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WOMEN, HEALTH, AND DEVELOPMENT ACTIVITIES IN TRINIDAD AND TOBAGO

WOMEN, HEALTH AND DEVELOPMENT

ACTIVITIES IN

TRINIDAD AND TOBAGO

MARCH 1991

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I. INTRODUCTION

Trinidad and Tobago is signatory to the United Nations' 1967 Declaration on the Elimination of Discrimination Against Women and has given official agreement to other regional and global resolutions on development strategies as they relate to the status of women and their full integration in the development process.

Enshrined in the Constitution of Trinidad and Tobago (Chap.1 Part 1, Section 4 Rights Enshrined) is the declaration that in the country there has existed and continues to exist, equality before the law with respect to certain fundamental human rights and freedoms, without discrimination by reason of race, origin, colour, religion or sex.

Inspite of the widening role of women and their increased achievements, the capability and capacity to develop their full potential is still suppressed. They are still encumbered by socio-economic and legal inequalities which limit their development and consequently that of their families and the wider society. In order to address these inequities, emphasis has been given to Women Health and Development in the planning of health programmes.

II. THE NATIONAL CONTEXT

Location

The twin island republic of Trinidad and Tobago is situated at the southern most end of the Caribbean archipelago off the north-east coast of Venezuela, and has an area of 5 128 sq. km. (Appendix I)>

Topography

Trinidad (4828 sq. km.) has been shown to be structurally part of the mainland of South America. It has three mountain ranges running east to west in the north, central and south of the island. Between these ranges are flat and undulating lands transversed by rivers which flow through swamps just before entering the sea. The wild life of Trinidad is similar to the fauna and flora of the mainland (Appendix 2).

Tobago (300 sq. km.) has a main spur running north east to south west in keeping with the islands shape. It is generally hilly with low lying lands in the southern region. Its structure is a volcanic and coral formation similar to that of the other Caribbean islands, with which its beaches are comparable.

Climate

Its tropical climate of abundance sunshine and rainfall is influenced by the north east trade winds and supports lush vegetation and forests. The islands lie in an area subjected to earthquakes and hurricanes which on occasions have caused damages.

Government

A former colony of Great Britain, Trinidad and

Tobago attained its independence in 1962 and Republic status in 1976. It is a democratic state with a Parliament based on the Westminister model which comprises the Lower House of elected Representatives and an Upper House of appointed Senators. It is a member of the Commonwealth of Nations and the Caribbean Community (CARICOM), the latter grouping comprise of mainly former Caribbean colonies of Great Britain.

Population

The population is 1 234 388 of which 50.1% are males and 49.9% females (1990 Census). This represents a 14.3% in population growth. The crude birth rate in 1989 was 20.9/1000 population and the crude death rate 6.7/1000. The population has been affected by an external migration of 4.7/1000 per population.

TABLE I

POPULATION CHARACTERISTICS

Characteristics\Year	1988 (estimated)	1990
Total Population	1 212 000	1 234 388
% Male	52	50.1
% Female	48	49.9
Crude Birth Rate (Births per 1000 population)	22.1	20.9
Crude Death Rate (Deaths per 1000 population)	6.5	6.7
Infant Mortality Rate (Deaths per 1000 live births)	-	27.4*

Source: Central Statistical Office (CSO), Population and Vital Statistic Report

*Trinidad and Tobago Infant and Child Mortality Survey (TTICMS) 1989 (PAHO/WHO)

Figures show that 32% of the population is under 15 years of age and 5.6% over 65 years. About half of the population live in the cities and their suburbs (Port of Spain and San Fernando) and along the east-west corridor in County St. George. It is noted that the population structure is changing of that of an industrial nation (Appendix 3).

Socio- Cultural

From its colourful history has evolved a multi-racial and multi-cultural society which Bishop Tutu of South Africa named a "Rainbow People". This pluarality is reflected in religion and family structure and beliefs and attitudes toward health care.

TABLE 2

NON INSTITUTIONAL POPULATION BY ETHNICITY

Ethnic Group	1980
African Decent	40.8%
East Indian Descent	40.7%
Mixed	16.3%
White	0.9%
Chinese	0.5%
Other	0.8%

Source: CSO, Statistics at a Glance

TABLE 3

RELIGIOUS AFFILIATIONS

Religion	1980
Roman Catholic	33.6%
Anglican	15.0%
Hindu	25.0%
Muslim	5.9%
Presbyterian	3.3%
Other	16.6%

Source: CSO, Statistics at a Glance

Economy

The economy is heavily dependent on oil which is the main source of foreign exchange, as much as 92% in the 70's and early 80's. The dependency prevented the diversification of the economy which could have kept the country viable inspite of the oil prices. The petroleum sector contributed to 23% of the Gross Domestic Product (GDP) in 1987.

TABLE 4

GROSS DOMESTIC PRODUCT 1987

SOURCE	GDP
Petroleum Industry	23%
Government	14.2%
Finance, Insurance Real Estate	11.6%
Transport, Storage and Communication	11.5%
Construction and Quarrying	10%
Manufacturing	9%
Agriculture	4%

Source: St. Cyr, Situational Analysis - Health Status of Women in Trinidad and Tobago

Soaring oil prices in the period 1974 to 1982 resulted in one of the highest per capital income (US $5,388 per annum 1980) in the Caribbean and extravagant consumerism at all levels of the society. With the decline in oil prices in 1986, the per capita income dropped to US $3,042.35 in 1988.

The Government was forced to implement rigid structural adjustment measures with respect to expansion of service or maintenance of plant and equipment, and economic and social infrastructure. These, accompanied by the reduced budgetary allocations, rising unemployment and currency devaluation have had adverse effects on health, education and social sectors.

Employment

In 1989 the estimated labour force was 436 100 (1% decline from '87) of which 39% were females. There is evidence to suggest that more females between the ages of 20-60 years are remaining in the labour force while more between 15-19 years are remaining an educational programme. Seventy-six per cent (76%) of the female workers are found to be in the services and commerce sectors. It is not certain whether these figures include the women in the informal sector who are the bread winners of their families.

The unemployment rate rose from 17.2% in 1986 to 22.4% of the labour force in 1989 (the percentage of women unemployed is not determined).

passed the mechanism of proclamation is very slow. An amendment of the Maintenance Act to enable maintenance sums to be deducted by the employer has not yet been enforced. There is no law to provide maternity leave with pay for women.

TABLE 5

SOME LAWS THAT DIRECTLY AFFECT WOMEN

Marriage Act	45.01
Muslim Marriage and Divorce Act	45.02
Hindu Marriage and Divorce Act	45.03
Maintenance Orders Enforcement Act	45.53
Matrimonial Proceedings and Property Act	
Employment of Women (Night Work) Act	
National Insurance Act	
Industrial Safety Bill	
Sexual Offenses Act	
Domestic Violence Act	
(The latter is now being debated in the Senate)	

III. HEALTH PROFILE OF WOMEN

Health Indicators

Many health indicators for the general population have shown that the country has attained a standard of health similar to that most middle income countries e.g. Life expectancy for women is 71.62 years and for men 66.88 years (1980).

Infant Mortality Rate 27.44 (TTICMS 89).

Perinatal and infant deaths account for less than 5% of all deaths (Dr. Gloria Beckles, Health Situation Analyses of Caribbean Women - a study now in progress 1991.) The challenge now is to ensure that these gains are retained while new and different problems are addressed.

Reproductive Role

Fertility:

Women's reproductive role, especially their fertility pattern, has important influence in socio-economic development, with respect to the size of the labour force and the absorptive capacity of the economy. In order to prevent long term unemployment, entrance to the labour force has to be controlled.

From the Demographic and Health Survey of Trinidad and Tobago, 1987 most of the population of women studied had some sort of union (married, common law, visiting, no longer with partner) and 33% had never been in a union. The total fertility rate for women 15-49 in 1984-1987 is 3.1. 11% of those under 20 years has had a child. It has been shown that education, ethnic background and age relate significantly to union status and fertility rate.

Maternal Mortality

Maternal Mortality rate is 0.54/100 live births (1983). Through a Maternal Mortality Survey will be conducted in order to effect remedial action, it is known that complications of pregnancy (including abortions), delivery or puerperium, maternal age, maternal nutrition, general conditions (anaemia, chronic diseases), parity and birth spacing affect maternal mortality. Access to medical care is also a contributing factor. These maternal factors also contribute to low birth rate (less than 2500 gm.) and Infant Mortality.

Nutrition

There is little data with respect to the nutritional state of women. Iron deficiency anaemia is commonly seen in women especially during pregnancy, thereby suggesting poor nutrition.

Low birth weight, though influenced by a number of factors may give an indication of maternal nutrition. A survey in 1989 reported that 18% of all live births were low birthweight babies who had a 37% chance of dying within the first year of life (TTICMS).

Nutritional needs are of concern in the adolescent group because of eating fads and teenage pregnancies. In the older age groups (over 35 years) and in the elderly nutrition is especially important in order to control the increasing incidence of chronic diseases. Also affecting nutrition in the elderly would be dental problems.

Genital Tact and Other Malignancies

Malignant neoplasms are the second ranking cause of death in women (1987). This data also show that the mortality rate due to cervical cancer is 7.6/100 000 population while that due to breast cancer is 19.9/100 000 population.

In 1983, Genital Tract malignancies accounted for 15.4% of deaths from cancer in females.

TABLE 6

DISTRIBUTION OF FEMALE GENITAL CANCER 1983

Cancer of the Uterine Cervix	7.3%
Cancer of the Uterus	2.4%
Cancer of the Ovary	2.2%

Source: Ministry of Health

Cancer of the breast was responsible for 8.6% of cancer deaths in women.

Sexually Transmitted Diseases (STDs) and AIDS

Over the last three years, there has been a decline in syphilis (1990 - 73/100 000), gonorrhoea (1990 - 233/100 000) and other STDs (1990 - 38/100 000). In 1990 women accounted for 43.6%, 26.3% and 47.8% of the cases of syphilis, gonorrhoea and other STDs respectively. The decline in cases has been attributed to intense education, use of condoms and counselling of hard-core groups.

AIDS, on the other hand, has shown a marked increased with respect to women, causing grave concern. Females account for 56.6% of heterosexual

cases (1985-1990), 25.3% of confirmed cases (1983-1990) and 22.4% of deaths (1983-1990). The case fatality for women is 57.5%.

In the under 14 years and 15-44 years age groups, 50% and 22.6% (respectively) of the cases are female.

In Trinidad and Tobago, as in the rest of the Caribbean, the HIV virus is transmitted primarily through sexual intercourse and across to placenta to the unborn fetus.

Other Health Problems

Chronic Diseases

A research study being done at present, reveals the leading cause of mortality and morbidity in Trinidad and Tobago and in the Anglophone Caribbean, bear no direct relationship to sex nor reproductive capacity. The five leading causes of mortality to some extent, are caused by changes in life style patterns and can be controlled by employment of specific preventive measures. With respect to cardiovascular diseases, diabetes and neoplasms, women succumb with a greater frequency than men (Health Situation Analysis of Caribbean Women (Appendix 4).

TABLE 7

FIVE LEADING CAUSES OF DEATHS

Rank	Cause of Death	
	1977	1987
1	Diseases of the Heart	Diseases of the Heart
2	Cardio Vascular Diseases	Malignant Neoplasms
3	Malignant Neoplasms	Cardiovascular Diseases
4	Diabetes Mellitus	Diabetes Mellitus
5	Accidents	Accidents

Source: Ministry of Health, CSO Death Reporting 1987

The St. James Cardiovascular Survey (1977-1985) has revealed that obesity is nearly three times as prevalent among women as men. Obesity has been shown to be a significant risk factor associated with chronic diseases.

Accidents

Accidental deaths for both males and females have increased greatly since 1961. In 1981, the death rate for males was 57/1000 and 17/1000 for females. Among females, accident account for 17% of the total potential years of life lost before aged 65 years. The average loss for female was 41.2 years compared with 35 years for male. In 1987, for the age group 15-44 years, mortality rate for females was 26.6/100 000 population and 104.2/100 000 population for males.

Suicide

Suicide is high and accounted for 27% of accidental deaths in females 15-44 years (1989). The ready availability of chemicals used in the agro industry has aggravated this problem.

It has been shown that admissions due to ingestion of chemicals, is twice as high among females as males. However, deaths as a result of chemical ingestion was twice as high for males than females. It is possible that chemical ingestion by women is a cry for help and attention.

Mental Health

Suicides may be attributed to inability to cope with problems and other mental disorders. The real prevalence of mental disorders is not known.

For the period 1981/82, 44% of all discharges from hospitals for mental disorders were females. Over 1/3 of the women discharged suffered from neurotic and personality disorders (a 3:1 Female to Male ratio). Fifteen per cent (15%) of the women were treated for alcohol abuse. However, abuse of tranquilizers is more common in females.

Occupational Health

Conditions under which women work (environmental, social and economic) impact on her health. these can have adverse affect on her productivity, physically, socially) and on her family (she is often the sole breadwinner).

IV. WOMEN HEALTH AND DEVELOPMENT FOCAL POINT (WHDFP)

The awareness of women's issues was further increased and highlighted during International Women's Year 1975. Government established the National Commission on the Status of Women to research and evaluate the position of women in all aspects of national life. This Commission later recommended the establishment of a permanent Women's Commission adequately staffed and financed. This was established in 1980 and comprised representatives from Government and Non-Governmental Organizations (NGOs).

In 1987, Cabinet approved a new Organisational structure for the national machinery for the development of women and subsequently expanded the structure in 1989. The approved structure comprises:

1. The Women's Bureau
2. The Inter-Ministerial Committee for the integration of Women in Development
3. The National Council for Women
4. The Non-Governmental Organization Committee.

The Women's Bureau and the Inter-Ministerial Committee were established in 1987 but the National Council for Women and the N.G.O. Committee are not yet in existence. The Inter-Ministerial Committee meets monthly and the Women's Bureau performs its work programme based on recommendations and proposals from the Inter-Ministerial Committee, requests from N.G.Os and requests and information from local and external sources. Thus the Women's Bureau is an integral part in the functioning of

the national machinery whose objectives are

(1) to sensitize women to the need for developing their potential economic and political power, and

(2) to create an informed approach to the new role of women.

The Women Health and Development Focal Point was appointed by the Ministry of Health in 1988 and represents that Ministry on the Inter-Ministerial Committee.

In February 1988, the Inter-Ministerial Committee prepared a National Policy Statement on Women against the background that the Government recognised:

(1) the foundation role women played in the family and subsequently the society;

(2) that women's contribution to society was mostly unrecognized, unrewarded and under-valued; and

(3) that women have borne an unequal share of the burden of structural adjustment and have not been allowed to participate fully in the developmental process.

The Government thus became committed to "eliminate the obstacles which hinder the development of women in the society and to further promote their full participation at all levels of national life."

Thirteen policy objectives were identified to address a variety of concerns such as inter-sectoral co-operation, regional participation, upholding human dignity, involvement of N.G.Os, establishment of a data base, full participation in educational opportunities, reduction of unemployment, participation in policy-making decisions, provision for special health needs for

women and strengthening of laws where women are disadvantaged.

STRUCTURE OF WHDFP

The WHDFP is an individual, the Principal Medical Officer (Community Services), who has this function added to her normal responsibilities for the programmes in Maternal and Child Health, Family Planning, Primary Health Care, Health Education and Nutrition. No formal structure nor supporting infrastructure is associated with this desk. Thus issues relating to WHD are incooperated where possible into the implementation of existing health programmes.

Objectives

The objectives of the WHD programme are:

* To strengthen existing linkages between national, regional and international agencies involved with WHD.
* To enhance the mechanism for collaboration and co-ordination among government agencies and NGOs with respect to Maternal Child Health (MCH) and Family Planning (FP) Services.
* To facilitate sensitization of the community through the use of mass media, public meetings, cultural and traditional forms on issues that impinge on the rights of women e.g. sexual harassment in the workplace, violence against women, teenage pregnancy etc.
* To sensitize health personnel about gender-related issues.
* To facilitate community education/awareness on issues such as Women and AIDS and Family Life.
* To strengthen family planning programmes through continued and varied supply of contraceptives, training and motivation of

staff increase community awareness etc.

* To decrease maternal and childhood mortality through improvements in MCH and FP programmes.
* To initiate the introduction of special programmes facilities to address the needs of adolescents, the elderly and the handicapped.

Functioning Mechanism of WHDFP

Since the WHDFP is an individual with other responsibilities, performing related duties is difficult and objectives are achieved through indirect methods. Membership on various national committees, formal and informal relationships with NGOs, and assistance from interested Ministry of Health Staff members enable the WHDFP to address issues related to WHD. Participation in overseas seminars/workshops helps to establish regional and international links.

Accomplishments based on Objectives

In spite of the unstructured WHD Desk, much has been achieved over the years and many objectives have been met to some extent.

Linkages with external agencies are accomplished mainly through participation in overseas seminars and workshops. The WHDFP was the past Chairperson of PAHO's Sub-Committee on Women Health and Development.

Enhancement of collaboration and co-ordination among government agencies and NGO's is achieved by being on National Committee which are usually comprised of representatives from Government and Non-Governmental Organisations. The Committees are responsible for policy making and national

programme planning. National Workshops are also means of increasing co-operation in WHD issues.

Sensitization of the Community on Women's issues is mainly done through Women NGOs which hold public meetings, workshops, seminars, publish articles and advertisements in the newspapers and hold demonstrations. For topics such as teenage pregnancies lecture/discussions are conducted by Government Agencies and NGOs at a more local level.

There has been no formal sensitization of health personnel with respect to gender-issues.. But many are members of NGOs which are concerned with the issues and so they bring this awareness to the job. Those involved in MCH and FP programmes are aware of the special needs of women. However, there is need to address this objective.

As a representative on the National AIDS Committee the WHDFP has input into the Women and AIDS Programme.

The strengthening of family planning programmes is achieved through her membership in an interagency committee which comprises representatives of the Family Planning Association, Population Council and Population Programme and Ministry of Health. (Appendix 5)

V. ROLE OF NGOs

Many Government Ministries have direct impact on WHD because there are staff members who work directly with women. However, the NGOs are a vital component to the success of WHD programmes. These groups are very active in mobilization of the community, advocating and lobbying for the rights of women, providing social assistance, counselling, research and providing formal health services.

In May 1989 a two-day Seminar for "Strengthening Non Governmental Organizations - a Strategy for Co-operation in Health" was organized under the auspices of the Ministry of Health, the Ministry of Social Development and Family Services in collaboration with PAHO/WHO and the Network of NGOs of Trinidad and Tobago. The overall aim of the Conference was to bring NGOs together to enable them to strengthen their capacity for collaborative action. The specific objectives were based on the seven priority areas of the Caribbean Cooperation in Health and the Primary Health Care Concept.

Two major outcomes of this conference were:-

(1) the decision to establish a Documentation Centre and

(2) the decision by NGOs to host a workshop on Communication to strengthen the networking process.

The NGOs expressed that they had a special role in Primary Health Care delivery and needed to be involved in policy-decision making with respect to health care.

In January 1990, a national workshop organised by the Women and Development Studies Group of the University of the West Indies (Trinidad) in collaboration with the Ministry of Health,Ministry

of Social Development and Family Services and PAHO/WHO was held. The participants developed a national action plan based on the sub-regional Action Plan, prepared at the Caribbean Workshop in 1988. The background paper for the workshop, detailed a Health Situation Analysis of the Health Status of Women in Trinidad and Tobago in which women's health problems were identified and prioritized and their impact on development were discussed.

Adverse changes in the economy with the subsequent structural adjustment programmes, resulted in reduced government expenditure on social and welfare services including health services and food subsidies. These measures impact most severely on women and children. Also impacting adversely on women's health are environmental factors.

The areas of concern:

(1) Maternal Health with respect to women's reproductive roles - ante natal care, parity, abortions, contraceptive use, nutritional status, employment status.

(2) Adolescent Health - early sexual activity, teenage pregnancies, education, incidents of sexual abuse including incest.

(3) Sexually Transmitted Diseases - high incidence of pelvic inflammatory disease, AIDS.

(4) Occupational Health - lack of legislation for maternity leave, exploitation of female workers, sexual harassment in the work place, occupational health hazards in the formal and informal sectors.

(5) Chronic Disease and Nutrition - 'life style' diseases are now the leading cause of death in women and are higher than that in men.

(6) Mental Health - conditions ranging from neurotic and personality disorders to stress.

(7) Health of Elderly Women - women were generally in a worse state than men in terms of general health and dental status.

These participants from governmental and non-governmental agencies prioritized their concerns for areas of improving women's health and developed broad objectives and strategies for implementation

As part of the celebrations for International Women's Day, the Network of NGOs launched an educational and motivational programme to encourage women to have pap smears. It is planned to train persons who will visit homes in the community to educate women on cervical cancer and pap smears and encouraging them to have a pap smear done.

The NGOs and Government Agencies have been able to address the multifaceted roles of women as providers (of health, in the home, in the workplace), health promoters, health consumers, reproducers, producers and organizers/managers by undertaking a variety of activities. (Appendix 6 & 7)

VI. ROLE OF PAHO/WHO

PAHO/WHO representative is the focal point and has been very instrumental in promotion of WHD an of strengthening the link of collaboration between the Governmental Agencies and NGOs in developing WHD programmes.

The main areas of support are:

(1) Funding and organization of regional and local workshops.

(2) Funding of projects by NGOs, University and Government.

(3) Allocating space in the Documentation Centre for material on WHD and

(4) Technical assistance.

VII. PROPOSED NATIONAL PROGRAMMES

Various programmes are being undertaken to address the needs of women.

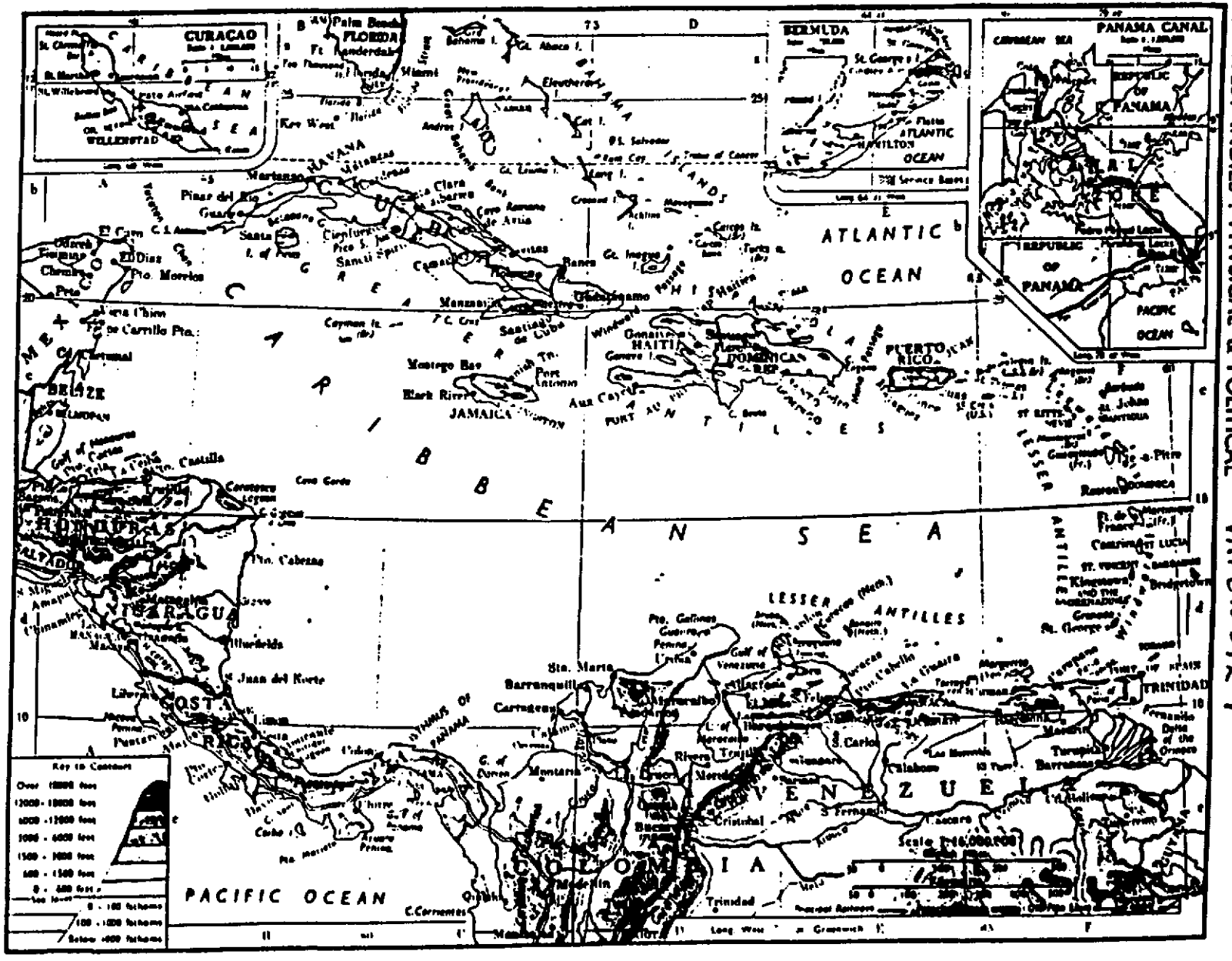
* Publication and circulation of revised MCH manual. This will address the needs of women with respect to her reproductive role.
* Pap Smear Screening Project to enhance the early detection of cervical cancer, a common cause of death due to malignancy in women.
* Prevention and control of Chronic Diseases. It has been shown that women are more prone to diabetes and hypertension. These are life style diseases and much effort has to be concentrated in changing attitudes and behavioural patterns.
* Intensification of the Women and AIDS programme.
* Family Planning and Family Life education to reach the adolescents in order to delay the first pregnancy, to build self-esteem, to inform about sexuality.
* Special health care programmes for adolescents so that they will feel comfortable using the health care facilities.
* Programmes to reduce the Infant and Child Mortality Rates.
* Occupational Health programme to address women in health and their health problems.
* Maternal Mortality Survey.
* Training for staff in family planning.
* Establishing county focal points on WHD.

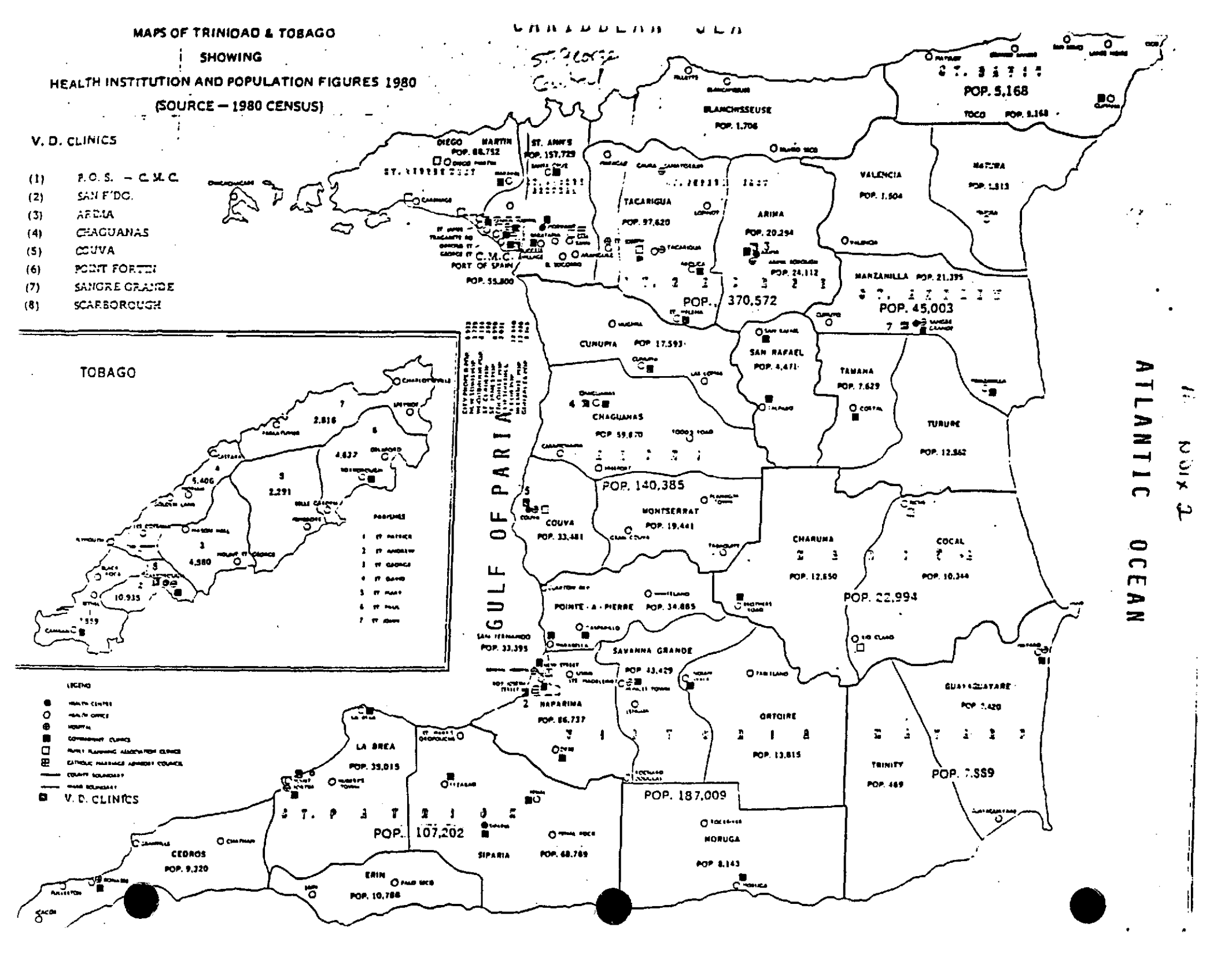
VII. CONCLUSIONS

Trinidad and Tobago through the Focal Point has made many achievements toward the goal of affecting a health care systems which adequately addresses the health care needs and status of women. The scope of her responsibilities and the contacts as Principal Medical Officer for Community Services have facilitated this. Also her membership in the Intern-Ministerial Committee for the Integration of Women in Development, National Population Council and the National AIDS Committee has provided her with a facilitating and supportive network.

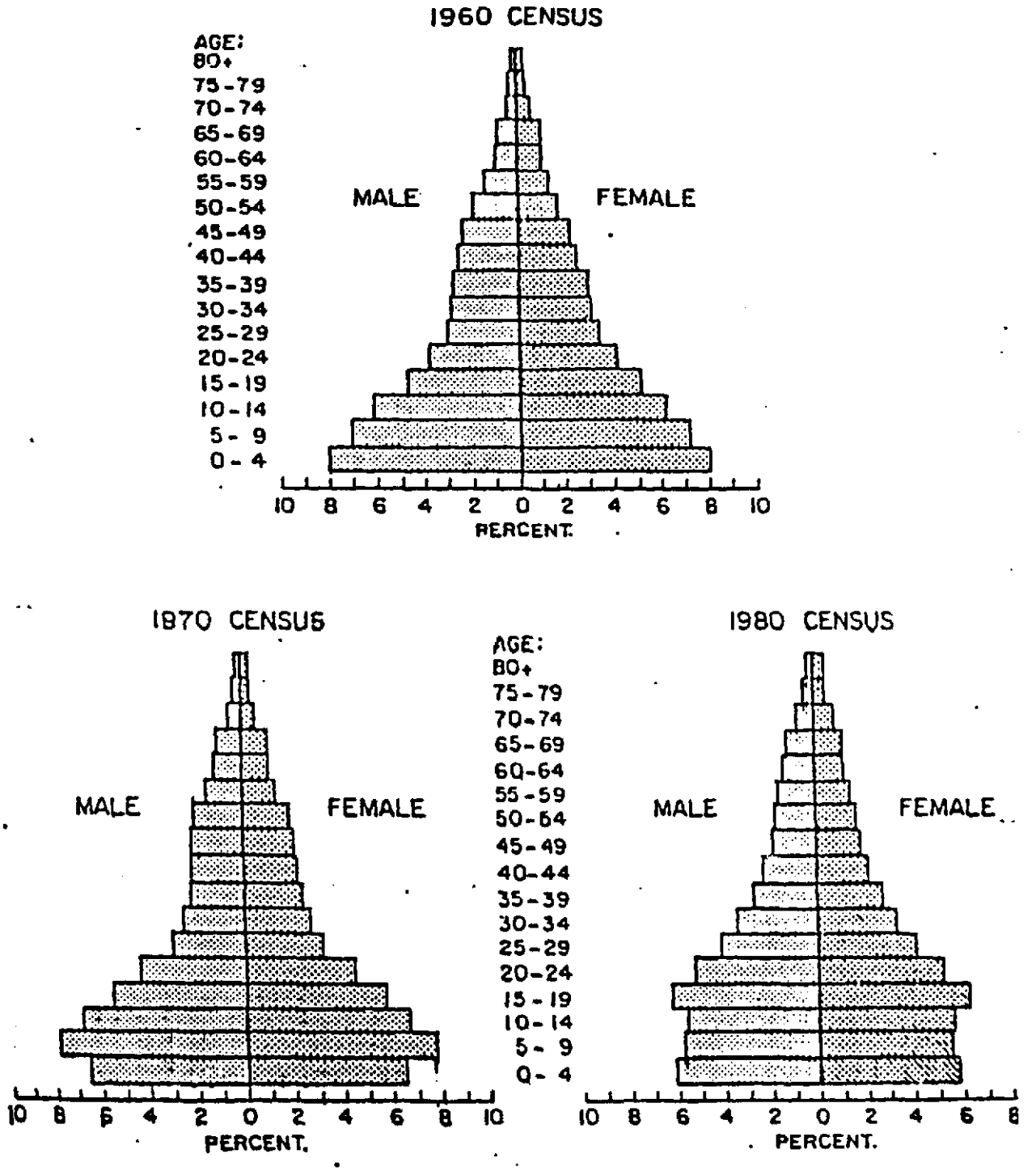
But, significant and sustained effort cannot be possible when the Focal Point is already fully occupied with other duties and has to operate on limited funds or on a non-existent budget.

In order to rectify the situation, it is recommended that the Focal Point for Women, Health and Development be provided with personnel and financial support needed for her to perform her duties effectively.


CURAÇAO
BERMUDA
PANAMA CANAL
ATLANTIC OCEAN
CARIBBEAN SEA
PACIFIC OCEAN
REPUBLIC OF PANAMA
HAITI
DOMINICAN REP.
PUERTO RICO
JAMAICA
BELIZE
HONDURAS
NICARAGUA
COSTA RICA
COLOMBIA
VENEZUELA
TRINIDAD
LESSER ANTILLES
Key to Contours


MAPS OF TRINIDAD & TOBAGO
SHOWING
HEALTH INSTITUTION AND POPULATION FIGURES 1980
(SOURCE — 1980 CENSUS)
V. D. CLINICS
(1) P. O. S. — C.M.C.
(2) SAN F'DO.
(3) ARIMA
(4) CHAGUANAS
(5) COUVA
(6) PORT FORTIN
(7) SANGRE GRANDE
(8) SCARBOROUGH
TOBAGO
CARIBBEAN SEA
ATLANTIC OCEAN
GULF OF PARIA
DIEGO MARTIN POP. 88,752
ST. ANN'S POP. 157,729
C.M.C. PORT OF SPAIN POP. 55,800
BLANCHISSEUSE POP. 1,706
TOCO POP. 5,168
TACARIGUA POP. 97,620
ARIMA POP. 20,294
POP. 24,112
VALENCIA POP. 1,504
MATURA POP. 1,313
MANZANILLA POP. 21,395
POP. 370,572
POP. 45,003
CUNUPIA POP. 17,593
SAN RAFAEL POP. 4,471
TAMANA POP. 7,629
TURURE POP. 12,562
CHAGUANAS POP. 59,870
POP. 140,385
COUVA POP. 33,481
MONTSERRAT POP. 19,441
CHARUMA POP. 12,850
COCAL POP. 10,344
POP. 22,994
POINTE-A-PIERRE POP. 34,885
SAN FERNANDO POP. 33,395
SAVANNA GRANDE POP. 43,429
NAPARIMA POP. 86,737
ORTOIRE POP. 13,815
TRINITY POP. 469
POP. 7,559
LA BREA POP. 35,015
POP. 187,009
POP. 107,202
SIPARIA POP. 68,789
MORUGA POP. 8,143
CEDROS POP. 9,320
ERIN POP. 10,786
2,816
5,406
2,291
4,827
4,980
10,935
1,559
PARISHES
1 ST. PATRICK
2 ST. ANDREW
3 ST. GEORGE
4 ST. DAVID
5 ST. MARY
6 ST. PAUL
7 ST. JOHN
LEGEND
V. D. CLINICS

APPENDIX 3

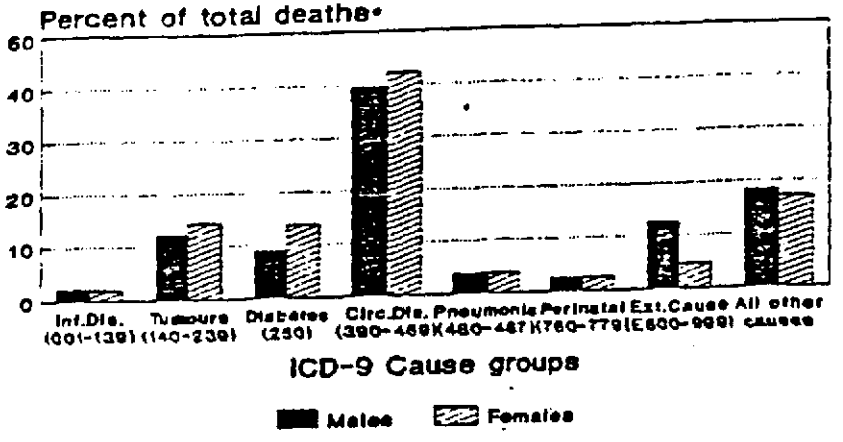


Source of Data: *Population and Vital Statistics Reports*, Central Statistical Office

Figure 1.1
Changing Demographic Aspects

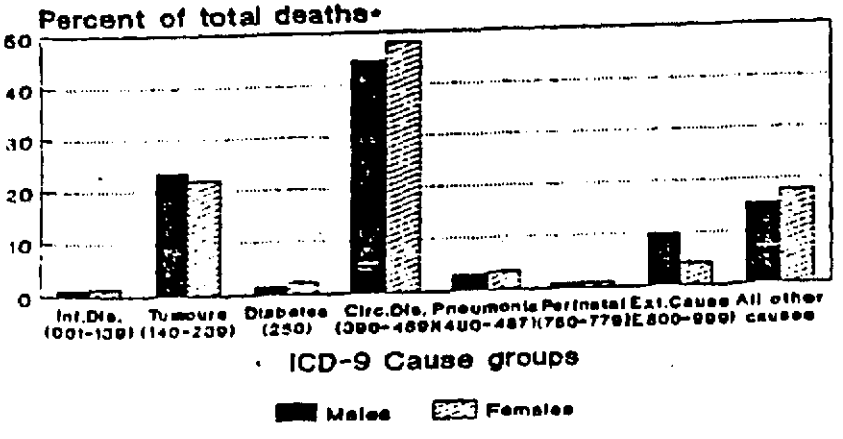
APPENDIX 4

Fig.6: Trinidad & Tobago (1985-1987)
Mortality* by Cause groups and sex



from defined causes

Fig.8: United States (1987)
Mortality* by Cause groups and sex



m defined causes

Figure 6:
Mortality structure by Cause group
Trinidad & Tobago 1985-1987

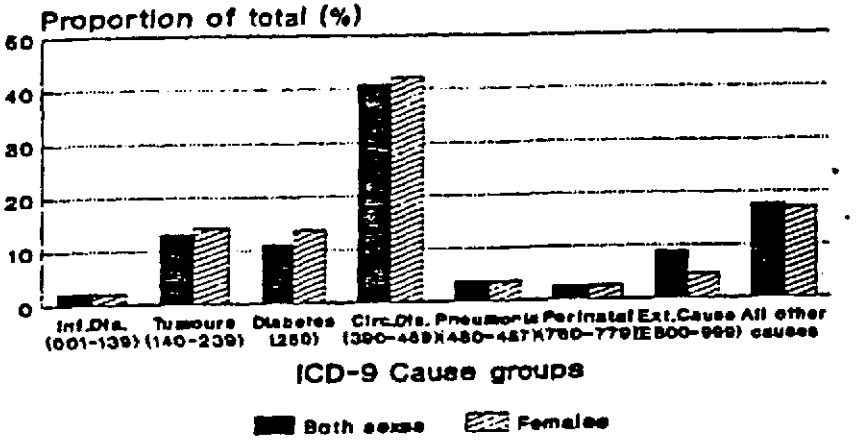
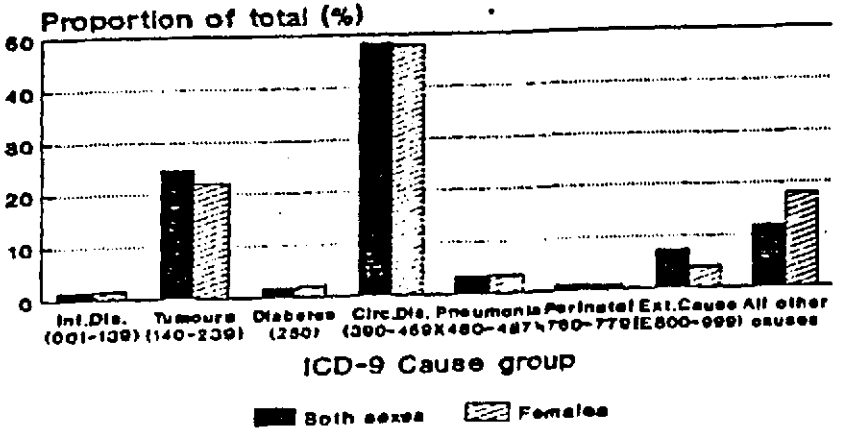


Figure 8:
Mortality structure by Cause group
U.S.A. 1985-1987



APPENDIX 4

APENDIX 5

Achievements in WHD by Ministery of Health

International Links

* Chairperson of PAHO's Sub-Committee on Women Health and Development
* Participant in the Workshop on Leadership and Participation of Women in Maternal and Child Health and Family Planning in Mauritius (1989)
* Delivery of feature address at Seminar/Workshop on Women in AIDS for World AIDS Day 1990.
* WHO MCH Conference, Geneva, 1990

Workshops - National and Regional

* Caribbean Workshop to prepare a draft sub-regional Plan of Action on WHD - Trinidad, 1988
* Caribbean Workshop at which the sub-regional Plan of Action with Strategies was finalized and later presented to the Conference of CARICOM Ministers responsible for Health - Barbados, 1990
* National Workshop in the Situational Analysis of Women and Children sponsored by the Government of Trinidad and Tobago and UNICEF - Trinidad, 1990
* National Workshop on Women Health and Development in Trinidad and Tobago - Trinidad 1990
* Workshop on Strengthening Non-Governmental Organizations - A Strategy for Co-operation in Health - Trinidad, 1989
* Workshop on WHD/INSTRAW - Santo Domingo, 1989
* Regional Workshop on Methods of Evaluating MCH Programmes - Trinidad 1990

Surveys/Projects

* Nutritional Survey in the Under 5 year olds
* Childhood Mortality Survey
* KAP on AIDS from which the women and AIDS project developed

* Community Outreach on AIDS using popular theatre
* Situational Analysis on Women and Children in Trinidad and Tobago
* KAP on Diabetes and Hypertension
* St. James Cardio-vascular Survey
* Evaluation of EPI and Growth Monitoring Programmes

Training

* County Workshops for Health Care Workers on Control of Diarrhoeal Diseases and Acute Respiratory Infections in the Under 5 year olds
* Child Health Workshops for NGOs, care providers, teachers
* Training of four (4) Cytotechnicians in Martinique through the French Government
* Training of Cytoscreeners at National Institute of Higher Education, Research, Science and Technology (NIHERST)

Legal — Discussions with the Ministry of Social Development and Family Services with respect to offenses Against the Person Act (Amendment to) with respect to Abortion. Recommendations were made to Cabinet.

APPENDIX 6

Achievements in WHD by other Governmental Agencies

* Establishment of a Family Bureau by the Police Department to deal with Domestic Violence and Child Abuse
* Training Session for Police Officers with respect to Sexual Abuse
* The Women's Bureau, Ministry of Social Development and Family Services has organised and participated in a number of Local and International Seminars/Meetings with respect to Women's Issues

Local

* Project identification and Preparation/Planning and Management of Women's NGOs
* Financing of small projects and Women and Housing
* Status of Women in the Caribbean in coordination with the Bustamante Institute and Caribbean Women and Development
* Role of Women in Disaster in collaboration with PAHO
* Special programmes for the Day of Women of the Americas, International Women's Day, International Day Against Violence to Women

Overseas

* Commonwealth Secretariat meeting in Zambia to review a Draft Manual on Training of Young Employed Women
* Women in Politics sponsored by Bustamante Institute and Caribbean Women for Development - Antigua
* Women and Employment - Washington D.C

Legal The Proclamation of the Attachment of Earnings (Maintenance) Act of 1988 - This is with the Chief Parliamentary Counsel.

* Ratification of the UN Convention on the Elimination of all Forms of Discrimination Against Women
* Working Paper on Domestic Violence - This is being discussed in the Senate at the present time.

- Representations on behalf of Women's Groups - assisting the National Union of Domestic Employees in enquiries regarding the recognition of the union by the Ministry of Labour, Social Security and Co-operatives
- Financial assistance to organization under the Development Programme
- Ministry of Youth, Sport, Culture and Creative Arts
  * Youth Training Employment partnership programme
  * Working with Youth Groups
  * Best Village Activities - development of cultural and creative activities
  * Support - technical to sports clubs

APPENDIX 7

Achievements in WHD by NGOs

* Sensitization of Community on Women's Issues
  - a weekly TV programme which was aired for about 4 months
* Survey of about 3,000 women 25 years and over with respect to Diabetes and Hypertension
* Advocates on Rape, Child Abuse, Domestic Violence, Recognition of Union for Domestic Workers.
* Establishing a half way house in South Trinidad (7 years now) which offers shelter to women and children for up to 3 months. Counselling and alternatives are discussed/offered.
* Public lectures and TV appearances to discuss the issues of women
* Rape Crisis Center which offers a hot-line service, counselling, placement when can, given lectures to groups
* The Information Breastfeeding Service - counselling to mothers, visits to hospitals, training of Medical Students and Counsellors.
* Support groups offered to special persons and also training in special fields, public education - Downes Syndrome, Diabetic Association etc.
* Offer of Scholarships for women to study social work
* Shelter for pregnant teens/single pregnant until delivery.
* Training of persons to look after children, well baby clinics
* Feeding of children and families
* Training of youths in self development, vocational and health auxiliary skills.

* Training of child care providers/nursery teachers
* A week of activities for International Women's Day.

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February 29

2) Annual Report 1989 on Women's Bureau, Ministry of Social Development and Family Services

3) Women Health and Development - Caribbean Plan of Action 1990-1995 - Developed by Caribbean NFP for WHD - In Collaboration with Caribbean Community Secretariat

4) Strengthening Non-Governmental Organizations
   - A Strategy for Co-operation in Health
   - Final Report from Conference 1989 May.
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5) Report of the National Workshop on Women, Health and Development in Trinidad and Tobago - 1990 January
Ministry of Health and Ministry of Social Development and Family Services, PAHO/WHO

6) A Situational Analysis of Women and Children in Trinidad and Tobago, 1990
Henry, Ralph and Demas, Norma. November 1990 - Government of Trinidad and Tobago and UNICEF