

Trinidad and Tobago



Multiple Indicator
Cluster Surveys

Snapshot of Key Findings

Survive



The Trinidad and Tobago Multiple Indicator Cluster Survey (MICS) was carried out from August to December 2022 by the Central Statistical Office in collaboration with UNICEF, as part of the Global MICS Programme. Technical support was provided by the United Nations Children's Fund (UNICEF), with government funding and financial support of UNICEF.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments. In this regard, Trinidad and Tobago has aligned its National Development Strategy 2016-2030, also known as Vision 2030, with the SDGs, so that progress towards one redounds to the other.

The objective of this snapshot of key findings is to facilitate the dissemination and use of the results from the Trinidad and Tobago MICS 2022. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

For more information on the Global MICS Programme, please go to mics.unicef.org.

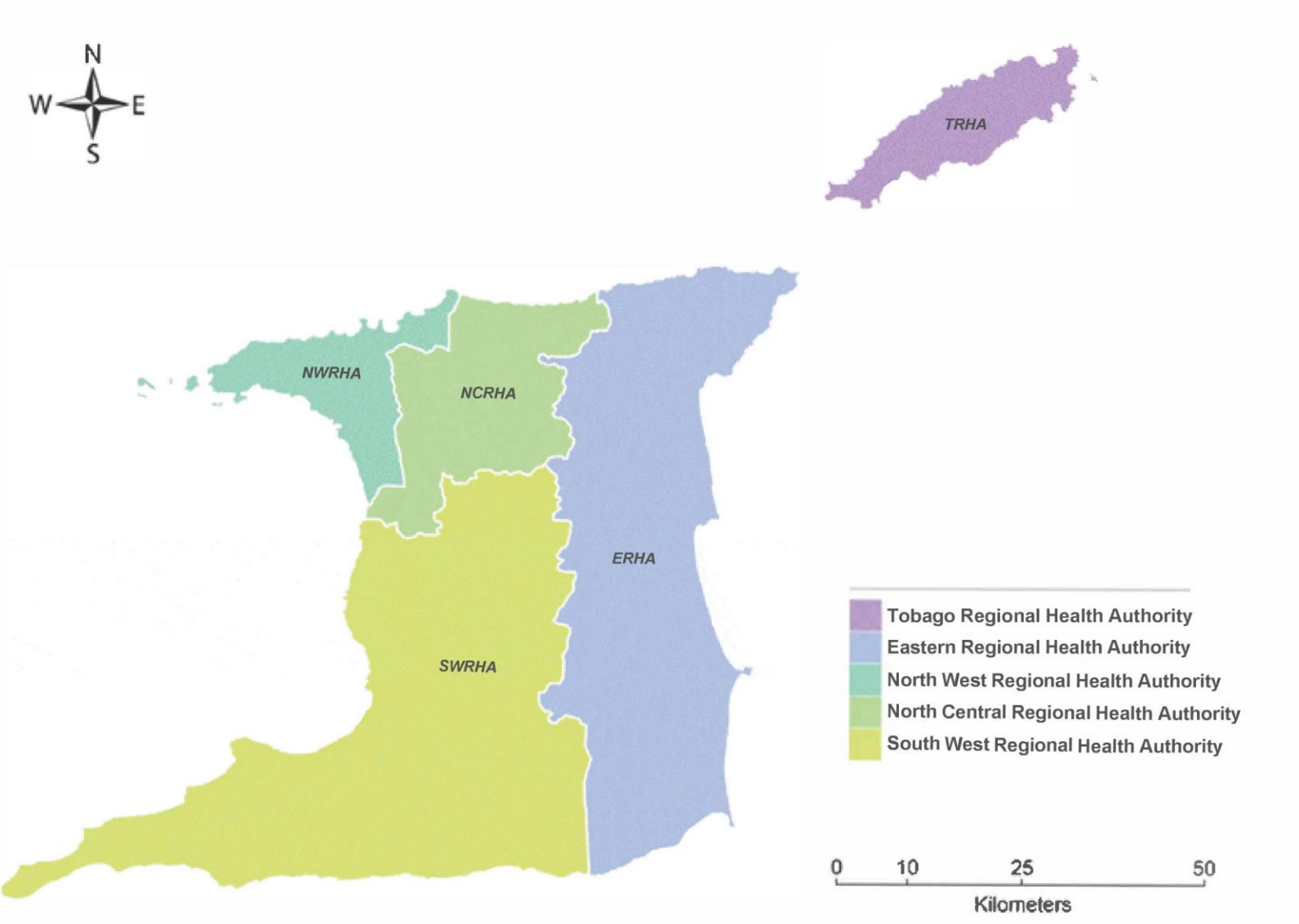
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Map showing the Regional Health Authorities of Trinidad and Tobago



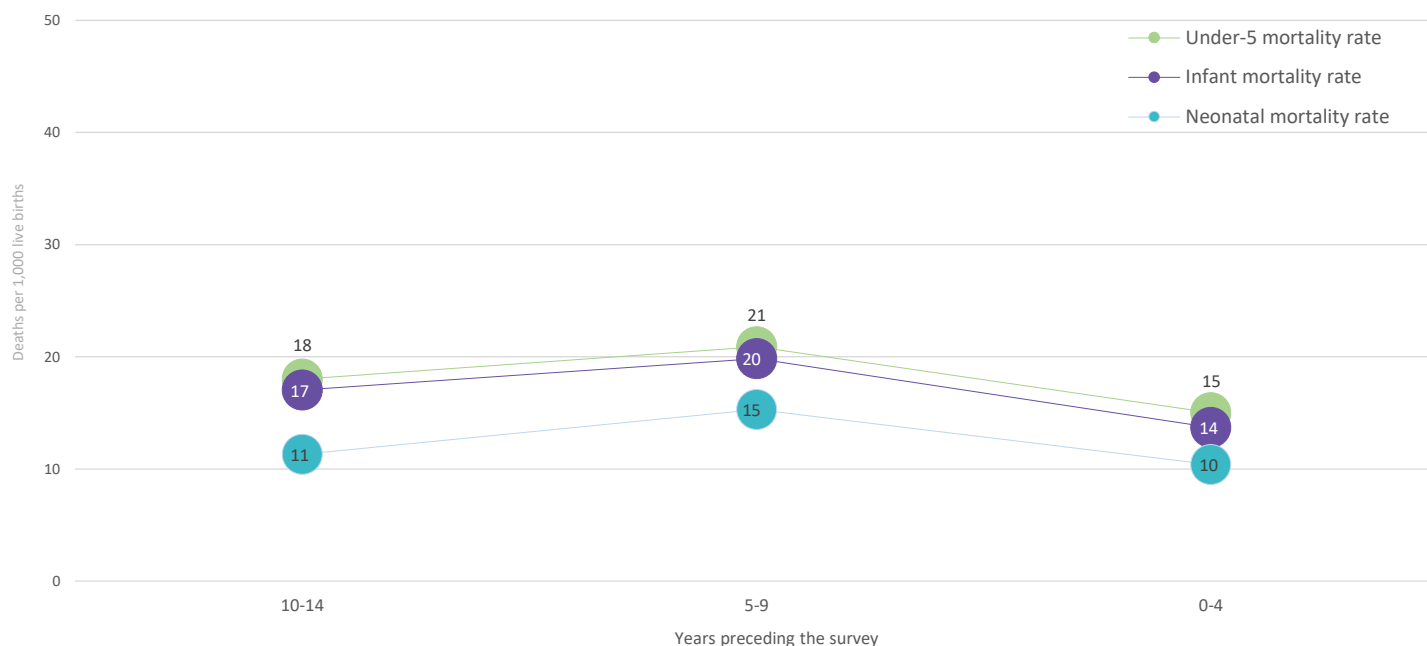
Trinidad and Tobago 2022



Child Mortality

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Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-4	10	3	14	1	15
5-9	15	5	20	1	21
10-14	11	6	17	1	18

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as the difference between infant and neonatal mortality rates

Infant mortality (${}_1q_0$): probability of dying between birth and first birthday

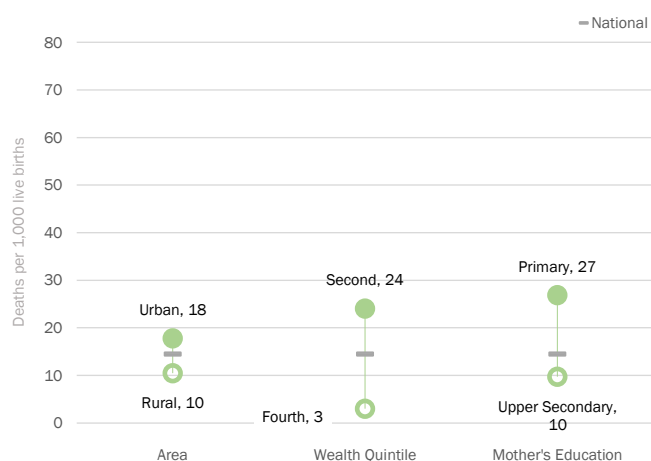
Child mortality (${}_4q_1$): probability of dying between the first and fifth birthday

Under-5 mortality (${}_5q_0$): probability of dying between birth and fifth birthday

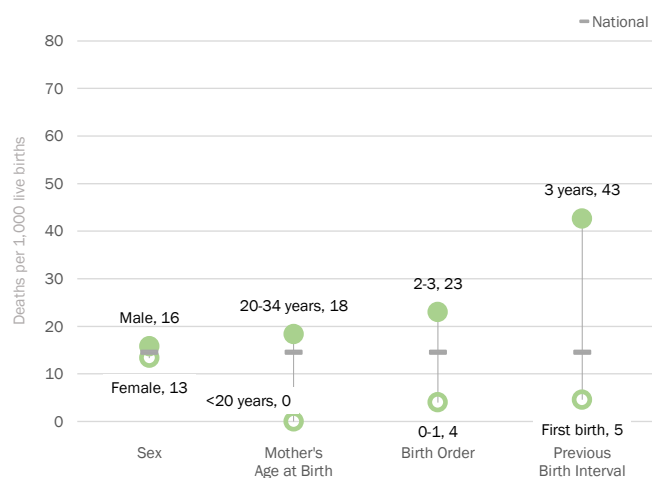
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Differentials in Child Mortality

Under-5 mortality rate by socio-economic characteristics & area



Under-5 mortality rate by demographic risk factors



Under-five mortality rates for the five-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors

Neonatal & under-5 mortality rates by region

Region	Neonatal mortality	Under-5 mortality
National	10	15
North-West RHA	2	7
North-Central RHA	15	19
Eastern RHA	13	21
South-West RHA	9	11
Tobago RHA	21	30

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region

Key Messages

- The Under-5 Mortality rate was 15 per 1000 live births over the past 5 years preceding the survey, while the Infant Mortality rate stood at 14 per 1000.
- Therefore, of the children who died before the age of 5 years, 93% died before the age of 1 year.
- The Neonatal Mortality rate was 10 children per 1000 live births. Among the children who died before age 1 year, approximately 71% died within the first month of life.
- The Under-5 mortality rate for boys was slightly higher (16) than girls (13).
- The Under-5 mortality rate among children born to mothers with primary education was 2.7 times as high as children born to mothers with upper secondary education (27 vs 10 deaths per 1000 live births).
- Disparities in the regions indicated that the NWRHA had the lowest prevalence of neonatal and under 5 deaths, at 2 and 7 per 1000 live births respectively, compared to the TRHA which recorded 21 and 30 deaths per 1000 live births for the same indicators.

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