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WORLD FERTILITY SURVEY



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The Trinidad and Tobago Fertility Survey 1977 A Summary of Findings

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The World Fertility Survey is an international research programme whose purpose is to assess the current state of human fertility throughout the world. This is being done principally through promoting and supporting nationally representative, internationally comparable, and scientifically designed and conducted sample surveys of fertility behaviour in as many countries as possible.

The WFS is being undertaken, with the collaboration of the United Nations, by the International Statistical Institute in co-operation with the International Union for the Scientific Study of Population. Financial support is provided principally by the United Nations Fund for Population Activities and the United States Agency for International Development. Substantial support is also provided by the UK Overseas Development Administration.

This summary is one of a series containing the salient findings of the First Country Reports of the countries participating in the WFS programme. A copy of the report itself, *Trinidad and Tobago Survey 1977* is available for reference at all WFS depository libraries, or may be obtained from the International Statistical Institute, 428 Prinses Beatrixlaan, PO Box 950, 2270 AZ Voorburg, Netherlands, on payment of US \$10 postage.

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TRINIDAD AND TOBAGO FERTILITY SURVEY 1977

A SUMMARY OF FINDINGS

1. THE SETTING

Trinidad and Tobago belong to the easterly group of Caribbean islands, and lie about 100 miles north-east of Venezuela. The island of Trinidad is about 4828 square kilometres (1864 square miles) while Tobago is 300 square kilometres (116 square miles). The population in mid-1980 was 1,067,108, according to the preliminary count of the 1980 Census, and approximately 58 per cent of the total population live in urban areas.

The country is English speaking, although the colonial history is mixed, with periods of Spanish, French, Dutch and finally English rule, from the late 18th century onwards. Political independence was achieved in 1962. Economically, the country has benefited from the favourable position of oil on the world market, and the average per capita income is now about US\$2000. Only 14 per cent of the employed population works in agriculture and related occupations.

The population is ethnically heterogeneous, as a result of the search for labour in the post-emancipation years: the two largest groups are persons of African descent (43 per cent) and of East Indian descent (40 per cent). Smaller groups make up the remainder, with the mixed groups forming the majority, 14 per cent of these. The distribution by religion is diverse, the largest groups being Catholics (36 per cent), Anglicans (18 per cent), Hindus (25 per cent) and Muslims (6 per cent).

The earliest census, conducted in 1844, showed Trinidad and Tobago to have a population of 73,000. This number increased rapidly during the 19th century, with the inflow of indentured labourers and of immigrants from neighbouring West Indian islands. The population had more than doubled by 1881, to 171,200. The rate of growth slowed down in the next four decades, as immigration declined, but the population still doubled between 1881 and 1921, reaching 365,900. In the succeeding 25 years, the rate of growth once again increased, not because of immigration, but due to natural increase: mortality declined, and fertility increased. As a result the population grew from 365,900 in 1921 to 557,970 in 1946, despite a steady, though low, rate of emigration. The rate of growth continued at a high rate of almost 3 per cent per annum during 1946-60 bringing the population to 827,950.

During 1960-70, population growth slowed down, the rate varying between 1.3 to 2.1 per cent, compared to the earlier rate of about 3 per cent. The causes of the change were a substantial decline in the crude birth rate (from 39 to 26) and a rise in loss through emigration. Since 1970 the rate of growth has been about 1 per cent per year.

Private efforts in provision of family planning clinics, beginning in the late 1950s, preceded government involvement. The government of Trinidad and Tobago recognizes the need for population control, and direct involvement was initiated in 1967, with the formation of the National Family Planning Programme. Services are now provided in a network of government clinics, and are integrated with existing maternal and child health programmes, under the Ministry of Health, while several private organizations continue to provide services.

2. THE SURVEY

The Trinidad and Tobago Fertility Survey was undertaken by the Central Statistical Office, with technical assistance from the Caribbean Regional Coordinating Office and World Fertility Survey headquarters office. Financial support was provided by the UNFPA.

The TTFS used the existing sample design of the Continuous Sample Survey of Population (CSSP). This is a two-stage sample, with stratification based on proportions of male workers in given occupations, though the occupations chosen differ among domains. The sample is weighted to allow for variation in the size of clusters of households since EDs were selected with probabilities proportional to their number of clusters. In each selected household all women aged 15-49 were interviewed, regardless of their current union status, except only that girls aged 15-19 who were attending primary or secondary school on a full-time basis were excluded.

The number of successfully interviewed households was 4583, which was 92.2 per cent of all selected households. The 7.8 per cent of selected households which were not successfully interviewed consisted mainly of non-contacts (3.3 per cent) and vacant, demolished or non-residential dwellings (4.1 per cent). At the individual interview, 4359 respondents were successfully interviewed and non-response was only 2.8 per cent. Non-response consisted of 56 refusals, 33 non-contacts, 23 cases who were incapable of responding and 15 cases due to other reasons.

Fieldwork was carried out from 26 March to 30 June 1977 by 40 interviewers and 11 supervisors. All interviewers were female, and were trained during a ten-day period.

The household questionnaire was used primarily to list all household members by age and to identify eligible women. Part of the eligibility criteria, full-time school attendance of all 15-19 years olds, was obtained in this questionnaire. In addition, the type of dwelling, ownership status, number of rooms and bedrooms, type of water supply and lighting and the possession of certain "modern" objects were also ascertained for each household.

The standard WFS individual questionnaire was modified to become a WFS Caribbean core, with some further changes and adoption of specific modules to suit the needs of Trinidad and Tobago. The Caribbean sections on the birth history, marriage history and work history differed from

the WFS equivalent sections. The birth history was modified to include both live births and non-live pregnancies in a single integrated pregnancy history. The marriage history was expanded to collect detailed data on the history of partners and union types. This new union status and partners history was placed before the knowledge and use of contraception section to avoid the necessity of asking women who had never been in a union questions on contraception. The Caribbean work history section phrased questions on work in terms of timing of the first birth, rather than the time of the first marriage. The modifications made by Trinidad and Tobago were (1) to adopt the modules on family planning services, and on abortion within the knowledge and use of contraception section; (2) to add questions on child-care facilities; (3) to modify the fertility regulation section; and (4) to add a section on income. Two versions of the questionnaire were pre-tested, with variation in union history and the fertility regulation section. Pre-testing resulted in restructuring parts of both the household and individual questionnaires.

Manual data preparation was carried out by the Central Statistical Office. Machine processing was largely done by the CSO, with assistance from the Caribbean Coordinating Office and WFS headquarters.

The rest of this document summarizes the main substantive findings, reported in the First Country Report. The Report, published in November 1991, gives preliminary findings, and it is expected that additional and more detailed analysis will be conducted soon.

3. FINDINGS

3.1 CHARACTERISTICS OF THE SAMPLE POPULATION

4359 women aged 15-19 and not in school were successfully interviewed in the TTFS, and of these 87% had never been in any union, while 3482 had been in one or more unions. Respondents who were never in any union were questioned only about their background characteristics and whether they had any pregnancies. Therefore, except for this section, the never-in-union group is excluded from the discussion of findings.

The proportions living in urban and rural areas were the same for the total sample and for ever-married women, 59 and 41 per cent respectively. The ethnic distribution of all women was 39.1 per cent African, 43.7 per cent East Indian, 15.5 per cent Mixed and 1.7 per cent Other. There were some differences for ever-in-union women, with 42 per cent being African and 39.5 per cent, East Indian. The distribution of all women by religion shows that Catholics are the largest group (35 per cent), followed by Hindus (24.5 per cent), then by Anglicans (17.4). Several small Protestant sects and Muslims (6.5 per cent) make up the remainder. Among all women interviewed, 4 per cent had no education, 63.5 per cent had some primary education and 32.5 per cent had some secondary or higher education. The distribution of ever-in-union women is very similar to all women for these characteristics.

3.2 MATING PATTERNS AND EXPOSURE TO CHILDBEARING

Three types of union have been recognized in Trinidad and Tobago, as in the rest of the English-speaking Caribbean. Thirty-eight per cent of all women aged 15-49 are in legally registered marriages, 10.9 per cent are in common law unions where the couple share the same residence but the union is not legally registered, and 13.8 per cent are in visiting unions when the couple do not live together, but have a "more or less steady partner with whom (they) have sexual relations", as subjectively defined in the questionnaire. In addition to these three types of union, two other groups of women can be identified: the single, defined as those who were previously mated, but are currently without a partner, numbering 7.2 per cent, and the never-in-union group who constitute 30.1 per cent of women aged 15-49. Union type is an important characteristic since it has historically been related to fertility.

Age at Initial Union

The age at entering the first union is quite young: about 50 per cent of all women aged 15-49 had entered the first union before age 20. Most women enter some type of union: only ten per cent had never been in a union by age 25-29 and five per cent by age 30-34. The average age at first union has been rising, however. The mean age at first union has risen from 17.7 years for women aged 45-49 to 18.6 years for 25-29 year olds. Looking at ethnic groups, however, we find that most of the increase occurred among the Indian group - a rise from 16.9 to 18.7. The comparable change for the African group was from 17.9 to 18.3 years. The ethnic differential is therefore now reversed: among women aged 45-49, Indians entered their first union on the average one year younger than Africans; among the 25-29 age group, however, Indians enter at an average age 0.4 year older than Africans.

The age at entering the first union is higher for more educated women, within each age group, but there are no clear trends within educational levels, probably because ethnicity and education interact. The mean age has risen for both urban and rural women, but much more rapidly for the rural group, so that, although the rural group started out at a lower age, 17.0 for women aged 45-49, compared to 18.0 for urban women, among young women aged 25-29 the two groups have the same mean, 18.6 years.

Union and Relationship Change

Previous research in the Caribbean showed that current union type, changes in union type over the woman's lifetime, and the number of partners are all relevant factors in analysing mating and its relationship to fertility. As the TTFS collected the respondent's full union history, these aspects of the union history can be analysed.

In the analysis a "partnership" is counted each time a woman commenced relations with a different man. A "relationship" is counted each time a woman began a relationship with a new partner and also each time she changed the type of union with a particular partner. A woman who had a visiting union with one partner, then lived with another partner whom she eventually married, therefore has three relationships, and two partners.

The mean number of partners for women whose first union began 25 or more years ago was 1.7, and the mean number of relationships was 2.3. Women were more likely to change partners during the first ten years of being in a union, however. Age at entry was an influencing factor: change was slightly greater for women who entered their first union at age 18 or less (1.7 and 2.2 for partners and relationships, respectively), compared to those who first entered above age 18 (1.4 and 1.8).

Change from Initial to Current Union Type

Thirty-three per cent of women reported that their first union was a legal marriage, and, of these, 33 per cent were still married at the time of interview. Only 7 per cent began in a common law union, and about 50 per cent of these were still in common law unions, while about one-third had married. The majority, 60 per cent of the sample, began in a visiting union, and only 30 per cent were still visiting at the time of interview; 41 per cent had married, 17 per cent were in a common law union and 12 per cent were single. This was the pattern for the whole sample, but the two ethnic groups varied significantly. Indians were much more likely to have started in either a married or common law union, and to be currently married; 56 per cent of this group did so, compared to 9 per cent of the African group. In contrast the pattern of beginning in a visiting union and being currently married was more common among African than among Indians (29 per cent versus 17 per cent), as was the pattern of beginning in any union type, but being currently visiting (32 per cent for Africans, 7 per cent for Indians). A further characteristic was increasing stability with age; for example while 37 per cent of the 15-24 age group were married, 65 per cent were married in the 45-49 group; in contrast the proportion visiting declined from 36 per cent to 7 per cent.

Percentage of Time in Unions

On the average, ever-mated women spent 92 per cent of their time since first union within unions. The per cent of time spent in unions varied very little by age, age at entry or by socio-economic characteristics. The range was often only 5 per cent, from 88 to 93 and only occasionally reached 10 per cent. Thus despite the relatively high incidence of change in partners and relationships, women spend a remarkably small proportion of time in the single state.

Variations existed according to the pattern of union change groups, ranging from almost 100 per cent for women whose first union was marriage, and who were also currently married, to about 85 per cent for the currently visiting group and to about 70 per cent for all currently single women.

Current Union Status

The distribution of all women aged 15-49 by their current union status is shown below. Quite a high proportion of women had never been in a union, mostly among women aged 15-24. Among all women aged 15-49 only 49 per cent were in stable unions, while 14 per cent were in lower exposure visiting unions and 37 per cent were not exposed to any regular sexual relationship.

Current age	Current union status					Total number of women
	Married	Common law	Visiting	Single or separated	Never in union	
15-19	4.6	3.6	10.0	2.2	79.6	1315
20-24	29.5	10.5	21.3	7.1	31.6	1012
25-29	48.0	15.1	19.4	7.6	9.9	737
30-34	60.6	15.5	12.7	6.3	4.9	630
35-39	59.6	14.8	12.6	9.6	3.4	509
40-44	63.2	15.5	6.5	12.8	2.0	413
45-49	63.2	12.0	6.8	15.8	2.2	369
15-49	38.0	10.9	13.8	7.2	30.1	4985

The distribution of the sample of women interviewed in the individual survey differs from that of the total group since girls aged 15-19 who were attending school were not interviewed. This in-school group were about half of all 15-19 year olds, and omitting them would change the total figures somewhat: among interviewed women 43 per cent were married, 13 per cent were in common law union, 16 per cent were visiting, 8 per cent were single and 20 per cent had never been in a union.

The distribution of interviewed women by current union status varied by age, with increasing proportions in stable unions at older ages, and it also varied among ethnic groups, with Africans having lower proportions married and higher proportions in the common law, visiting and single statuses. Because of interaction of ethnicity and age with other variables, proportions married were also higher in rural areas and among the less educated.

Exposure Status

In the total sample of ever-married women, 73 per cent were considered to be fecund and exposed to the "risk" of conception. Pregnancy, lack of a partner, and sterilization/infecundity each accounted for about 10 per cent of women being non-exposed. A woman was classified "infecund" if she believed that she could not have children in her current union.

The proportion exposed varied with age as follows:

	<u>15-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-49</u>
Per cent "at risk" of conception	73	78	70	59

The decline in the proportions pregnant from 15-24 to 25-34 explains the increase in exposure. At higher ages, increasing proportions single, sterilized or infecund explain the decline in the proportion exposed. The proportion exposed at older ages may be overestimated since no medical test of fecundity is used. This pattern is generally the same for socio-economic subgroups and both major ethnic groups. The Indian group has lower proportions single up to age 44, however, resulting in a higher proportion exposed.

3.3 FERTILITY

Cumulative Fertility

The measure used is the average number of live births had by particular groups of women. The First Country Report gives a detailed analysis of variations in the average number of live births experienced up to the time of the survey by women in demographic and socio-economic subgroups. Only the most important of these differentials are mentioned here.

Ever-married women in the sample had on the average 3.1 live births. The means for five-year age group are:

	Current age						
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Average live births	0.5	1.2	2.2	3.3	4.5	5.3	5.9

If the observed level of fertility is maintained, younger women will have smaller completed families than older women have had. Currently visiting and single women have lower fertility than either the currently common law or married groups, within most age groups. The common law group has higher fertility than married women, until age 44, but by age 45-49, the differential is reversed, with married women having higher fertility. Ethnicity probably affects the union status-fertility relationship, however, and this is yet to be examined.

A strong relationship between education and fertility exists; as education increases, fertility declines. The average number of live births, by age group is:

Current age	Educational level		
	Primary		Secondary or higher
	<7 years	7 years	
<25	1.5	1.1	0.7
25-34	3.7	2.7	1.8
35-44	5.7	4.3	3.0
45-49	6.8	5.0	4.1

Holding the age at the first union constant for all subgroups would reduce these differences by about 15-20 per cent only, and current union status accounts for a much smaller proportion of the differences. Thus the strong link between education and cumulative fertility cannot be attributed to the fact that better educated women tend to start regular sexual relationships later than other women. Rather their rate of childbearing within unions is lower.

The Indian group has a higher average number of births than the non-Indians. The relative differential, of 20-25 per cent, remains almost the same at all ages.

Current age	Ethnic origin	
	Non-Indian	Indian
<25	0.9	1.2
25-34	2.5	3.0
35-44	4.4	5.5
45-49	5.6	6.6

The higher fertility of the Indian origin group results from a combination of reasons, such as type of current union, age at entering the first union, level of education and area of residence.

A third substantial differential is that between urban and rural residents, with the rural group having higher fertility:

Current age	Urban	Rural
<25	1.0	1.2
25-34	2.4	3.3
35-44	4.4	5.5
45-49	5.6	6.5

This difference is caused, at least partly, by residential differences in the level of education, in the average age at entering the first union, and in ethnic distribution.

Recent Fertility

Recent fertility is measured by the average number of births in the last five years, restricting the base population to women who were continuously exposed for the five years before the survey. The average for all such women was 0.6 children, born in the five-year period before the survey. As may be expected younger women had a higher average than older: the group under 20 years of age had 1.2 children on average, 20-29 year olds had 0.8 children and those aged over 30 had 0.2 children. There was no difference among the ethnic groups - they all averaged 0.6 child per woman. Only among women aged 20-24 was there some difference: Indians averaged 1.4 and non-Indians averaged 1.1 children. Currently common law women had higher recent fertility than married or visiting women - 0.8 children compared to 0.5 and 0.4 respectively. Rural areas had a somewhat higher average than urban areas: 0.7 compared to 0.5 children. Educational differences were, on the whole, quite small, with groups averaging 0.6 or 0.7 children. Only at young ages, 20-24 did the secondary group have somewhat lower fertility, 1.1 children compared to 1.3 and 1.4 for the complete and incomplete primary-educated groups.

Age-Specific Fertility Rates

These rates were calculated for the period 1966-76, for single years, and averaged for three-year periods, in order to smooth out sampling variation. The denominators were adjusted to include never-in-union women and in addition, the 15-19 group was inflated to account for full-time school-attenders, on the basis of 1970 census proportions in school. The rates are:

Period	Age-specific fertility rates: TTFS, 1977							Total fertility rates	
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	TTFS	Vital statistics
1974-76	41	140	149	105	73	27	4	2.70	3.21*
1971-73	74	194	162	112	86	30	"4"	3.31	3.56
1968-70	81	215	222	158	109	"25"	"4"	4.07	3.51
1966-67	102	238	222	179	107	"25"	"4"	4.38	3.97

* 1974-6 only, 1976 not available

The survey rates indicate that the decline in current fertility in the last ten years or so was substantial. Even allowing for some omission of younger children, or exaggeration of their ages which could raise the rates of the most recent three-year period, the decline is still about 1.5 child in the ten-year period. The total fertility rate of 4.38 in the mid-1960s was already reduced from traditionally high levels of about 5.5 occurring in the mid-1950s. Clearly, substantial decline had occurred during the 1955-65 decade as well.

Rates from the TTFS differ from vital statistics rates, by about 0.25-0.50 child. In the 1966-71 period TTFS rates are higher than vital statistics rates by about 0.5 child, which could be explained as better coverage in the survey. In the most recent six-year period, however, TTFS rates are about 0.25-0.40 child less than vital statistics rates. This unexpected difference will be examined in the detailed data evaluation. The inclusion of births to 10-14 year olds in the vital statistics rates will account for a small part of the difference. Other possible reasons are underestimated denominators for vital statistics rates, misstatement of dates of births in the TTFS, or an incorrect assumption concerning either the fertility or the numbers of 15-19 school-attenders in the TTFS.

Child Mortality

Some data on child mortality was obtained through use of the pregnancy history, and the main findings are summarized here. For the whole sample, 6.5 per cent of live births had died: the average number of live births per ever-married woman was 3.1 and 2.9 were alive at the time of the survey. The average infant mortality rate for the six-year period before the survey was 50 per 1000 births. The rate was 58 in 1971, and declined to 38 in 1976 with an upturn to 69, in 1973, partly caused by an epidemic of gastro-enteritis.

3.4 FERTILITY PREFERENCES

The analysis of fertility preferences in the First Country Report includes only "fecund" women currently in a union; it excludes women not currently in a union and women who considered themselves to be infecund, because questions on desire for more children were not asked of these groups. Women sterilized for contraceptive purposes are included, however, as "wanting no more children", since sterilization is taken to imply this attitude.

Desire to Cease Childbearing

Forty-six per cent of all fecund women did not want another child. Older women, and women with larger families were much more likely to want no more children.

	Current age						
	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Per cent not wanting more children	11	19	34	53	69	81	85

	Number of living children					
	0	1	2	3	4	5+
Per cent not wanting more children	5	13	39	59	75	85

Even among older women, and women with four or more children, however, there is still a substantial proportion, 15-25 per cent, who either wanted more children, or were uncertain. Preference for either boys or girls has not been examined yet and will be looked at during the further analysis of the data.

The proportion of Indians who did not want more children was substantially higher than the proportion of non-Indians: 55 per cent compared to 41 per cent. Ethnicity interacted with other variables, and this resulted in more rural women wanting to stop childbearing than urban women; in more of the less educated groups wanting to stop than the better educated; and in more of the married group wanting to stop than common law or visiting.

Total Number of Children Desired

All ever-married women were asked the question "If you could choose exactly the number of children to have in your whole life, how many children would that be?" The mean for all women was 3.8 children. The mean increased with age, from 3.2 for 15-19 year olds to 4.7 for 45-49 years olds. This "ideal" family size varied little among subgroups, by union type, residence, or ethnicity. There was some variation by education, however, with the lowest educated wanting 4.2 children and the secondary group wanting 3.4 children. Only women who had five or more living children exceeded their average "ideal" family size. All other groups had fewer than their ideal number of children.

3.5 KNOWLEDGE AND USE OF CONTRACEPTION

Knowledge of Contraception

Nearly all ever-mated women knew one or more methods of contraception. Efficient methods, the pill and condom were the most widely known, by 93 per cent of women. Only in a few small subgroups, eg older rural women, did as many as 10 per cent not know any method.

Ever-Use of Contraception

Of the 3482 ever-mated women, 78 per cent had used some form of contraception. The proportion was highest for the 25-34 age group, 87 per cent, and somewhat lower for the <25 and 35-44 groups (76 per cent), and was only 57 per cent for 45-49 year olds.

The most commonly used methods were the condom, pill, withdrawal and other female scientific methods. The proportions who had used specific methods at some time in their lives, were:

Condom	48.1	Douche	9.4
Pill	46.7	IUD	7.2
Withdrawal	29.8	Abstinence	7.0
Other female scientific	21.2	Injection	4.6
Rhythm	14.5	Female sterilization	4.2

Ever-use consistently rose with higher education, and was also higher for non-Indians than Indians.

The proportion who had never used was appreciable, 22 per cent, but never-use was concentrated among low-need groups, such as the youngest and oldest age groups. About one quarter of never-users were not in a union or considered themselves infecund. More than half of never-users (= 12 per cent of whole sample) did not intend to use contraception in the future, however. This proportion was somewhat higher for older women, and for 0-1 or 5+ parity women. Again, women intending no future use are concentrated in low-need groups.

Current Use of Contraception

Fifty per cent of all women currently in a union were using contraception at the time of the survey. This figure rises to 60 per cent among the 2664 women "at risk of pregnancy" (not pregnant, in a union and who consider themselves fecund). Of these, only about 8 per cent were using "inefficient" methods such as rhythm, withdrawal and abstinence, while 52 per cent used modern or efficient methods, the pill and condom being the most popular. The percentages by methods were:

Not using	39.5	Withdrawal	3.0
Pill	21.1	Rhythm	3.0
Condom	17.5	IUD	2.6
Other female scientific	5.9	All others	2.2
Sterilization	5.2		

Current use was highest for the 25-34 age group and for women with 2-4 children:

	Current use			
	<25	25-34	35-44	45-49
Per cent of "exposed" women currently using any method	60.3	68.1	56.6	35.9

	Number of living children					
	0	1	2	3	4	5+
Per cent of "exposed" women currently using any method	52	52	69	65	70	59

Current use was higher for the better educated, especially at lower parities and younger ages. The Indian and non-Indian groups had the same proportion using, 60 per cent, and only for women with no living children did non-Indians have higher current use. This means that non-Indians had higher proportions who had stopped using (22 versus 13 per cent), since their proportion of never-users was lower than that of Indians (18 versus 27 per cent)

Contraceptive and Fertility Preferences

Section 3.5 of the First Country Report analyses current contraceptive use in relation to whether respondents want more children, restricting the analysis to women who were "exposed" to the risk of conception, but including sterilized women as "exposed", wanting no more children and using an efficient method of contraception. About 27 per cent of the 2664 "exposed" women both wanted no more children and were currently

using efficient contraception. This proportion increased sharply with parity, however, from 16 per cent for women with less than four children, to 48 per cent for women with six or more children. Some rationality in behaviour was evident since the "Want No More Children" group was more likely to be using contraception, and to choose efficient methods than the "Want More" or "Undecided" groups. About 60 per cent of the "Want No More" group were using efficient contraception, compared to about 50 per cent of the "Want More" group. This difference was much larger at older ages, rising to 30 per cent. Interestingly, women who were undecided whether they wanted another child tended to have high rates of use closer to the "Want No More" groups than to the "Want More" group.

At the same time, about 34 per cent of women who said they wanted no more children were still not using any form of contraception, and this proportion was slightly higher for women with five or more children. This proportion varied little among socio-economic subgroups, but as many as 44 per cent among women aged 35-44, and 64 per cent for the 45-49 age group were not using contraception, although they wanted no more children and consider themselves fecund. This failure to enforce expressed goals is reflected in the fact that about 20 per cent of the 2940 currently in union "fecund" women had more than their ideal number of children. This proportion was 35 per cent for the 35-39 age group, and about 50 per cent for women over age 40.

Breastfeeding Practices

Breastfeeding can increase the length of post-partum amenorrhoea and in this way indirectly influence fertility. This will only come into effect, however, if women breastfeed for periods longer than the usual amenorrhoeic period of about three months.

The average length of breastfeeding in the last closed birth interval, confining the base population to women whose child survived 24 months and who had intervals of 32 or more months in length, was only seven months. Older women breastfed for longer periods than younger women, and the average varied slightly among other subgroups as well. The effect on fertility will probably not be very strong, especially if contraception is used within the breastfeeding period.

3.6 CONCLUDING REMARKS

Discussion of the data demonstrated that change has occurred in Trinidad and Tobago in most aspects of fertility behaviour, during the 15 years or so prior to the 1977 survey. In general the trend is towards declining fertility, and survey data on contraceptive use and on attitudes towards having children confirms the trend. Declining fertility implies that the demographic transition is under way in the country. The end point of the transition, as experienced by developing countries, is a low, though fluctuating rate of population growth. In the case of Trinidad and Tobago, however, this end point has not been reached as yet, because of the very low level of mortality, and because of the still moderately high level of fertility. The average family size was about 2.5 to 3 children in the mid-1970s, having declined from close to 6 children in the 1950s. Further declines are needed, however, to approach the level of zero natural growth.

The most important findings of the survey are:

1. From the older to the younger age groups small rises in the age at first entering unions occurred, but these are too small to explain the fertility decline.
2. Women are now having fewer births in the first five years of being in a union: those who first entered unions 20 or more years ago had 1.8 children compared to 1.2 children for those who entered 5-9 years ago.
3. The proportion of women who have very large families (six or more children) is declining. This means that the size of the average completed family would also be declining.
4. There are substantial differentials among subgroups of the population in level of fertility, generally suggesting that the effect of urban residence, higher education and labour force participation is to reduce fertility.
5. Annual fertility rates for five-year age groups of women also show the decline in fertility over the decade prior to the survey.
6. 46 per cent of women who were currently in a union and able to have a child did not want another child.
7. On the average women who were currently in a union and able to have a child wanted about one additional child.
8. The ideal number of children women would like to have was 3.8 children, decreasing from 4.7 children for the oldest age group to 3.2 children for the under-20 group.
9. Increasingly women are not breastfeeding at all or for shorter periods.
10. There was widespread awareness of efficient methods of contraception, with 95 per cent of women knowing one or more efficient methods.
11. 78 per cent of all women have used some method at some time during their life.
12. 60 per cent of "exposed" women (not pregnant, currently in a union and able to have a child) were currently using contraception, and most of these were using efficient methods (the pill, condom, IUD, sterilization, being the most important). Eighteen per cent of this group had never used any method and 22 per cent had stopped using.
13. More importantly, about 34 per cent of women who wanted no more children were not using any form of contraception.

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