TRINIDAD AND TOBAGO



TRINIDAD & TOBAGO

Caribbean Sea



TABLE OF CONTENTS

About the Trinidad and Tobago MICS 3.....	3
Sample and Survey Details.....	4
Child Mortality.....	6
Nutrition.....	8
Child Health.....	11
Environment.....	13
Reproductive Health.....	16
Education.....	19
HIV/ AIDS and Sexual Behaviour.....	23
Summary Table of Findings.....	25

ABOUT THE TRINIDAD AND TOBAGO MICS 3

The statistics presented in this digest are based on the Trinidad and Tobago MICS, 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 the Millennium Declaration and the Plan of Action of A World Fit For Children.

Survey Objectives of the MICS 3

- 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.

Further Information on MICS

The full MICS Report is available at the Ministry of Social Development, #69 Independence Square, Port-of-Spain, telephone numbers 623-0839 or 625-5515.

Additional information on MICS and results from other countries that have implemented the survey are available at www.childinfo.org.

Recommended citation: MICS 3, Ministry of Social Development.

SAMPLE AND SURVEY DETAILS



Sample Design

The sample for the Trinidad and Tobago 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 15 regions which 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.

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 children under 5 years living in households.

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.

Sample Coverage

	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

CHILD MORTALITY



MDG Goal 4: Reduce Child Mortality

Target 4.A

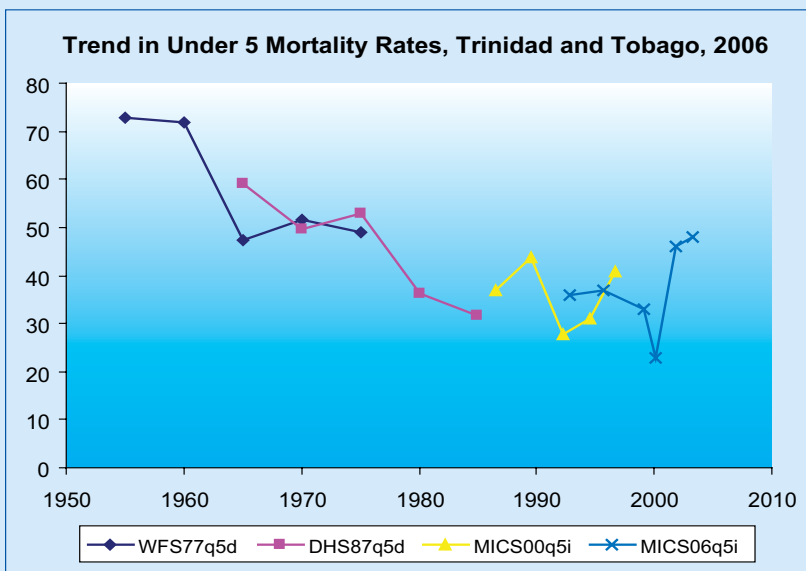
Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Indicators Available in MICS 2006

- Indicator 1: Under-five mortality rate
- Indicator 2: Infant mortality rate
- Indicator 28: Measles immunization coverage (see Child Health Section)

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.

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. Moreover, under-5 mortality was estimated to be about 20 per one thousand live births for Trinidad and Tobago as a whole in 2004.



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



MDG Goal 1: Eradicate Extreme Poverty And Hunger

Target 1.C

Halve, between 1990 and 2015, the proportion of people who suffer from hunger

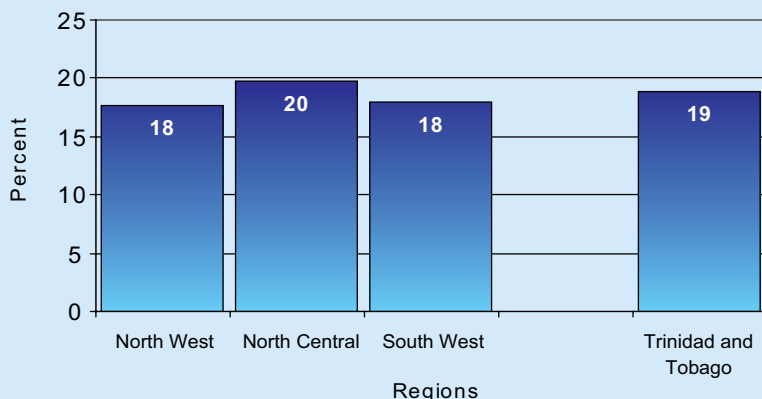
Indicators Available in MICS 2006

Indicator 9: Low Birth Weight Infants

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.

Percentage of Infants Weighing Less Than 2500 Grams at Birth, Trinidad and Tobago, 2006



Other Nutrition Indicators Available in the MICS 3:

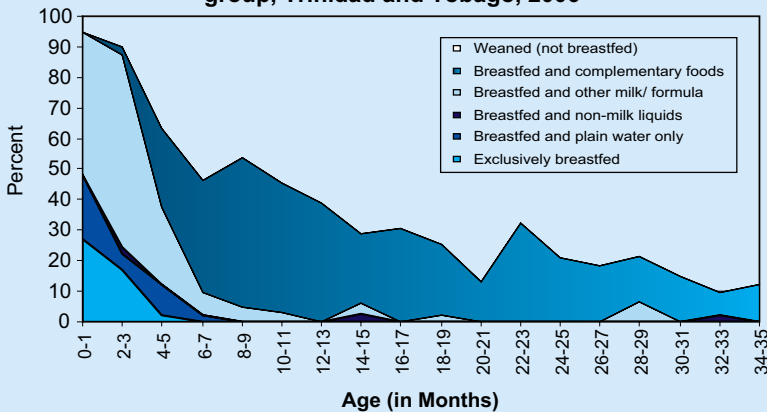
Breastfeeding

Breastfeeding for the first few years of life protects children from infection, provides an ideal source of nutrients, and is economical and safe. 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.

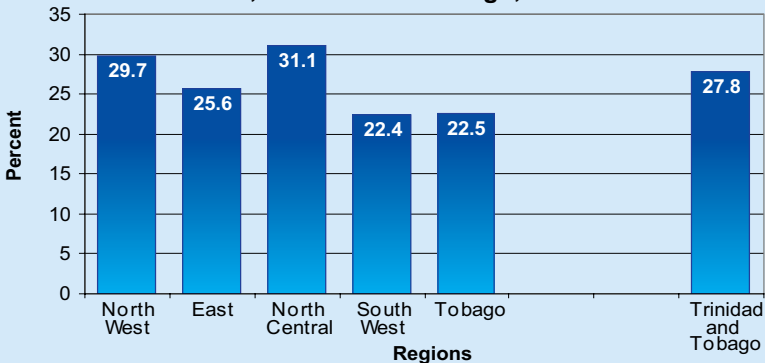
Infant feeding patterns by age: Percent distribution of children aged under 3 years by feeding pattern by age group, Trinidad and Tobago, 2006



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).

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





MDG Goal 6: Combat HIV/AIDS, malaria and other diseases

Target 6.A

Halt and begin to reverse the spread of HIV/AIDS

Target 6.C

Halt and begin to reverse the incidence of malaria and other major diseases

Indicators Available in MICS 2006

Indicator 24: Proportion of population using solid fuels

Indicator 28: Proportion of one-year old children immunized against measles

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, SO₂, and

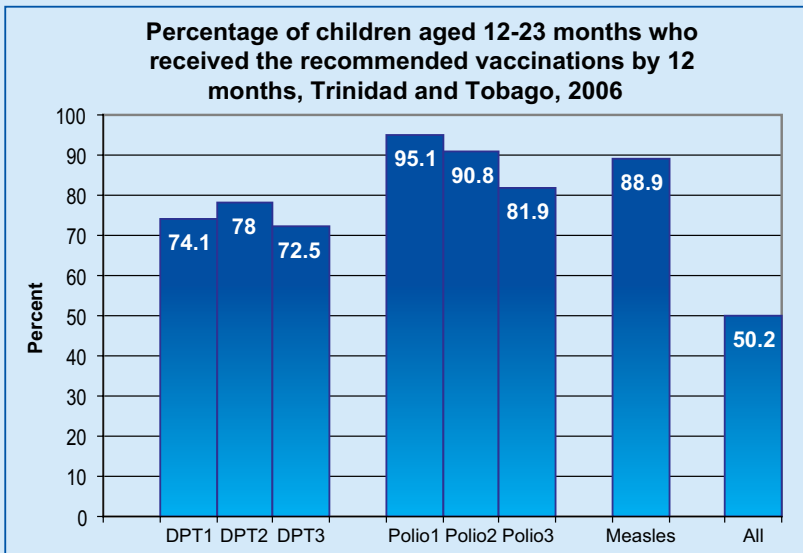
other toxic elements. Use of solid fuels increases the risks of acute respiratory illness, pneumonia, chronic obstructive lung disease, cancer, and possibly tuberculosis, low birth weight, cataracts, and asthma. The primary indicator is the proportion of the population using solid fuels as the primary source of domestic energy for cooking.

In Trinidad and Tobago, only point three percent of households used solid fuels for cooking.

Immunization

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





MDG Goal 7: Ensure Environmental Sustainability

Target 7.C

Reduce by half the proportion of people without access to safe drinking water and basic sanitation by 2015

Indicators Available in MICS 2006

Indicator 11: Proportion of population with sustainable access to an improved water source

Indicator 12: Proportion of population with access to improved sanitation

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 list of indicators used in MICS is as follows:

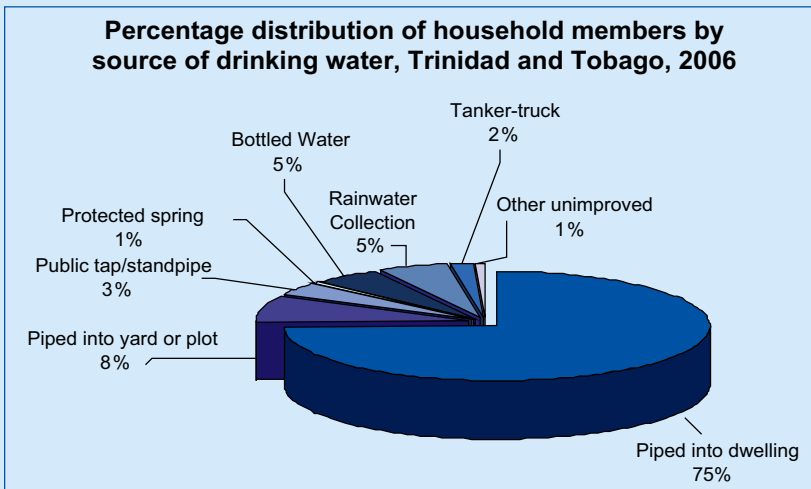
Water:

- 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 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.



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.

In Trinidad and Tobago, 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).

REPRODUCTIVE HEALTH



MDG Goal 5: Improve Maternal Health

Target 5.A

Reduce the maternal mortality ratio by three quarters by 2015

Target 5.B

Achieve universal access to reproductive health

Indicators Available in MICS 2006:

Indicator 4: Proportion of births attended by skilled health personnel

Indicator 21: Contraceptive prevalence rate (used to monitor the goal “Combat HIV/AIDS, malaria and other Diseases”)

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 the data, 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.

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.

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.

About 97.8 percent of births occurring in the two years prior to the MICS survey were delivered by skilled personnel. 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.

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."

In Trinidad and Tobago, 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. In looking at specific attributes of the children under review, the 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.

Mothers/caretakers were asked about their children's exposure to a specific set of playthings. Accordingly, that data show 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.



MDG Goal 2: Achieve Universal Primary Education

Target 2.A

Ensure that all children complete a full course of primary schooling by 2015

MDG Goal 3: Promote Gender Equality and Empower Women

Target 3.A

Eliminate gender disparity at all levels of education by 2015 and empower women

Indicators Available in MICS 2006:

Indicator 54: Net enrolment ratio in primary education

Indicator 57: Proportion of pupils starting standard 1 who reach standard 5

Indicator 60: Literacy rate of women 15-24 years old

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. In MICS, literacy was assessed on the ability of women to read a short simple statement or on school attendance. According to the survey, in Trinidad and Tobago, there is 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.

Survival Rate to Standard Five

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.

Gender Parity Index (GPI)

In Trinidad and Tobago, the 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.

Other Indicators Available in MICS 2006:

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. In the case of Trinidad and Tobago, the births of 95.8 percent of children under five years have been registered.

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. 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, it was noted 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. Altogether, more than half (55.8 percent) of the children under review were subjected to either minor or severe forms of physical discipline.

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. 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.

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.

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. The percentage of currently married/in union women aged 20-24 whose husbands/partners were 10 or more years older is 25.3 percent.

HIV/AIDS AND SEXUAL BEHAVIOUR



MDG Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Target 6.A

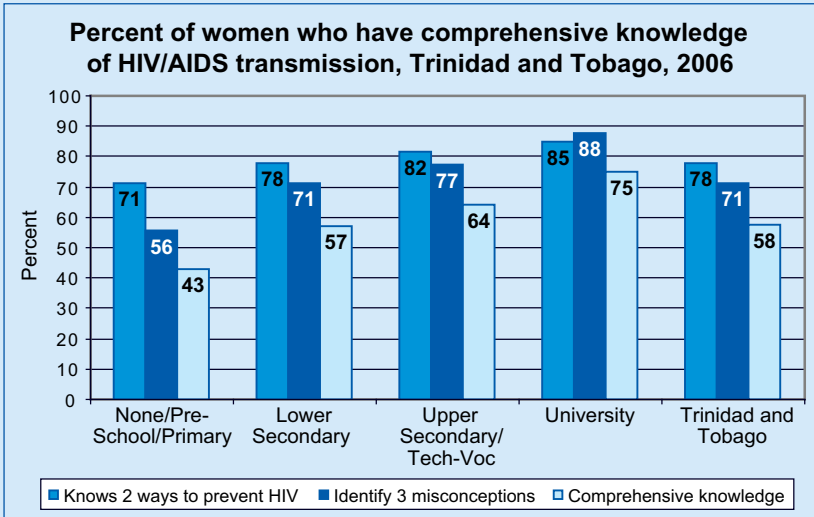
Halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases by 2015

Indicators Available in MICS 2006:

Indicator 82: Percentage of population aged 15-24 years with comprehensive knowledge on HIV/AIDS prevention and major misconceptions

Indicator 83: Condom use with non-regular partners

Knowledge of HIV Transmission



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. 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.

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.

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 immunization coverage	70	Percent
	30		Yellow fever immunization coverage	35.2	Percent

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
Tetanus toxoid	32		Neonatal tetanus protection	24.4	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
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

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
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
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

Topic	MICS Indicator Number	MDG Indicator Number	Indicator	Value	
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

A Production of:

The Ministry of Social Development

#69 Independence Square,

Port-of-Spain

Tel: (868) 623-0839/ 625-5515