



Generation Unlimited: the Well-being of Young People in Trinidad and Tobago

FACT SHEET

July 2021

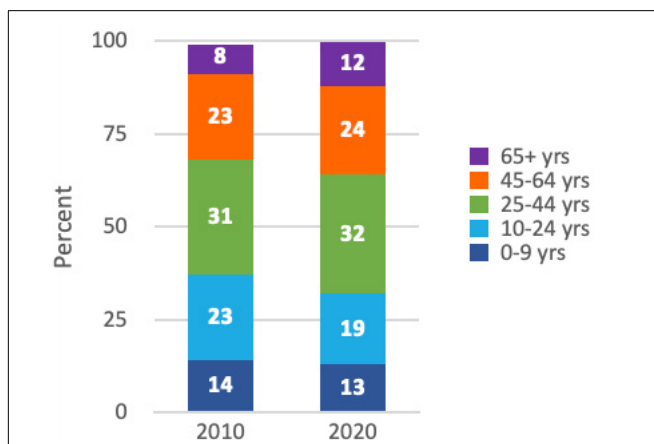
The age from 10-24 is an important transitional period in the life cycle of young people: from dependence to independence; from childhood to adulthood; from primary to secondary school and onto tertiary education and/or the labour market; and from pre-pubescence to sexual maturity. Few young people are likely to pass through this period without some reversals or feelings of uncertainty, such as: not doing well at school; examination failures; parental discord; problems with friends and partners; and/or difficulties in finding their first job. In most cases, these experiences will be transitory and have little influence on their future lives. But for others, these experiences can be more severe and have long-lasting impacts on one's well-being, on that of their families and, if widespread, on national, social and economic development. In 2020 and 2021, the COVID-19 global pandemic and its economic and social impacts have disrupted nearly all aspects of life for all groups in society, but young people, and especially for vulnerable youth, the COVID-19 crisis poses considerable risks to their education, employment, mental health and disposable income. While young people will shoulder much of the long-term economic and social consequences of the crisis, their well-being may be superseded by short-term economic and equity considerations.

Young People in Trinidad and Tobago



In 2020, according to UN population projections, there were around 271,500 young people (10-24 years) in Trinidad and Tobago; about 35,600 or 12% fewer than in 2010. Young people accounted for about 19% of the population. This proportion is likely to decrease in the future as the population continues to age and fertility

Population distribution by age groups



Source: Economic Commission for Latin American and the Caribbean (ECLAC).



EVERY YOUNG PERSON HAS A FAIR CHANCE IN LIFE

Ending poverty – or its dramatic reduction – is an overarching objective of the Sustainable Development Goals (SDGs). Adolescence and young adulthood are times when growing up in poverty can hamper educational performance, increase the risk of unemployment and lead to risky behaviours, such as substance abuse, involvement in gangs and other criminal activities. These can have a detrimental impact on the physical, emotional and social development of young people, threatening their life chances and risking the creation of inter-generational poverty.

Poverty and Young People

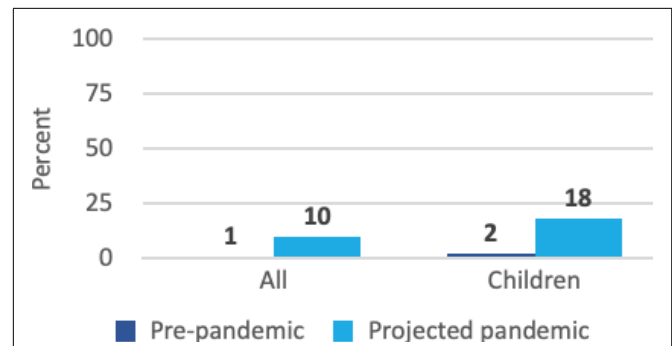
Poverty is at the heart of a considerable amount of vulnerability, social discrimination and exclusion: Households with inadequate income are more vulnerable to changing economic, social and environmental circumstances and to reduced income-earning potential. People in poverty also tend to live in inadequate and unsanitary housing in less desirable neighbourhoods, which are especially vulnerable to weather-related damage. They are also more prone to live in communities with high rates of crime and violence, which can be unsafe environments for adolescents and young people.

Poverty is a problem in the ECA even though countries and territories have reached a level of development that should allow a significant proportion of people living in poverty to escape poverty.

In 2016, 17% of people in Trinidad and Tobago were living in poverty and 1% were indigent (indigence entails living in a level of poverty in which real hardship and deprivation are suffered and comforts of life are wholly lacking). Trinidad and Tobago' poverty rate is higher than the average of 23% for the Eastern Caribbean. Data on the proportion of children, adolescent and young people living in poverty are not available.

With the onset of the COVID-19 pandemic, it has been projected that severe poverty rates will increase in the ECA, impacting the societies at-large, but children in particular. For children in Trinidad and Tobago, the severe poverty is projected to increase from 1% pre-pandemic to 10% as a result of the pandemic for all in the population. The projected increase in severe poverty is even more dramatic for children from 2% pre-pandemic to 18% as a result of the pandemic.

Projected changes in severe poverty due to COVID-19

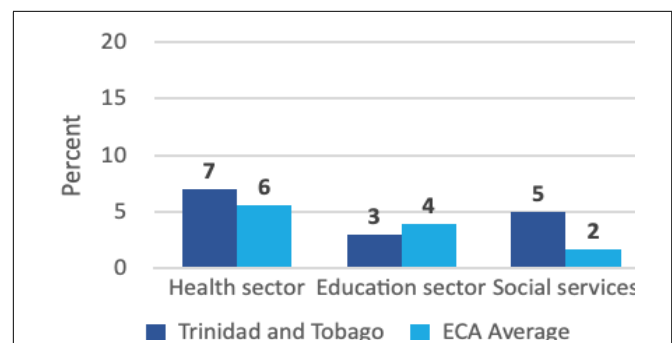


Source: USAID/UNICEF (2020). *The socio-economic impact of COVID-19 on children and young people in the ECA*. UNICEF Office for the ECA: Christ Church, Barbados, p. 13.

Public Finance for Children and Young People

Public financing varies across sectors – health, education, social protection and social services – that are particularly important to children and young people. Mobilising national resources for children and young people in Trinidad and Tobago is critical to ensuring a sustainable and equitable impact on their lives.

Public expenditures (% of GDP) allocated to sector (%)



Source: Nabinger, S. (2017). *Review of Social Sector Expenditures in the Eastern Caribbean Area*. UNICEF Office for the ECA: Christ Church, Barbados

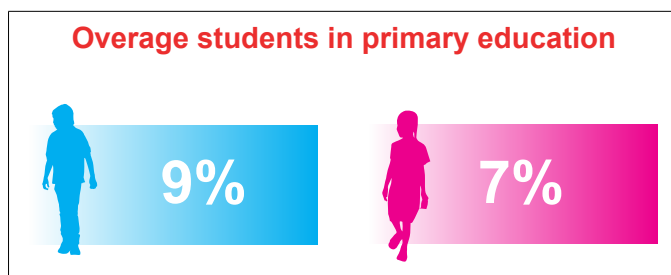
EVERY YOUNG PERSON LEARNS

Access to quality education is crucial if young people are to acquire the knowledge and skills to function in and contribute to society. Experiences at school have far-reaching effects on their development and well-being, encompassing physical and mental health, safety, civic engagement and social development. Education in various forms is a vital prerequisite for combating poverty, empowering young people, protecting them from hazardous and exploitative practices, promoting human rights and democracy and protecting the environment.

Primary and Secondary School Enrolment

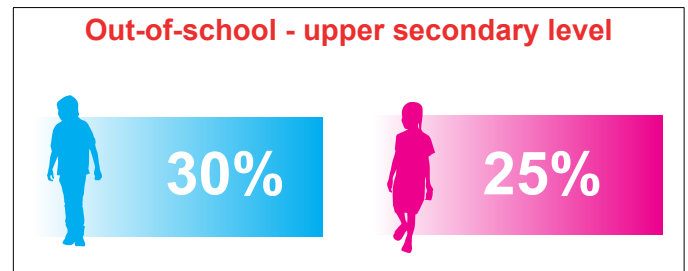
In Trinidad and Tobago, education is compulsory between the ages of 5-16, in keeping with the Education Act. Although early childhood education and tertiary education are not compulsory, they do form part of the formal education system and are highly encouraged.

In 2010, the primary school enrolment rate was 99%. In 2018, the proportion of over-age students in primary schools was 8%, twice as high as the average of 4% for the Eastern Caribbean. In the Eastern Caribbean, Trinidad and Tobago has the highest proportion of overage students in primary education. Boys (9%) were more likely than girls (7%) to be overage students in primary schools.



In 2010, the secondary school enrolment rate was only 73%; secondary school enrolment rate was slightly higher for girls (75%) than boys (70%). Trinidad and Tobago has among the lowest secondary net enrolment rate among Eastern Caribbean countries; far less than the average of 85% for the Eastern Caribbean.

In 2004, 12% of lower secondary school age adolescents were out-of-school; lower than the average of 7% for the Eastern Caribbean. In comparison, in 2018-2019, 30% of boys and 25% of girls were out-of-school at the upper secondary level; this is higher than the average of 21% for boys and 20% for girls in the Eastern Caribbean.



Grade Repetition

Grade repetition rates¹ represent the proportion of pupils who remain in the same grade in the following school year. Repeating a grade reflects the internal efficiency of educational systems. Repetition is one of the key indicators for analysing and projecting pupil flows from grade-to-grade within educational systems. Ideally, repetition rates should approach zero percent. High repetition rates reveal problems in the internal efficiency of the educational system and possible reflect a poor level of instruction. When compared across grades, the patterns can indicate specific grades for which there is higher repetition, hence requiring more in-depth study of causes and possible remedies. Grade repetitions data are not available for Trinidad and Tobago.

School Dropout

School dropout rates reflect the proportion of pupils from a cohort enrolled in a given grade at a given school year who are no longer enrolled in the following school year. Premature exiting measures the phenomenon of pupils from a cohort leaving school without completion, and its effect on the internal efficiency of educational systems. School dropout is a key indicator for analysing and projecting pupil flows from grade-to-grade within

¹ Repetition rate is the number of repeaters in a given grade in a given school year, expressed as a percentage of enrolment in that grade the previous year.

the educational cycle. Dropout data are not available for Trinidad and Tobago.

Primary and Secondary Completion Rates

In 2010, the primary education completion rate was 95%. Girls (95%) and boys (95%) primary education completion rates did not differ. The lower secondary education completion rate was 81%. Girls (89%) had a higher lower secondary education completion rate than boys (76%).

Skills and Learning Outcomes

At primary and secondary levels of education, children and adolescents develop foundational and transferable skills, including digital skills needed to enable them to become lifelong learners, and to access future educational and work opportunities. Data related to skills and learning (e.g., the proportion of students who passed CSEC subjects, including English A and Mathematics, are not available for Trinidad and Tobago.

Literacy Rates

The youth literacy rate is 100% in Trinidad and Tobago. Among persons 15 years and older, the literacy rate was 99% in Trinidad and Tobago. It is notable that these data are nearly a decade old.

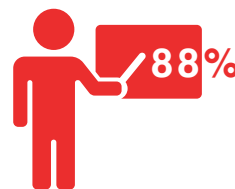
Trained Teachers

A trained teacher is one who has received at least the minimum organised pedagogical teacher training pre-service and in-service required for teaching at the relevant level in Suriname. Training of teachers can have a great impact on student learning outcome; yet this only happens when the teachers apply new knowledge and skills in their classroom.

In Trinidad and Tobago, in 2018-2019, the proportion of trained teachers was 88% at the primary education level. This compares to the average for Caribbean Small States (83%), OECS Member States (72%) and the Eastern Caribbean Area (70%). Data on the proportion of trained teachers at the secondary education level are not available for Trinidad and Tobago.

Trained teachers

Primary Level: 2018-2019



Tertiary Education

Access to tertiary education for youth is crucial to learning outcomes and skills development, human development of a population and poverty reduction in a country. Summary data on transition rates and net enrolment rates, as well as numbers of youth in tertiary education are limited. Data related to tertiary education are not available for Trinidad and Tobago.

EVERY YOUNG PERSON PARTICIPATES

For young people, the path to a successful future goes through quality education that equips them – and empowers them – with the skills they need to thrive into today’s work force. This transition is not always so straight forward, especially when young people are unable to find suitable jobs. This can have a negative impact on their self-esteem, mental health and well-being, contribute to engagement in anti-social or risk behaviours, and can be a financial strain on the household and affect their relationship with family members.

Data related to youth labour force participation and youth unemployment are not available for Trinidad and Tobago. It is notable, however, that it has been projected that the youth unemployment rate can be expected to double due to the COVID-19 pandemic. Given the majority of unemployed youth live with their families, this can only further exacerbate the financial situations of families/households and increase the risks of volatile family situations. Further analysis is needed to understand the short- and long-term impacts of COVID-19 on youth unemployment and labour force participation.

EVERY YOUNG PERSON THRIVES

The rights of adolescents and youth to survive, grow and develop are enshrined in international conventions, including the CRC. In keeping states are obliged to recognise the special health and development needs and rights of young people, including adolescents and youth. Young people will thrive when they continue to eat well, are stimulated and cared for at home and in their communities, and enjoy access to quality education that gives them opportunities to learn and grow into adulthood.

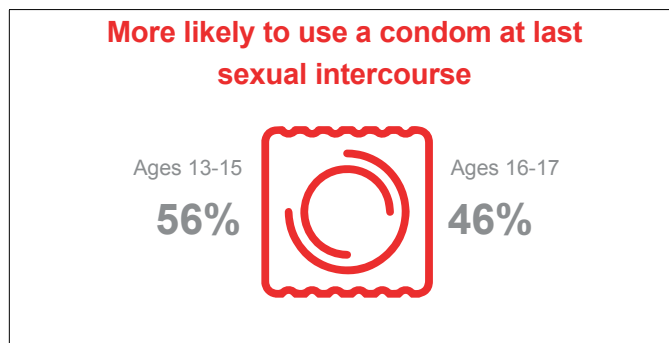
Sexual Behaviours

Data on the sexual behaviours of adolescents in Trinidad and Tobago are limited to adolescent ages 13-17 and three indicators – ever had sexual intercourse, had sexual intercourse before the age of 14, and condom use during the last act of sexual intercourse.

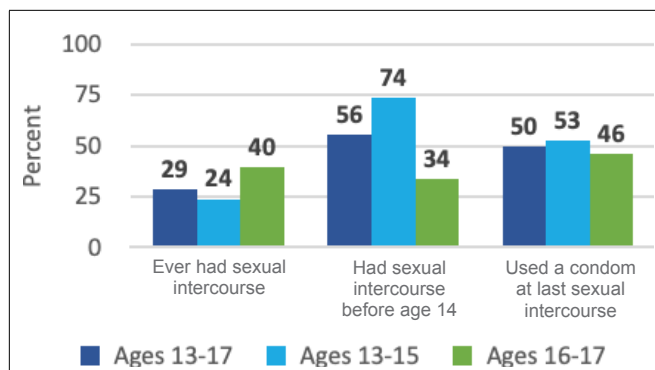
Among adolescents ages 13-17, only 29% ever had sexual intercourse. Adolescents ages 16-17 (40%) were more likely to have ever had sexual intercourse, compared to adolescents ages 13-15 (24%). Among adolescents ages 13-17, boys (40%) were twice as likely as girls (19%) to have ever had sexual intercourse. Among adolescents ages 13-15, boys (33%) were twice as likely as girls (16%) to have ever had sexual intercourse. This same pattern emerges among adolescents ages 16-17 (54% boys, 27% girls).

Among adolescents ages 13-17 who ever had sexual intercourse, more than 1 in 2 or 56% did so before 14 years of age; whereas 74% of adolescents ages 13-15 were twice as likely to have sexual intercourse before 14 years of age, compared to adolescents ages 16-17 (34%). Among adolescents ages 13-17, boys (62%) were more likely than girls (43%) to have had sex for the first time before 14 years of age. This same gender pattern emerges among adolescents ages 13-15 and 16-17 years; however, among adolescents ages 16-17, boys (41%) were twice as likely as girls (21%) to have sexual intercourse before 14 years.

Among sexually active adolescents, only 50% used a condom at last sexual intercourse. Adolescents ages 13-15 (56%) were slightly more likely than adolescents ages 16-17 (46%) to use a condom at last sexual intercourse.

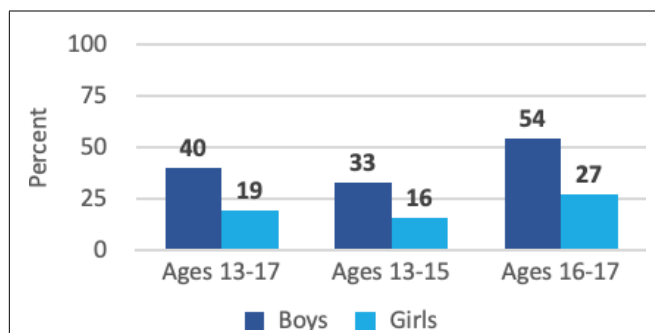


Sexual behaviours among adolescents by age



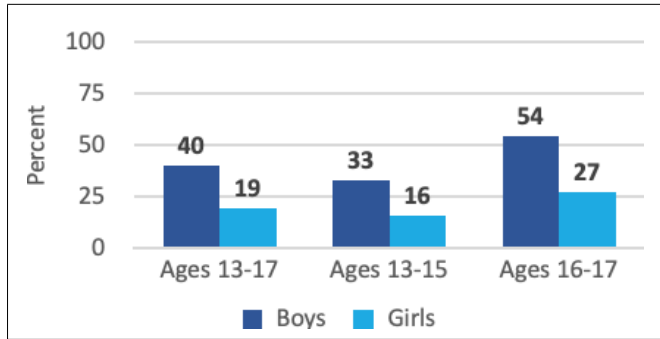
Source: Trinidad and Tobago GSHS, 2017

Adolescents sexual intercourse by age and gender



Source: Trinidad and Tobago GSHS, 2017

Adolescents sexual intercourse by age and gender

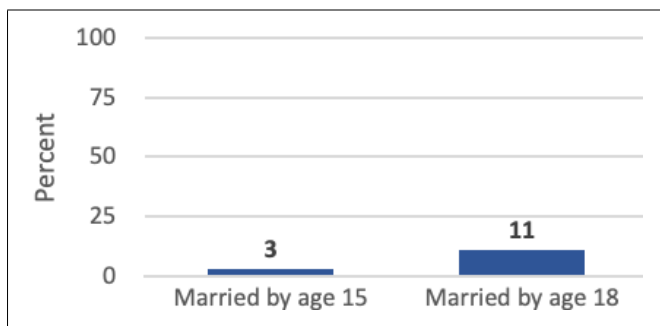


Source: *Trinidad and Tobago GSHS, 2017*

Early Marriage

SDG 5 includes a target aimed at eliminating all harmful practices, including child, early and forced marriage. In 2011, 3% of women ages 20-24 were first married or in a union before the age of 15; whereas 11% of women ages 20-24 were married before the age of 18.

Women ages 20-24 first married before ages 15 and 18



Source: *Trinidad and Tobago MICS, 2011*

Girls who marry before the age of 18 are more likely to experience domestic violence and less likely to remain in school. As a result, they have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their own children. In addition, girls who marry as children often become pregnant during adolescence, when the risk of complications during pregnancy and childbirth increases – for themselves and their infants. The practice can also isolate girls from family and friends and exclude them from participating in their communities, taking a heavy toll on their physical and psychological well-being. Because child marriage impacts a girl’s health, future and family, it imposes

substantial economic costs at the national level, too, with major implications for development and prosperity.

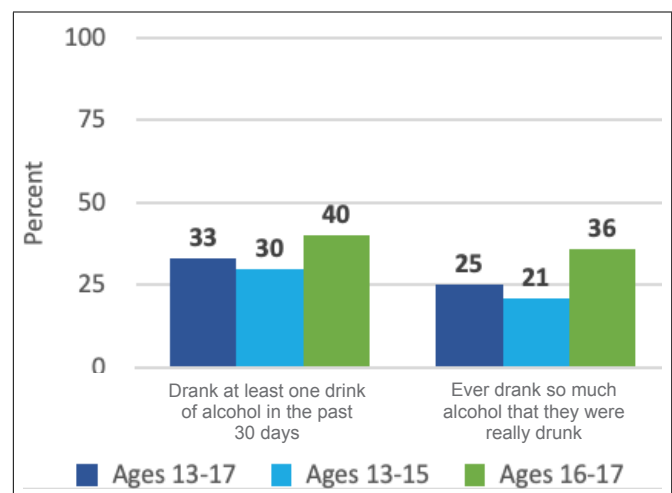
Alcohol and Tobacco Use

Alcohol and tobacco use typically have their onset in adolescence and young adulthood, and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. During adolescence and young adulthood, young people are less able to anticipate the negative effects of alcohol and tobacco use on their health and well-being, including risks of abusing such substance and developing addictions.

In Trinidad and Tobago, 33% of adolescents ages 13-17 drank at least one drink of alcohol in the past 30 days, and 25% ever drank so much alcohol that they were really drunk. Adolescents ages 16-17 more likely to drink at least one drink of alcohol in the past 30 days (40%) and to ever drink so much alcohol that they were really drunk (36%), compared to adolescents ages 13-15 (30% and 25% respectively).

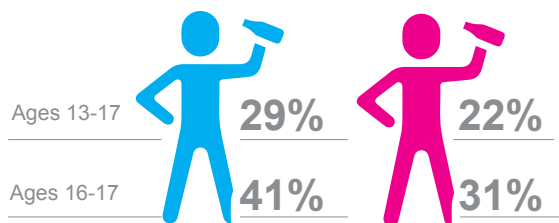
There were no gender differences in alcohol use, but boys were more likely than girls to ever drink so much alcohol that they were really drunk. Boys ages 13-17 (29%) were more likely than girls (22%) to ever drink so much that they were really drunk. This gender difference is most notable among adolescents ages 16-17 (41% boys, 31% girls).

Adolescent alcohol consumption by age



Source: *Trinidad and Tobago GSHS, 2017*

More likely to drink so much alcohol to get drunk



Alcohol drunkenness by age and gender

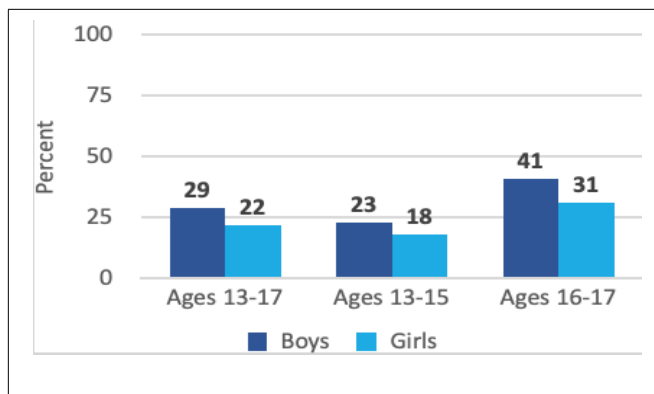


Source: Trinidad and Tobago GSHS, 2017

Tobacco use is the leading cause of preventable disease and death, and nearly all tobacco use begins during adolescents and young adulthood. Adolescents and youth who use tobacco products are at higher risk for developing nicotine dependence and might be more likely to continue using tobacco into adulthood.

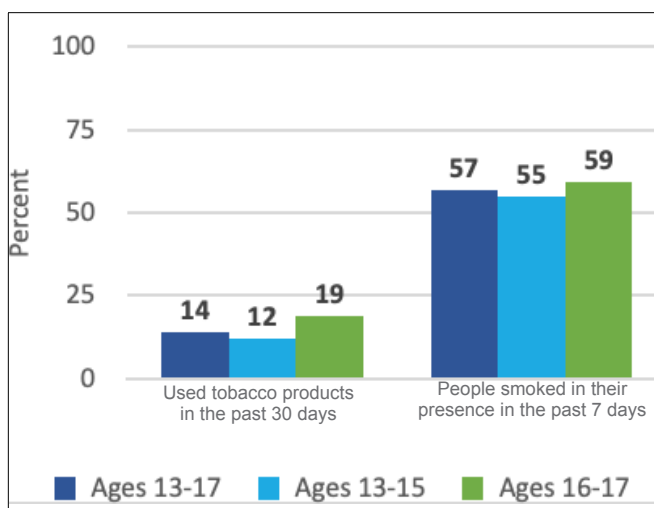
Although more than 1 in 2 or 57% of adolescents ages 13-17 had people smoke in their presence during the past 7 days, only 14% used any tobacco products in the past 30 days. Among adolescents ages 13-17, boys (19%) were nearly twice as likely than girls (10%) to use tobacco products in the past 30 days. This same pattern emerged among boys and girls ages 13-15 and 16-17 years. Among adolescents ages 16-17, boys (26%) were more than twice as likely as girls (12%) to use tobacco products in the past 30 days.

Adolescents used of tobacco products by age



Source: Trinidad and Tobago GSHS, 2017

Tobacco use by age and gender

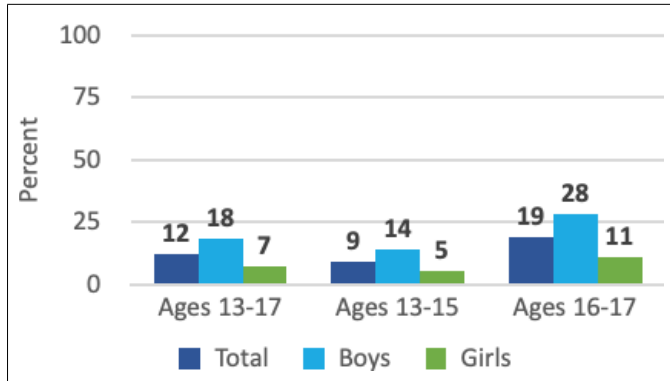


Source: Trinidad and Tobago GSHS, 2017

Drug Use

As it relates to drug use, only 12% of adolescents ages 13-17 in Trinidad and Tobago ever used marijuana. Adolescents ages 16-17 (19%) were twice as likely to ever use marijuana as adolescents ages 13-15 (9%). Boys were nearly three times more likely than girls to ever use marijuana, regardless of age group.

Marijuana use by age and gender

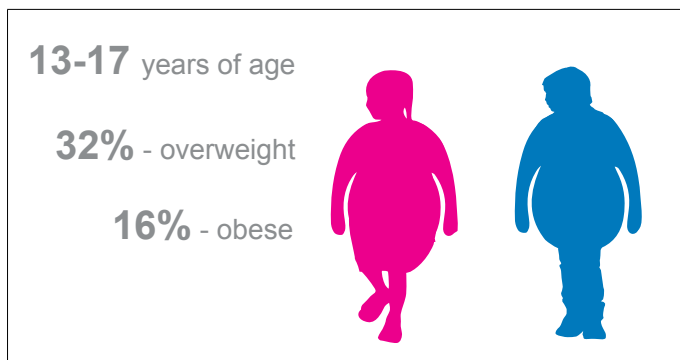


Source: Trinidad and Tobago GSHS, 2017

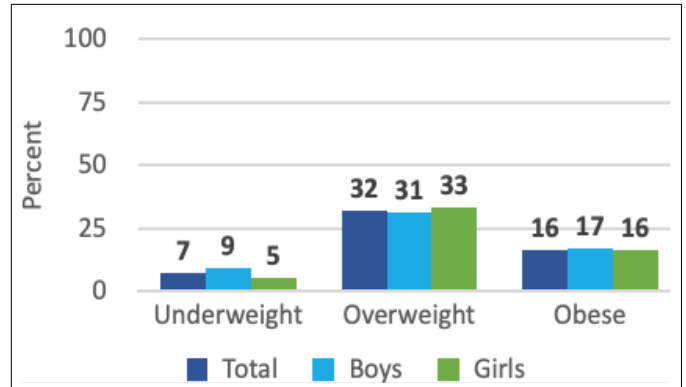
Nutrition

Adolescence is the period of development that begins at puberty and ends in early adulthood, and is characterised by a rapid pace of growth that is second only to that of infancy. Rapid physical growth during adolescence creates a high demand for energy and certain nutrients. Nutrition is a critical factor for appropriate adolescent development and an important element for prevention of disease development, especially for chronic disease. Over the past decade, nutrition has been identified as a major global priority, and the increase in worldwide overweight and obesity has been highlighted.

In Trinidad and Tobago, only 7% of adolescents ages 13-17 were underweight (≤ 2 SD from median for BMI), whereas nearly 1 in 3 or 32% were overweight ($>+1$ SD from median for BMI by age and sex) and 16% were obese ($>+2$ SD from median for BMI by age and sex). There are no gender differences.



Underweight and overweight adolescents ages 13-17



Source: Trinidad and Tobago GSHS, 2017

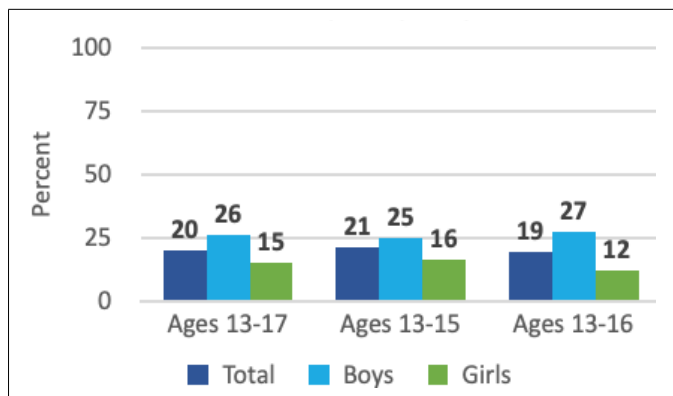
It is notable that 54% of adolescents ages 13-17 reported they drink carbonated soft drink one or more times per day. The consumption of soft drinks with high sugar content and acidity can have harmful effects on oral and general health (e.g., diabetes, high blood pressure and other non-communicable diseases).

Physical Activity

Regular physical activity in adolescence promotes health and fitness; thus, it is important to provide young people with opportunities and encouragement to participate in physical activities that are appropriate for their age and are enjoyable. Adolescents should engage in at least one hour or more of moderate to vigorous aerobic physical activity each day, and muscle and bone-strengthening physical activity at least three days a week.

In Trinidad and Tobago, only 20% of adolescents ages 13-17 were physically active at least one hour per day. Boys (26%) were more likely than girls (15%) to be physically active at least one hour per day. This is a similar gender pattern among adolescents ages 13-15 and 16-17 years.

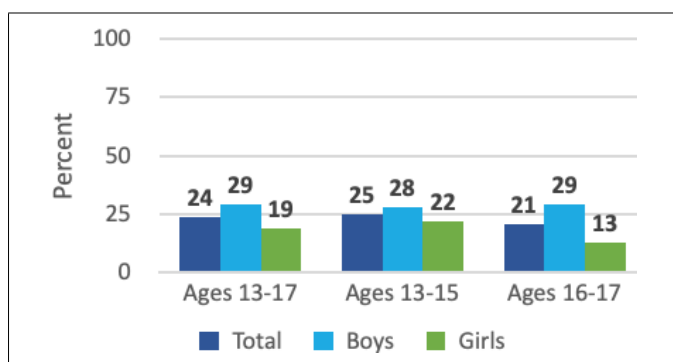
Physically active adolescents by age and gender



Source: Trinidad and Tobago GSHS, 2017

Only 24% of adolescents ages 13-17 attended physical education classes three or more days a week during the school year. Boys (29%) were more likely than girls (19%) to attend physical education classes three or more days a week during the school year. This is a similar pattern among adolescents ages 13-15 and 16-17 years. Yet, it is notable that boys ages 16-17 (29%) were more than twice as likely as girls ages 16-17 (13%) to attend physical education classes three or more days a week during the school year.

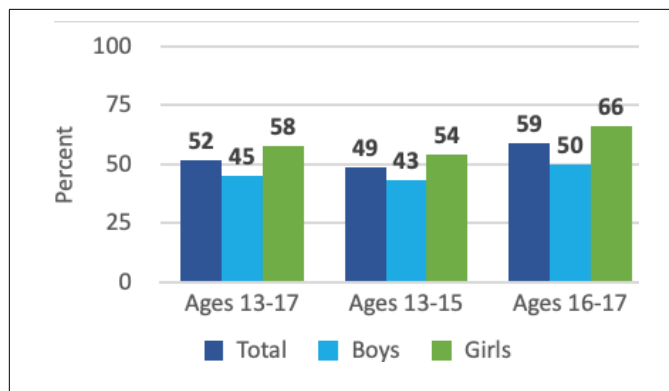
Adolescents who attend physical education



Source: Trinidad and Tobago GSHS, 2017

It is notable that more than 1 in 2 or 52% of adolescents ages 13-17 were physically inactive, i.e., spend three or more hours per day sitting and watching television, playing computer games or talking with friends, when not in school or doing homework during a typical or usual day. Girls (58%) were more likely than boys (45%) to spend three or more hours per day sitting. These same gender differences exist among adolescents ages 13-15 and 16-17 years.

Adolescents who spent 3+ hrs per day sitting



Source: Trinidad and Tobago GSHS, 2017

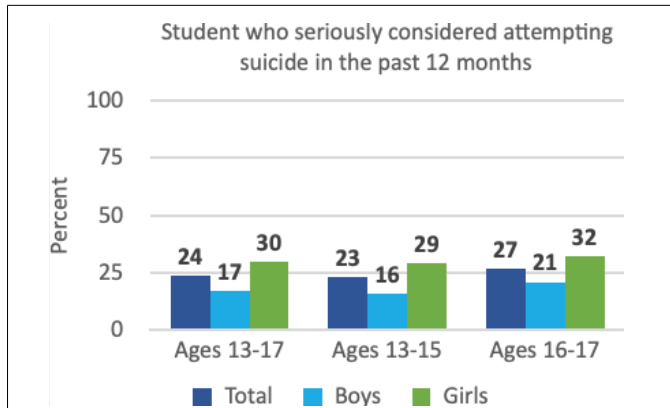
Mental Health

Most adolescents have good mental health, however, physical, emotional and social changes that occur during adolescence, coupled with exposure to poverty, physical and/or sexual violence, harsh parenting, and peer bullying can make adolescents vulnerable to mental health problems. Other risk factors that contribute to stress during adolescence include the quality of one's home life, relationships with peers, pressure to conform to peers, exploration of sexual and/or gender identity, and negative impacts of social media. Some adolescents are at greater risk of experiencing mental health problems because they experience stigmatization, discrimination and exclusion, and lack access to quality support and mental health services.

Suicide

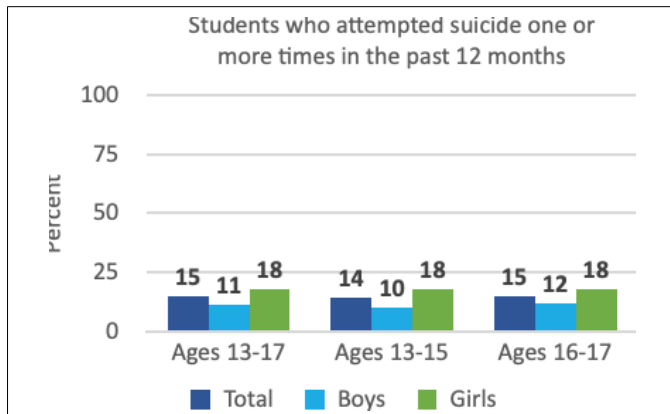
Among adolescents ages 13-17, nearly 1 in 4 or 24% seriously considered attempting suicide and 15% attempted suicide one or more times in the past 12 months. Girls (30%) were more likely than boys (17%) to consider attempting suicide; this is a similar gender pattern among adolescents ages 13-15 and 16-17. Girls ages 13-17 (18%) were also more likely than boys ages 13-17 (11%) to attempt suicide one or more times in the past 12 months; this is a similar gender pattern among adolescents ages 13-15 and 16-17. It is notable that nearly 1 in 3 or 30% of girls ages 13-17 considered attempting suicide, and nearly 1 in 5 or 18% of girls ages 13-17 attempted suicide one or more times in the past 12 months.

Suicidal tendencies by age and gender



Source: Trinidad and Tobago GSHS, 2017

Suicide attempts by age and gender



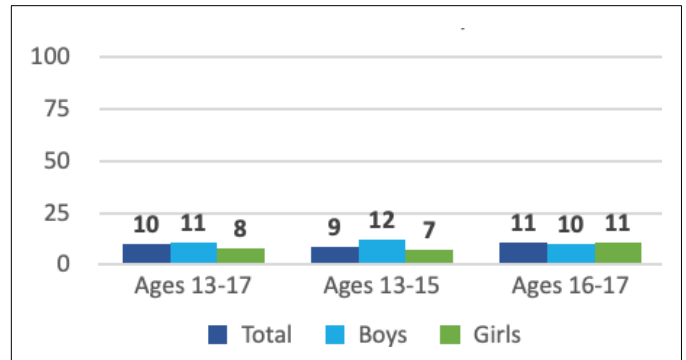
Source: Trinidad and Tobago GSHS, 2017

Well-Being Protective Factors

Parental and peer relationships are very important to adolescent mental health. Teenagers with friendship and close ties to their parents/guardians tend to be more adaptive to stress, report being happier due to an increased feeling of uniqueness, and are likely to do better academically. In addition, they tend to have higher self-esteem and self-confidence and may be more assertive.

In Trinidad and Tobago, only 10% of adolescents ages 13-17 reported they had no close friends; there were no differences based upon age or gender.

Adolescents without close friends by age and gender

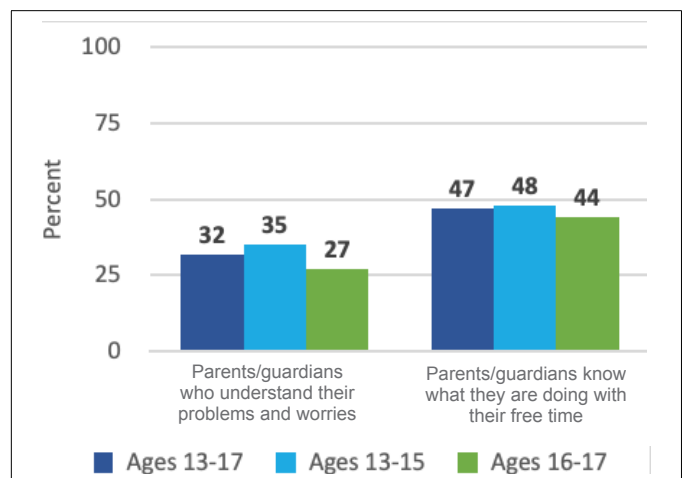


Source: Trinidad and Tobago GSHS, 2017

Only 32% of adolescents ages 13-17 had parents/guardians who understood their problems and worries, and 47% had parents/guardians who knew what they are doing with their free time. Adolescents ages 13-15 were slightly more likely to report their parents/guardians understand their problems and worries (35%) and know what they are doing with their free time (48%), compared to adolescents ages 16-17 (27% and 44% respectively).

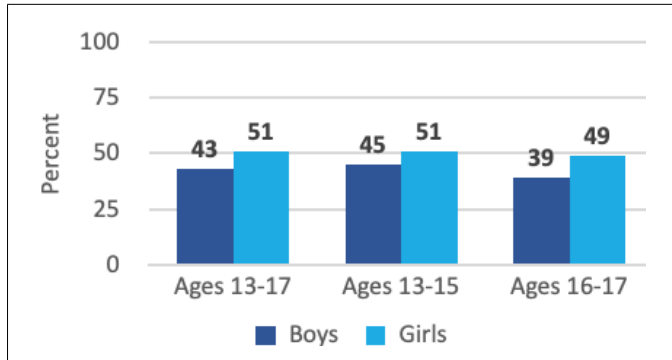
It is notable that adolescent girls, regardless of age, were more likely than boys to report their parents/guardians know what they are doing with their free time.

Adolescents with involved parents by age



Source: Trinidad and Tobago GSHS, 2017

Adolescents with involved parents by sex and gender

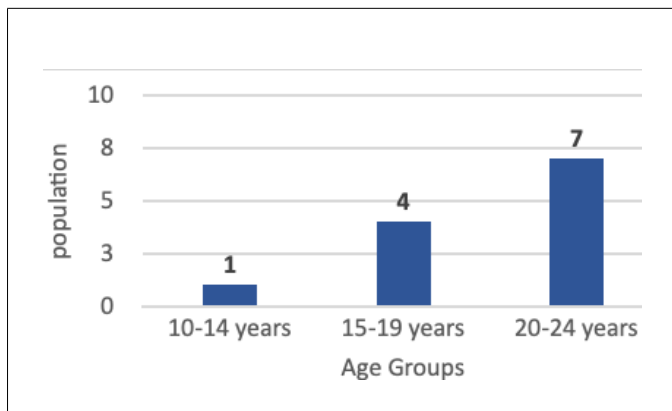


Source: Trinidad and Tobago GSHS, 2017

Mortality of Young People

In Trinidad and Tobago, the probability of young people dying varies by age. The probability of mortality is highest among youth ages 20-24 (7 per 1,000 youth) and 15-19 years (4 per 1,000 youth), and lowest among adolescent ages 10-14 (1 per 1,000 adolescents).

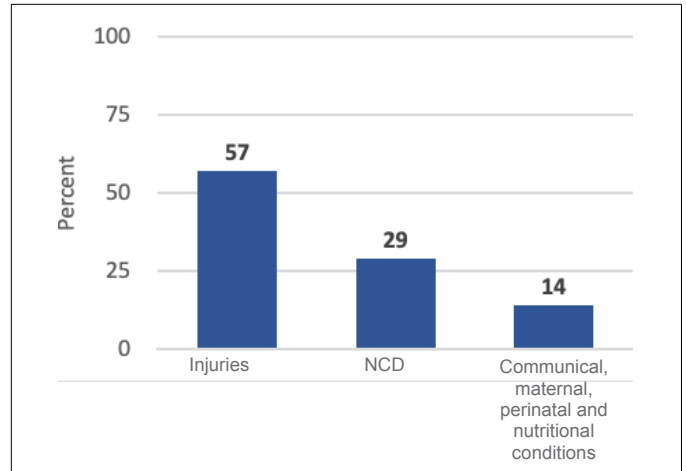
Probability of dying among young people by age group



Source: Estimates developed by the UN Inter-agency Group for child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division).

The leading causes of death among adolescents ages 10-19 is injuries (57%), compared to noncommunicable diseases (NCDs, 29%) and communicable, maternal, perinatal and nutritional conditions (14%). The leading causes of mortality varied by gender.

Leading causes of mortality for adolescents ages 10-19



Source: UNICEF Adolescent Health Dashboards, 2020

Adolescents ages 10-19 leading causes of mortality	
Boys	Girls
<ul style="list-style-type: none"> Intimate partner violence Road injury Drowning Self-harm Leukaemia HIV/AIDS Congenital anomalies 	<ul style="list-style-type: none"> Intimate partner violence Congenital anomalies Self-harm HIV/AIDS Road injury Leukaemia

Source: UNICEF Adolescent Health Dashboards, 2020

Disability-Adjusted Life Years (DALYs)

The disability-adjusted life year (DALY) is a summary measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. DALYs were developed in the 1990s by the World Bank and World Health Organization (WHO) as a measure of the global impact of disease on individual illness status, i.e., a way of quantifying the global burden of disease and a way of comparing the overall health and life expectancy across countries. DALY combines information about morbidity and mortality and is expressed in terms of numbers of healthy years lost.

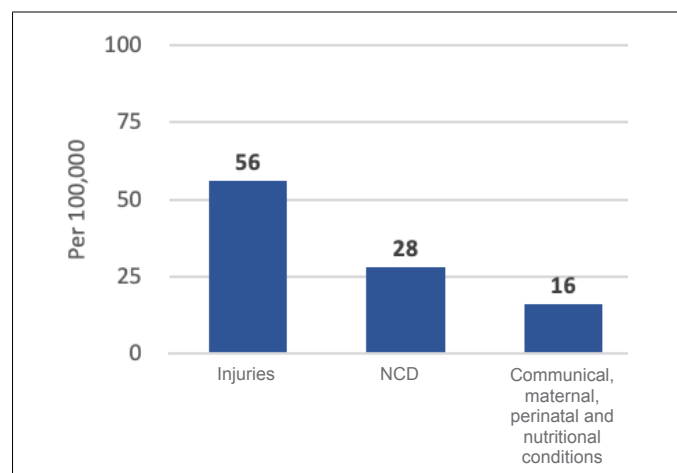
DALY

Disability Adjusted Life Years measure the overall burden of disease, expressed as the cumulative number of years lost due to ill-health, disability or early death.



In Trinidad and Tobago, NCD was the main cause of DALY at 561 per 100,000, followed by injuries (28 per 100,000) and communicable, maternal, perinatal and nutritional conditions (16 per 100,000). The leading causes of DALYs varied by gender.

DALY by cause among adolescents ages 10-19



Source: UNICEF Adolescent Health Dashboards, 2020

Leading causes of DALYs, adolescents ages 10-19	
Boys	Girls
<ul style="list-style-type: none"> Childhood behavioural disorders Intimate partner violence Neonatal conditions Road injury Asthma Self-harm Drowning Skin diseases Depressive disorders 	<ul style="list-style-type: none"> Anxiety disorders Depressive disorders Migraine Intimate partner violence Childhood behavioural disorder Migraine Asthma Iron-deficiency anaemia

Source: UNICEF Adolescent Health Dashboards, 2020

National Policies/Plans on Child/Adolescent Health

Trinidad and Tobago has adopted some national policies and plans on reducing physical inactivity,

prohibiting the sale of unhealthy food and sweetened beverage in or close to schools, designating an appropriate minimum age for purchase or consumption of alcoholic beverages, and to prohibit sale of tobacco product to minors.

National policies and plans on child/adolescent health		
Operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors		Red
National adolescent health programme		Red
Operational policy/strategy/action plan to reduce physical inactivity		Green
National policy to prohibit the selling of unhealthy foods and sweetened beverages in or close to schools		Green
National policy/laws designating an appropriate minimum age for purchase or consumption of alcoholic beverages		Green
National policy/law to prohibit sale of tobacco products to minors		Green
Plan or strategy for child and/or adolescent mental health		Red
Colour Code	Yes	Green
	No	Red

Source: UNICEF Adolescent Health Dashboards, 2020

Trinidad and Tobago has user fee exemptions for adolescents as it relates to accessing health and well-being services, including sexual and reproductive health, mental health and substance abuse services.

User fee exemptions for adolescents using health and well-being services		
Contraceptives		Green
Vaccination for HPV		Green
Testing and treatment of STIs		Green
HIV testing and counselling		Green
Mental health care		Green
Rehab for substance abuse		Green
Colour Code	Yes	Green
	No	Red

Source: UNICEF Adolescent Health Dashboards, 2020

Trinidad and Tobago does not have legal age limits for unmarried adolescents to access services without parental/legal consent, including sexual and reproductive health, and mental health services. A good practice is for countries to have no legal age limits for unmarried adolescents to use these services.

No legal age limits for unmarried adolescents to access services		
Contraceptive services (except sterilization)		Red
HIV testing and counselling		Red
Mental health services		Grey
Colour Code	Yes	Green
	No	Red
	Unknown	Grey

Source: UNICEF Adolescent Health Dashboards, 2020

Trinidad and Tobago also has taxation of alcohol, but not for sugar-sweetened beverages.

Taxation of sugar-sweetened beverages and alcohol		
Sugar-sweetened beverages		Red
Beer		Green
Spirits		Green
Wine		Green
Colour Code	Yes	Green
	No	Red

Source: UNICEF Adolescent Health Dashboards, 2020

EVERY YOUNG PERSON IS PROTECTED FROM VIOLENCE AND EXPLOITATION

Violence is a pervasive violation of children’s rights. Many children and young people are exposed to violence because they grow up in violent households and communities. Violence occurs in many settings, including the home, school, community and over the Internet. As young people pass through adolescence and become young adults, they begin to spend more time outside their homes and interact more intimately with a wider range of people. These interactions are crucial to their development, but can also expose them to new form of violence and exploitation. These threats can have implications for their physical and mental health lasting into adolescence, young adulthood and older age with indirect, but equally potential severe impact on their families, communities and wider society.

Protection of children and young people from all forms of violence and exploitation are fundamentals rights

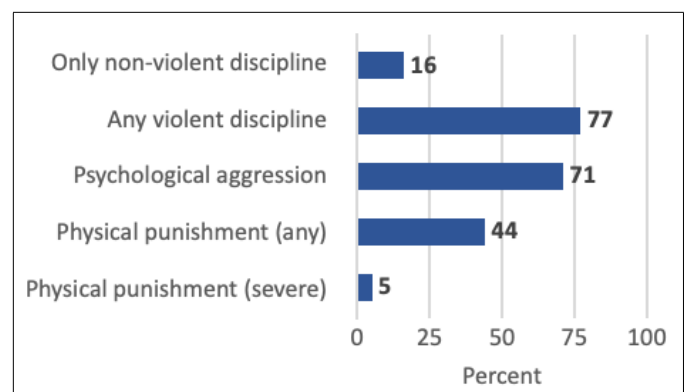
enshrined in the Convention on the Rights of the Child (CRC) and its Optional Protocols, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). SDGs include specific targets to: end abuse, exploitation, trafficking and all forms of violence and torture against children (SDG 16.2); end all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (SDG 5.2); and eliminate all harmful practices, such as child, early and forced marriage (SDG 5.3).

Violence against children (VAC), including gender-based violence (GBV), knows no boundaries of culture, socio-economic status, education, income or ethnic origin; however, gender, disability, poverty and national/ethnic origin are some of the risk factors that can place children and young people at increased risk of experiencing violence and exploitation.

Corporal Punishment

In Trinidad and Tobago, in 2011, it was found that 77% of adolescents ages 10-14 experienced violent discipline (44% experienced physical punishment, 5% experienced severe physical punishment and 71% experienced psychological aggression).

Discipline experienced by adolescents ages 10-14



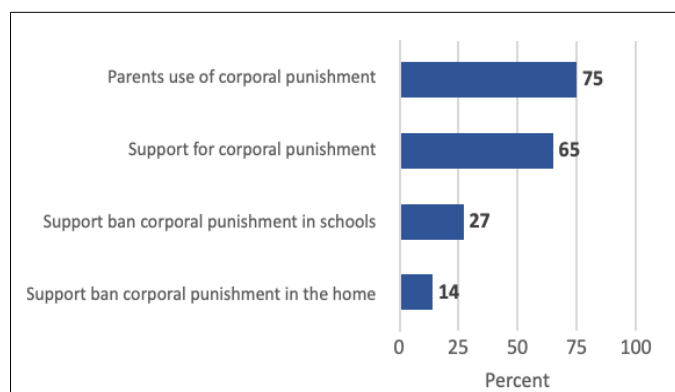
Source: MICS Trinidad and Tobago, 2011

Understanding children’s risks of experiencing corporal punishment requires understanding the extent to which such violence is a social norm tolerated in families and communities. In Trinidad and Tobago, in 2016, 65% of adults supported the use of corporal punishment, and

75% of adults used corporal punishment. It is notable that 71% of adults believed it is suitable to use corporal punishment on children ages 6-11, and 38% though it suitable to use corporal punishment on children ages 12-16.

In 2016, only 27% of adults supported banning corporal punishment in schools and 14% supported banning corporal punishment in the home.

Support for corporal punishment



Note: Data are only for Trinidad and Tobago.

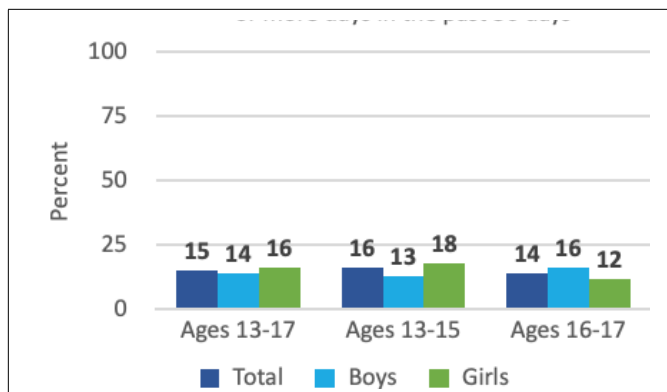
Source: Caribbean Development Research Services (2016). *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*. UNICEF Office for the ECA: Christ Church, Barbados

Peer Violence

Once children enter school, friendships and interactions with peers take on an important role in the lives of children and adolescents. These relationships have the potential to contribute to a child's sense of well-being and social competence, but are also associated with exposure to new forms of violence and victimization. Peer violence can take many forms, but available data suggests that bullying by peers and/or schoolmates is the most common form of peer violence.

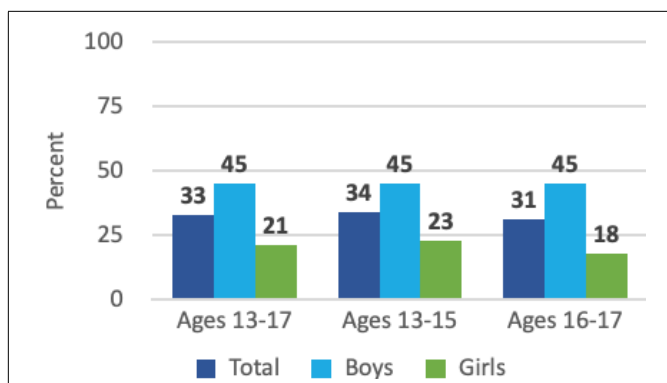
In Trinidad and Tobago, only 15% of adolescents ages 13-17 were bullied on one or more days in the past 30 days. In addition, 1 in 3 or 33% of adolescents ages 13-17 were in a physical fight one or more times during the past 12 months. Regardless of age, boys were twice as likely as girls to be in a physical fight one or more times during the past 12 months.

Adolescents in physical fights by age and gender



Source: Trinidad and Tobago GSHS, 2017

Adolescents in physical fights by age and gender



Source: Trinidad and Tobago GSHS, 2017

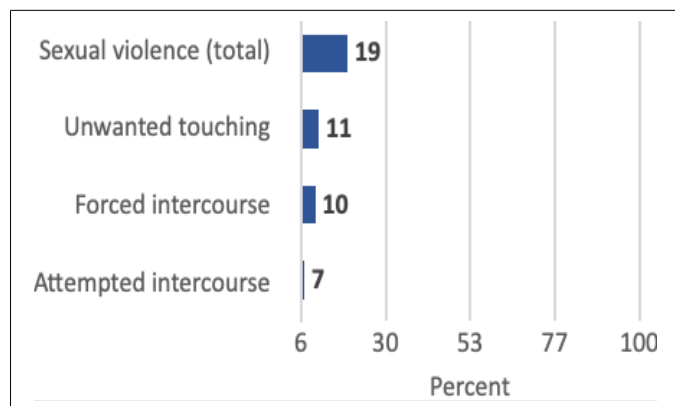
Gender-Based Violence

The 2030 Agenda for Sustainable Development identifies the elimination of violence against women and girls (VAWG) as a crucial priority for achieving gender equality and sustainable development. After all, VAWG is a cause and consequence of gender inequality and a major obstacle to women and girls' enjoyment of all human rights and their full participation in society and the economy. Eliminating VAWG is a cross-cutting priority across the SDGs and vital to achieving SDGs in areas including poverty eradication, health, education, sustainable cities, and just and peaceful societies. The 2030 Agenda builds on existing international frameworks that address VAWG, particularly the CEDAW and the agreed conclusions of the Commission on the Status of Women at its fifty-seventh session.

Over the past decade, governments in the Eastern Caribbean have adopted laws that provide specific protections against VAWG, including domestic violence laws and revisions to penal codes. Implementation of these laws, however, has been hindered by lack of training and tools at the operational level to ensure proper recording and tracking of cases, lack of social services to support VAWG survivors, and inefficient and ineffective criminal justice systems to hold perpetrators accountable.

In 2018, the first National Women's Health Surveys were launched in Trinidad and Tobago. In general, 19% of women ages 15-64 ever experienced sexual violence. More specifically, 11% experienced unwanted touching, 10% experienced forced intercourse and 7% experienced attempted intercourse. In regard to current experiences of non-partner sexual violence, only 3% of women in Trinidad and Tobago experienced non-partner sexual violence in the 12 months prior to the survey.

Non-partner sexual violence among women ages 15-64



Source: Pemberton, C. & J. Joseph (2018). *National Women's Health Survey for Trinidad and Tobago – Final Report*. Inter-American Development Bank: New York, NY, USA, pp. 58-59. .

In Trinidad and Tobago, 37% of women reported they were 19 years of age or older when they had sexual intercourse for the first time; 16% were 18 years of age, 15% were 17 years, 12% were 16 years and 8% were 15 years of age. It is notable that 12% of women reported the age of their first sexual experience was younger than 15 years of age. When asked about the nature of their first sexual encounter, 18% of women ages 15-19 and 18% ages 20-24 reported they did not

want to have sex, but had done so anyway, and 16% of women in this age group were forced into having sex

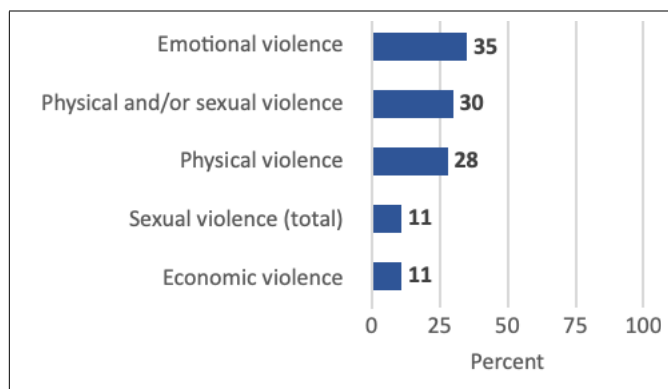
Child Sexual Abuse

Understanding children's risks of experiencing child sexual abuse requires understanding the extent to which such violence is a social norm tolerated in families and communities. In Trinidad and Tobago, when asked what they would do if they had knowledge of child sexual abuse, 63% of adults would report the incident of child sexual abuse.

Intimate Partner Violence

In 2018, the proportion of ever-partnered women ages 15-64 who ever experienced physical and/or sexual violence was 30%. More specifically, 28% of women ever experienced physical violence and 11% ever experienced sexual violence. In addition, 35% experienced emotional violence and 11% experienced economic violence.

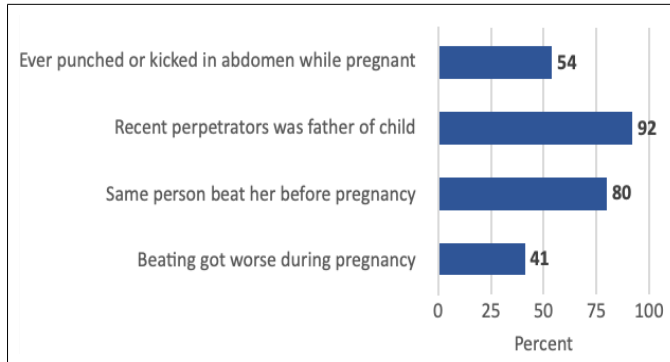
IPV experiences among ever-partner women ages 15-64



Source: Pemberton, C. & J. Joseph (2018). *National Women's Health Survey for Trinidad and Tobago – Final Report*. Inter-American Development Bank: New York, NY, USA, p. 30.

Among women ages 15-64 who had been pregnant at least once, 54% reported ever being punched or kicked in the abdomen while pregnant, and 92% identified the perpetrator as the father of the unborn child. In addition, 80% of women reported their partner had been violent before the pregnancy and 41% reported the violence worsened during their pregnancy.

Violence during pregnancy among women ages 15-64



Source: Pemberton, C. & J. Joseph (2018). *National Women's Health Survey for Trinidad and Tobago – Final Report*. Inter-American Development Bank: New York, NY, USA.

In Trinidad and Tobago, women in relationships with men who had attitudes and behaviours that reinforce men's dominant position over women and perpetuate gender inequality, including exhibiting controlling behaviours were four times more likely to experience IPV. Ever-partnered women whose husbands/partners engaged in extramarital/outside relationships with other women and/or got in a fight with another man were two to three times more likely to experience lifetime and current IPV.²

Consistent with important foundational power imbalances in marriages/unions that begin when women are very young, analysis found that women whose first marriage or formalised union occurred at the age of 18 or younger were twice as likely to experience IPV in their lifetime, compared to women whose first marriage/union occurred at the age of 19 or older. Also, women who were ever pregnant were three times as likely to ever experience IPV. Pregnancies may act as a stressor for IPV or may be the result of already occurring physical and/or sexual violence for individual women.

Negative relationship dynamics also emerged as risk factors for IPV; frequent arguments among couples was an indicator of IPV. Also, being in a current relationship (whether married, living with a man or in a regular partnership, but living apart) was a risk factor for experiencing IPV; women who had a husband/partner,

² UN Women (2021). *Research Brief. Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence*. UN Women Multi-Country Office (Caribbean): Christ Church, Barbados.

but were living apart from him, were eight times more likely to have current experiences of IPV.

Women who did not discuss their worries or feelings with their husbands/partners were twice as likely as to experience IPV, and women who reported their husbands/partners used recreational drugs on a weekly basis were two times more likely to have experienced lifetime IPV.

FIGURE 7.2. TRINIDAD & TOBAGO | RISK FACTORS FOR IPV



Source: UN Women (2021). *Research Brief. Intimate Partner Violence in Five CARICOM Countries: Findings from National Prevalence Surveys on Violence*. UN Women Multi-Country Office – Barbados: Christ Church, Barbados.

Finally, women's exposure to domestic violence in childhood was a predictor of experiencing IPV in adulthood. Ever-partnered women who were insulted or humiliated by a parent/caregiver during childhood were two to three times more likely to experience IPV in adulthood, and women who witnessed acts of domestic violence against their mother during childhood were nearly twice as likely to experience IPV. Also, women whose husbands/partners were beaten as a child were nearly three times more likely experience current IPV.

Impact of IPV on Women and Children

In Trinidad and Tobago, women with children ages 5-12 reported the impact their experiences of IPV had on their children's well-being. In Trinidad and Tobago, IPV survivors' children had to repeat school (18%), wet

their beds (14%), were quiet or withdrawn (12%) acted aggressively (10%), ran away from home (6%), had nightmares (4%) and dropped out of school (3%).

Help-Seeking Behaviours for IPV

in Trinidad and Tobago, most ever-partner women who experienced physical and/or sexual partner violence indicated that they spoke to at least one other person about their abusive experience, but 29% had spoken to no one. The majority of women who experienced physical or sexual partner violence did not seek help from any organization or support agency; this amounted to 69% of IPV survivors. Among those who sought help from an agency or person in authority, most went to the police (26%). Less popular choices were seeking assistance from a health agency (8%), the courts (6%) and social services (3%). Only a small proportion of IPV survivors sought help from service providers specifically set up to aid IPV survivors (<1%). Unsurprisingly, most IPV survivors did not receive help from any source (61%).

Social Norms Related to Violence Against Women

In Trinidad and Tobago as many as 1 in 5 or 22% of women ages 15-64 believe that violence between a husband and wife is a private matter, and 3% believe that a woman should tolerate violence to keep her family together. In addition, 8% of women believe that if a woman does not physically fight back, it is not rap and 6% believe that if a woman is raped, she has done something careless to put herself in the situation.

Child Labour

As a signatory to the CRC and the International Labour Organization (ILO) Convention on Worst Forms of Child Labour and the Convention on Minimum Age, the Government of Trinidad and Tobago has made efforts to eradicate child labour. Despite such efforts, in 2011, it was found that 3% of children ages 5-14 were involved in child labour. More, specifically 3% of children ages 5-11 worked at least one-hour of economic work or 28 hours of domestic work per week, and 1% of adolescents ages 12-14 worked at least 114

hours of economic work or 28 hours of domestic work. Bear in mind, the data are a decade old and outdated.

Human Trafficking

There is a lack of data and information about trafficking and exploitation of young people in the ECA. In Trinidad and Tobago, traffickers reportedly lure women and girls from Dominican Republic, Venezuela and Colombia with offers of employment and then subject them to sex trafficking in brothels and clubs. Traffickers are increasingly targeting vulnerable foreign young women and girls ages 15-21. The ongoing humanitarian crisis in neighbouring Venezuela has contributed to an influx of refugees and migrants who are at high risk for trafficking. Many victims enter the country legally via Trinidad's International Airport, while others enter illegally via small boats from Venezuela, which is only seven miles offshore. Migrants from the Caribbean region, Africa and Asia, in particular those lacking legal status, are also at-risk for forced labour in domestic service and the retail sector.

Child Protection and Justice for Children

Governments across the Caribbean, including the OECS region, have stepped up efforts to improve responses to child protection, particularly for children who are vulnerable to violence, abuse, neglect and exploitation, and children in conflict with the law. All ECA countries have ratified the CRC, but in several cases, this was not followed by passing the Optional Protocols needed for an efficient child protection environment.



Trinidad and Tobago has yet to abolish corporal punishment in the home; however, has abolished corporal punishment in alternative care, day care, schools, penal institutions and sentencing.

Status of legal abolition of corporal punishment	
Home	Not abolished
Alterative Care	Abolished in laws
Day Care	Abolished in laws
Schools	Abolished in laws
Penal Institutions	Abolished in laws
Sentencing	Abolished in laws
Colour Code	Abolished in laws
	Not abolished

Source: UNICEF (2020). *Situation Analysis of Children in the Eastern Caribbean*. UNICEF Office for the ECA: Christ Church, Barbados

EVERY YOUNG PERSON LIVES IN A SAFE AND CLEAN ENVIRONMENT

Children need a safe and clean environment to survive, grow and thrive (Article 24, CRC). The availability of safe and clean water, sanitation and hygiene (WASH) services, and the quality of the physical environment in which children, adolescents and youth live, are important determinants of their health and well-being, and learning, safety and ability to take advantage of opportunities to reach their full potential. Inadequate WASH is primarily responsible for the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrheal diseases exacerbate malnutrition and remain a leading global cause of child deaths.

Water, Sanitation and Hygiene (WASH)

Access to safely managed drinking water and sanitation services, and good hygiene practices are considered core socio-economic and health determinants and are key for survival and well-being. Everyone has the human right to safe drinking water. When children and young people do not have access to clean water, it negatively impacts all aspects of their lives, including

their health, nutrition and education. In Trinidad and Tobago, 98% of the population has access to basic drinking water from an improved source.

Sanitation is about more than toilets, it is about the coupling of behaviours, facilities and services that provide the hygienic environment that children need to fight diseases and grow up healthy. Adequate sanitation is essential to childhood survival and development. Poor sanitation puts children at risk of childhood diseases and malnutrition that can impact their overall development and learning. In Trinidad and Tobago, 93% of the population has basic sanitation services (i.e., use of improved facilities which are not shared with other households). Still, however, 6% of the population has limited sanitation services.

Good hygiene is critical for preventing the spread of infectious diseases and helping children to lead long and healthy lives. Good hygiene can help to prevent children from missing school, which results in better learning outcomes. For families, good hygiene means avoiding illness and spending less on health care. In some contexts, good hygiene can also secure a family's social status and help individuals to maintain their self-confidence. Good hygiene, however, is difficult to practice without the right knowledge and skills, adequate community support and the belief that one's own behaviour can make a difference. In Trinidad and Tobago, 89% of the population use a hand-washing facility with soap and water.

Mortality Attributed to Unsafe WASH Services

Inadequate WASH are important risks to health, particularly in low- and middle-income countries. The impact of unsafe WASH on death rates of children under five and mothers in the year after childbirth is important to understand; unfortunately, these data are not available. Data are available, however, as it relates to mortality rate attributed to exposure to unsafe WASH (SDG 3.9.2). Among Eastern Caribbean countries with available data, Trinidad and Tobago has a very low mortality rate attributed to exposure to unsafe WASH at 0.1 per 100,000 population; it is lower the average of 0.9 per 100,000 population for Caribbean Small States.

Mortality Attributed to Air Pollution

The drivers of air pollution are closely related to those of climate change. In Trinidad and Tobago, mortality rates attributed to air pollution is 39 per 100,000 population; this is lower than the average for Caribbean Small States (42 per 100,000 population), but higher than the average for the Eastern Caribbean (37 per 100,000 population).

CONCLUDING REMARKS

There are a number of areas in which concerted and sustained action are needed to ensure the rights of all young people – both girls and boys – are realised in the Trinidad and Tobago. These general observations are being made with the acknowledgement that a complete equity-based analysis of the situation of young people in Trinidad and Tobago depends on the availability of data, particularly disaggregated data on different aspects that might influence their lives, including gender, age, nationality and socio-economic status; such data are not always readily available for Trinidad and Tobago. Data that are available are not real-time; in many cases, the data are several years or a decade old. Outdated data makes it difficult to analyse the current situation of young people and changes over time. Another data challenge was the lack of comparable data with other ECA countries and territories.

Although the Government of Trinidad and Tobago and development partners produce some very meaningful and relevant data related to young people, existing data does not capture the full range of issues that allow for an in-depth assessment of the situation of young people related to health, education, employment, poverty, social welfare, child protection and justice, among others. There appears to be little coordination of effort across ministries/ agencies and sectors to maximise data collection, and to collect and use data in a harmonised manner on an agreed upon set of indicators relevant to young people.

Limited data hinders opportunities for evidence-based programme and policy planning, and proper

monitoring and analysis of the situation of young people, but also impacts the ability to plan and allocate resources to advance the needs and rights of young people. In addition, lack of data limits the ability to analyse whether the situation of young people has improved over time in the areas of poverty reduction, education and employment, protection from violence and exploitation, improved access to health and proper nutrition, and more.

Similarly, sparse historical data limits the ability to do trend comparisons and to analyse whether the situation of young people has improved over time in the areas of poverty reduction, education and employment, protection from violence and exploitation, health and nutrition, and more. Due to the lack of longitudinal data on poverty, education and employment data, it is not possible to analyse whether the socio-economic situation of young people is better, worse or the same as it was five to ten years ago in Trinidad and Tobago.

As it relates to child protection and justice for children, government agencies responsible for child protection and justice for children do not collect and disseminate real-time data. Data that are collected are not disaggregated by age or focused on adolescents or youth, which does not allow for an in-depth assessment of the situation of violence, abuse and exploitation of young people, including gender-based violence.

Gender is a cross-cutting topic in this situation analysis. In some areas, differences between girls and boys are reported on by the government, especially in education; however, in other areas, gender differences are not reported. For instance, more girls than boys are finishing secondary education, while boys are more likely to repeat grades and to drop out of school which relegates them to accepting low-paying and low-skills jobs, impacting their future earning potential.

There is a need to better assess gender inequalities in Trinidad and Tobago, including as it relates to tertiary education, TVET, and employment, as well as exposure to different types of violence, abuse and exploitation, engagement in offending behaviours, and access to protection and social services, and health care. Data

are needed to create evidence-based policies and programmes aimed at promoting the rights of young people as called for by the CRC, CEDAW and SDGs.

STRATEGIC THINKING

The idea behind the SDGs is to create a global movement to advance work on the 2030 Agenda for Sustainable Development; therefore, governments should frame their development plans and policies for the next years based on this globally agreed upon development agenda. To maintain an enabling environment conducive to delivering equitable social and economic growth and effective poverty reduction, certain capacities must be put in place or strengthened. These include:

- **Mobilising and channelling resources** to the appropriate sectors at the appropriate time for optimal production
- **Enforcing standards and regulations**, specifically operationalising legislation and policies identified and/or in draft form
- **Establishing a mix of social partnerships with key actors**, including local councils, civil society, research institutions, the private sector
- **Improving systems for generating, collating and managing data and information** so that it is easily accessible and shared across different agencies and with partners.

This situation analysis of young people in Trinidad and Tobago revealed there is a real need to strengthen cooperation around the needs and rights of young people. This requires a deep dive³ into how to **build better partnerships for smart planning, problem-solving and innovation** to accelerate results for young people in the areas of:

- **Education**, with a focus on strengthening the quality of primary and secondary education, which requires improvements to teaching and learning materials, expanded coverage of information and communication technology, and human capital of school personnel.

- **TVET**, with a focus on partnering with the private sector to identify and develop market-driven TVET opportunities for young people.
- **Health and well-being**, with a focus on improving adolescent health, reducing teenage pregnancy and adolescent fertility rates, preventing drug and alcohol abuse, and addressing adolescent mental health to reduce suicide among young people.
- **Social protection**, with a focus on multidimensional child poverty and poverty among adolescents, and the impact of COVID-19 on multidimensional poverty, so that the Eastern Caribbean governments and development partners can more effectively focus on policy efforts to alleviate children's deprivations and achieve sustainable poverty eradication.
- **Child protection**, with a focus on strengthening child protection systems and community-based services for child victims of violence, abuse and exploitation, and their families, particularly in countries/territories where child protection systems and services are lacking or few and far between.
- **Climate change**, with a focus on strengthening the capacities of the government to respond to climate change and climate crisis, to bring together specialised expertise to strengthen disaster risk reduction (DRR) to ensure that hazards do not become disasters, and to devote greater attention and resources to shielding children and young people from these risks, and to enhance their resilience. As a cross-cutting priority, particular attention must be paid to addressing the magnified risks faced by the most vulnerable children and young people, and to meeting their specific needs.

As Trinidad and Tobago begins planning for a post-pandemic recovery, it is important that the government seizes on the opportunity to **“build back better” by creating a more sustainable, resilient and inclusive society**. This requires a more risk informed programming and smart planning, problem-solving and innovation to address challenges facing young people.

Strengthening public-private partnerships should be a key intervention. Developing a strategic business for results (B4R) agenda and framework that engages

3 A deep dive is a more thorough or comprehensive assessment and analysis of a subject or issue.

the private sector is crucial; however, it must be coordinated and done in cooperation with both the private and public sectors, including government partners. B4R and engagement with the private sector must be aligned with public policies and national agendas, including national action plans for the rights of young people.

Assessments and results-based monitoring are needed to better understand how B4R can be implemented in Trinidad and Tobago, and how B4R initiatives that engage the private sector contribute and lead to advancing the rights of young people and accelerating results for young people. This requires understanding how B4R initiatives impact the most vulnerable, including poor and marginalised populations, and contributes to improvements in systems of social protection.

Strengthen Administrative Data on Young People

There are administrative data gaps related to young people; thus, there is a real need for government ministries/agencies and service providers in Trinidad and Tobago to strengthen administrative data collection on young people's issues. Strengthening administrative data is an important and useful investment in resources. In recent years, globally, there has been increased interest among governments and development partners to explore ways to strengthen and use existing administrative data to monitor and report on young people's health, education, employment, poverty, social welfare, protection and access to justice, as well as exposure to violence, exploitation and crime. Administrative data are an important source of information that can often be readily accessed and used to complement prevalence studies on a wide range of subject matter; in particular, young people's access to education, health care, essential services, protection and justice. Administrative data can also be used to measure progress towards SDG targets and indicators that do not require survey data.

UNICEF Office for the Eastern Caribbean Area
First Floor, UN House
Marine Gardens, Hastings
Christ Church
Barbados
Tel: (246) 467 6000
Email: bridgetown@unicef.org
Website: www.unicef.org/easterncaribbean