

Trinidad and Tobago



Demographic and Health Survey 1987

SUMMARY REPORT



TRINIDAD AND TOBAGO DEMOGRAPHIC AND HEALTH SURVEY 1987

SUMMARY REPORT

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IRD/TREVOR CROFT



This report summarizes the findings of the 1987 Trinidad and Tobago Demographic and Health Survey (TTDHS), implemented by the Family Planning Association of Trinidad and Tobago (FPATT). The TTDHS is part of the worldwide Demographic and Health Surveys (DHS) program, which is designed to collect data on fertility, family planning, and maternal and child health. Additional information on the TTDHS can be obtained from: Family Planning Association of Trinidad and Tobago, 143 Henry Street, Port-of-Spain, Trinidad. Additional information about the DHS Program can be obtained by writing to: DHS, Institute for Resource Development, 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, U.S.A. (Telex 87775).

Executive Summary

The Trinidad and Tobago Demographic and Health Survey (TTDHS) was designed to provide program planners, policymakers, and researchers with information about fertility, family planning, and child health. The survey was conducted between May and September 1987 by the Family Planning Association, with the cooperation of numerous governmental and private organizations. A total of 3,806 women age 15 to 49, who lived in systematically selected households, were interviewed.

Results from the TTDHS showed that:

- Fertility has declined slightly in the past decade;
- The level of contraceptive use has not increased in the past decade;
- Health concerns and lack of a partner are the main reasons women give for not using contraception or for discontinuing use;
- Many women not using contraception do not wish to become pregnant soon;
- On average, women want to have about three children; the average desired family size is slightly less than the current level of fertility;
- Over 40 percent of births in the year before the survey were either unwanted or mistimed;
- Infant and child mortality have been cut almost in half in the past decade, to levels which approach those in developed countries;
- Many children in target age groups are not fully immunized against preventable childhood diseases.

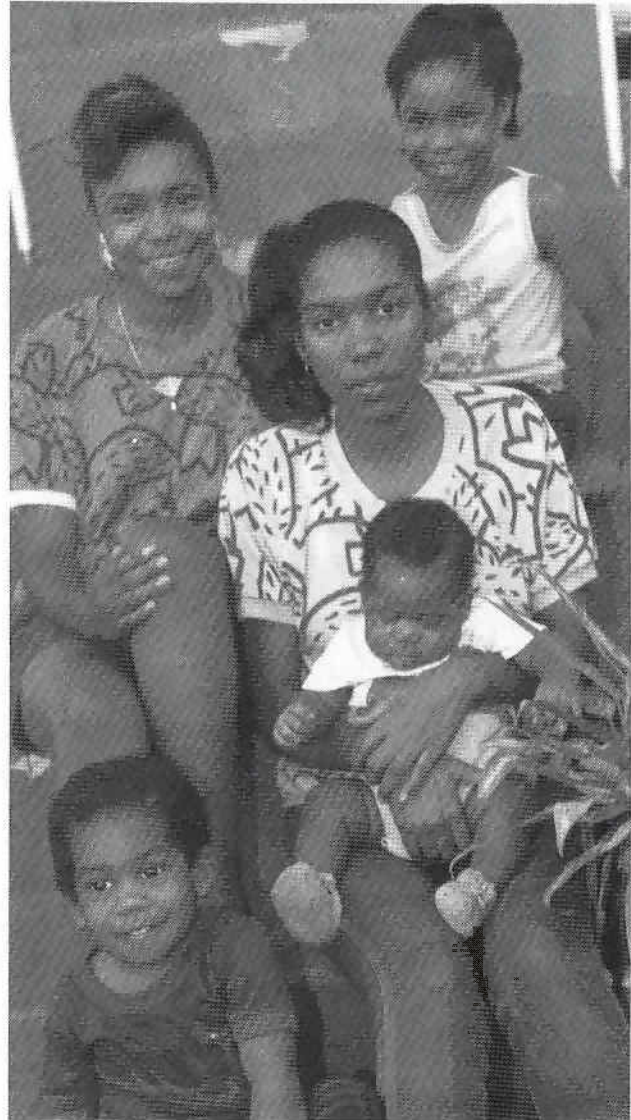


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Background

The Trinidad and Tobago Demographic and Health Survey (TTDHS) was designed to provide governmental and private organizations with detailed information about fertility, family planning, and child health for use in program planning and evaluation. The TTDHS includes data comparable to that collected in the 1977 Trinidad and Tobago Fertility Survey (TTFS).

The population of Trinidad and Tobago, estimated at 1.2 million in mid-1986, is increasing at a rate of 1.5 percent per year. It is projected to reach 1.6 million by the year 2000. The growth is caused by an excess of births over deaths due to the decline in the crude death rate between 1920 and 1970. Many gains have been made in health and the quality of life; however, population increase, in conjunction with the economic downturn resulting from the collapse of oil prices in the 1980s, may limit future gains.



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Fertility

Fertility declined slightly in the decade between the two surveys. In the five years before the TTDHS, women were having children at a rate which would give them an average of 3.1 children during their lifetime, compared with a rate of 3.4 in the five years before the 1977 TTFS. Although the recent decline appears modest, it represents a significant decline from earlier years. Women currently age 40-49—who have largely completed their childbearing—have an average of 4.3 children.

Fertility declined slightly between 1977 and 1987, from 3.4 children per woman to 3.1.

At present, the better educated a woman is, the lower her fertility is likely to be. GCE certification, rather than the number of years of education, seems to be associated with lower fertility. Women with primary education give birth to about 3.5 children each, and women with some secondary education (but fewer than 5 “O” level exams) have about 3.2. This contrasts with women who have at least 5 “O” levels, or either “A” level or university education, who, if current trends prevail, will have only 2.3 children during their reproductive years.

Figure 1
Total Fertility Rate, Various Years and Data Sources

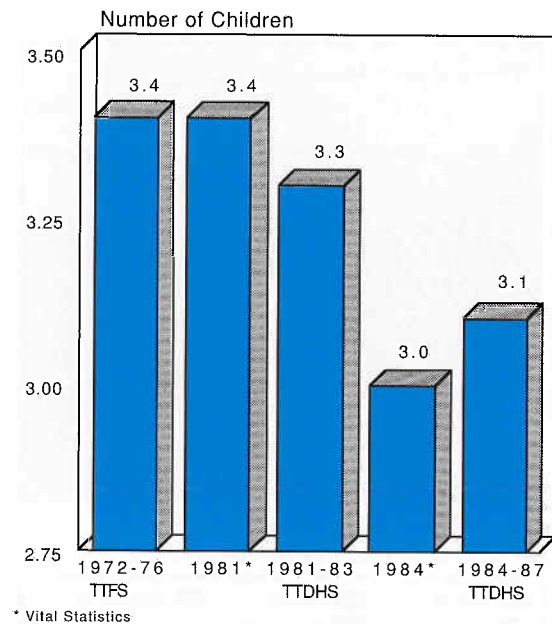


Figure 2
Total Fertility Rate 0-4 Years before Survey, and Children Ever Born to Women 40-49

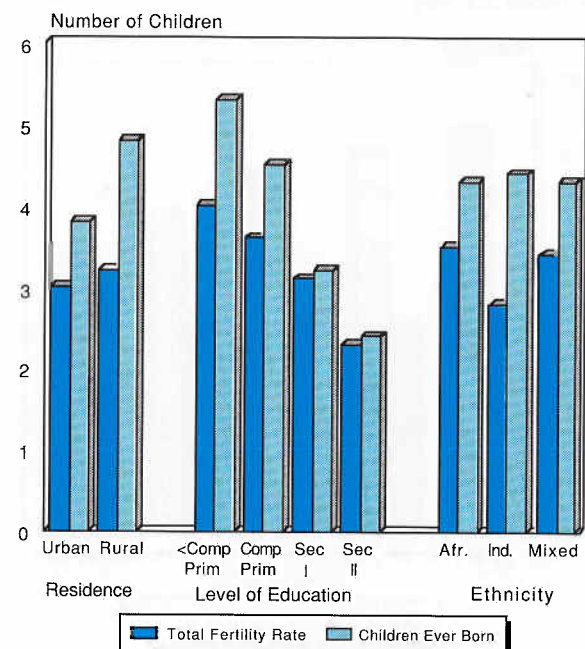


Figure 3
Union Status by Current Age
 (All Women 15–49)

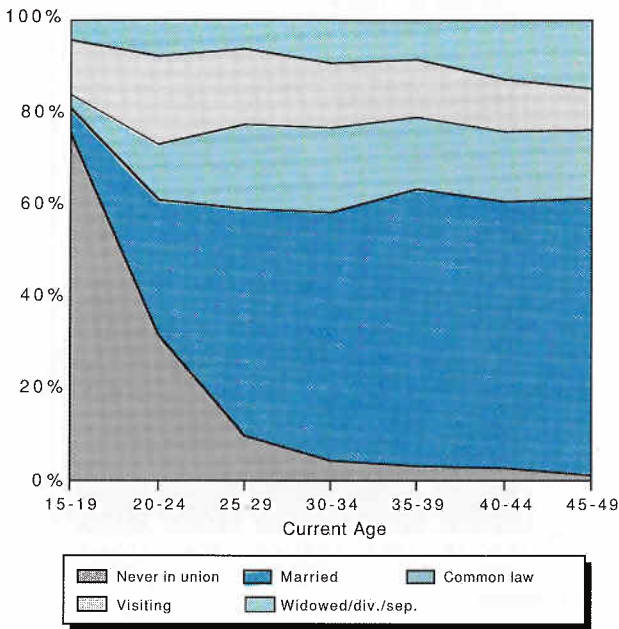
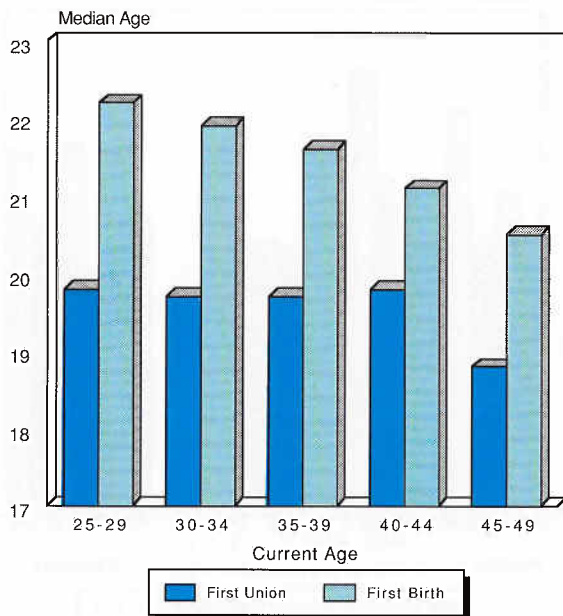


Figure 4
Median Age at First Union and at First Birth
 (Women 25–49)



Demographic Factors

The survey findings highlight three demographic factors influencing fertility in Trinidad and Tobago: union patterns, the age at which a woman first bears a child, and breastfeeding and sexual abstinence following delivery.

Union Patterns

Half of women enter a marital union (including formal marriage, consensual union, or visiting relationships) before they reach age 20, a figure that has remained constant for more than two decades. The median age at first union for educated women is 24, nearly 6 years older than women with less than completed primary education. Women of East Indian descent enter their first union about one year later than women of African descent. Women who enter unions at an early age tend to bear children earlier and to have more children than women who marry later. For example, women whose first union was at age 15–17 have had an average of 3.1 children, one child more than women whose first union was at age 22–24. This relationship holds true even when the number of years since the first union is held constant.

While the median age at first birth is 22 years, 30 percent of women bear their first child in the teen years.

Age at First Birth

Early childbearing not only contributes to high fertility but also is associated with various social, economic, and health problems. While the median age at first birth is 22 years, 30 percent of women bear

their first child during the teen years. Women living in rural areas and those with less education bear children earlier than women in urban areas and those with some secondary education.

Breastfeeding and Postpartum Infecundity

The TTDHS found that 89 percent of recent births were breastfed and that women continued the practice for an average of 10 months. Breastfeeding, if practiced consistently, protects the mother from pregnancy by delaying the return of ovulation and thus, menstruation (postpartum amenorrhoea). In Trinidad and Tobago, postpartum amenorrhoea lasts an average of only 3.5 months. Supplemental feeding practices are believed to be the main reason for the apparently small effect of breastfeeding on duration of postpartum amenorrhoea. Since couples resume sexual intercourse an average of 2.6 months after delivery, breastfeeding provides little additional protection against pregnancy. In order to achieve the recommended birth interval of at least two years, most women will need to practice contraception soon after delivery.

Fertility Desires

The average desired family size among women is 2.9 children which is slightly less than the 3.1 children they are having now. However, younger women, and those with more education want fewer children than average, suggesting that in the future, desired family size will decrease.

On average, women want to have about three children.

Figure 5
Mean Duration of Breastfeeding, Amenorrhoea, and Postpartum Abstinence by Education

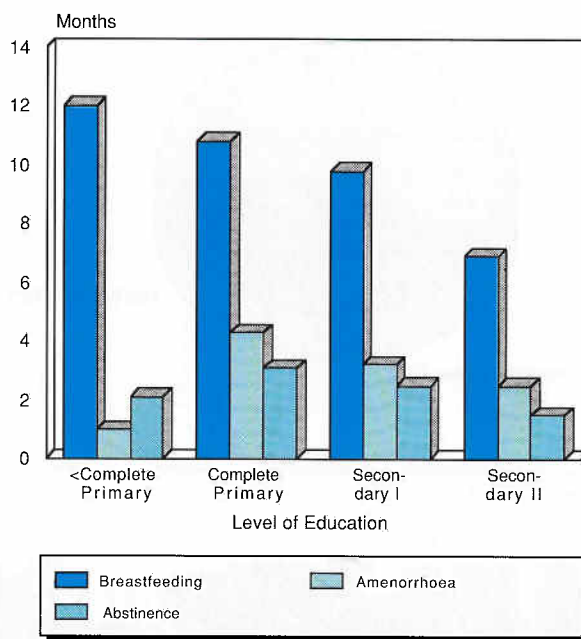


Figure 6
Fertility Preferences
 (Women in Union 15-49)

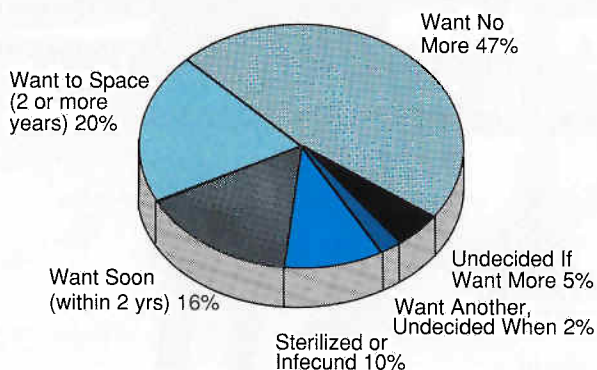
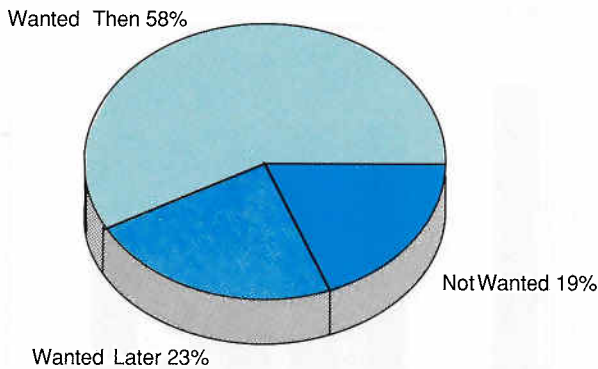


Figure 7
Planning Status of All Births in the Past Year



Most women want no more children than they have presently. Among women in union, 47 percent want no more children and an additional 8 percent have been sterilized. Among women who want more children, most want to postpone the next birth for at least two years. Altogether, three-quarters of women want to prevent or postpone another birth.

Over 40 percent of births in the year before the survey were either unwanted or mistimed.

Many births in Trinidad and Tobago result from unwanted or mistimed pregnancies. Sixteen percent of all births occurring in the five years prior to the survey were unwanted, and an additional 20 percent were wanted, but at a later time. Almost half of these births occurred to women who were not using contraception when they became pregnant. In the year before the survey over 40 percent of births were either unwanted or mistimed. Preventing unwanted and mistimed births would help women to achieve their fertility desires and reduce the level of fertility nationwide.



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Family Planning

Contraceptive Use

More than 80 percent of women currently in union have used a method of contraception at some time, and 53 percent are currently using a method. The pill is the most common method, used by 14 percent of women in union, followed by the condom (12 percent), female sterilization (8 percent), vaginal methods (5 percent), and withdrawal (5 percent). Use of contraception varies greatly by education. While 68 percent of the most educated women are currently using a method, only 41 percent of women with less than a complete primary education report current use. The survey shows that Roman Catholic women are just as likely to use contraception as women of other religions.

There has been no change in the level of contraceptive use in the past decade.

One of the survey's most important findings is that there has been no change in the overall level of contraceptive use since the 1977 Fertility Survey. Women 25-34 are slightly less likely, and women 40-49 slightly more likely to use a contraceptive method today than was the case in 1977. That women in their peak reproductive years are less likely to be using a method suggests that the impact of contraception on fertility may have decreased.

Figure 8
Knowledge and Use of Family Planning
 (Women in Union 15-49)

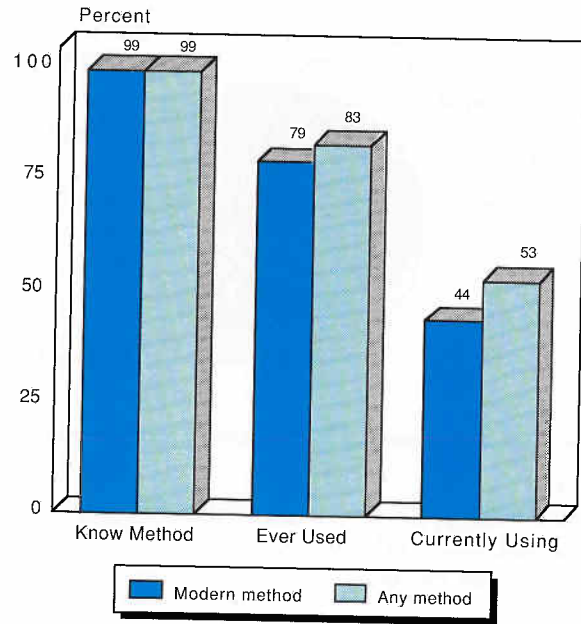


Figure 9
Current Use of Family Planning by Age,
TTDHS and TTFS
 (Women in Union 15-49)

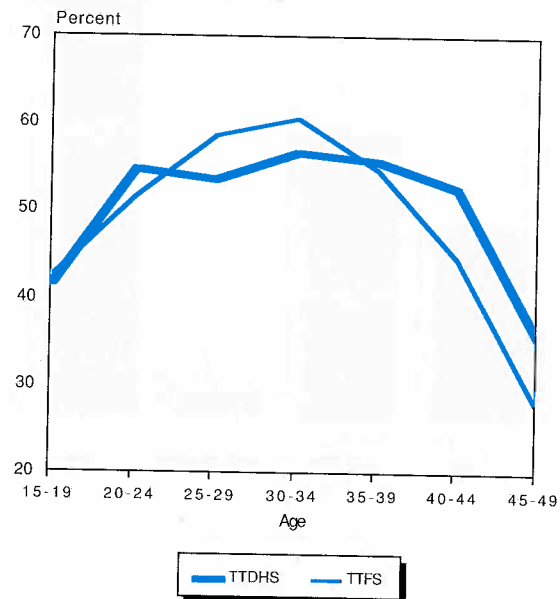


Figure 10
Current Use of Family Planning
 (Women in Union 15–49)

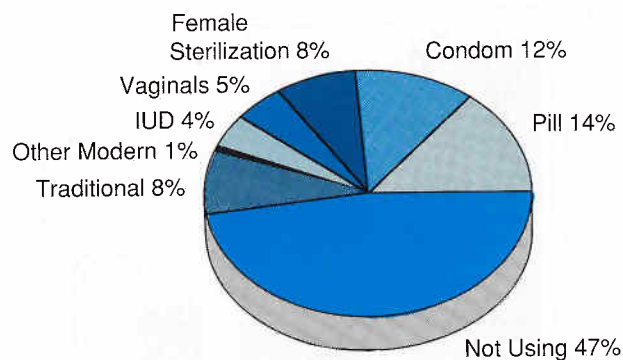
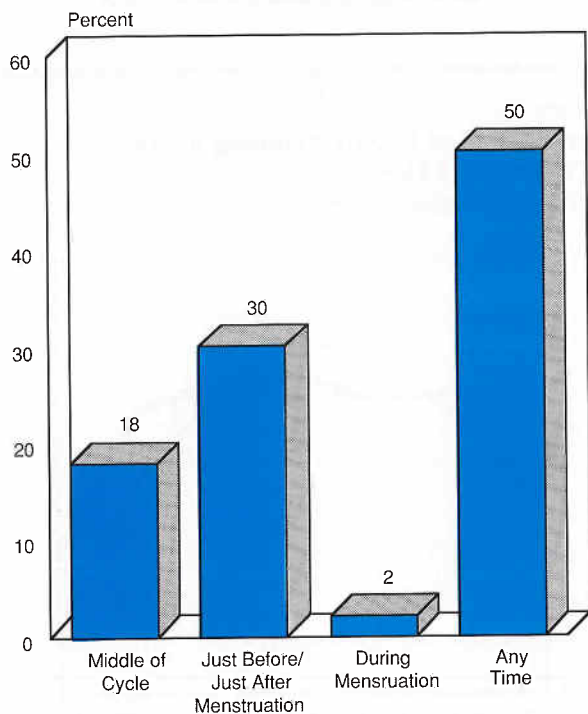


Figure 11
Knowledge of the Fertile Period in the Reproductive Cycle
 (All Women 15–49)



Factors Affecting Contraceptive Use

Contraceptive Knowledge

Virtually all women in Trinidad and Tobago know of at least one modern method of contraception. At least 90 percent of women in union know about the pill, condom, IUD, and female sterilization. The only methods known by fewer than three-quarters of these women are the safe period and male sterilization. Women below age 25, and those not currently in union are less likely than others to know about contraception.

Knowledge of the female reproductive cycle—which is useful for the successful practice of contraception—is surprisingly low. Only 18 percent of women correctly identified the middle of the cycle as the fertile period.

Contraception is widely available in Trinidad and Tobago, and more than 90 percent of women who have heard of a specific method of contraception know where to obtain the method if they want to use it.

Health Concerns

Most women who know specific methods of contraception think there are no major problems with using them. There are important exceptions: 57 percent of women who have heard of the pill mentioned health concerns connected with it. Health concerns were cited in connection with the IUD, injection, and female sterilization.

One-third of women in the sample have discontinued using a method of contraception at least once in the five years before the survey, about one-quarter of whom stopped because of health concerns about the method. Health concerns were most commonly mentioned by women discontinuing the pill, IUD, and

injection. In addition, 23 percent discontinued because they wanted to become pregnant, while 19 percent experienced method ineffectiveness or failure. Among women who have had intercourse and do not wish to become pregnant in the near future, the leading reasons given for not using contraception are lack of a partner and health concerns about methods. These findings suggest a need to advise clients on proper method use, and to emphasize the range of available methods.

Health concerns and lack of a partner are the main reasons women give for not using contraception.

Mass Media

Over 90 percent of women in Trinidad and Tobago live in households with radios and televisions, and more than two-thirds listen to the radio or watch TV daily. Just over half of respondents had heard a message about family planning on the radio or television or seen a message in a newspaper or poster in the month preceding the survey.

Discussions with Partner

Discussion of contraception between partners may lead to increased use of methods in general, and improved effectiveness of certain methods. Among women in union who know a method, fewer than half have discussed family planning with a partner in the year before the survey. Younger women, and those with secondary education are more likely to have discussed the subject than older, less educated women.

Figure 12
Reasons for Not Using Contraception
(Sexually Active Women Who Do Not Want to Become Pregnant)

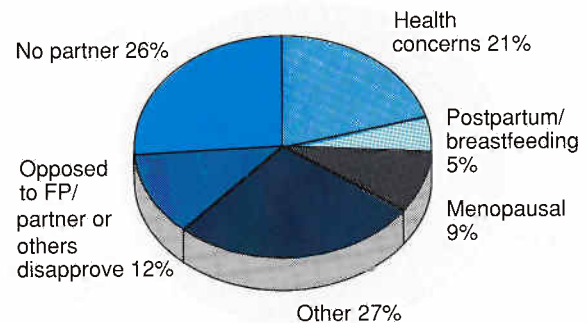


Figure 13
Discussion of Family Planning with Partner in the Past Year by Residence and Education
(Women in Union Who Know a Method)

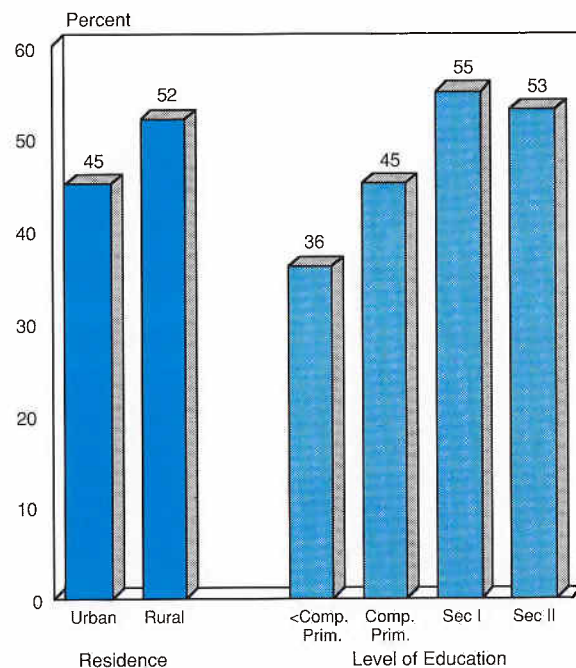
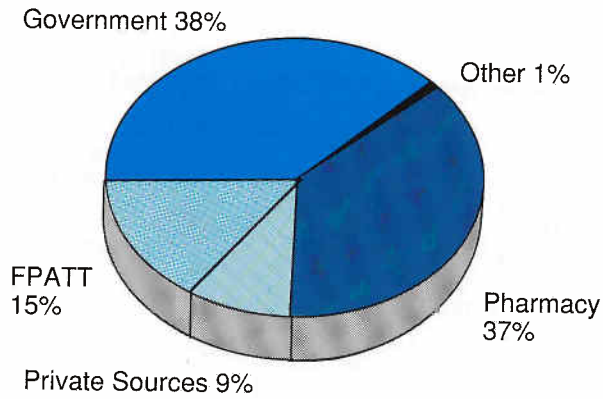
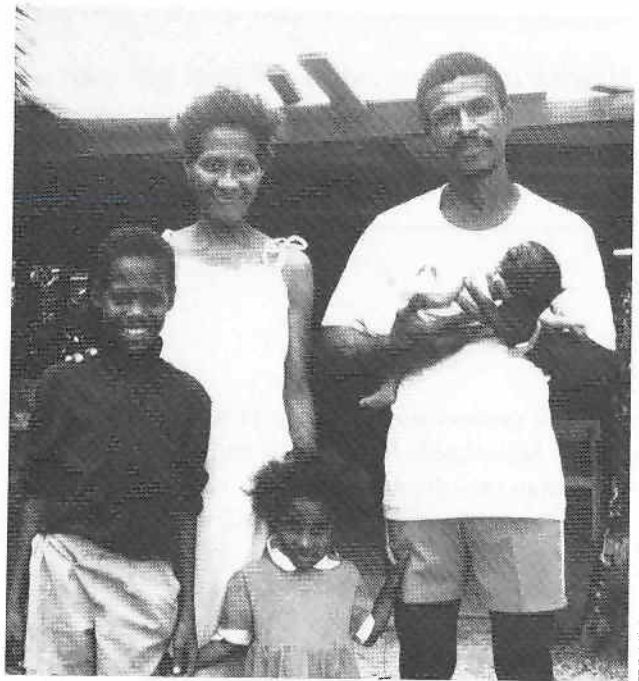


Figure 14
Source of Family Planning Supply,
Current Users



Family Planning Services

The leading providers of family planning services are government health centres and private pharmacies, which together provide services to 75 percent of current users. The Family Planning Association of Trinidad and Tobago (FPATT) provides methods to an additional 15 percent of users, while private sources serve 9 percent.



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Maternal and Child Care

Maternal Health

Cervical cancer is a leading cause of cancer deaths to women in Trinidad and Tobago. The pap smear is an important tool for early detection of the disease. Only 57 percent of women have heard of this simple test, and only 31 percent have ever had the test performed. Older women, those living in urban areas, and women with secondary education were more likely than average to know about the test, or to have had one performed.

Only 31 percent of women have ever had a pap smear test performed.

Maternity Care

Because the health of a child is affected by factors which influence it before birth, the care a woman receives during pregnancy can be critical to a child's survival. Nearly all women with births in the five years before the survey received antenatal care from a doctor or trained nurse or midwife. A tetanus injection given to women during pregnancy protects the infant against neonatal tetanus, a disease which can be fatal in the first few weeks of life. Just under one-third of recent births were protected by an injection during pregnancy. About 30 percent of recent births were delivered by a doctor, while 68 percent were attended by a trained nurse or midwife. Educated women, and those living in urban areas were more likely to have had doctors deliver their children.

Figure 15
Knowledge and Use of Pap Smear
 (All Women 15–49)

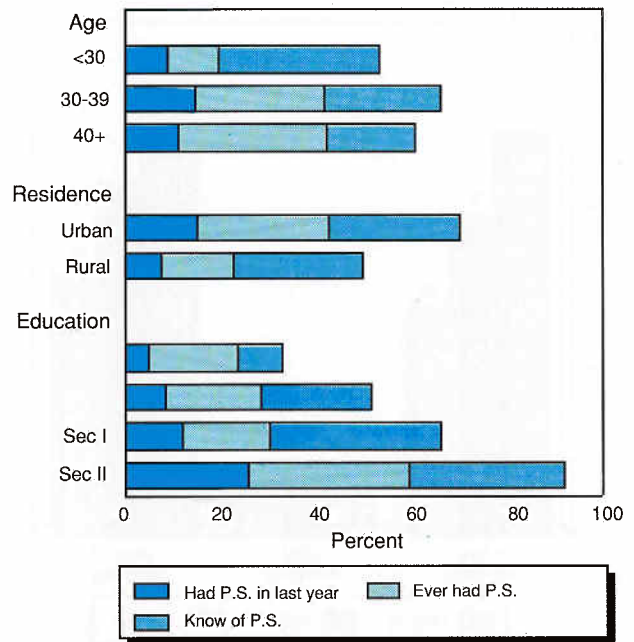


Figure 16
Antenatal Care and Assistance at Delivery by Education

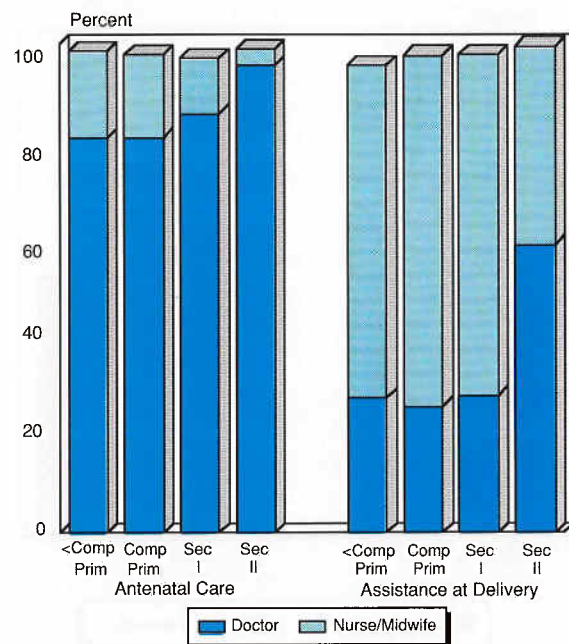


Figure 17
Trends in Infant and Child Mortality

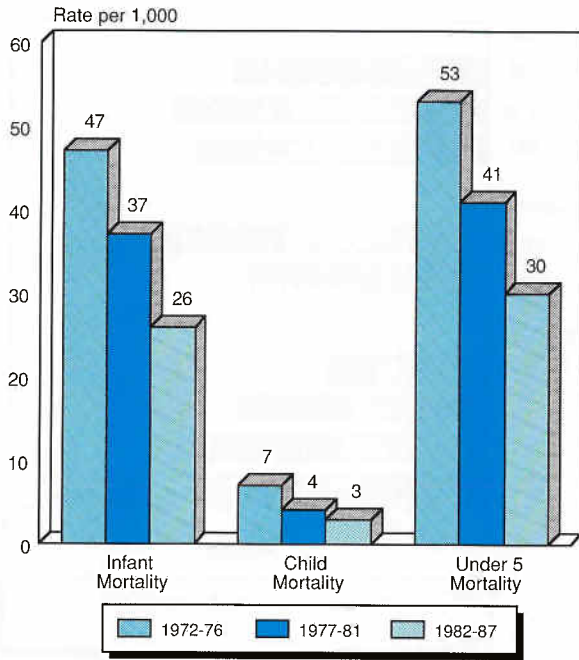
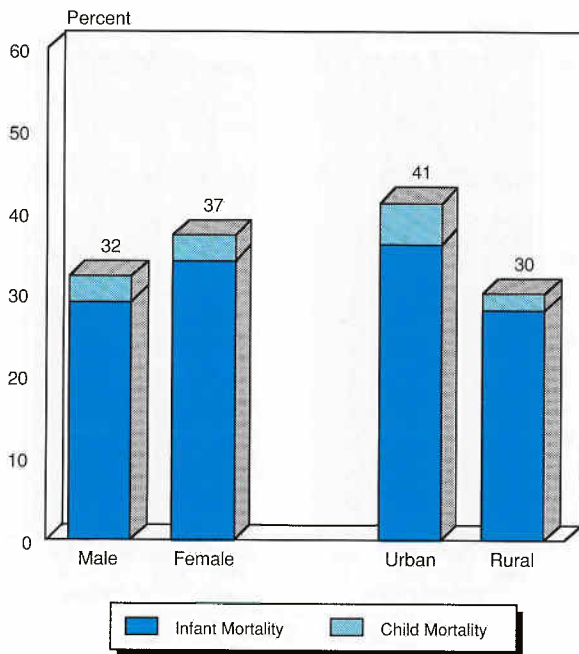


Figure 18
Differentials in Infant and Child Mortality



Child Health

Infant and Child Mortality

Levels of infant and child mortality are often used as indicators of the overall standard of living because young children are particularly vulnerable to poor economic and health conditions. Currently, about 26 out of every one thousand births die before reaching the first birthday, and 3 children per 1,000 die between the first and fifth birthdays. Infant mortality has declined by 44 percent in the past decade, while child mortality fell by 52 percent. Infant mortality levels measured by the TTDHS in all time periods are considerably higher than officially reported figures, suggesting possible underregistration of neonatal deaths.

Infant and child mortality have been cut almost in half in the past decade.

Mortality differences among subgroups of the population have yielded some unexpected findings. Female infants, and children born to women living in urban areas are more likely to die before their first birthday than male infants, and children born to rural women. Further analysis of the data may reveal the cause of this unusual finding. In addition, children born to the most educated women are more likely to die before their first birthday than children born to less educated women. This may be due to the small number of births to women with less than secondary education. Or, higher mortality may be the result of shorter durations of breastfeeding among better educated women.

Other findings regarding mortality follow a more typical pattern. Infants born to women under age 20 or over age 35 are at greater risk of dying than children born to women age 20–34. Also, children born less than two years after another child and children born to women with three or more prior births are more likely to die before their first birthday than children born after a longer interval or to women at lower parity levels.

Breastfeeding

In addition to offering the mother some protection against pregnancy, breastfeeding plays an important role in child survival by providing key nutrients and antibodies that help protect the child from disease. Almost 90 percent of newborns are breastfed, but fewer than half of the mothers continue the practice for at least six months. Younger and better educated women breastfeed for a shorter time than older women and those with less education. This pattern reflects a common paradox whereby modernization and development tend to erode traditional practices, including beneficial ones such as breastfeeding. This situation may have adverse effects on child health.

Diarrhoea

Diarrhoea is a leading cause of illness and death in young children, and is particularly common during the rainy season. About 6 percent of children under age 5 had an episode of diarrhoea in the two weeks before the survey. The children most frequently afflicted are those of weaning age and those born to the most educated women. About half of children with a recent episode of diarrhoea were taken to a medical facility for treatment, while over 60 percent received oral rehydration solution, which is recommended to prevent dehydration caused by diarrhoea.

Figure 19
Reported Diarrhoea Among Children Under 5

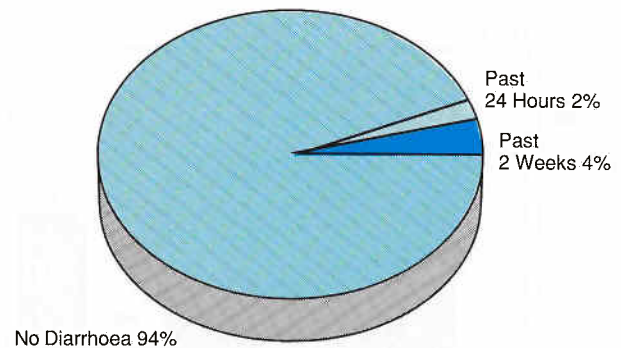


Figure 20
Treatment of Diarrhoea in the Two Weeks Before Survey
(Children Under 5)

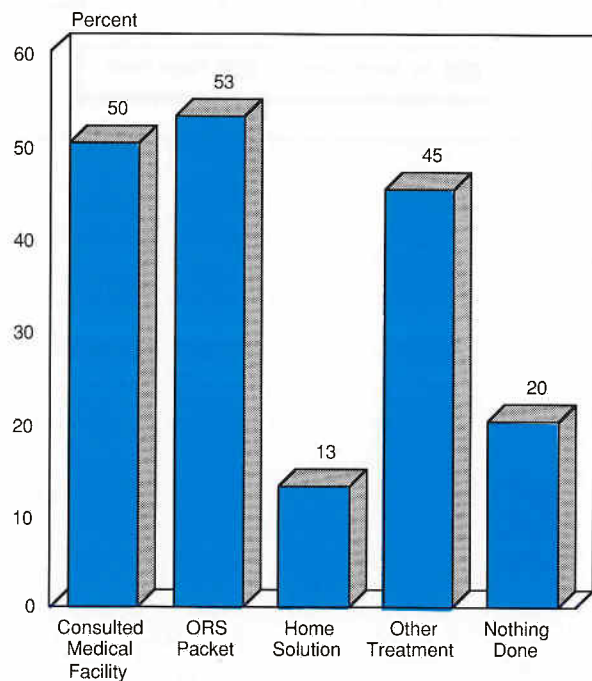
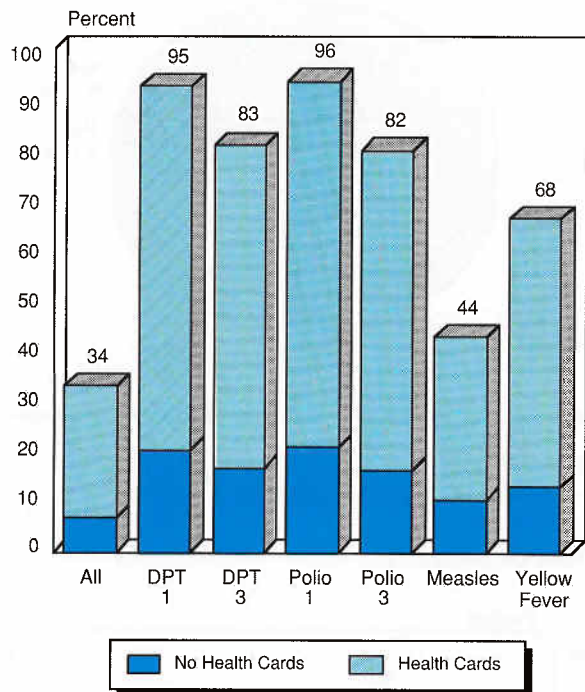


Figure 21
Immunization Coverage
 (Children 1–5 Years)



Immunization

Immunization against preventable childhood diseases is essential for maintaining health and improving chances of survival among young children. TTDHS interviewers were able to obtain immunization data from health cards for 75 percent of children under age five. For the remaining children, mothers were asked whether their children had received various immunizations. Three doses of vaccine are needed to protect children against diphtheria/pertussis/tetanus (DPT) and polio.

Many children in target age groups are not fully immunized against preventable childhood diseases.

The survey results indicate that many children are not fully protected against preventable diseases during the most risky years. Among children 12–59 months, nearly all have received at least one dose of DPT and polio vaccines. However, just over 80 percent are fully protected against DPT or polio. In the same age group, only 44 percent of children are vaccinated against measles.

Nutritional Status of Children

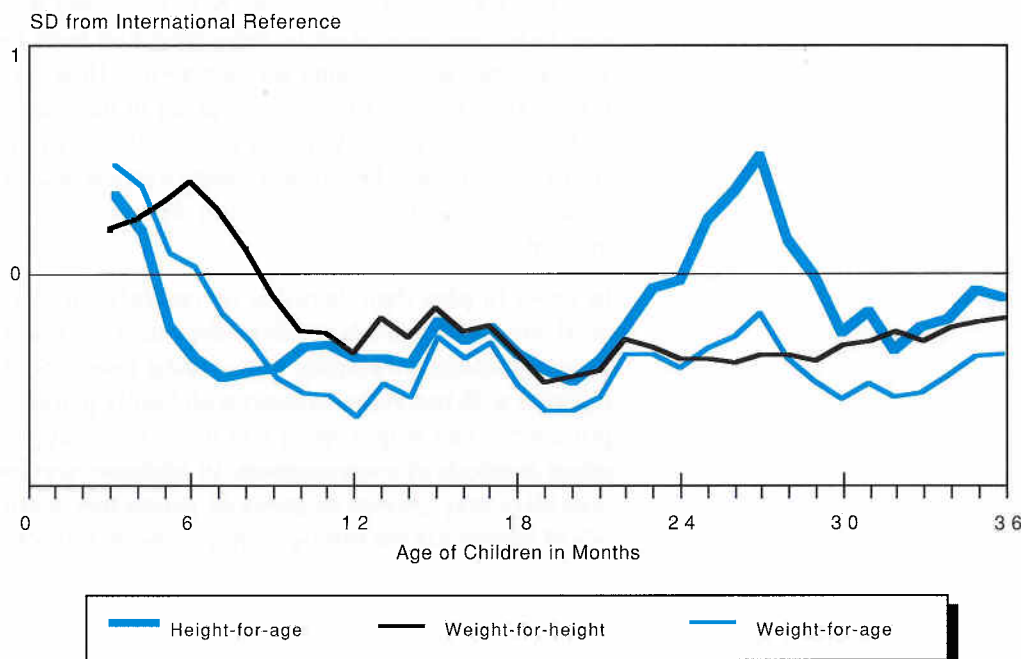
The nutritional status of children aged 3–36 months was assessed by measuring their length and weight, and then comparing their measurements with an international reference population of well-nourished children. Unfortunately, about 20 percent of eligible children were not measured, due to absence from the household, or because they were ill or asleep.

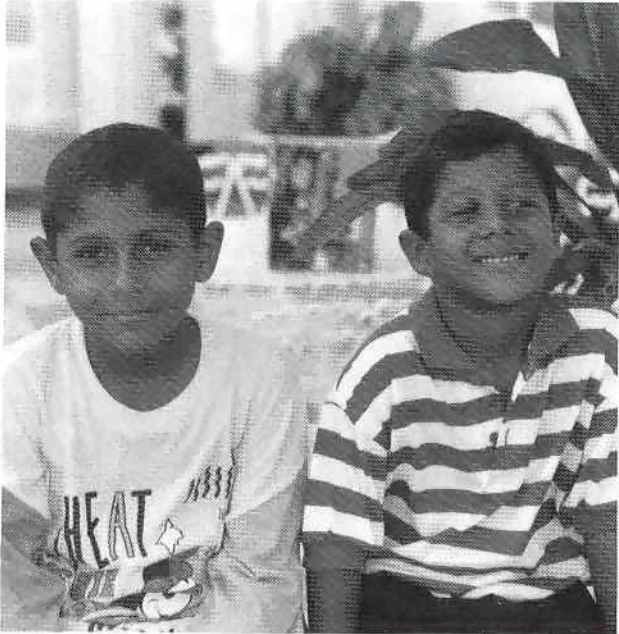
Height-for-age is a means of measuring growth retardation or stunting due to a prolonged period of inadequate nutrition. About five percent of children measured in Trinidad and Tobago are moderately or severely stunted, or short for their age, about twice the level seen in a population of well-nourished children. Stunting is most common among children

of weaning age, 6–11 months, and among those born to East Indian mothers.

Children who are exceptionally thin for their heights are considered to be “wasted” or suffering from undernutrition in the period immediately before the survey. About 4 percent of children are moderately or severely wasted, about 65 percent above the level seen in a well-nourished population. Wasting is more common in rural than urban areas, and among children of East Indian women. About 7 percent of children have low or very low weight-for-age, more than three times the level seen in a well-nourished population. To the extent that low weight-for-age is an adaptation to stunted growth, however, it is not necessarily indicative of poor nutritional status at the time of the survey.

Figure 22
Nutritional Status of Children 3–36 Months





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Conclusions

The 1987 Trinidad and Tobago Demographic and Health Survey contains a wealth of information which can be used to plan and evaluate public and private sector health and family planning activities. The survey findings indicate that mortality has declined considerably in the past decade, while fertility has declined slightly.

Family planning is widely accepted in Trinidad and Tobago, and most women use a method at some point during their reproductive years. Nevertheless, many women are having more children than they want, or are having births sooner than desired; these women could benefit from practicing contraception. In the past decade, there has been no change in the level of contraceptive use, despite a decrease in the preferred family size, and an increase in the proportion of births surviving childhood. As educational improvements continue and urban culture spreads throughout both islands, desired family size is likely to decline, creating an increasing need for contraception.

Nearly all women become sexually active during their teen years, and most wish to delay their first birth for several years after initiating sexual activity. However, few women begin using contraception in their teens and early twenties, risking the possibility of an unwanted pregnancy. In addition, many women discontinue using methods due to dissatisfaction with the method.

In order to plan their families successfully, women need education and advice about the range of contraceptive methods available. Mass media promotions, together with individual contact with family planning providers, may help women and men choose appropriate methods of contraception. In addition, service providers may choose to promote permanent methods of contraception among couples who do not want

any more children, and more reliable methods for those using less effective, temporary methods. Educating women about their reproductive system, and encouraging partners to discuss family planning may lead to increased use and effectiveness.

The relatively low level of infant and child mortality reflects widespread implementation of child survival strategies such as antenatal care and assistance at delivery by trained health personnel. Further gains in child survival might be attained by promoting longer breastfeeding, improving immunization coverage, and enhancing the nutritional status of certain subgroups of children.



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Fact Sheet

The Trinidad and Tobago Demographic and Health Survey (TTDHS) was conducted by the Family Planning Association of Trinidad and Tobago. Financial and technical assistance for the survey was provided by the Institute for Resource Development. The objective of the survey was to provide information about women of reproductive age and their young children in order to obtain a better understanding of the factors affecting population growth and the health of children. A nationally representative sample of 3,806 women age 15-49 were interviewed between May and September 1987.

Population Size (1986 estimate, in million)	1.2
Population Growth Rate (percent)	1.5
Population Doubling Time (years)	46
Birth Rate (per 1,000 population)	27
Death Rate (per 1,000 population)	7

Trinidad and Tobago Demographic and Health Survey 1987

Sample Population	
Women 15-49	3,806
Background Characteristics	
Percent urban	44.4
Percent with more than primary education	53.9
Marriage and Other Fertility Determinants	
Percent currently in union	68.7
Percent ever in union	76.8
Median age at first union for women 20-49	19.6
Average length of breastfeeding (in months)	10.1
Average length of postpartum amenorrhoea (in months) ²	3.5
Average length of postpartum abstinence (in months) ²	2.6
Fertility	
Total fertility rate	3.1
Average number of children ever born to women 40-49	4.3
Percent of all women who are pregnant	5.1

Desire for Children

Percent of women in union:	
Wanting no more children	47.0
Wanting to delay next birth at least 2 years	20.1
Average ideal number of children for women 15-49	2.9
Percent of births which are unwanted	18.8
Percent of births which are mistimed	23.3

Knowledge and Use of Family Planning

Percent of women in union:	
Knowing any method	99.0
Ever using any method	83.1
Currently using any method	52.7
Pill	14.0
IUD	4.4
Injection	0.8
Vaginal methods	5.0
Condom	11.8
Female sterilization	8.2
Male sterilization	0.2
Safe period	2.6
Withdrawal	5.3
Other methods	0.3

Percent of contraceptors obtaining method from:

Government source	38
Private doctor, hospital, nursing home	9
Family Planning Association of Trinidad and Tobago	15
Pharmacy	37
Other	1

Mortality and Health

Infant mortality rate (per 1000 births)	26.2
Under five mortality rate(per 1000 births) ⁶	29.5
Percent of mothers of recent births:	
Received prenatal care during pregnancy	97.6
Immunized against tetanus during pregnancy	30.8
Assisted at delivery by a doctor, or trained nurse/midwife	97.7
Percent of children ever breastfed ⁷	88.6
Percent of children 0-1 month being breastfed	81.4
Percent of children 4-5 months being breastfed	55.6
Percent of children 10-11 months being breastfed	29.7
Percent of children 12-23 months with health cards immunized against:	
DPT (3 doses)	81.1
Polio (3 doses)	81.5
Measles	38.1

Percent of children under five with diarrhoea	6.0
Percent of children with diarrhoea:	
Taken to medical facility	49.6
Given oral rehydration solution from packets	53.1
Given home solution of sugar, salt and water	13.3
Percent of children 3-36 months moderately or severely undernourished according to:	
Height-for-age	5.0
Weight-for-length	3.8
Weight-for-age	6.9

¹ Includes married, common law, and visiting relationships

² Current status estimate based on births within 36 months of the survey

³ Based on births to women 15-49 years during the period 0-4 years before the survey

⁴ Percent of births in the 12-month period before the survey which were unwanted

⁵ Percent of births in the 12-month period before the survey which were wanted later

⁶ Rates are for the five-year period preceeding the survey (approximately 1982-1986)

⁷ Based on births occurring during the five years before the survey

⁸ Reported by the mother as having diarrhoea during the two weeks before the survey