

TRINIDAD AND
TOBAGO
DEMOGRAPHIC
AND
HEALTH SURVEY
(TTDHS)
1987

PRELIMINARY
REPORT

THE FAMILY PLANNING ASSOCIATION
OF TRINIDAD AND TOBAGO
(FPATT)

DEMOGRAPHIC AND HEALTH SURVEYS
INSTITUTE FOR RESOURCE DEVELOPMENT-DHS
IRD/WESTINGHOUSE



The Demographic and Health Surveys Program (DHS) is assisting government and private agencies with the implementation of 35 surveys (1984-1989) in developing countries. Funded primarily by the U.S. Agency for International Development, DHS is a program within the Institute for Resource Development, Westinghouse (IRD), with assistance from The Population Council. Project objectives are: (1) to provide decision-makers in the survey countries with a database and analyses useful for informed policy choices; (2) to expand the international population and health database; (3) to advance survey methodologies; (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

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Errata Sheet

- (1) P.i - FPATT also wishes to thank the Pan American Health Organization for assistance in survey activities.
- (2) P.13 - The overall response rate is the product of the household response rate and the individual response rate.
- (3) In tables 5, 8 and 10, the educational status of 1 respondent was not ascertained.
- (4) P.22 - The total number of births is 1,923.

PREFACE

This preliminary report contains provisional results of the Trinidad and Tobago Demographic and Health Survey (TTDHS), conducted between May and September 1987. The report summarizes the survey results which are of greatest interest to policymakers and administrators of health and family planning programmes in the country. The First Country Report, scheduled for mid-1988, will present a more comprehensive analysis of the results with any changes that may be necessary.

The Family Planning Association of Trinidad and Tobago (FPATT) wishes to acknowledge the valuable contributions of all parties with whom it has been associated in organizing and conducting the survey. Among these are: the Institute for Resource Development (IRD), a subsidiary of Westinghouse Electric Corporation, which was responsible for organizing the survey and co-ordinating the activities on an international basis; The United States Agency for International Development (USAID) which was responsible for funding; The Institute for Social and Economic Research (ISER) of the University of the West Indies (UWI); The United Nations Economic Commission for Latin America and the Caribbean (ECLAC); The Ministry of Health; and the Central Statistical Office (CSO), which, apart from providing technical assistance and personnel, also provided office accommodation.

Finally, and most importantly, we must thank those members of households who were selected for interviewing and who gave generously of their time.

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I. BACKGROUND

A. Participating Agencies/Organisations

The Trinidad and Tobago Demographic and Health Survey (TTDHS) was executed by the Family Planning Association (FPATT), and funded by the U.S. Agency for International Development (USAID). Technical assistance was provided by IRD/Westinghouse. At the national level, professional and technical assistance and co-operation were contributed by a National Steering Committee comprised of representatives of the Ministry of Health (which is part of the National Family Planning Programme); The Institute for Social and Economic Research (ISER); The Central Statistical Office (CSO); The Ministry of Finance and the Economy; and The United Nations Economic Commission for Latin America and the Caribbean (ECLAC).

The involvement of other agencies was to ensure wide participation of potential users of the data, and to make use of national resources and capabilities for executing such a project. The expertise gained through the 1977 World Fertility Survey (WFS) by way of project management, field operations, survey methodology, training, and analytical skills was tapped at all phases of the project--from proposal development to data analysis.

The Association was fortunate to have an experienced Survey Director assigned from CSO to co-ordinate the technical aspects of the survey.

B. Objectives of the Project

The long term objectives of the project are to support the institutionalization of in-country capabilities to undertake demographic and health surveys that meet the technical standards of the international scientific community, and to advance knowledge about survey methodology.

The short term goals are to study the demographic and health characteristics of women in the reproductive years, and those of their young children. It is hoped that this can lead to a better understanding of factors related to population growth and the health of children. Ultimately, the survey will provide decisionmakers with data and analysis useful for making informed policy choices.

II. ORGANISATION OF THE SURVEY

A. Training and Recruitment

The DHS Model "A" questionnaire in English was adapted for use in Trinidad and Tobago, and pretested during February, 1987. Pretest interviewers were trained for two weeks by FPATT and CSO staff, and the IRD Country Monitor. The questionnaire was further modified based on results of the pretest. Female interviewers were trained for the main survey for four weeks during April and May 1987. Training consisted of two weeks of classroom lectures, discussions, and mock interviews, followed by a written exam. Trainees then worked in teams conducting practice interviews.

Supervisors and field editors received training in their respective duties. The former group received instructions in reading the maps and household listings provided by the CSO for each area selected for interviews. The latter were trained to scrutinize questionnaires for accuracy, completeness and consistency. In addition, both groups were trained to weigh and measure young children by IRD's anthropometrist. The precision and accuracy of the measurements were assessed during standardization tests administered at the conclusion of the anthropometric training and again mid-way through data collection. The former test was administered by IRD's anthropometrist, the latter by a nutritionist from the Ministry of Health.

Based on examination results and performance on practice interviews, the field staff were selected.

B. Sample Design

The sample selected for the Trinidad and Tobago Demographic and Health Survey (TTDHS) is a sub-sample of the Continuous Sample Survey of Population (CSSP), which is administered quarterly by the CSO. The country is sub-divided into 1,638 enumeration districts (EDs). Results from the 1980 census indicated that some EDs were too large (more than 300 households) and some others too small (less than 30 households) to be suitable as primary sampling units (PSUs) for the DHS sample. Therefore, the largest units were further sub-divided, while the smallest units were combined with contiguous ones.

The CSSP design is a two-stage sample. At the first stage, PSUs are selected systematically, with probability proportional to size (size = number of clusters of households in the PSU). All households in selected EDs are then listed. Finally, for the second stage, households are systematically selected. The CSSP design provides a master sample with an overall sampling fraction of one in forty (1/40). From this grand sample, 9 sub-samples are created each with an overall sampling fraction of one in three hundred sixty (1/360). Each survey round includes 3 out of the 9 sub-samples, with an overall sampling fraction of one in one hundred twenty (1/120).

The DHS sample of households was selected from the CSSP sample for the January-March quarter of 1987. The main objectives of the DHS sample were:

- (1) a self-weighting sample of households;
- (2) a sample take in each selected ED of about 25 eligible women aged 15-49; and,
- (3) a total of 4,000 completed interviews with women aged 15-49.

In order to achieve this sample size while allowing for 10 percent non-response at the household level, as well as another 10 percent at the individual level, 5,000 households were targeted for selection. In fact, the second stage of the sampling produced 4,799 households, which resulted in 3,801 completed individual interviews.

C. Questionnaire Design

The TTDHS questionnaire consisted of two parts, a Household Schedule and an Individual Questionnaire. The Schedule required the interviewer to list all members of the household, and all visitors who spent the previous night in that house, along with the name, sex, and age of each. The purpose of the Household Schedule was to provide denominators for certain vital rates such as the crude birth rate, and to identify all women who were eligible for the individual interview. Eligible women were defined as those aged 15-49 who spent the night prior to the household interview in the selected household. Data from the Household Schedule can also be used to evaluate the quality of the sample implementation.

The Individual Questionnaire collected information on the following:

- (1) Respondent's background
- (2) Reproduction
- (3) Contraception
- (4) Health of young children
- (5) Marriage
- (6) Fertility preferences
- (7) Husband's background
- (8) Length and weight of children aged 3-36 months.

D. Fieldwork

Thirty-three female field personnel, including 1 fieldwork co-ordinator, 5 supervisors, 4 field editors and 23 interviewers commenced data collection May 14. To ensure proper supervision of interviewers, field personnel were divided into 5 teams, 4 for Trinidad and 1 for Tobago. Teams consisted of 1 supervisor, 1 field editor/anthropometric measurer, and 4 or 5 interviewers. Interviewing in Tobago was completed by July 31, and the team was then transferred to Trinidad to continue interviewing. Fieldwork ended September 21, 1987.

E. Problems

Fieldwork required nearly six weeks longer than scheduled. The two main problems were inaccurate maps and lack of adequate transport. Maps were, in many cases, outdated, and more time was spent locating the selected households than was anticipated. Secondly, lack of adequate transport made it difficult for interviewers to reach their assigned areas.

One result of the transport difficulties was that supervision of teams was at times compromised. Supervisors generally used their own vehicles to transport their team members, and subsequently had less time available for supervision. While interviewers were required to review each questionnaire carefully before proceeding to the next interview, and field editors were required to check each questionnaire for completeness, legibility and internal consistency, the supervisor had the ultimate responsibility for the team's work. Since field editors were also responsible for weighing and measuring children, the time available for editing was reduced. Editing was often done at home during the evenings, precluding sending interviewers back to households when errors were detected. Moreover, the need to make callback visits to weigh and measure children necessitated keeping team members together on weekends which further slowed fieldwork.

F. Data Processing

The decision to use microcomputers and to reduce manual office editing to a minimum enabled the survey results to be available shortly after the completion of fieldwork. This represents a major improvement over mainframe processing which, in the past, resulted in data not being available for a year or more after the completion of fieldwork.

The data processing staff consisted of 1 chief editor, 3 data entry clerks and 1 control clerk who logged in questionnaires when they reached the office. Data entry, cleaning, and tabulation were performed using the Integrated System Survey Analysis (ISSA) programme, a package for microcomputers developed by IRD. ISSA performed range, skip, and consistency checks upon data entry so that relatively little machine or manual editing was required. The Chief Editor was responsible for supervising data entry, and for resolving inconsistencies in questionnaires detected during secondary machine editing.

G. Response Rates

A summary of the outcome of the fieldwork is given in Table 1. The table indicates that 4,122 households were successfully interviewed, out of the 4,799 selected for the sample. The household response rate was 94 percent. This represents households for which the interview was successfully completed, out of the 4,371 households for which an interview could have been conducted (including nonresponse due to the absence of a competent respondent, refusal, or the interviewer not finding the selected household).

Among the 677 selected households which were not interviewed, 604 were missed because of contact difficulties: addresses not found, houses vacant, or those in which the occupants were not at home during repeated visits. Fewer than one percent of households refused to be interviewed.

The household questionnaires identified 4,196 women eligible for the individual questionnaire. This figure represents a yield of one eligible woman per household, which was the average expected. Questionnaires were successfully completed for 3,801 women. The response rate at the individual interview level was 91 percent, which represents the proportion of interviews successfully completed out of the total number of women identified by the household schedule.

Contact was not made with 208 eligible women either because the respondent was not at home during any of three visits by the interviewer, or was temporarily away from the household. Sixty-five cases were missed due to "Other" reasons, and 83 women refused to be interviewed.

III. RESULTS

A. Fertility

The level of fertility experienced by respondents over the course of their reproductive lives is moderately high. Women aged 45-49 have given birth to an average of 4.9 children (see Table 2). This represents a decline of about one child per woman in the last decade. Women who had completed their childbearing a decade ago had 5.8 children, according to the 1977 World Fertility Survey (WFS) (Central Statistical Office, 1981).

Whereas the number of children ever born represents the level of fertility experienced by women over the course of all their reproductive years, the total fertility rate, or TFR, is the rate at which women are reproducing in a current period. Survey results indicate that, for the five years preceding the TTDHS, the TFR was 3.1. Age-specific fertility rates for this period indicate that women 20-24 have the highest fertility, with 181 children per thousand women, followed by women 25-29, and 30-34. Adolescent fertility is fairly low--84 births per thousand women aged 15-19.

Comparing the TFR (3.1) with the completed fertility of women 45-49 (4.9) suggests a decline in fertility in recent years. A further indication of this decline is seen in a comparison of TFRs for the TTDHS and the WFS. The average TFR for the 1972-1976 period measured by the WFS was 3.4, a slightly higher level than that measured by the DHS survey (Hunte, 1983). More extensive comparisons between the DHS and WFS surveys will require further study.

Table 2 also shows that child mortality is quite low. The difference between the mean number of children ever born (2.1) and those surviving at the time of the TTDHS interview (2.0) is 0.1 child per woman, which represents 4.8 percent of all children born to respondents. The proportion alive among children ever born is lowest among the oldest women in the survey--93.6 percent, and highest among women under 35 years of age (96.4 to 96.8 percent). Since most births to the oldest women occurred 10-20 years ago, the higher mortality of their children probably reflects both more years of exposure to the risk of dying, and higher levels of mortality during each year of life.

B. Reproductive Intentions

The reproductive intentions of women currently in union are presented in Table 3. Forty-five percent of women in union want no more children at all, while 19 percent would like to delay the next birth for at least two years. Only 16 percent want to have a child within two years. These intentions are consistent with the generally low fertility of women in Trinidad and Tobago.

Fertility desires vary considerably with age. While only 17 percent of the youngest women want no more children, nearly two-thirds of women over 40 want no more. That no more than 20 percent of women in any age group want to have a child in the next two years indicates very modest fertility desires.

C. Knowledge and Use of Contraceptives

Contraception has no doubt played a significant role in enabling couples to limit their fertility. Information on knowledge and use of contraceptives is of particular importance to the Family Planning Association in assessing its activities.

Table 4 presents information on knowledge of contraceptives and sources, and ever and current use of specific methods, for all women and for those currently in union. Knowledge of contraception is nearly universal. Among women who are currently in a union, 99 percent know of at least one modern method, compared with 97 percent for all women in the sample. At least 90 percent of women in union know about the pill, IUD, condom, or female sterilization. Other modern methods, male sterilization in particular, are less widely known. Knowledge among all women is only slightly lower than that among women in union, indicating that single women, too, are quite likely to be aware of specific methods of contraception.

Nearly all women who have heard of a method know of at least one source where it can be obtained. Knowledge of sources among all women, again, is only slightly lower than that among women in union.

Ever use of contraception is quite high. Nearly 80 percent of women currently in union have ever used a modern method. The pill and condom, respectively, have been used by 56 and 49 percent of respondents in union, followed by withdrawal (30 percent) and vaginal methods (23 percent).

D. Current Use

Current use of contraception, also shown in Table 4, is considerably lower than ever use. Among women in union, 53 percent report current use of a method. There has been little change in current use in the last decade. According to the WFS survey, 52 percent of currently married women were currently using any method in 1977, including 46 percent using "efficient" (modern) methods (Sathar and Chidambaram, 1984). The pill, the most common method of birth control, is currently used by 14 percent of women in union. The condom is the next most frequently used method (12 percent), followed by female sterilization and traditional methods, which are each used by 8 percent of couples. Use of other methods is 5 percent or lower. This indicates a heavy reliance on temporary supply methods of contraception.

Table 5 presents data on contraceptive use of women currently in union according to the respondent's age, area, and education. Current use is highest among women in the intermediate age groups: between 53 and 57

percent of women between 20 and 44 are using some method, while only 43 and 36 percent of women 15-19 and 45-49, respectively, are using methods. While the pill is the most widely used method among women under 35, older women are most likely to use female sterilization.

The level of contraceptive use exhibits notable variation in different areas of the country. Use is highest (58-61 percent) in Caroni, Nariva/Mayaro, and in the combined San Fernando, Pt. Fortin, and Arima boroughs. By contrast, only about 45 percent of respondents in Tobago, St. Andrew/St. David, and St. Patrick report current use. The method mix varies slightly by region, as well. Tobagonians report relatively high use of female sterilization (13 percent) and little use of the condom (2 percent) when compared with respondents nationwide. Note, however, that sample sizes in some regions are quite small, so modest differences should be viewed with caution.

As expected, the survey showed that educated women are more likely to use contraception. Only 41 percent of women with less than complete primary education report current use, compared with 74 percent of those with university education. While female sterilization is the most common method among the least educated women, the pill is the most common method among all other education groups. The condom is the second most widely used method at all education levels.

Table 6 presents data on sources of contraceptive methods among current users. The government's outlets (hospitals and health centres) and pharmacies are the leading suppliers, serving 38 and 37 percent of current users, respectively. FPATT serves 15 percent of users while private doctors, hospicais, and nursing homes provide methods to about 9 percent of current users. Pills, vaginal methods, and condoms are supplied by pharmacies most often, and by government outlets second. IUD insertions and female sterilizations are most commonly performed at government outlets, followed by FPATT.

E. Unmet Need

Table 7 presents data which permit an assessment of the unmet need for contraception among women in Trinidad and Tobago. Nearly one-third of the DHS sample is comprised of women who are currently in union and not using contraception. Non-use of contraception is highest among women who want to become pregnant soon (72 percent) or are undecided about their reproductive intentions (59 percent). As expected, women wanting no more children are more likely to use contraception than those wishing to postpone the next birth. That 38 percent of "limiters" and 42 percent of "spacers" are not using contraception indicates that a significant population may be in need of contraception to meet its reproductive intentions.

Analysis in terms of background characteristics makes possible the identification of population subgroups that are least likely to use contraception to limit fertility in accordance with fertility desires. Older women, and those with the least education are less likely to use contra-

ception than younger and more educated women. Differences in proportions using contraception are particularly striking by education. For example, while 54 percent of respondents with less than full primary education who want no more children are not using a method, fewer than 20 percent of women in the highest two education categories are non-users.

F. Diarrhoea in Children

DHS collected considerable data on the health of children born in the five years before the survey. Mothers report that only 6 percent of these children had diarrhoea in the two weeks preceding the survey interview (see Table 8). Findings indicate slightly more cases of diarrhoea among children of mothers under age 30, among those living in the combined San Fernando, Pt. Fortin, and Arima boroughs, and among those with better-educated mothers than the national average. Nationwide, 41 percent of children with a recent episode of diarrhoea received oral rehydration therapy (ORT) to prevent dehydration. The small number of cases of diarrhoea warrants interpreting data in Table 8 with caution.

G. Immunization

TTDHS interviewers recorded dates of polio, DPT, yellow fever, and measles immunizations for children under five years whose mothers were able to produce their health cards. If the respondent was unable to produce the card, or if the child had no card, mothers were asked to report which immunizations their children had received. Since the reliability of the data reported by the mothers is unknown, only recorded immunizations are reported here. With the exception of the first panel, data presented in Table 9 exclude children under one year of age since some injections are scheduled to be given late in the first year of life.

Health cards were seen for 75 percent of children aged 1-4 years. In addition, approximately 20 percent of children had cards that the mothers were unable to produce (no table). While there is little variation in presentation of health cards by the mother's age, there is some variation according to the child's age and the mother's place of residence and education. Health cards were most often seen for children aged 12-35 months (79 percent) and for those whose mothers live in Nariva/Mayaro, Victoria, and the combined San Fernando, Arima, and Pt. Fortin boroughs, (81 percent) and least often seen in Tobago (66 percent).

Children are required to have a basic series of three immunizations against polio, diphtheria, pertussis, and tetanus (DPT) prior to school entry. Children 12-59 months were more likely to have received the required DPT and polio series (87 percent for each) than the yellow fever and measles vaccines (given to only 72 and 44 percent of children with cards, respectively).

Analysis of immunization rates according to the age of the child reveals that children 12-23 months, who should have received vaccinations during

the first year of life, are less likely to have received each vaccination than older children. At this stage, it is not possible to ascertain whether children are receiving vaccinations during the second year of life, or whether there is a downward trend in immunization coverage. Either possibility, however, warrants further investigation.

There is little variation in vaccination coverage according to the mother's age and education. Regional differences exist, however, particularly for the non-compulsory vaccines. For example, measles coverage ranges from 23 percent of children whose mothers live in Victoria to 78 percent in Tobago. In fact, children of Tobagonian respondents have the highest vaccination rates for all recorded shots. However, since Tobagonian children are the least likely to have cards, and since the number of cases in many regions is quite small, the data should be interpreted with caution.

H. Prenatal Care and Delivery Assistance

Prenatal care and delivery assistance by either doctors, trained nurses, or midwives are nearly universal in Trinidad and Tobago. For 96 and 98 percent of their births, respectively, mothers received prenatal care and delivery assistance from such professionals (see Table 10). While doctors provided the pre-delivery care for the majority of births, trained nurses and midwives were more likely to assist with the deliveries (no table).

Prenatal care and delivery assistance vary little by background characteristic of the mother. Respondents living in Port of Spain were least likely to receive care before or during birth, but the difference is slight. As expected, educated women are more likely than their less educated counterparts to receive such care.

IV. SUMMARY

Preliminary results of the Trinidad and Tobago Demographic and Health Survey show that:

- The completed family size of women 45-49 has declined by about one child in the last decade, to an average of 4.9 children per woman.
- If women today experienced the current age-specific fertility rates typical of the last five years for their entire reproductive lifetimes, they would give birth to an average of 3.1 children each.
- Forty-five percent of the women currently in union say that they want no more children, while another 20 percent want to delay the next birth for at least two years.
- Knowledge of modern methods of contraception is nearly universal. While 99 percent of women in union know a method, 83 percent have used a method at some time.
- Current use of contraception appears to have leveled off among women in union in the decade since the WFS survey. Fifty-three percent of women in union are currently using a method, compared to 52 percent in 1977.
- The pill, the condom, and female sterilization are the three most widely used methods of contraception among couples in Trinidad and Tobago. Women under 35 favor the pill while those 35 and over are more likely to rely on female sterilization.
- Only 6 percent of the children under five years of age had diarrhoea in the two weeks prior to the survey interview. ORT was provided in 41 percent of these cases.
- Among the 75 percent of children aged 12-59 months for whom health cards were seen, 87 percent have been fully immunized against DPT and polio. Seventy-two percent received a yellow fever vaccine, and only 44 percent a measles vaccine.
- Mothers received prenatal care from a doctor, trained nurse, or midwife for over 96 percent of their births in the last five years, while nearly all births were delivered by such professionals.

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Table 1. Outcome of Fieldwork, Trinidad and Tobago, 1987

Enumeration Districts	178		
<u>HOUSEHOLD QUESTIONNAIRES</u>		<u>INDIVIDUAL QUESTIONNAIRES</u>	
Households selected	4,799	Eligible Respondents	4,196
Completed Household Schedules	4,122	Completed Interviews	3,801
<u>Non-response Due To:</u>		<u>Non-response Due To:</u>	
Household present but no competent respondent at home	86	Not at home	208
Interview postponed	6	Postponed	14
Refusal	43	Refusal	83
Household not found	114	Partly completed	25
		Other	65
TOTAL	249	TOTAL	395
<u>Other:</u>			
Household absent night before interview	190		
Dwelling vacant	191		
Dwelling destroyed	23		
Other	24		
TOTAL	428		
Household Response Rate	94.3%	Individual Response Rate	90.6%
Overall Response Rate*	85.4%		

* The product of the household response rate and the overall response rate

Table 2. Mean Number of Children Ever Born, Surviving, and Proportion Surviving, by Age of Woman, and Age-Specific Fertility Rates for Five Years Preceding the Survey, Trinidad and Tobago, 1987

Age Group of Woman	Mean Number of Children		Proportion Surviving	Age-Specific Fertility Rate*	Number of Women
	Ever Born	Surviving			
15-19	0.1	0.1	96.8	84	681
20-24	0.9	0.9	96.4	181	745
25-29	1.9	1.8	96.6	163	745
30-34	2.7	2.6	96.8	114	543
35-39	3.2	3.1	94.3	67	441
40-44	3.9	3.6	94.0	17	367
45-49	4.9	4.6	93.6	2	279
TOTAL	2.1	2.0	95.2	3.14**	3,801

* Per 1,000 women

** Total Fertility Rate (TFR)

Table 3. Percent Distribution of Women in Union by Age of Woman, According to Reproductive Intentions, Trinidad and Tobago, 1987

Reproductive Intentions	Age Group of Woman							All Ages
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Limit Births*	16.7	29.6	39.9	47.6	53.5	64.7	63.2	45.3
Space Births**	63.8	41.1	25.6	13.2	2.6	0.3	0.0	19.4
Have Child Soon***	13.0	18.7	20.4	19.4	15.7	8.1	4.7	16.0
Undecided#	4.3	10.0	10.4	9.4	10.8	6.1	6.0	9.0
Sterilized	0.0	3.2	3.0	9.2	15.4	17.8	18.0	8.4
Missing##	2.2	0.4	0.6	1.3	2.1	2.9	8.1	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of Women	138	450	624	469	389	309	234	2,613

Note: Totals may not add up to 100 percent due to rounding and missing cases.

Note: "In Union" includes women in legal, common law, and visiting relationships.

* Have no more children

** Delay the next birth for longer than two years

*** Have a child within the next two years

Includes women who are undecided whether to have another child, and those who want another child but are unsure as to when

Includes 39 women who responded that they could not get pregnant, and 12 cases with missing information

Table 4. Among all Women and Women in Union, the Percentage Knowing about Contraceptive Methods and Sources, and the Percentage Ever and Currently Using a Contraceptive Method, by Method, Trinidad and Tobago, 1987

Method	% Knowing A Method		% Knowing a Source		% Ever Using		% Currently Using	
	All Women	Women In Union	All Women	Women In Union	All Women	Women In Union	All Women	Women In Union
Any Method	97.3	99.0	96.1	98.5	62.9	83.1	37.4	52.7
Any Modern Method*	97.1	98.9	96.0	98.5	59.6	79.2	31.5	44.5
Pill	92.8	96.4	90.3	95.1	42.1	56.4	9.9	14.0
IUD	81.2	89.6	75.1	84.7	9.2	12.4	3.2	4.4
Injection	70.3	79.4	65.6	75.0	6.3	8.7	0.6	0.8
Vaginal methods**	73.9	80.5	70.0	78.0	16.6	22.6	3.5	5.0
Condom	92.6	96.0	89.5	94.3	36.6	49.2	8.2	11.8
Female sterilization	89.2	93.0	86.3	90.5	6.0	8.3	6.0	8.2
Male sterilization	58.5	60.7	52.6	54.9	0.3	0.4	0.1	0.2
Any Traditional Method***	79.5	84.6	--	--	28.5	37.3	5.9	8.3
Periodic abstinence	46.3	48.0	42.4	44.4	8.8	11.6	1.8	2.6
Withdrawal	69.7	77.0	--	--	22.7	29.9	3.8	5.3
Other methods	39.0	42.8	--	--	4.6	6.0	0.3	0.4
Number of Women	3,801	2,613	3,801	2,613	3,801	2,613	3,801	2,613

* Includes pill, IUD, injection, vaginal methods, condom, male and female sterilization

** Includes diaphragm, foam, jelly, creme, and foaming tablets

*** Includes periodic abstinence, withdrawal and other (generally folk) methods

Table 5. Percentage of Women in Union Currently Using Any, and Specific Contraceptive Methods, by Selected Background Characteristics, Trinidad and Tobago, 1987

Background Characteristic	Currently Using													Number of Women
	Any Method	Pill	IUD	Injection	Vaginal Methods	Condom	Female Sterilization	Male Sterilization	Periodic Abstinence	Withdrawal	Other Methods	Not Using	Total	
<u>Age Group</u>														
15-19	42.8	18.1	1.4	0.0	2.9	8.0	0.0	0.0	1.4	10.9	0.0	57.2	100.0	138
20-24	55.3	22.9	3.8	2.2	4.4	11.6	0.2	0.0	2.0	8.0	0.2	44.7	100.0	450
25-29	53.8	19.7	4.5	0.5	6.1	14.6	2.9	0.2	1.6	3.4	0.5	46.2	100.0	624
30-34	57.1	13.6	6.6	0.9	4.7	12.6	9.0	0.2	2.8	6.4	0.4	42.9	100.0	469
35-39	55.8	10.3	4.1	1.0	6.4	11.1	14.9	0.5	3.1	3.9	0.5	44.2	100.0	389
40-44	53.1	2.9	5.2	0.0	4.5	12.6	17.5	0.3	3.6	5.8	0.6	46.9	100.0	309
45-49	36.3	0.9	2.6	0.0	3.0	6.0	17.9	0.0	4.3	1.3	0.4	63.7	100.0	234
<u>Area</u>														
Port of Spain	47.1	11.6	2.5	0.8	5.0	7.4	9.1	0.0	5.8	3.3	1.7	52.9	100.0	121
Boroughs*	58.2	17.6	4.9	0.5	5.5	12.1	6.0	0.0	3.8	7.1	0.5	41.8	100.0	182
St. George	54.0	16.2	5.8	0.6	5.7	10.3	8.0	0.5	3.3	3.6	0.2	46.0	100.0	866
Caroni	60.6	17.5	5.5	1.1	4.6	13.1	9.3	0.0	1.5	7.3	0.7	39.4	100.0	452
Nariva/Mayaro	58.6	5.2	3.4	1.7	6.9	22.4	8.6	0.0	3.4	6.9	0.0	41.4	100.0	58
St. Andrew/St. David	45.3	10.4	3.8	0.9	1.9	16.0	7.5	0.0	2.8	1.9	0.0	54.7	100.0	106
Victoria	48.4	8.6	3.1	1.0	4.3	14.6	7.4	0.0	1.2	7.8	0.2	51.6	100.0	486
St. Patrick	45.7	11.5	1.3	0.9	5.6	11.5	8.1	0.4	2.1	3.8	0.4	54.3	100.0	234
Tobago	45.4	16.7	4.6	0.0	3.7	1.9	13.0	0.0	0.9	3.7	0.9	54.6	100.0	108
<u>Education</u>														
< Full primary	41.0	5.2	2.8	0.0	3.2	12.0	13.9	0.0	0.0	4.0	0.0	59.0	100.0	251
Completed primary	50.5	12.6	4.0	0.9	4.7	10.8	9.7	0.2	1.3	5.7	0.5	49.5	100.0	1,170
Secondary I**	54.5	16.7	5.2	1.0	5.1	12.1	5.0	0.2	3.0	5.7	0.5	45.5	100.0	935
Secondary II***	66.2	19.3	4.4	1.0	6.8	14.5	8.7	0.0	9.2	2.4	0.0	33.8	100.0	207
University	73.5	18.4	8.2	0.0	10.2	16.3	2.0	2.0	10.2	6.1	0.0	26.5	100.0	49
Total	52.7	14.0	4.4	0.8	5.0	11.8	8.2	0.2	2.6	5.3	0.4	47.3	100.0	2,613

* San Fernando, Pt. Fortin and Arima boroughs combined

** Some or full secondary education, but fewer than five "O" Level exams passed

*** Some or full secondary education, with five "O" Level exam passes, or at least one "A" level pass

Table 6. Percent Distribution of Current Users of Modern Methods, by Method, According to Source of Method, Trinidad and Tobago, 1987

Source	Pill	IUD	Injection	Vaginal Methods	Condom	Female Sterilization	Male Sterilization	All Modern Methods
Govt Hosp/Health Centre	30.6	43.8	*	34.6	28.8	67.1	*	38.3
FPA Clinic	6.9	32.2	*	15.8	11.5	19.3	*	14.5
Private Sources**	8.5	23.1	*	0.8	1.0	11.8	*	8.7
Pharmacy	53.2	0.0	*	48.1	56.6	0.0	*	36.8
Other/Not Stated/ Don't Know	0.8	0.8	*	0.8	2.2	1.8	*	1.6
Total	100.0	100.0	*	100.0	100.0	100.0	*	100.0
Number of Women	376	121	(21)	133	313	228	(5)	1,197

* Indicates a distribution based on fewer than 25 cases
 ** Includes private doctors, hospitals and nursing homes

Table 7. Among Women in Union with Various Reproductive Intentions, the Percentage Not Using Contraception by Selected Background Characteristics, Trinidad and Tobago, 1987

Background Characteristic	Percent Not Using Contraception Among Women who Want to:			
	Limit Births**	Space Births***	Have Child Soon#	Undecided##
<u>Age</u>				
< 30	42.1	39.7	66.4	50.0
30 +	36.9	52.1	79.3	67.2
<u>Area</u>				
Port of Spain	47.0	44.8	70.6	*
Boroughs###	28.9	33.3	75.6	*
St. George	38.0	38.5	66.9	50.5
Caroni	33.1	36.3	64.5	56.0
Nariva/Mayaro	21.9	*	*	*
St. Andrew/St. David	46.4	*	*	93.3
Victoria	44.0	47.6	75.0	59.0
St. Patrick	43.8	51.3	*	66.7
Tobago	36.2	55.9	*	*
<u>Education</u>				
< Full primary	53.6	*	*	*
Completed primary	38.4	46.2	84.2	60.0
Secondary I	37.3	40.2	63.9	57.5
Secondary II	18.5	31.9	64.0	*
University	*	*	*	*
Total	38.5	41.5	72.2	58.7
Number of Women	1,404	506	417	235

* Figure based on fewer than 25 cases

** Have no more children at all; category includes 220 women who are sterilized or are partners of sterilized men

*** Delay the next birth for longer than two years

Have a child within the next two years

Includes women who are undecided whether to have another child, and those who want another child but are unsure as to when

San Fernando, Pt. Fortin and Arima boroughs combined

Table 8. Among Children Under 5, the Percentage Having had an Episode of Diarrhoea 2 Weeks and 24 Hours Prior to the Survey; Among Children who have had Diarrhoea, the Percentage who Received Oral Rehydration Therapy (ORT) by the Mother's Background Characteristics, Trinidad and Tobago, 1987

Background Characteristic	Among Children Under 5 Years, Percent			Number of Children
	With Diarrhoea in the Last 2 Weeks**	With Diarrhoea in the Last 24 Hours	Receiving ORT for Last Episode of Diarrhea	
Mother's Age				
< 30	7.2	2.9	42.0	1,219
30 +	4.0	0.6	36.0	628
Mother's Area				
Port of Spain Boroughs***	6.2	1.0	*	97
St. George	11.5	1.6	*	122
Caroni	5.4	1.6	45.2	570
Nariva/Mayaro	4.7	2.5	*	317
St. Andrew/St. David	5.7	0.0	*	35
Victoria	1.0	0.0	*	103
St. Patrick	8.3	2.6	41.4	349
Tobago	6.8	4.5	*	177
	3.9	2.6	*	77
Mother's Education				
< Full primary	4.6	0.8	*	131
Completed primary	6.2	1.8	41.2	820
Secondary I	5.5	1.7	36.6	745
Secondary II	9.3	6.8	*	118
University	12.5	6.2	*	32
Total	6.1	2.1	40.7	1,847

Note: Data are as reported by the child's mother.

* Figure based on fewer than 25 cases

** Includes percentage with diarrhoea in the last 24 hours

*** San Fernando, Pt. Fortin and Arima boroughs combined

Table 9. Percentage of Children 12-59 Months Having Health Cards; Among Children with Cards, the Percentage Completely Immunized Against DPT, Polio, Yellow Fever and Measles, by the Mother's Background Characteristics, Trinidad and Tobago, 1987

Background Characteristic	Percent with Health Card Seen	Among Children with Health Cards, Percent Immunized Against:				Number of Children With a Health Card
		DPT**,***	Polio***	Yellow Fever	Measles	
<u>Age Group of Child</u>						
0-11 Months	60.8	43.6	45.5	0.5	0.5	202
12-23 Months	79.5	80.8	80.8	53.3	38.1	302
24-35 Months	78.8	89.9	89.3	77.5	53.7	298
36-47 Months	73.2	87.5	87.5	76.5	47.8	289
48-59 Months	68.9	90.5	90.1	83.6	35.9	262
<u>Mother's Age</u>						
< 30	76.6	87.3	86.9	74.7	45.0	756
30 +	72.3	86.6	86.6	67.6	42.3	397
<u>Mother's Area</u>						
Port of Spain	70.7	84.5	84.5	56.9	41.4	58
Boroughs#	80.6	89.2	91.6	69.9	41.0	83
St. George	72.3	84.8	84.5	68.2	56.5	336
Caroni	74.9	89.0	89.5	71.5	41.0	200
Nariva/Mayaro	81.5	*	*	*	*	(22)
St. Andrew/St. David	74.7	81.5	81.5	78.5	55.4	65
Victoria	80.9	86.9	86.5	73.4	23.2	237
St. Patrick	74.1	89.9	87.2	83.5	39.4	109
Tobago	66.1	97.6	97.6	87.8	78.0	41
<u>Mother's Education</u>						
< Full primary	68.7	84.8	84.8	69.6	43.0	79
Completed primary	74.9	86.5	85.6	73.6	42.1	527
Secondary I	78.0	87.2	87.4	73.4	45.7	462
Secondary II	71.4	90.0	91.4	62.9	45.7	70
University	*	*	*	*	*	(13)
Total	75.1	87.1	86.8	72.3	44.0	1,151

Note: The first panel includes children 0-11 months.

* Figure based on fewer than 25 cases

** Diphtheria, pertussis, tetanus

*** Includes only those children with full series of three injections

San Fernando, Pt. Fortin and Arima boroughs combined

Table 10. For all Births in the 5 Years Preceding the Survey, the Percentage for which the Mother Received Prenatal Care and Delivery Assistance from a Doctor or Trained Nurse/Midwife, by the Mother's Background Characteristics, Trinidad and Tobago, 1987

Background Characteristic	Percent of Births for which the Mother Received:		
	Prenatal Care From a Doctor or Trained Nurse/Midwife	Delivery Assistance From Doctor/Trained Nurse/Midwife	Number of Births
<u>Mother's Age</u>			
< 30	96.3	98.0	1,263
30 +	96.1	97.3	660
<u>Mother's Area</u>			
Port of Spain Boroughs*	90.5	95.2	105
St. George	97.7	100.0	129
Caroni	95.9	98.5	591
Nariva/Mayaro	98.2	99.1	325
St. Andrew/St. David	100.0	100.0	36
Victoria	96.2	96.2	106
St. Patrick	95.7	96.0	371
Tobago	96.6	97.8	179
	95.1	96.3	81
<u>Mother's Education</u>			
< Full primary	94.8	95.5	134
Completed primary	95.7	97.7	853
Secondary I	96.5	97.9	777
Secondary II	98.4	99.2	125
University	100.0	100.0	33
Total	96.2	97.8	1,922

* San Fernando, Pt. Fortin and Arima boroughs combined

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