SSPA

13th Report

JOINT SELECT COMMITTEE ON

SOCIAL SERVICES AND PUBLIC ADMINISTRATION

An Inquiry into the prevalence of Teenage Pregnancy and the state's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents

FIFTH SESSION (2019/2020) 11TH PARLIAMENT

OF THE REPUBLIC OF TRINIDAD AND TOBAGO

REPORT

OF THE

JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION

ON AN

INQUIRY INTO THE PREVALENCE OF TEENAGE PREGNANCY AND THE STATE'S CAPACITY TO MINIMISE THE OCCURRENCE OF TEENAGE PREGNANCY AND PROVIDE SERVICES AND ASSISTANCE TO TEENAGE PARENTS

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The Joint Select Committee on Social Services and Public Administration

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THE COMMITTEE

Mr. Paul Richards
CHAIRMAN

Mr. Esmond Forde, MP
VICE-CHAIRMAN

Mrs. Glenda Jennings-Smith, MP
MEMBER

Brig. Gen. (Ret.) Ancil Antoine, MP
MEMBER

Mrs. Christine Newallo-Hosein, MP
MEMBER

Mr. Rohan Sinanan
MEMBER

Ms. Khadijah Ameen
MEMBER

Ms. Allyson West
MEMBER

COMMITTEE MANDATE AND ESTABLISHMENT

1.1.1 Section 66 of the Constitution of Trinidad and Tobago declares, that not later than three months after the first meeting of the House of Representatives, the Parliament shall appoint Joint Select Committees to inquire into and report to both Houses in respect of Government Ministries, Municipal Corporations, Statutory Authorities, State Enterprises and Service Commissions, in relation to their administration, the manner of exercise of their powers, their methods of functioning and any criteria adopted by them in the exercise of their powers and functions.

1.1.2 Motions related to this purpose were passed in the House of Representatives and Senate on November 13 and 17, 2015, respectively and thereby established, *inter alia*, the ***Joint Select Committee on Social Services and Public Administration.***

1.1.3 Standing Order 91 of the Senate and 101 of the House of Representatives outline the general functions of a Committee of this nature. They are as follows:

a) "To examine Bills and review all legislation relating to the relevant Ministries, departments or bodies or as may be referred to it by the House;

b) To investigate, inquire into, and report on all matters relating to the mandate, management, activities, administration and operations of the assigned Ministries, departments or bodies;

c) To study the programme and policy objectives of Ministries, departments or bodies and the effectiveness of the implementation of such programmes and policy objectives;

d) To assess and monitor the performance of Ministries, Departments and bodies and the manner of the exercise of their powers;

e) To investigate and inquire into all matters relating to the assigned Ministries, Departments and bodies as they may deem necessary, or as may be referred to them by the House or a Minister; and

f) To make reports and recommendations to the House as often as possible, including recommendations for proposed legislation."

Powers of the Joint Select Committee

1.1.4 Standing Orders 101 of the Senate and 111 of the House of Representatives outline the core powers of the Committee which include *inter alia*:

- to send for persons, papers and records;
- to sit notwithstanding any adjournment of the Senate;
- to adjourn from place to place;
- to report from time to time;
- to appoint specialist advisers either to supply information which is not otherwise readily available or to elucidate matters of complexity within the Committee's or Sub-Committee's order of reference;
- to communicate with any Committee of Parliament on matters of common interest; and
- to meet concurrently with any other Committee for the purpose of deliberating, taking evidence or considering draft reports.

Membership

1.1.5 The Committee comprises the following members:

	Name	Role
1.	Mr. Paul Richards	Chairman
2.	Mr. Esmond Forde, MP	Vice-Chairman
3.	Mrs. Glenda Jennings-Smith, MP	Member
4.	Brig. Gen. (Ret.) Ancil Antoine, MP	Member
5.	Mrs. Christine Newallo-Hosein, MP	Member
6.	Mr. Rohan Sinanan	Member
7.	Ms. Khadijah Ameen	Member
8.	Ms. Allyson West	Member

Secretariat Support

1.1.6 The following officers were assigned to assist the Committee:

	Name		Role
1.	Mr. Julien Ogilvie	-	Secretary
2.	Mr. Johnson Greenidge	-	Assistant Secretary
3.	Ms. Aaneesa Baksh	-	Graduate Research Assistant
4.	Ms. Janelle Mills	-	Parliamentary Intern

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ABBREVIATIONS

CATT	Children's Authority of Trinidad and Tobago
CEMC	Central Education Multi-sector Committee
CWL	Child Welfare League
FPATT	Family Planning Association of Trinidad and Tobago
HFLE	Health and Family Life Education
MoE	Ministry of Education
MoH	Ministry of Health
MSDFS	Ministry of Social Development and Family Services
NFSD	National Family Services Division
NPTA	National Parent Teachers' Association of Trinidad and Tobago
OPM	Office of the Prime Minister, Gender and Child Affairs
PAHO	Pan American Health Organization
RHA	Regional Health Authorities
SFATT	Single Fathers Association of Trinidad and Tobago
SSSD	Student Support Services Division
TTAP	Trinidad and Tobago Association of Psychologists
TTPS	Trinidad and Tobago Police Service
WHO	World Health Organization

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EXECUTIVE SUMMARY

2.1.1 At its thirty-first (31st) meeting held on April 03, 2019, the Committee resolved to inquire into the prevalence of teenage pregnancy and the state's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents. The Committee agreed on the following inquiry objectives:

1. **To examine the trends in teenage pregnancy and associated health effects;**
2. **To assess the services and facilities available to counteract and or alleviate teenage pregnancy; and**
3. **To assess the adequacy of policies and laws to treat with teenage pregnancy.**

2.1.2 The Committee acquired both oral and written evidence based on the objectives listed above. Oral evidence was received during three (3) public hearings held with various stakeholders ***(See Appendix I)*** on April 17, May 29 and July 10, 2019. Some of the significant issues highlighted during the public hearings were:

i. The introduction of the MoH's digital Perinatal Information System to collect maternal health information;

ii. The outstanding statistics on live births to teenage mothers for the period 2016-2019;

iii. Large differences between the number of teenage pregnancies recorded in the public health system and the cases recorded by the TTPS and in the statistics captured by the MoE and MoH for the period 2014-2018/19;

iv. The need to increase and enhance national data collection related to teenage pregnancy;

v. The intention of the MoE to expand its policy initiatives to include teenage fathers;

vi. The need for increased focus on interventions for teenage fathers and other teenage boys;

vii. TTPS statistics highlighted 15 out of 606 teenage pregnancy cases resulted in arrest and prosecution of perpetrators between 2015 and 2019;

viii. MoH statistics identified older teenage girls (ages 15-19) to be at greater risk of teenage pregnancy compared to younger girls (younger than 15) which coincided with MoE

statistics identifying teenage pregnancies as more prevalent in secondary schools than primary schools;

ix. In secondary schools, reported cases of teenage pregnancies were highest in Government schools compared to Denominational Board and Government Assisted schools;

x. Between 2014 and March 2019, Port of Spain and Environs education district had the highest number of cases, followed by St. George East and the North Eastern district. St. Patrick had the lowest number of cases;

xi. All stakeholders acknowledged the need for greater inter-sectorial collaboration on existing initiatives;

xii. The MSDFS delivered general parenting programmes with content on teenage pregnancy issues, but there were inadequate targeted interventions for teenage parents;

xiii. The MOE highlighted the institutional challenges to the consistent and standardized delivery of HFLE education in government and faith-based schools;

xiv. The need to expand residential housing facilities for teenage mothers and pregnant teenagers;

xv. The need to increase the options for specialized education for teenage parents;

xvi. The finalization of the National Parenting Policy;

xvii. Notwithstanding the MOE's policy, the low numbers of teenage mothers reported in public schools indicates the need to examine the efficacy of reporting mechanisms in schools, as well as focus on pregnant students who drop-out of school, have abortions, and those attending private institutions;

xviii. The need for a clear policy on the access to contraception by minors as adolescents may be denied contraception, while some medical professionals distribute it inconsistently based on their discretion.

2.1.3 Based on these findings and other matters which arose during the inquiry, the Committee has proffered recommendations which it believes will address the issues highlighted. A summary of these recommendations follows this Executive Summary.

2.1.4 The Committee looks forward to reviewing the Ministerial Responses to this Report, which becomes due, sixty (60) days after it is presented to the Houses of Parliament.

SUMMARY OF RECOMMENDATIONS

RECOMMENDATIONS FOR IMPLEMENTATION IN THE SHORT-TERM

(To be implemented within 3 to 6 months of the presentation of the report)

I. That the MoH, in its response to the Committee, provide an update on:

   i. The tangible outcomes of the initiatives to date under the "Every Caribbean Woman, Every Caribbean Child" that target teenage pregnancy. Also provide the work programme for these initiatives to be held between 2019 and the first quarter of 2020;

   ii. The revision of the RapPort programme, including details on how it will be strengthened to capture data on teenage parents and educational content related to teenage pregnancy;

   iii. The Ministry's strategies to engage men and boys in educational programmes and initiatives on sexual and reproductive health education;

   iv. The outcomes of the most recent bi-annual meeting on the progress made towards the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean;

II. That the MoH seek to expand the provision of training to additional Peer Educators under the Youth Connect T&T application;

III. That the MoH and CATT seek to formalize the existing reporting relationship between Medical Social Workers and CATT with regards to pregnant teenagers who are admitted to public health centres and hospitals;

IV. That the MoE, in its response to the Committee, provide an update on:

   i. The status of the curriculum review of the HFLE;

   ii. Any plans for the training of secondary and primary school teachers in the delivery of HFLE for the new academic year (commencing September 2019);

   iii. The status of recruitment efforts for additional School Social Workers in the SSSD;

V. That the OPM, in its response to the Committee, provide an update on:

   i. The implementation plan for the revised Adolescent Parenting Programme, including the estimated commencement date, activities completed to date, and timelines for future activities;
   ii. The implementation plan for the UN Foundations Programme; and
   iii. Any revision to the curricula of the CHOICES programme;

VI. That in its response to the Committee, the CATT provide an update on its efforts to increase its response time in the delivery of services and multidisciplinary assessments, for example, the indicated recruitment efforts and streamlining of assessment referrals;

VII. That in its Ministerial Response, the MoH provide an update on the status of the national policy paper on access to contraception;

VIII. That in its Ministerial Response, the MoE provide an update on the revision of its policy position on teenage mothers, to include attention to teenage fathers;

IX. That the MoE review the National School Code of Conduct Revised (2018) to ensure that it accurately cites the current provisions of the Sexual Offences Act (1986) (re: repeal of sections 6-8) and the Children Act (2012). This exercise should be completed within four (4) months. Consideration should also be given to specifying the Ministry's position/role/procedure with regard to reported cases that involve decriminalized sexual activity between students (re: Children Act Section 20); and

X. That in its Ministerial Response, the MSDFS provide an update on the status of National Parenting Policy and implementation plan.

RECOMMENDATIONS FOR IMPLEMENTATION IN THE MEDIUM-TERM

(To be implemented within 7 months to 12 months of the presentation of the report)

I. The Committee endorses the Integrated Strategic Plan for the Reduction of Teenage Pregnancy. In working towards the goals of the plan, all ministerial stakeholders should give urgent attention to developing an inter-sectorial strategy, including a cross-departmental ministerial task force. Notwithstanding the existing, separate programmes delivered by each ministry/agency, collaboration should be enhanced to align separate interventions in the following areas:

i. Sexual and reproductive health education and awareness;
ii. Adolescents' access to contraception;
iii. Education and awareness surrounding child sexual abuse; and
iv. Ongoing monitoring and support of these interventions.

Best practices, such as the strategies employed by the United Kingdom[1], and recommendations from WHO[2] can also be considered, with consideration for their cultural relevance;

II. That the MoH give priority to examining the range and type of data it collects not only as it pertains to pregnancies but on a general level. During previous inquiries the committee observed that there were significant deficiencies in critical data which may compromise effective policy development and implementation;

III. With regards to the declining pregnancy rates among girls aged 13-16, the MoH should set further targets for the reduction of teenage pregnancy, as well as to maintain the low maternal mortality rate within this population;

IV. That the MoE, in its future delivery of training to teachers in HFLE, give attention to strategies to address teachers' potential biases and apprehensions about SRH topics that may hinder their effective delivery to students;

V. That inter-agency discussions be held between the CATT and the CPU of the TTPS with a view to streamlining the efforts involved in protecting minors. The ultimate aim being to eliminate any duplication of efforts among these stakeholders and to establish a more coordinated response to the issue at hand.

VI. Given that accurate, reliable and comprehensive data is essential for informing policy and targeted interventions to combat teenage pregnancy, the MoH, MoE, TTPS, and CATT should give priority to strengthening their capacity to collect data from pregnant teenagers, teenage mothers and the male partners/perpetrators, as well as develop systems to share this data among the four entities. To this end, the following strategies should be explored:

[1] https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0255-4
[2] http://www.everywomaneverychild-lac.org/e/wp-content/uploads/2018/02/Accelerating-progress-toward-the-reduction-of-adolescent-pregnancy-in-LAC-FINAL.pdf

i. The TTPS should act with urgency to implement an efficient database/reporting tool to record the cases of teenage pregnancy reported by medical professionals and the CATT;

ii. That the CATT act with urgency to adapt its existing Information Management System to enable it to disaggregate and search for cases involving teenage pregnancies;

iii. That the MoE, through the SSSD, implement a system to track/monitor the female students whose pregnancy status is known to school personnel, and who withdraw/drop-out from school while pregnant or after giving birth;

iv. That the MoH collaborate with the private sector, to institute a mechanism whereby all registered private hospitals/facilities can periodically submit data on the numbers of pregnant teenagers and teenage mothers who access their health services. The scope of the data to be recorded should be confirmed following consultations between the Ministry of Health and the private medical facilities;

v. That the MoH give consideration to the feasibility of requesting identification information from the fathers of babies born to adolescent mothers, or whether it may act as a further barrier to men coming forward to declare the involvement in pregnancies;

VII. That the MoH, review its patient screening procedures at the RHAs with the aim of ensuring that cases of teenage pregnancies are referred to the TTPS and CATT within a timely manner;

VIII. That the MoE, in collaboration with the NPTA, increase its outreach to parents, for the purpose of sensitization on issues related to teenage sexuality and teenage pregnancy, and the importance of parents reporting teenage pregnancy cases to school personnel. Efforts should be made to foster a climate in which parents are empowered with knowledge on reporting requirements, procedures, and are encouraged to report so that students' rights can be protected and needs addressed in a timely manner.

IX. That the SSSD, MoE, continue to give attention to the provision of psycho-education to both male and female students in primary and secondary schools on the topics related to SRH, responsible sexual behaviours etc. Consideration should be given to partnering with the FPATT in this endeavour;

X. That the MoE, continue to engage the SFATT in school sensitization programmes and projects aimed at treating with student sexual misconduct, sensitization on teenage parenting issues, and the development of positive attitudes and sexual behaviours;

INTRODUCTION

Background

3.1.1 Teenage pregnancy or adolescent pregnancy is defined as the instance where a girl between the ages of 13-19 becomes pregnant. The term in everyday speech usually refers to girls who become pregnant and who have not reached legal adulthood, which varies across the world[3].

3.1.2 According to the UN Convention on the Rights of a Child, a 'child' is defined as a person below the age of eighteen (18) years, unless the laws of a particular country set the legal age for adulthood younger. In Trinidad and Tobago, the Children Act, Chap. 46:01, defines a "child" as a person under the age of 18 years[4].

Teenage pregnancy trends

3.1.3 According to the Pan American Health Organization (PAHO), the region of Latin America and the Caribbean (LAC) has the second highest rate of adolescent pregnancy in the world. While the global average is 46 births per 1,000 girls aged 15-19, the rate within the LAC region stands at 66.5 per 1,000. Moreover, it was estimated that 15% of all annual pregnancies in the region occur in girls below the age of 20. In comparison, the US recorded a rate of 30 per 1,000, while Canada had a low rate of 11.3.

3.1.4 Trinidad and Tobago has one of the lowest rates of adolescent pregnancy in the region. Data from PAHO indicates that the adolescent fertility rate in Trinidad and Tobago declined by more than half between 1980 and 2015, from 86.2 to 34.8 per 1,000.[5] However, data from the World Health Organization (WHO) in recent years suggests that the adolescent fertility rate may have risen. The rate was 33 per 1,000 for the period 2005 and 2010[6], and was recorded as 38 per 1,000[7] for the period 2007–2016.

Risk factors for teenage pregnancy

3.1.5 According to the UNICEF, a number of factors contribute to teenage pregnancies including: poverty, exposure to sexual abuse, violence and family strife at home, drug use, lack of

[3] UNICEF. Fact Sheet, https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf
[4] Section 3(1) of the Children Act, 2012.
[5] PAHO. 2017. *Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean.* https://bit.ly/2ltmqhy
[6] World Health Organisation (WHO). 2013. https://bit.ly/2lNzMFs
[7] WHO. 2018. World Health Statistics 2018: Monitoring Health for the SDGs. https://bit.ly/2knnEL5

education and information about sexual health, incorrect use of contraception, and customs and traditions that lead to early marriage.[8]

3.1.6 Teenage pregnancy is closely linked with child sexual abuse (CSA). CSA results from the intersection of social and cultural factors such as gender inequality, patriarchal values, domestic violence and a limited appreciation of children's rights. Despite being a well-known issue, CSA is a taboo topic and this compounds the challenges in identification, intervention and prevention of same.[9]

Health Effects of Teenage Pregnancy

3.1.7 According to the PAHO, due to their underdeveloped reproductive system, teenage girls are at higher risk for maternal mortality and pregnancy complications including: damage to the pelvic floor, preeclampsia, eclampsia, ruptured membranes, and premature delivery. Socioeconomic and geographic risk factors can increase the risk of death including: poor health care access in remote rural areas, racial/ethnic minority bias, stigma and poverty. The psychological effects of early pregnancy include: anxiety, depression, posttraumatic stress (particularly when the pregnancy is the result of sexual violence), suicidal thoughts/attempts and deaths by suicide.[10]

Local Legislation

3.1.8 Legislation in Trinidad and Tobago relating to issues surrounding teenage pregnancy include:

- Section 18, 19, 20 of the Children Act, 2012
- Section 10 of the Sexual Offences Act - Sexual Intercourse with adopted minor, etc.,
- Section 11 - Sexual Intercourse with minor employee, Section 13 – Buggery, Section 16 - Serious Indecency and Section 17 – Procuration.

3.1.9 Section 18 of the Children Act, 2012 states:

Subject to section 20, a person who sexually penetrates a child commits an offence and is liable on conviction on indictment, to imprisonment for life.

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[8] UNICEF. Fact Sheet. https://www.unicef.org/malaysia/Teenage_Pregnancies_-_Overview.pdf

[9] Reid, S.D., Reddock, R., & Nickenig, T. 2014. "Breaking the Silence of Child Sexual Abuse in the Caribbean: A Community-Based Action Research Intervention Model." *Journal of Child Sexual Abuse,* 23(3): 256-277.

[10] PAHO. 2017. Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean. http://www.everywomaneverychild-lac.org/e/wp-ontent/uploads/2018/02/Accelerating-progress-toward-the-reduction-of-adolescent-pregnancy-in-LAC-FINAL.pdf

3.1.10 However, section 20 allows for legal consensual sexual relations between a child and another person provided that the age of both persons fall within the following age ranges: 16-21 years, 14-16 years, and 12-14 years. Teenage pregnancy can be closely associated with statutory rape.

3.1.11 In 2016, the Attorney General, Faris Al-Rawi, MP,[11] cited statistics from the Ministry of Health on abortions performed during the period 2011 to 2015. It was reported that 764 abortions had been conducted on girls aged 13-19 in three major public hospitals. Given the legislative provisions and taboo nature of abortion, there is a dearth of qualitative information on the issues faced by teenage mothers who have sought and/or accessed an abortion.

Interventions to treat with teenage pregnancy

3.1.12 Trinidad and Tobago, along with other CARICOM member states, agreed to collaborate on an Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean which aims to reduce the number of adolescent pregnancies by at least 50% between 2015 and 2019. Five main goals aim to: provide appropriate sexual and reproductive health services, increase access to sex education, prevent violence against children, establish protective legislative standards, and exchange knowledge among member states about good practices related to combatting adolescent pregnancy.

3.1.13 Additionally, A Draft National Parenting Policy was produced by the Ministry of Social Development and Family Services (MSDFS) in 2017. The policy acknowledges the vulnerability of teenage parents and advocates for expansion of support services and educational opportunities for this group. According to the Social Sector Investment Programme 2019[12], the MSDFS intends to review the National Parenting Policy.

3.1.14 A number of organizations deliver preventative programmes and/or support services for teenage parents (particularly mothers). These are administered by the non-governmental organizations such as the Child Welfare League of T&T, and government ministries such as the MSDFS, Ministry of Education (MoE) and the Ministry of Health (MoH).

[11] La Rose, M. 2016. "764 Teen Abortions." *Trinidad and Tobago Newsday*. https://archives.newsday.co.tt/2016/06/02/764-teen-abortions/

[12] Government of the Republic of Trinidad and Tobago. 2019. *Social Sector Investment Programme 2019*, pp. 130. https://www.finance.gov.tt/wp-content/uploads/2019/03/Social-Sector-Investment-Programme-2019.pdf

Conduct of the Inquiry

3.1.15 Prior to the commencement of the public hearings, the Committee issued invitations to specific stakeholders and to the public to present written submissions based on the subject of the inquiry and following objectives:

1. **To examine the trends in teenage pregnancy and associated health effects;**
2. **To assess the services and facilities available to counteract and or alleviate teenage pregnancy; and**
3. **To assess the adequacy of policies and laws to treat with teenage pregnancy.**

3.1.16 During the period Wednesday, April 17th, 2019 to July 10, 2019, the Committee conducted public hearings with the following Entities and Officials **(See Appendix I for details)**:

1. Ministry of Health
2. Ministry of Education
3. Ministry of Social Development and Family Services
4. Office of the Prime Minister, Gender and Child Affairs
5. Children's Authority of Trinidad and Tobago
6. Trinidad and Tobago Police Service
7. Family Planning Association of Trinidad and Tobago
8. Mary Care Centre
9. National Parent Teachers' Association
10. Child Welfare League
11. Trinidad and Tobago Association of Psychologists
12. Single Fathers' Association of Trinidad and Tobago

3.1.17 Subsequent to the public hearings of Wednesday, April 17, 2019, May 29, 2019 and July 10, 2019 additional information requested was provided.

3.1.18 Oral and written submissions received from the entities appearing before the Committee provided a frame of reference for the Committee's deliberations on the subject inquiry.

3.1.19 The **Minutes of the Meetings** during which the public hearings were held are attached as **Appendix II, III and IV** and the **Verbatim Notes** as **Appendix V, VI and VII.**

KEY ISSUES, FINDINGS AND RECOMMENDATIONS

OBJECTIVE 1: To examine the trends in teenage pregnancy and associated health effects.

Teenage Pregnancy Statistics

Teenage mothers in the public health sector

4.1.1 In a written submission dated April 16, 2019, the MoH indicated that 3,577 teenage mothers aged 13 to 19 years were admitted to public hospitals and health clinics between 2014 and 2018 (Table 1 below).

TABLE 1: NUMBER OF TEENAGE MOTHERS ADMITTED TO PUBLIC HEALTH SECTOR BETWEEN 2014 AND 2018

AGE	YEAR					TOTAL
	2014	**2015**	**2016**	**2017**	**2018**	
13 – 16	133	128	145	81	83	**570**
17 – 19	598	617	705	494	593	**2,907**[13]
TOTAL	**731**	**745**	**850**	**575**	**676**	**3,577**

4.1.2 In a public hearing on April 17, 2019, the MoH noted the following, with reference to the presented statistics:

i. A 32% decrease in teenage pregnancies was observed among girls aged 13-16;

ii. There were no significant changes in the overall rate of teenage pregnancy, although a 32% decrease in teenage pregnancies was observed among girls aged 13-16;

iii. Approximately 9% of all births recorded[14] between 2017 and 2019 were to females aged 19 or younger, while 3% of births were to girls younger than 18 years; and

iv. Zero maternal deaths have occurred among pregnant adolescents/teenagers over the past 5 years.

[13]The Committee noted that this figure (2,907) appeared to be an error in calculation by the MoH. The correct figure appears to be 3,007.

[14] The recently implemented Perinatal Information System recorded 9,058 total births in Trinidad and Tobago between 2017 and 2019.

Live Births

4.1.3 Statistics from the MoH were submitted by the Office of the Prime Minister (OPM)[15] on the numbers of live births to girls under 12 – 19 years old between 2008 and 2015.

TABLE 2: TOTAL NUMBER OF LIVE BIRTHS FROM FIVE MAJOR HOSPITALS – 2008-2015.[16]

Age Group	Total	% of all Births	Rounded %
Under 12	35	0%	0%
13 – 16	2645	18%	20%
17 – 19	11,717	81%	80%
Total	**14,397**	**100%**	**100%**

4.1.4 Disaggregated statistics further indicated that between the same periods, the numbers of teenaged pregnancies decreased in 4 out of the 5 Regional Health Authorities (RHA). In the North West RHA the number halved from 669 to 319. In the North Central RHA there was a decrease from 288 to 199, while in the Eastern RHA there was a decrease from 319 to 194. In the Tobago RHA the number decreased from 109 to 59. However, the prevalence doubled in the South West RHA from 554 to 1126. The OPM indicated that, "additional research is necessary to determine whether this [trend] is as anomalous as it seems, and to ascertain the contributing factors."

4.1.5 However, the MoH provided more recent statistics in a submission dated July 1, 2019. It was noted that 4,145 teenage mothers received services in Regional Health Authorities (RHAs) between **2014 and 2018**. These figures are disaggregated in the tables below.

TABLE 3: NUMBER OF TEENAGE MOTHERS ADMITTED TO RHAS BETWEEN 2014 AND 2018

Years	Regional Health Authority					Total
	ERHA	**NWRHA**	**SWRHA**	**NCRHA**	**TRHA**	
2014	213	322	NA	170	84	**789**
2015	194	323	NA	111	61	**689**
2016	164	281	411	144	86	**1086**
2017	155	85	309	228	57	**834**
2018	133	79	275	198	62	**747**
Total	**859**	**1090**	**995**	**851**	**350**	**4,145**

[15] Information received in a written submission dated April 12, 2019.

[16] Data sourced from 5 major hospitals in the 5 National Health Districts: San Fernando General Hospital, Port of Spain General Hospital, Sangre Grande Hospital, Mt. Hope Women's Hospital and Tobago Hospital.

Reports received by the Trinidad and Tobago Police Service (TTPS)

4.1.6 According to statistics provided by the TTPS[17]:

Sexual Offences

i. 1,815 teenage/adolescent victims of sexual offences were recorded between 2014 and 2018. The TTPS was unable to ascertain the proportion of pregnancies that resulted from rape/sexual penetration;

ii. 869 male offenders 18 years or older were charged for sexual offences against minors between 2014 and 2018. All cases are still pending in the court.

Teenage Pregnancies

i. 606 cases of teenage pregnancies were recorded in nine policing divisions between May 2015 and April 30, 2019. Most of these victims were aged 15-17 (569 girls). A break-down of the statistic by year and division is provided in **Appendix VIII**.

ii. The Northern division (comprising nine towns) recorded the highest number of teenage pregnancies (136), followed by the North Eastern (90) and South Western (88) divisions;

Reports by the MoH

4.1.7 Medical personnel are mandated to report cases of teenage pregnancy to the Trinidad and Tobago Police Service (TTPS) and the Children's Authority (CATT). However, there is no internal database to document these reports. These reports are being reviewed to "capture the actual reported cases" to the TTPS and CATT and the reporting tool will be revised and updated by the end of the 2019 fiscal year.

Reports received by the Children's Authority of Trinidad and Tobago (CATT)[18]

4.1.8 The CATT records reports of children in need of care and protection in its Child Protection Information Management System. Currently, the system does not have the capacity to search for the pregnancy status of children referred to the agency.

4.1.9 However, a manual search of the records revealed that between May 2015 and May 2019, approximately 439 cases of teenage pregnancy were reported to the CATT. The highest number of cases involved children aged 16-17 (298 cases), followed by the 14-15 age group

[17] Information received in written submissions dated May 17, and July 16, 2019.
[18] Information received in a written submission dated May 28, 2019.

(125 cases). Additionally, 2016 witnessed a spike in reports (184 reports) compared to the other years ***(See Figure 2, Appendix VIII).***

4.1.10 The highest number of reports were made from the San Juan/Laventille region (105 reports), followed by Tunapuna/Piarco (53 reports) and Diego Martin (49 reports) ***(See Table 14, Appendix VIII).***

Pregnant students and teenage student mothers

4.1.11 By a written submission dated April 12, 2019, the MoE indicated that there were 169 cases of teenage pregnancies between 2014 and March 2019 in primary and secondary schools throughout 7 education districts. A break-down of this statistic by education district and school level is provided in **Appendix VIII.**

4.1.12 In a supplemental submission dated May 28, 2019, the Ministry noted that during the same period, 139 pregnant students and student mothers were referred to the Child Protection Unit (CPU) or Children's Authority (CATT). However, this number may not include reports made directly to the agencies by parents or other stakeholders;

4.1.13 The highest number of students referred to the CATT or CPU were from the South Eastern and Victoria educational districts, followed by the Caroni district[19].

4.1.14 Additionally, 36 teenage mothers (all from secondary schools) had prematurely withdrawn (dropped-out) from school after being pregnant and/or giving birth. The highest numbers of withdrawals were from the Port of Spain and Environs district (13 students), followed by the South Eastern (9), Victoria (6), Caroni (5) and St. George East (3) districts.

4.1.15 Further, 47 teenage mothers are currently enrolled in secondary schools while zero are currently enrolled in primary schools. The majority of these students are in the Port of Spain and Environs district (27 students); and

4.1.16 The number of male students who fathered children while enrolled in secondary schools in 2018 was initially indicated to be 7[20]. However, in a subsequent written submission[21] this figure was revised to 1 teenage father.

[19] See Table 14 in Appendix VIII for the disaggregated statistics.
[20] Information received in a public hearing on April 17, 2019.
[21] Written submission dated May 28, 2019.

Limitations of the teenage pregnancy statistics[22]

4.1.17 The Ministry of Social Development and Family Services (MSDFS) noted that the statistics on teenage pregnancy presented by the MoH and OPM may be underestimated given that they may omit data from the private health sector and aborted pregnancies.

4.1.18 According to the MoH, its statistics do not differentiate between births to unmarried girls and births to girls were legally married, given that child marriage was only criminalized in 2017. The MoH confirmed in a written submission dated July 1, 2019, that its statistics do not include adolescent mothers who are admitted to private health facilities.

4.1.19 The MoE also stated that its statistics do not account for the number of teenage girls who become pregnant after dropping out of school at/after age 16.

Male partners and perpetrators of teenage pregnancies

4.1.20 According to the MoH in a submission dated April 16, 2019, public hospitals and health clinics are not required to record information about the ages and identities of fathers of babies born to teenage mothers. However, if provided, this information is recorded in an admissions register, patients' notes and log book and notes of the Medical Social Worker.

4.1.21 Notwithstanding the Ministry was able to present data on adolescent males involved in pregnancies. The Ministry's submission indicated that during the past 5 years, <u>211 males younger than 18 years</u> fathered children of teenage mothers, while <u>2,381 males were</u> aged 18 years or older. In a subsequent submission dated July 1, 2019, it was reported that <u>506 males below the age of 20</u> fathered children with teenage others during the last five years.

4.1.22 A breakdown of the age groups of fathers older than 20 years is presented in Table 3 below.

TABLE 4: AGES OF FATHERS OF BABIES BORN TO TEENAGE MOTHERS BETWEEN 2014 AND 2018

AGE	YEAR					TOTAL
	2014	2015	2016	2017	2018	
20-30 years	262	257	365	261	250	**1,395**
31-40 years	22	25	44	27	28	**146**
41-50 years	7	5	6	3	3	**24**

[22] Information received in a public hearing on April 17, 2019.

AGE	YEAR					TOTAL
51-60 years	1	0	0	1	0	**2**
More than 60 years	0	0	0	1		**1**
Unknown (non-declaration of age)	33	26	17	19	47	**142**
TOTAL	**325**	**313**	**432**	**312**	**328**	**1,710**

4.1.23 According to the TTPS, between 2015 and 2019, 203 adult men (ages 18-47) were categorized as accused in the cases of teenage pregnancies, whereas 115 were categorized as minors. The number of accused males with unknown ages was 274. However, 15 persons were arrested and charged. Only one known case involved a relative (uncle) of the victim, and one case involved a pregnant teenager who is differently-abled.

Challenges in Data collection

4.1.24 At least 6 stakeholders acknowledged the need to increase and enhance national data collection related to teenage pregnancy (MoH, MoE, FPATT, SFATT, MSDFS, and TTPS). Concerns included:

i. Incomplete statistics (e.g. related to live births, births to under-age brides and those who drop out of school, abortions, and pregnancies and births recorded in private health facilities);

ii. Contradictory statistics from different data collection agencies;

iii. The need to disaggregate statistics by age; and

iv. Inadequate data collection on the demographic characteristics and needs of single fathers. The CWL and TTAP agreed that there is a need to sensitize girls about the importance of disclosing the identities of the boys/men who impregnated them.

Risk Factors related to teenage pregnancy

4.1.25 The Trinidad and Tobago Association of Psychologists (TTAP)[23] outlined the following major factors which increase the risk of teenagers becoming pregnant:

i. low level of educational attainment;

[23]Information received in a written submission dated June 28, 2019.

ii. school drop-outs;
iii. death of a parent during childhood;
iv. physical and/or sexual abuse;
v. having a mother who was a pregnant teenager;
vi. early child marriage;
vii. low levels of social and emotional support;
viii. traumatic events;
ix. prior substance use and abuse;
x. lack of protective factors;
xi. unstable home environments; and
xii. being economically disadvantaged.

4.1.26 Additionally, the Child Welfare League (CWL), in a written submission dated June 26, 2019, noted a rise in teenage pregnancy due to "a breakdown in family life" and a lack of supervision of minors who are left home alone for extended periods of time.

4.1.27 The TTAP also expressed a similar view that there is a need for children to be supervised when they are not in school, for example, through the establishment of community-based activity centres.

Implications of Teenage Pregnancy

Physical consequences

4.1.28 The Ministry of Health (MoH)[24] indicated that since August 10, 2018, it collects health information of pregnant women in its digital Perinatal Information System. The data showed that, between August 2018 and January 2019, the three most common health complications experienced by teenage mothers included: anaemia (169 cases), diabetes mellitus (16 cases) and pre-eclampsia (9 cases).

4.1.29 Additionally, 86 mothers were active smokers, 37 reported alcohol use and 57 reported drug use during some point during their pregnancy ***(see Table 15, Appendix VIII for further details).***

[24] Information received in a written submission dated July 10, 2019.

4.1.30 However, the Ministry noted that less than 10 mothers per year are usually referred for treatment for the drug, alcohol, tobacco use or mental health issues.

Psychological and behavioural consequences

4.1.31 According to the TTAP, teenage mothers have a higher risk for the following mental health issues:

i. Self-harm, suicide ideation and suicide attempts;

ii. Depression, mood swings, anxiety and a sense of hopelessness;

iii. Postpartum depression (2x higher risk than pregnant adults);

iv. Feelings of worthlessness and low self-esteem, suicide ideation and depression (particularly when the pregnancy resulted from sexual abuse and rape); and

v. Extreme guilt, fear of the future and feelings of hopelessness (when the pregnancy resulted from sexual promiscuity).

4.1.32 The MoE provided the following list of common psychological/behavioural issues observed among student teenage mothers:

i. Fear of parents, friends and school learning of pregnancy;
ii. Suicide ideation;
iii. Running away from home;
iv. Hiding pregnancy with insufficient prenatal care;
v. Not accessing prenatal care;
vi. No cases reported to the Police;
vii. Thoughts of abortion emanating from self, father of unborn child and grandparents;
viii. Dropping out from school to financially manage and care for their young ones;
ix. Continued poor teen parent/ parent relationships;
x. Continued sexual relationships; and
xi. Poor choices in continued sexual relationships.

4.1.33 Additionally, the MoE indicated that during the last 5 years, there were 6 students who disclosed to SSSD personnel that they sought and/or accessed abortion services. However,

the Ministry noted that instances of abortion are usually underreported to SSSD given that students are aware that it is an indictable offense.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. The data received during the inquiry was limited to public health facilities and government schools;

ii. Data from the MoH indicated that between 2016 and 2018, there was an incremental decline in teenage pregnancies, from 1,086 to 747, recorded by the five RHAs;

iii. The Committee commends the MoH's introduction of its digital Perinatal Information System which collects maternal health information;

iv. The Committee noted that statistics on live births to teenage mothers for the period 2016-2019 were outstanding and therefore more data is needed to evaluate data trends;

v. During the period 2014 to 2018, the NWRHA recorded the highest prevalence statistics, followed by the SWRHA and ERHA. Reporting trends by region appeared to be similar in cases received by the TTPS;

vi. Despite the legal reporting requirements of medical personnel, the Committee noted a large difference between the number teenage pregnancies recorded in the public health system and the cases recorded by the TTPS. The MoH recorded 4,145 cases compared to 606 reports made to the TTPS between 2014/15 and 2019;

vii. Data from the MoH indicated that for the males involved in teenaged pregnancies identified between 2014 and 2018, the majority were between the ages of 20 and 30;

viii. The TTPS acknowledged challenges to data collection on the males involved in teenage pregnancies. For example, for the 592 perpetrators reported to the TTPS, approximately 46% of perpetrators could not be identified by age;

ix. A miniscule fraction (2.48%) of teenage pregnancy cases resulted in arrest and prosecution of perpetrators between 2015 and 2019 (15 out of 606 cases of teenage pregnancy reported to the TTPS);

x. There appears to be a large disparity in the statistics captured by the MoE and MoH for the period 2014-2018/19. While the MoE recorded 169 pregnant students/student mothers, approximately 4,145 such girls received services in the RHAs. The Committee acknowledged that the MoE statistics may not account for girls whose pregnancies were not identified due to: dropping out of school, pregnancy after graduation, private school students, and girls who had miscarriages or abortions. However, the Committee remained concerned about the reporting of teenage pregnancies in the public school system;

xi. At least 6 stakeholders acknowledged the need to increase and enhance national data collection related to teenage pregnancy (MoH, MoE, FPATT, SFATT, MSDFS, and TTPS). If not improved, this may hinder the Ministry's capacity to accurately evaluate the effectiveness of intervention programmes;

xii. MoH statistics showed that older teenage girls (ages 15-19) appeared to be at greater risk of teenage pregnancy compared to younger girls (younger than 15); Similarly, the MoE indicated that teenage pregnancies were more prevalent in secondary schools (166 cases) than primary schools (3 cases);

xiii. In secondary schools, reported cases of teenage pregnancies were highest in Government schools compared to Denominational Board and Government Assisted schools;

xiv. Between 2014 and March 2019, Port of Spain and Environs education district had the highest number of cases, followed by St. George East and the North Eastern district. St. Patrick had the lowest number of cases; and

xv. Limited information was received about the rates of abortion among pregnant teenagers.

Recommendations

In light of the foregoing, the Committee recommends the following:

A. Given that accurate, reliable and comprehensive data is essential for informing policy and targeted interventions to combat teenage pregnancy, the MoH, MoE, TTPS, and CATT should give priority to strengthening their capacity to collect data from pregnant teenagers, teenage mothers and the male partners/perpetrators, as well as

develop systems to share this data among the four entities. To this end, the following strategies should be explored:

i. **The TTPS should act with urgency to implement an efficient database/reporting tool to record the cases of teenage pregnancy reported by medical professionals and the CATT;**

ii. **That the CATT act with urgency to adapt its existing Information Management System to enable it to disaggregate and search for cases involving teenage pregnancies;**

iii. **That the MoE, through the SSSD, implement a system to track/monitor the female students whose pregnancy status is known to school personnel, and who withdraw/drop-out from school while pregnant or after giving birth;**

iv. **That the MoH collaborate with the private sector to institute a mechanism whereby all registered private hospitals/facilities can periodically submit data on the numbers of pregnant teenagers and teenage mothers who access their health services. The scope of the data to be recorded should be confirmed following consultations between the Ministry of Health and the private medical facilities;**

v. **That the MoH give consideration to the feasibility of requesting identification information from the fathers of babies born to adolescent mothers, or whether it may act as a further barrier to men coming forward to declare the involvement in pregnancies;**

B. That the MoH give priority to examining the range and type of data it collects not only as it pertains to pregnancies but on a general level. During previous inquiries the committee observed that there were significant deficiencies in critical data which may compromise effective policy development and implementation;

C. With regards to the declining pregnancy rates among girls aged 13-16, the MoH should set further targets for the reduction of teenage pregnancy, as well as to maintain the low maternal mortality rate within this population;

D. That the MoH review its patient screening procedures at the RHAs with the aim of ensuring that cases of teenage pregnancies are referred to the TTPS and CATT within a timely manner;

OBJECTIVE 2: To assess the services and facilities available to counteract and or alleviate teenage pregnancy.

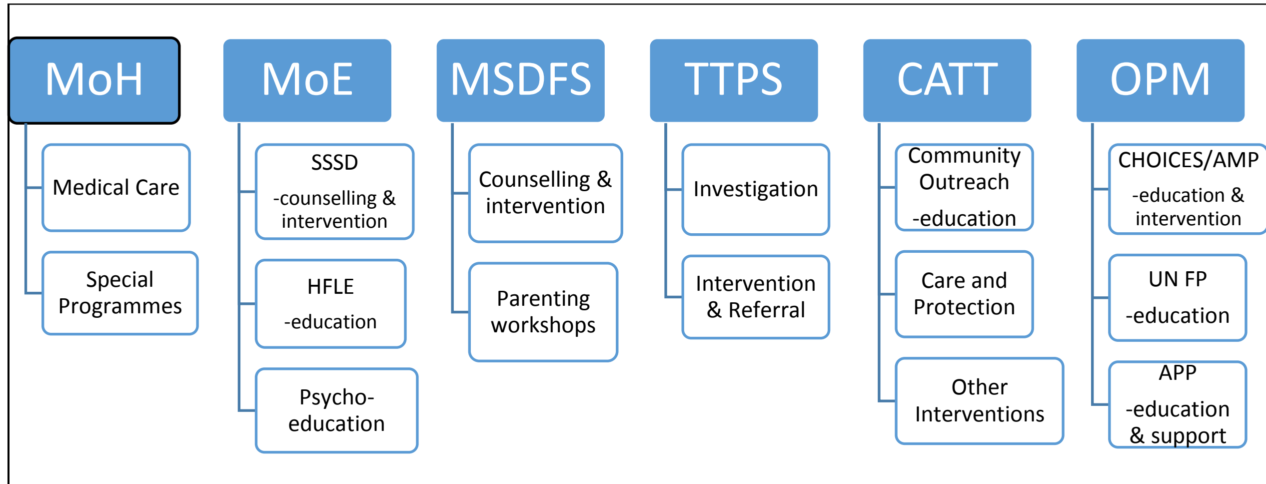

FIGURE 1: SERVICES AND FACILITIES PROVIDED BY MINISTRIES TO TREAT WITH TEENAGE PREGNANCY

Ministry of Health (MoH)[25]

Services and Facilities

Medical Services

4.2.1 Public health facilities provide antenatal and postnatal care for teenage mothers and pregnant teenagers. The Committee was advised that a parent/guardian must accompany the adolescent and provide consent before she/he is admitted for health services.

4.2.2 Preventative care is also offered through sexual and reproductive health (SRH) services and the distribution of contraception to adolescents. However, parental consent, or consent from a legal guardian, is required for the distribution of contraception to minors.

[25] Information received in written submissions dated April 16, 2019 and July 1, 2019.

4.2.3 The Ministry indicated that medical personnel receive ongoing training for the care of all mothers, including teenage mothers who are a high-risk group. The most recent training in 2018-2019 was provided on "early care for small babies" and the promotion of breastfeeding.

Facilities

4.2.4 Under the **Integrated Strategic Framework for the Reduction of Adolescent Pregnancy** in the Caribbean ("the Framework"), two Adolescent clinics were established; one at the Eastern Regional Health Authority (ERHA) and the other at the North Central Regional Health Authority (NCRHA). The Ministry intends to establish a third specialized clinic in the South West Regional Health Authority (SWRHA), but the timeline "is dependent on the availability of resources (staff and specialist staff) to conduct the clinic." The staff complement at the RHAs and the two specialized clinics are listed in **Tables 16 and Table 17, Appendix VIII.**

Psychological Support

4.2.5 In the RHAs, all teenage mothers are referred to internal Medical Social Work department for psychological and/or support services. During the last five years, 3,631 teenage mothers were referred to this department. If the mother presents with a substance abuse issue, she is referred to the Mental Health unit for psychiatric evaluation and intervention. Supportive counselling is offered to the mothers and referrals are made to appropriate support services. As of June 2019, 30 out of the 53 Medical Social Workers employed at the RHAs were specifically assigned duties to treat with teenage pregnancy. The distribution of these specifically assigned Medical Social Workers is as follows: ERHA (8), NWRHA (9), NCRHA (5), SWRHA (7) and TRHA (1).[26]

Projects/Programmes

RapPort programme

4.2.6 The Ministry also manages the RapPort programme which is a youth outreach intervention service that provides information, education and counselling to the nation's youth on the prevention of HIV/ AIDS and other sexually transmitted infections (STI) and managing self, sexuality and safe sex practices.

[26] Information received in written submissions dated June 28, 2019.

4.2.7 The programme is administered in the SWRHA, RCRHA and RWRHA in schools, communities and health centres. Between 2014 and 2018, 3,749 teenagers participated in the programme. However, the data for the number of teenage mothers was not captured. The Ministry is collaborating with the United Nations Population Fund (UNFPA) to assess and revise the programme, including mechanisms for reporting on its success.

Youth Connect T&T

4.2.8 This is a mobile SRH application for younger persons to provide information and accessibility of SRH services. During a social media campaign in April 2019, 1,288 persons downloaded the application. Additionally, 3 Peer Educators were trained to offer support to youths in the use of the application.

4.2.9 Additionally, District Health Visitors and other staff facilitate sex education programmes in schools. Safe sex practices and abstinence are discussed, in addition to the distribution of condoms, when permitted by the school(s).

Sector Capacity Building

4.2.10 Capacity building is ongoing on the Global Accelerated Action for the Health of Adolescents, and for health care providers in the delivery of adolescent reproductive health. In March 2019, health care workers in all RHAs were trained on the different types of modern contraceptives, and the safe identification and referral of gender-based violence survivors in collaboration with the United Nations Population Fund (UNFPA) and the Pan American Health Organization (PAHO).

4.2.11 With reference to the initiatives to reduce teenage pregnancy, the MoH indicated that it intends to engage relevant stakeholders before the end of fiscal 2019 to develop strategies aimed at boys and men to develop initiatives aimed at reducing teenage pregnancy.

Challenges

4.2.12 The Ministry cited the following challenges in service delivery:

i. Some parents fail to provide the required consent for a pregnant adolescent/adolescent to access health services in public hospitals;

ii. The mandatory reporting of teenage pregnancies by health personnel to the TTPS discourages some teenage mothers from seeking health services;

iii. Some pregnant teenagers/teenage mothers fail to comply with medical treatment;

iv. Difficulties in following-up with the teenage mothers after they leave the health facilities;

v. Staff shortages is a challenge to the delivery of the Rapport programme; and

vi. Some schools refuse sex education sessions by MoH staff and prohibit the distribution of condoms.

Ministry of Education (MoE)

Student Support Services Division (SSSD)[27]

Reporting

4.2.13 All principals of government, government-assisted and denominational board schools are mandated to report cases of teenage pregnancy and births to the Student Support Services Division (SSSD). Within the past five years, 169 students who were pregnant received assistance from SSSD.

Educational rights of teenage mothers and pregnant teenagers

4.2.14 The Ministry's ***Policy Statement on the Education of Girls Faced with School-Aged Pregnancy***[28] states that, "All adolescent girls who face school-age pregnancy are entitled to continue their education in a form that is meaningful and relevant to their specific needs and situations." The MoE stated that there have been no cases where a teenage mother has been denied access to education after giving birth.

Interventions

4.2.15 The following efforts are made by SSSD officers to facilitate the girls' continued educational participation:

i. Home visits/assessments are conducted to ensure that the student is not exposed to any immediate danger of sexual abuse. Additionally, before and after the teenager gives birth, home visits are conducted to evaluate her mental and physical health, living conditions, academic, financial and social support needs. Parents/guardians and the baby's father and family are also interviewed. Appropriate referrals are then made, for example, to the

[27] Information received in written submissions dated April 12, and May 28, 2019.
[28] See Appendix IX.

Social Welfare Division of the MSDFS for financial assistance, or the MoH for medical and psychological services.

ii. Counselling – is provide to the pregnant teenager/teenage mother, the male "partner" (when the male is also a student) and their families on the following topics: teen parenting, career planning, academic factors and legal concerns.

iii. Academic support – During her pregnancy, the SSSD officer liaises with the family and peers to ensure that homework is relayed to the student while she not in school. The pregnant teenager/teenage mother may be reintegrated into her former school or transferred to a more appropriate educational institution based on her needs. For example, the Choices Adolescent Mothers Programme and SERVOL Trinidad and Tobago offer technical/vocational training and/or academic subjects. Between 2014 and 2019, a total of 20 female students were referred to the Choices programme, and 6 were referred to SERVOL;

SSSD Staffing

4.2.16 In a public hearing on April 17, 2019, the Ministry noted that recruitment efforts are ongoing to increase the number of School Social Workers from 160 to 373. Currently, 257 Guidance Officers are employed at the division. It was also indicated that schools were higher rates of teenage pregnancy (such as in Morvant-Laventille) are assigned additional SSSD officers and other resources.

SSSD Challenges

4.2.17 One challenge to providing support to teenage parents involves the late reporting of pregnancy cases by students and parents of pregnancy cases.

Psych-educational sessions

4.2.18 The MoE identified three main, recurrent programmes that are delivered to male students on sex and sexuality issues:

i. Carnival Safety – One session in each class level is conducted in all primary and secondary school students in the second academic term (January-February);

ii. Orientation to secondary schools – Incoming Form 1 students receive 4 sessions delivered once per week during the first 4 weeks of Term 1; and

iii. Students Transitioning Effectively from Primary to Secondary School (STEPS) Programme – Standard 5 students receive 5 sessions delivered once per week during Term 3.

4.2.19 Additionally, during 2019, 17 topic-specific workshops on sex education were conducted with a total of 205 male students. This figure is disaggregated by educational district in **Appendix VIII** but it was unclear whether it included both primary and secondary students.

School Curriculum

Health and Family Life Education (HFLE)[29]

4.2.20 The HFLE curriculum is comprised of four modules, one of which is Sexuality and Sexual Health (SSH). At the lower secondary level (forms 1-3) students may be exposed to content of the SSH module at least two periods per month. At the primary level, HFLE is implemented in an integrated curriculum structure with specific topics covered at each level. However, the actual frequency of HFLE delivery may vary due to the local school and classroom context. Between 2017 and 2019, 455 secondary school teachers received formal training in HFLE across the 7 districts in Trinidad, and in Tobago district[30].

Ministry of Social Development and Family Services (MSDFS)[31]

Services and facilities

4.2.21 The following services are provided by the MSDFS:

i. Case management - The National Family Services Division (NFSD) conducts individual and family assessments, counselling and referral to external agencies that can meet the financial, educational, social and other needs of teenaged parents and their families. Parental consent is not necessary for individual counselling sessions with teenagers but initial group sessions usually have a parental presence.

ii. Parenting workshops – Community-based workshops target parents, grand-parents, parents to be and guardians. Sexuality and Teenage Pregnancy is one of six topics

[29] Information received in a written submission dated May 28, 2019.
[30] This figure is disaggregated by educational district in **Appendix VIII**.
[31] Information received in a written submission dated April 4, 2019, and in a public hearing on April 17, 2019.

covered in the workshops. Other topics include: Discipline vs. Punishment, Communication, and Stages of Child Development (0-18 years). In 2018, 252 persons registered for the workshops in 7 communities[32]. Upon completion, the Ministry supports the development of community-based parenting groups to assist participants in retaining the skills and knowledge gained.

iii. Financial assistance - The Social Welfare Division (SWD) offers several grants to needy/displaced/indigent persons. Teenage parents with qualifying households are eligible for public assistance grants. However, one access barrier is that the applicant must be 18 years or older. Therefore, an adult in the family must apply for the grant. The Ministry does not currently offer specific grants for teenage parents.

iv. Other initiatives - In June 2018, the Ministry launched a National Campaign on Values, Attitudes and Behaviours to address parenting and child issues. However, limited information on this campaign was provided to the Committee.

Challenges

4.2.22 The Ministry indicated that inadequate human and financial resources have had an adverse impact in comprehensively reaching a wider target population in the execution of its projects and programmes.

Office of the Prime Minister - Gender and Child Affairs (OPM)

CHOICES/ Adolescent Mothers Programme (AMP)[33]

4.2.23 The CHOICES Programme was established in 1994 by the Child Welfare League (CWL) as a support programme for pregnant teenagers, teenage mothers and those at risk. In 2002, the Adolescent Mothers' Programme (AMP) was launched by the government as an expanded programme and with the intent of increasing access to services with the establishment of 7 additional centres. In 2015, both programmes came under the purview of the OPM but CHOICES continued to be administered by the CWL.

[32] Tunapuna, Rio Claro, San Fernando, Claxton Bay, Carenage, Point Fortin, and Penal.
[33] Information received in a written submission by the OPM dated April 12, 2019.

Services

4.2.24 Both programmes aim to: reduce teenage pregnancies, reduce repeat pregnancies among programme recipients, and alleviate poverty in the target group. The programmes provide: counselling, academic and skills training, parental training, SRH education, health and family life education, child care services and community outreach to promote positive attitudes among students. The CWL also indicated[34] that it collaborates with the MoH which provides lectures to adolescents and teenage parents on prevention and unplanned pregnancies.

4.2.25 The CWL also noted that girls who become pregnant for a second time are not allowed to re-enter the programme. However, it was reported that approximately 3% of programme participants have had a second pregnancy.

Facilities

4.2.26 Although the AMP was intended to provide 7 additional centres, only two (2) were established; one in Laventille (now closed) and the other in Tobago. Currently, the operational AMP centres are located in Tobago (under the purview of the Tobago House of Assembly) and Woodbrook. The CHOICES centres are located in La Horquetta and Sangre Grande.

4.2.27 Between 2008 and 2015, approximately 560 teenagers in the three centres in Trinidad were registered. This accounted for approximately 4% of the target group (14,400 teenage mothers during this same period). According to a written submission by the CWL dated June 26, 2019, between 2014 and 2018 approximately 1,200 teenage parents and their families accessed its services.

Programme Evaluation

4.2.28 A review of the CHOICES/AMP between 2016 and 2017 revealed that, "despite some success, the programme was ultimately in need of a redesign to improve its relevance, efficiency and impact." Consequently, the AMP was closed in June 2016 and **a team was established to redesign the programme. The outreach component managed by the CWL to primary schools was also terminated. However, the CHOICES programme continued to be administered.**

[34] Information received in a written submission dated June 26, 2019.

4.2.29 In the revised model, the programme will cater to both male and female adolescents. The Implementation Plan and budget of $8 million will be submitted to Cabinet for approval. However, in a public hearing on April 17, 2019, the estimated figure was stated as approximately $10 million.

4.2.30 In a public hearing on July 10, 2019, the CWL further added that:

i. The retention of teenage mothers in CHOICES is a major challenge. On average, the girls remain in the programme for 6-9 months as opposed to the minimum enrolment period of one and a half years, as noted in the informational booklet provided to the Committee; and

ii. The SRH education taught in the programme may not be adhered to by some girls due to social and economic circumstances in their homes.

Adolescent Parenting Programme (APP)

4.2.31 The APP is a training programme for youth aged 13 to 24 (both male and female) and will be launched in 2019 (exact timeframes not provided). The topics will include: teenage pregnancy, SRH information, sensitization on the laws regarding sexual consent, reporting sexual abuse, and the negative impact of engaging in sexual relationships with adults. The APP will also provide support for the well-being of teenaged parents and their babies.

4.2.32 The target groups will include: teenaged parents, pregnant teenagers, teenage parents who experienced miscarriage, abortion or who prefer adoption, children with special needs who fall into the former categories, parents and guardians of the teenagers, and communities where the teenagers and their parent/guardian reside. The regions identified with the highest prevalence information from the MoH and CATT include Port of Spain East, South-West, North-central and Tobago.

UN Foundations Programme

4.2.33 This is a collaborative project with the United Nations Women. Under this initiative <u>27 facilitators were trained</u> to deliver the programme to male and female youth aged 12 to 24 years. It focuses on strengthening preventative approaches to address gender based violence and sexuality. A list of 9 organizations and stakeholder groups that will participate in the programme in 2019 is provided in **Appendix X.**

Community Residences/Children's Homes

4.2.34 Community Residences do not have specific programmes and/or services that cater to a child who is pregnant. However, arrangements are made with the Court to transfer a pregnant child to a suitable organization such as the Mary Care Centre and the Eternal Light Community, but the Community Residence retains overall financial responsibility for the teenage mother. The teenage mother is allowed to stay at the specialised organisation for up to six (6) months post-pregnancy.

4.2.35 After giving birth the teenage mother may decide to keep the baby and in this instance, the Court will be petitioned to consider family reunification, where appropriate. If the family is unable or unwilling to provide care and support, the teenage mother will be temporarily reintegrated into the community residence. The teenager will not be able to permanently care for the baby in the residence but efforts would be made to facilitate regular visits until she is able to permanently care for the baby.

Children's Authority of Trinidad and Tobago (CATT)[35]

Services

4.2.36 According to the Children Act 2012, the CATT has a legislative mandate to intervene in cases of children and adolescents who are in need of care and protection, which includes those who become pregnant. Between May 2015 and May 2019, the Authority received approximately 439 cases of teenagers reported to be pregnant. Twenty-two of these cases were subsequently reported to the TTPS. As of May 29, 2019, there were no open cases being investigated.

Investigation and Assessment

4.2.37 Most of the cases of child/teenage pregnancy are reported by Medical Social Workers in public clinics or hospitals through an informal, but consistent working relationship with the CATT. In addition to referrals, these Social Workers update the CATT on cases receiving interventions but which do not require additional support from the CATT.

4.2.38 However, when cases are referred to the CATT, a psychosocial investigation and further interventions may be provided. The investigatory process is outlined in **Appendix X**. Depending on certain risk factors, an investigation may be launched. These include:

[35] Information received in written submissions dated April 15, and May 29, 2019.

i. Pregnancy resulting from sexual abuse;

ii. Pregnancy of especially young teenagers (13 and under); and

iii. Repeated pregnancies where the child is identified as being in a "consensual relationship" with a male who may be close in age.

4.2.39 There are three Assessment Centres in Trinidad and one in Tobago which conduct a multidisciplinary assessment to determine the child's immediate, medium-term and long-term psychosocial needs. This assessment includes medical, psychological and psychiatric evaluations, if necessary.

4.2.40 Nine (9) pregnant teenagers or teenage mothers received full multidisciplinary assessment between 2015 and 2019. Additionally, forensic medical exams/pregnancy tests and forensic interviews may be conducted in collaboration with the TTPS to gather evidence for criminal investigations (see section 3.2.55).

4.2.41 Due to the volume of caseloads, the average waiting time for a full multidisciplinary assessment for a child suspected to be pregnant/sexually abused is eight months as at May 2019. However, appointments for forensic interviews/medical interviews can be scheduled within a week of a report.

Intervention

4.2.42 Based on the outcomes and recommendations of an assessment, one or a combination of 19 services may be provided. These include:

i. Alternative care placements (e.g. Mary Care Home, placement with family/other guardians. Between 2015 and 2019, the CATT filed Wardship and Care proceedings for 5 pregnant teenagers);

ii. Internal therapeutic services (e.g. counselling and trauma work);

iii. Referral to external therapeutic, educational services and financial (e.g. AMP, Rape Crisis Society, MSDFS);

iv. Legal services (e.g. seeking Court Orders);

v. Medical support (e.g. referrals to hospitals, clinics);

vi. Referral to TTPS for criminal investigation;

vii. Pregnancy and family planning support (e.g. psycho-education, enrolment in clinics); and

viii. Assistance in development of life skills and parenting skills (e.g. referrals to ParentingTT, Families in Action).

4.2.43 Attention is given to re-integrating the pregnant teenager/teenage mother into society and the education system. An individualized Education Plan may be developed following a psychosocial assessment to identify the child's cognitive ability, parenting demands and support needed in and outside of the classroom.

4.2.44 The child/teenager may be assisted in re-integrating in their former school in collaboration with the SSSD. A Treatment Plan will also guide recommendations for life skills training, family interventions and counselling.

Staffing

4.2.45 Each centre in Trinidad is staffed with two Social Workers, two Psychologists, a Team Lead and a Children's Services Assistant. However, the Tobago centre currently has a staff complement of three members but recruitment is ongoing. Additionally, five medical doctors, a caregiver and an assessment manager collectively service all centres. The written submission did not specify whether these seven professionals service the centres on both islands.

4.2.46 The CATT noted that the current staff complement at the centres is inadequate to address the high demand for services in a timely manner.

Trinidad and Tobago Police Service (TTPS)

The TTPS identified three types of services that are provided to pregnant teenagers and their families: investigation, intervention and referral.[36]

Investigation

4.2.47 The **Child Protection Unit (CPU)** is primarily responsible for investigating reports of abuse against children and families. Given that sexual activity between teenagers has been decriminalized, investigative procedures in cases of teenage pregnancy involving an adolescent male are limited to verifying the ages of the teenagers. However, in cases with an adult male

[36] Information received in a written submission dated May 17, 2019, and in a public hearing on May 29, 2019.

(perpetrator), more thorough procedures are followed including a medical examination of the female.

4.2.48 In the event that regular investigative procedures are inappropriate for the child/adolescent who is traumatized following a sexual offence, a Forensic Interview is conducted by a Psychologist or Social Worker of the CATT. In this interviews, child-friendly interview methods are used including role plays and games to illicit evidence. The interview is videotaped and transcribed, and these materials are used as evidence for any subsequent prosecution.

Investigative challenges

4.2.49 The main challenge identified by the TTPS in treating with teenage pregnancy reports is that the scope of investigations and prosecution are limited when teenage girls are unable to identify the adult male perpetrator. Additionally, DNA analysis is used to identify male perpetrators but this process is time-consuming.

Intervention

4.2.50 The Victim and Witness Support Unit (VWSU) provides care and protection of survivors of sexual victimization and pregnant teenagers. However, "small numbers" of these victims are serviced by the Unit given that most victims are referred directly to the CATT for care and protection.[37] The services offered by the VWSU include:

i. Needs assessment – this is conducted with teenagers who "present as having difficulty functioning." The components include structured interviews with the child and parent/or other appropriate guardian to determine: safety needs, current family and home dynamics, socio-emotional functioning, academic history, physical needs and financial needs;

ii. Psychosocial support and counselling – to assist the teenager to cope with the trauma of the rape/sexual abuse incident as well as dynamics of pregnancy. A parent/guardian is present during these sessions but when deemed necessary for the well-being of the teenager[38], she may be seen separately with the approval of the guardian;

iii. Emotional support – to assist the teenager to function effectively in various stages of the investigation such as giving statements; and

[37] Information received in a written submission dated July 16, 2019.

[38] For example, in the instance that the parent/guardian is the alleged perpetrator of the sexual crime. Another adult or relative that does not pose a threat to the child may be asked to accompany the teenager when accessing services.

iv. Support for immediate relatives to cope with the effects of the incident(s).

4.2.51 Additionally, in 2018 the VWSU hosted its first EYE In Me Self Esteem Programme for Teen Girls in the Northern Division. This programme aimed to provide social support to 25 teenage girls who were victims of sexual abuse and other crimes. Its second iteration occurred in July 2019 with 125 teenage girls. Approximately half (65) of the participants were from the Northern and North-Eastern Divisions, which report the highest prevalence of teenage pregnancies according to official statistics.

Referral

4.2.52 The VWSU also refers teenage mothers and pregnant teenagers to external support services, including the CATT, which may provide financial or material assistance to victims and their caregivers. Ten such organizations were identified, including residential facilities (e.g. Mary Care Centre), community-based groups, faith-based organizations, Ministries (e.g. MoH, MSDFS) and training institutions.

Public Education[39]

Community Sensitization

4.2.53 Over the last year, 17 sensitisation and public awareness programmes related to teenage pregnancy were conducted at secondary schools, police youth clubs and other community venues. The selected communities were chosen based on requests for intervention, reports of incidents and "VWSU client data." Nine topics are explored in the sessions, including: sexuality and sexual health, sexual offences and child abuse. However, the Committee noted that only 1 of the 17 sessions was held in Tobago. The TTPS also identified Police Youth Clubs as a possible median for engaging young persons on issues being sexual and reproductive health

National Parent Teachers' Association (NPTA)

4.2.54 In a public hearing on May 29, 2019, the NPTA stated that it collaborates with the Family Planning Association (FPATT) to host seminars on sexual and reproductive health (SRH) in communities and in the FPATT's private school initiatives.

[39] Information received in a submission dated July 16, 2019.

4.2.55 In the past, NPTA reported known cases of pregnant students to the MoE. However, there is currently no collaborative relationship between the NPTA and the MoE to treat with teenage pregnancy in schools. To date, the NPTA has never included the topic of teenage pregnancy in its sensitization efforts with parents in PTA chapters. At the national level, the NPTA does not have a policy or support strategy for pregnant students and their parents. However, PTA chapters may exercise discretion in providing support to pregnant students.

4.2.56 In a subsequent submission dated July 15, 2019, it was noted that the NPTA recently collaborated with the MoE to advertise and promote attend sensitization sessions for parents. However, parental attendance was reported to be "low".

Family Planning Association of Trinidad and Tobago (FPATT)[40]

4.2.57 The FPATT is a NGO providing SRH services to the population. The organization receives a subvention from the MSDFS and a condition of this funding is that 20% of the grant must support the delivery of services to young people aged 25 and under.

4.2.58 The FPATT provided services to 7,000 youth aged 24 and younger between 2014 and 2018. The following services are offered in Trinidad (further details are provided in **Appendix X**):

i. De Living Room – youth friendly clinic in Port of Spain;
ii. De Roving Living Room – mobile clinic (currently operating with restricted capacity);
iii. Collaborative HIV/AIDS Management Programme (CHAMP) – educational workshops;
iv. CHOICES – An Adolescent Mothers Programme – contraception and education provided to teens and teenage mothers;
v. Comprehensive Sexuality Education (CSE) – pilot programme in private schools;
vi. Collaboration with United Nations Refugee Agency (UNHCR) – to provide SRH services to Venezuelan immigrants; and
vii. Other community outreach – education and sensitization.

Tobago

[40] Information received in a public hearing on May 29, 2019, and in a written submission dated May 15, 2019.

4.2.59 A FPATT office in Tobago operates on a part-time basis due to financial constraints. However, in 2018 a Memorandum of Understanding was signed with the Tobago House of Assembly to launch 'De Living Room' clinic in Tobago in June 2019.

Challenges in Service Delivery

4.2.60 The following factors were identified as challenges to providing SRH services:

i. The reluctance of schools and other educational institutions to participate in the CSE programme due to the sensitivity of topics addressed. Initially, 15 schools were invited but only 5 accepted the invitation;

ii. Financial and human resource constraints affect the Association's ability to increase the delivery of services to communities;

iii. Given that FPATT operates only one youth-friendly clinic located in Port-of-Spain, the clinic's accessibility is limited to youth living in high-risk areas;

iv. The scope of outreach services has been reduced owing to the deterioration of the mobile unit used for the 'De Roving Living Room' initiative. Attempts are being made to replace the unit; and

v. The amended marriage laws discourage youth from seeking SRH services, given that medical/health institutions are required to report sexual activity of minors. However, the FPATT exercises discretion in providing SRH services to minors who attend the clinic without their parents.

Mary Care Centre[41]

Residents

4.2.61 The Mary Care Centre is a non-profit organization founded in 2010 by the Roman Catholic Church. The organization provides residential housing, training and education for pregnant teenagers and first-time mothers between the ages of 12 and 17 years old.

4.2.62 Girls from all religious beliefs and backgrounds are accepted and are usually admitted through referrals from other medical, religious or community institutions, or may self-admit to the centre. Additionally, a police report of the pregnancy is required for admission. Most of the

[41] Information received in written submissions dated May 23, 2019, July 15, 2019 and in a public hearing on May 29, 2019.

young girls admitted to the Centre come from rural areas and are cases of incest, child molestation, forced prostitution and other acts of violence against them.

4.2.63 It was noted that most of the fathers of the babies are also teenagers, although some pregnancies were perpetrated by adult men. Since 2010, 63 girls were admitted to the Centre. Currently, two teenage mothers reside at the Port of Spain location and two in the South location.

Facilities

4.2.64 The original centre is located in Woodbrook, Port-of-Spain with a capacity of 6 residents. Due to increasing demand for support services for teenage mothers, a second facility was opened in March 2019 in South Oropouche with a capacity of 30 residents. This centre provides a longer residential stay to teenage mothers who are unable to find other accommodation. Both centres are managed by two Caregivers who, although not formally trained, were deemed to have sufficient caregiving experience for the position.

4.2.65 Although there is no centre in Tobago, Tobagonian pregnant teenagers/teenage mothers have been admitted to the Trinidad centres. The centres have also accepted girls from other Caribbean islands, as well as Venezuelan nationals living in Trinidad who were referred by the CATT.

Challenges

4.2.66 The Mary Care Centre does not receive any type of Government grant or subvention, but it is funded by donations received from the private and public sector. However, the Centre was visited by the CATT on April 12, 2019, as part of the process of applying for a Residence Licence and Government Grant. Following this, applications will be made to acquire certificates from the Fire Services and Public Health departments. If the grant is approved, the Centre is willing to "engage additional residents as the need arises." On the other hand, a challenge to the societal reintegration of the residents is the difficulty in finding alternative accommodation during the transition out of the Centre.

Trinidad and Tobago Association of Psychologists (TTAP)[42]

Educational initiatives

[42] Information received in a written submission dated June 28, 2019 and in a public hearing on July 10, 2019.

4.2.67 Since its inception in 1996, members of TTAP have organized the following sensitization workshops and forums:

i. Mental health public awareness forums are conducted 3 to 4 times per year in schools and NGOs who request these sessions;

ii. Teenage sexuality and health workshops in secondary schools are organized by TTAP members who are also affiliated with ParentingTT. Workshops are done upon request and depend on the availability of TTAP members;

iii. Mariama Teen Turf is an activity centre established by TTAP member Anna Maria Mora in 1990 and remains active. Some sessions address SRH and mental health of both males and females and the coping strategies they have developed; and

iv. Y.E.S. (Youth Empowerment Series) is conducted by TTAP President, Dr. Margaret Nakhid-Chatoor, in primary and secondary schools to address mental health issues, especially risk-taking behaviours and feelings of invincibility in adolescence.

Single Fathers Association of Trinidad and Tobago (SFATT)[43]

Membership

4.2.68 The SFATT's membership is primarily composed of adult fathers aged 25 to 65 years; few members are teenage fathers. However, prior to the decriminalization of sexual activity among minors, mothers of teenage fathers sought assistance from the SFATT when their sons were prosecuted for such activity.

Educational Initiative

4.2.69 The SFATT is a member of the Central Education Multisector Committee (CEMC) alongside Ministries, state entities and Non-Governmental Organizations (NGOs).[44] The CEMC initiated an empowerment caravan in 5[45] schools in the Central region between 2017-2018 which focused on teenage parenthood, responsible sexual practices and deviant behaviours including sexual misconduct, and gang involvement. The programme relied on data from the

[43] Information received in a written submission dated June 25, 2019 and in a public hearing on July 10, 2019.
[44] These include the Ministry of Education, Trinidad and Tobago Police Service, Children's Authority, National Family Services, NIHERST, Children's Court, Two Cents Movement, US Embassy, CCC (acronym only provided).
[45] The Committee observed a discrepancy in the number of schools; in the written submission it was noted that 6 schools participated in the programme.

MoE which indicated that in 2018, 105 students in the Caroni Education District were suspended for sexual misconduct.

4.2.70 In September 2019, the second phase of the caravan will be delivered to groups of students who are at-risk of the aforementioned issues within the same 5 schools.

Challenges to service delivery

Inter-agency collaboration

4.2.71 At least 8 stakeholders expressed the need for increased inter-agency collaboration on policies and interventions to treat with teenage pregnancies (MoE, MoH, CATT, OPM, TTAP, FPATT, NPTA, and MSDFS).

4.2.72 According to the OPM, at present there is no formal coordination in the provision of teenage pregnancy services among Ministries. Moreover, there is a need for coordination among approximately 28 agencies throughout the country that provide services to children.

4.2.73 The following stakeholders indicated that they did not have collaborative relationships with each other, with reference to interventions for teenage pregnancy:

i. CWL, TTAP and SFATT;
ii. NPTA and the MoE; and
iii. FPATT and Mary Care Centre.

4.2.74 However, the OPM is responsible for leading coordination efforts through the National Child Policy which treats with teenage pregnancy. It intends to meet with the MSDFS to discuss, among other issues, strategies to combat teenage pregnancy.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. Each ministerial stakeholder had established preventative and/or intervention programmes aimed at treating with the determinants or implications of teenage pregnancy;

ii. All stakeholders acknowledged that there is a need for greater inter-sectorial collaboration on existing initiatives;

iii. The TTPS also has structured procedures for the investigation and intervention of teenage pregnancy cases, and employs networking and referrals to the CATT and other community

agencies.; However, there appeared to be some overlap in the investigation and intervention services offered by the two entities;

iv. The Committee was concerned about the implementation challenges of the HFLE in schools, given that access to accurate, holistic Sexual and Reproductive Health information equips students with knowledge to make wise sexual choices;

v. The MSDFS delivered general parenting programmes with content on teenage pregnancy issues, but there were inadequate targeted interventions for teenage parents;

vi. There are several institutional challenges to the consistent and standardized delivery of HFLE education in government and faith-based schools, including teaching training, availability and religious/cultural attitudes;

vii. Notwithstanding the protocols of the SSSD with regards to assessment and support provided to pregnant teenagers, the Committee questions the extent to which these arrangements are actually being implemented, given that during several prior inquiries the issue arose of staff shortages in several positions on the SSSD, including Social Workers;

viii. Similarities were observed between the challenges of the MoE and the FPATT in engaging schools in the Health and Family Life Education Syllabus and CSE programmes, respectively;

ix. There appeared to be a need to expand residential housing facilities for teenage mothers and pregnant teenagers, given that most Community Residents are not equipped to treat with this population directly;

x. There appeared to be limited options for specialized education for teenage parents. The CHOICES programme is the major provider for this population. However, the demand for services was greater than programme capacity;

xi. There was a relatively low rate of participation in the AMP/CHOICES programmes compared to the target population;

xii. There are plans to expand the provision of specialized educational services through the AMP programme;

xiii. The CATT has structured procedures for the investigation and intervention of teenage pregnancy cases. However, staffing challenges have resulted in slow response times and a long waiting period for assessments;

xiv. The Committee commends and endorses the work of the FPATT, Mary Care Centre, CWL, TTAP and SFATT in the delivery of SHR services, education and support for teenagers and teenage mothers. However, multiple stakeholders observed that more focus should be placed on interventions for teenage fathers and other teenage boys.

Recommendations

In light of the foregoing, the Committee recommends the following:

A. The Committee endorses the Integrated Strategic Plan for the Reduction of Teenage Pregnancy. In working towards the goals of the plan, all ministerial stakeholders should give urgent attention to developing an inter-sectorial strategy, including a cross-departmental ministerial task force. Notwithstanding the existing, separate programmes delivered by each ministry/agency, collaboration should be enhanced to align separate interventions in the following areas:

i. Sexual and reproductive health education and awareness;
ii. Adolescents' access to contraception;
iii. Education and awareness surrounding child sexual abuse; and
iv. Ongoing monitoring and support of these interventions.

Best practices, such as the strategies employed by the United Kingdom[46], and recommendations from WHO[47] can also be considered, with consideration for their cultural relevance;

B. That the MoH, in its response to the Committee, provide an update on:

i. The tangible outcomes of the initiatives to date under the "Every Caribbean Woman, Every Caribbean Child" that target teenage pregnancy. Also provide the

[46] https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0255-4
[47] http://www.everywomaneverychild-lac.org/e/wp-content/uploads/2018/02/Accelerating-progress-toward-the-reduction-of-adolescent-pregnancy-in-LAC-FINAL.pdf

work programme for these initiatives to be held between 2019 and the first quarter of 2020;

ii. **The revision of the RapPort programme, including details on how it will be strengthened to capture data on teenage parents and educational content related to teenage pregnancy;**

iii. **The Ministry's strategies to engage men and boys in educational programmes and initiatives on sexual and reproductive health education;**

iv. **The outcomes of the most recent bi-annual meeting on the progress made towards the Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean;**

C. **That the MoH seek to expand the provision of training to additional Peer Educators under the Youth Connect T&T application;**

D. **That the MoH and CATT seek to formalize the existing reporting relationship between Medical Social Workers and CATT with regards to pregnant teenagers who are admitted to public health centres and hospitals;**

E. **That the MoE, in its response to the Committee, provide an update on:**

i. **The status of the curriculum review of the HFLE;**

ii. **Any plans for the training of secondary and primary school teachers in the delivery of HFLE for the new academic year (commencing September 2019);**

iii. **The status of recruitment efforts for additional School Social Workers in the SSSD;**

F. **That the MoE, in its future delivery of training to teachers in HFLE, give attention to strategies to address teachers' potential biases and apprehensions about SRH topics that may hinder their effective delivery to students;**

G. **That the MoE, in collaboration with the NPTA, increase its outreach to parents, for the purpose of sensitization on issues related to teenage sexuality and teenage pregnancy, and the importance of parents reporting teenage pregnancy cases to school personnel.**

Efforts should be made to foster a climate in which parents are empowered with knowledge on reporting requirements, procedures, and are encouraged to report so that students' rights can be protected and needs addressed in a timely manner.

H. That the SSSD, MoE, continue to give attention to the provision of psycho-education to both male and female students in primary and secondary schools on the topics related to SRH, responsible sexual behaviours etc. Consideration should be given to partnering with the FPATT in this endeavour;

I. That the MoE continue to engage the SFATT in school sensitization programmes and projects aimed at treating with student sexual misconduct, sensitization on teenage parenting issues, and the development of positive attitudes and sexual behaviours;

J. That the OPM, in its response to the Committee, provide an update on:

- **i. The implementation plan for the revised Adolescent Parenting Programme, including the estimated commencement date, activities completed to date, and timelines for future activities;**
- **ii. The implementation plan for the UN Foundations Programme; and**
- **iii. Any revision to the curricula of the CHOICES programme;**

K. That in its response to the Committee, the CATT provide an update on its efforts to increase its response time in the delivery of services and multidisciplinary assessments, for example, the indicated recruitment efforts and streamlining of assessment referrals; and

L. That inter-agency discussions be held between the CATT and the CPU of the TTPS with a view to streamlining the efforts involved in protecting minors. The ultimate aim being to eliminate any duplication of efforts among these stakeholders and to establish a more coordinated response to the issue at hand.

OBJECTIVE 3: To assess the adequacy of policies and laws to treat with teenage pregnancy.

Education Sector Policies

4.3.1 In its written submission dated April 12, 2019, the MoE provided copies of the following educational policies:

MoE Policy Statement on the Education of Girls' Faced with School-Age Pregnancy (2003)

4.3.2 This policy states that all adolescent pregnant girls or young mothers are entitled to continue their education "in a form that is meaningful and relevant to their specific needs and situations."

4.3.3 Guidance Officers are mandated to assess the educational needs of the student once her pregnancy/miscarriage/abortion has been identified. The officer must then advocate and ensure that subsequent recommendations are adequately followed.

MoE Teenage Pregnancy: Context, Model, Strategy, Options (2014)

4.3.4 This guide outlines the risk factors, determinants and challenges of teenage pregnancy. It also outlines protective and preventative intervention strategies of the SSSD to be undertaken in collaboration with other Ministries and community stakeholders. The guide also outlines the role of the SSSD in supporting teenage parents through counselling, advocacy and skill development. The MoE indicated that the SSSD intends to review and update this policy by September 13, 2019.

MoE National School Code of Conduct Revised (2018)

4.3.5 This document outlines the reporting responsibilities of school personnel when informed of inappropriate sexual behaviours between students (as defined by the Children Act Chap 46:01 and the Sexual Offences Act Chap 11:28). Reports must first be made to the TTPS for criminal investigation, following which parents would be informed. The case should also be referred to the Legal Division of the MoE and to SSSD. Students may face one or more of 11 consequences including suspensions, interventions, referrals to CATT, law enforcement, parent/guardian contact and counselling.

Proposed Policy Initiatives

National Parenting Policy

4.3.6 In a written submission dated May 31, 2019, the MSDFS noted that the first phase of consultations with NGOs and community organizations commenced on the Green Paper of the National Parenting Policy on March 16, 2018.

4.3.7 The second phase (April 6 – May 8, 2019) included 7 open forum consultations with 170 members of the general public in Sangre Grande, Couva, San Fernando, Tobago East, Tobago West, Valsayn and Port of Spain.

4.3.8 During the first and second phases, stakeholders discussed issues and concerns related to teenage parents including: education needs, parenting support services, and the effects of early parenthood on teenage boys.

4.3.9 The third phase of consultations was expected to take place during July and August, 2019. Focus groups with NGOs would have facilitated more intimate discussions on the issues of parenting.

4.3.10 Upon completion of the final phase of consultations, the Ministry intends to:

i. Calculate the implementation cost of the revised policy;

ii. Prepare a White Paper which would be presented to Cabinet for approval; and

iii. Finalize the composition of the Multi-Sectorial Steering Committee in collaboration with stakeholder organizations.

Other policy initiatives

4.3.11 The stakeholders also informed the Committee of the following proposed or draft policies:

i. <u>Teen Parent Policy</u> will replace the current teenage pregnancy policy of the MoE. The revised document will include attention to teenage fathers;

ii. <u>National Child Abuse Protocol</u> will include formalization of the working arrangement between the CATT and Medical Social Workers;

iii. <u>National Policy Paper</u> on access to SRH services by minors – background research is being conducted by the UN Development Programme and the United Nations

Population Fund. The MoH indicated that it is assisting with finalizing this policy by the end of fiscal 2019 with guidelines on contraception to all persons including minors;

iv. National Plan of Action for Women's, Children's and Adolescents' Health under the "Every Woman, Every Caribbean Child Initiative" by the MoH is ongoing. Currently, the Terms of Reference are being developed in collaboration with the Pan American Health Organization;

v. The Integrated Strategic Framework for the Reduction of Adolescent Pregnancy in the Caribbean – according to the MoH, collaboration is ongoing with the OPM, National Aids Coordinating Committee and UNFPA. Its initiatives were described in Objective 2. As part of the evaluative framework, bi-annual meetings are held to discuss progress made in achieving outcomes of the plan; and

vi. A National Child Registry will be established to identify children in need of care and protection, according to the OPM.

4.3.12 Timelines for the completion of the aforementioned policies were not provided.

Policy and intervention gaps

4.3.13 During the public hearings the following barriers to accessing SRH services were identified:

i. Limited youth friendly spaces, ensuring privacy for SRH services (MoH);

ii. Low uptake of SRH services by men (MoH);

iii. Human resource and financial constraints to support SRH work (MoH, FPATT);

iv. The need for parents to provide consent for minors to access SRH services (MoH, FPATT);

v. Health professionals are required to report sexual activity of minors to law enforcement, therefore discouraging minors from accessing SRH services (FPATT);

vi. Lack of clear legislation and policy regarding the distribution of contraception and/or antenatal care or medical treatment to minors without parental consent (MoH, FPATT, CATT);

4.3.14 According to the CATT, in administering health care to teenagers some medical practitioners use the common law principle of "Gillick Competence[48]" which is applied when determining whether a child under 16 has competence to consent to medical treatments without parental permission or knowledge. However, this is inconsistent with the legislative position which places the age of consent at 18. Meanwhile, other practitioners are reluctant to administer SRH services to minors, including pregnancy and STD testing or the administration of contraception for sexually active children.

Findings

Based on the preceding evidence, the Committee's findings are as follows:

i. The finalization of the National Parenting Policy is ongoing. The MSDFS has engaged a range of community stakeholders to discuss a wide range of parenting issues, including those related to teenage pregnancy and teenage parents;

ii. The Committee acknowledges the importance of the MoE's policy position which helps to secure the educational participation of pregnant teenagers and teenage girls. However, the low numbers of teenage mothers reported in public schools (see objective one, section 3.1.11 and Table 9, Appendix VIII), indicates that there may be a need to examine the efficacy of reporting mechanisms in schools, as well as focus on pregnant students who drop-out of school, have abortions, and those attending private institutions;

iii. The Committee endorses the intention of the MoE to expand its policy position to include teenage fathers;

iv. The MoE's National School Code of Conduct Revised (2018) appeared to reference certain indictable offences listed under the Sexual Offences Act (1986) Chap 11:28 (sections 6-8) that were repealed by the Children Act Chap (2012) 46:01;

v. The National School Code of Conduct Revised (2018) also did not appear to specify the Ministry's role/position on cases that include decriminalized sexual activity between children (Children Act Section 20);

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[48] Richard Griffith. *What is Gillick Competence?* Hum Vaccin Immunother. 2016 Jan; 12(1): 244–247. Accessed March 02, 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962726/

vi. Several policies are being formulated which are likely to increase teenage parents' access to services and support programmes; and

vii. The lack of clear policy on the access to contraception by minors is a notable challenge, given that currently, adolescents may be denied contraception, while some medical professionals distribute it inconsistently based on their discretion.

Recommendations

A. That in its Ministerial Response the MoH provide an update on the status of the national policy paper on access to contraception;

B. That in its Ministerial Response, the MoE provide an update on the revision of its policy position on teenage mothers, to include attention to teenage fathers;

C. That the MoE review the National School Code of Conduct Revised (2018) to ensure that it accurately cites the current provisions of the Sexual Offences Act (1986) (re: repeal of sections 6-8) and the Children Act (2012). This exercise should be completed within four (4) months. Consideration should also be given to specifying the Ministry's position/role/procedure with regard to reported cases that involve decriminalized sexual activity between students (re: Children Act Section 20); and

D. That in its Ministerial Response, the MSDFS provide an update on the status of National Parenting Policy and implementation plan.

Your Committee respectfully submits this Report for the consideration of the Parliament.

Mr. Paul Richards
Chairman

Mr. Esmond Forde, MP
Vice-Chairman

Mrs. Glenda Jennings-Smith, MP
Member

Brig. Gen. (Ret.) Ancil Antoine, MP
Member

Mrs. Christine Newallo-Hosein, MP
Member

Ms. Khadijah Ameen
Member

Mr. Rohan Sinanan
Member

Ms. Allyson West
Member

March 02, 2020

APPENDICES

Appendix I

Persons who appeared and provided oral evidence

Name of Official	Portfolio	Organization
Public Hearing Held on January 16, 2019		
Ms. Charmaine Jennings **Dr. Maryam Abdool-Richards** **Dr. Adesh Sirjusingh** **Mr. Lawrence Jaisingh**	Deputy Permanent Secretary Ag. Principal Medical Officer (Institutions) Director, Women's Health Director, Health Policy, Research and Planning	Ministry of Health (MoH)
Mrs. Lenor Baptiste-Simmons **Mr. Harrilal Seecharan** **Professor Dennis Conrad** **Ms. Darlene Smith** **Mrs. Natalie Robinson-Arnold**	Permanent Secretary Ag. Chief Education Officer Manager, Student Support Services Division Guidance Officer II, Student Support Services Division School Social Work Specialist, Student Support Services Division	Ministry of Education (MoE)
Mrs. Jacinta Bailey-Sobers **Ms. Vidya Ramgattie** **Mrs. Brenda Mc Cree-Hunte**	Permanent Secretary Regional Coordinator, National Family Services Division Coordinator, Retiree Adolescent Partnership Programme	Ministry of Social Development and Family Services (MSDFS)
Ms. Jacqueline Johnson **Mr. Bertrand Moses**	Permanent Secretary Coordinator, Child Affairs	Office of the Prime Minister, Gender and Child Affairs (OPM)

Name of Official	Portfolio	Organization
Public Hearing Held on January 16, 2019		
Ms. Safiya Noel **Mrs. Rhonda Gregoire-Roopchan**	Director Registry and Investigation Manager	Children's Authority of Trinidad and Tobago (CATT)
Public Hearing Held on Wednesday April 29, 2019		
Name of Official	**Portfolio**	**Organization**
Ms. Raffiena Ali Boodoosingh	National President	National Parent Teacher Association (NPTA)
Mrs. Dona Da Costa Martinez **Ms. Ava Rampersad**	Executive Director Projects Coordinator	Family Planning Association (FPATT)
Ms. Vena Butler **Mr. Gideon Dickson** **Mr. Collis Hazel** **Ms. Aisha Corbie** **Mrs. Jemma Taylor-Alexander**	W/Superintendent Ag. Child Protection Unit Inspector Ag. Child Protection Unit Superintendent Ag. Community Policing Manager - Victim and Witness Support Unit Victim and Witness Support Unit	Trinidad and Tobago Police Service (TTPS)
Ms. Deborah De Rosia **Dr. Cynthia Low Chew Tung**	Coordinator Medical Doctor	Mary Care Centre

Public Hearing Held on Wednesday July 10, 2019		
Name of Official	**Portfolio**	**Organization**
Ms. Cheryl Ann Guy **Mrs. Cheryl Alleyne-Ross**	Centre Manager Regional Coordinator	Child Welfare League (CWL)
Ms. Anna Maria Mora	Counselling Psychologist/Author	Trinidad and Tobago Association of Psychologists (TTAP)
Mr. Rhondall Feeles	President	Single Fathers' Association of Trinidad and Tobago (SFATT)

Appendix II

MINUTES OF THE THIRTY-SECOND MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE ARNOLD THOMASOS MEETING ROOM (EAST), LEVEL 6 AND IN THE J. HAMILTON MEETING ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, APRIL 17, 2019

PRESENT

Members

Mr. Paul Richards	Chairman
Mr. Esmond Forde, MP	Vice-Chairman
Mrs. Glenda Jennings-Smith, MP	Member
Brig. Gen. (Ret'd) Ancil Antoine, MP	Member
Mrs. Christine Newallo-Hosein, MP	Member

Secretariat

Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Research Assistant

ABSENT

Ms. Allyson West	Member (excused)
Mr. Rohan Sinanan	Member (excused)
Ms. Khadijah Ameen	Member (excused)

CALL TO ORDER AND ANNOUNCEMENTS

1.1 The Chairman called the meeting to order at 9:44 a.m. and welcomed those present.

1.2 Members were advised that the following Members asked to be excused from the day's proceedings:

- Ms. Allyson West;
- Mr. Rohan Sinanan; and
- Ms. Khadijah Ameen.

CONFIRMATION OF MINUTES OF THE THIRTY-FIRST MEETING HELD ON APRIL 03, 2019

2.1 The Chairman invited Members to examine page-by-page, the Minutes of the Meeting held on April 03, 2019.

2.2 The Committee approved the following amendments:

i. Page 4, item 5.1 and Page 5, item 5.3 – replace the word ***"8th"*** with the words ***"9th"***

2.3 The Minutes were confirmed with amendments on a motion moved by Mrs. Christine Newallo-Hosein, MP and seconded by Brig. Gen. (Ret'd.) Ancil Antoine, MP.

MATTERS ARISING FROM THE MINUTES

3.1 The Chairman then advised on the following items of the Minutes:

i. **Item 3.2, page 2 –** the Secretariat will draft and forward the appropriate requests for additional information to the MALF re: Childhood Obesity by Thursday April 18, 2019.

ii. **Item 3.3, page 3 -** The Secretariat forwarded the requests for additional information re: 2nd follow-up hearing on Geriatric Homes by letter dated April 08, 2019.

iii. **Item 3.8, page 4 -** A public Call for Submissions re: the inquiry into Teenage Pregnancy was issued on April 15, 2019. The deadline for submissions is April 30, 2019.

iv. **Item 4.3, page 4 -** the 8th Report on the 1st Follow-up inquiry on the current level of violence in schools was presented in the Senate on April 11, 2019. The Report will be forwarded for presentation at the next sitting of the HOR.

v. **Item 5.3, page 5 -** the 9th Report on Contract Employment was presented in the Senate on April 16, 2019. The Report will be forwarded for presentation at the next sitting of the HOR.

Discussion on inquiry topic re: HIV/AIDS

3.2 **Item 3.4, page 3 –**The Secretariat was instructed to circulate for Members consideration the Committee's report on STDs in schools. Members will seek to determine whether the topic of HIV/AIDS had been adequately covered or whether more focused analysis is required.

An Inquiry into the prevalence of Teenage Pregnancy

3.3 After some discussion, the Committee amended the list of Primary and Secondary stakeholders pursuant to its inquiry into teenage pregnancy. The Committee agreed that the following entities will be invited to attend its 2nd hearing on the subject matter:

(i) National Parents Teachers Association (NPTA);

(ii) Family Planning Association;

(iii) Families in Action;

(iv) Single Mothers Association of Trinidad and Tobago;

(v) Trinidad and Tobago Police Service (TTPS) [CPU[49], VWSU[50], Community Police];

(vi) Mary Care Home for Teenage Mothers.

3.4 Members also agreed that written submissions will be sought from the following entities:

(i) Institute of Gender and Development Studies, UWI;

(ii) UWI Family Development and Children's Research Centre.

3.5 The Secretariat was instructed to request the number of teenage pregnancy cases that have been reported to the TTPS, in which it is suspected that an adult male is involved.

[49] Child Protection Unit

[50] Victim and Witness Support Unit

PRE-HEARING DISCUSSIONS re: Inquiry into the prevalence of teenage pregnancy and the state's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents

4.1 The Chairman indicated that later in the proceedings the Committee will convene its 1st hearing with stakeholders pursuant to its *inquiry into the prevalence of teenage pregnancy and the State's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents.*

4.2 Members were advised that Officials of the following entities were expected to participate in the day's hearing:

i. **Ministry of Health;**
ii. **Ministry of Education;**
iii. **Ministry of Social Development and Family Services;**
iv. **Office of the Prime Minister - Gender and Child Affairs Unit; and**
v. **Children's Authority of Trinidad and Tobago.**

4.3 The Chairman confirmed that Members were in receipt of the following:

i. **Written Submissions from the above-mentioned Stakeholders;**
ii. ***Issues Papers* prepared by the Secretariat; and**
iii. **The National Parenting Policy 2017 (Summarised version) (by the MSDFS).**

4.4 Members briefly discussed and agreed on the approach to be taken to examine Officials during the hearing.

OTHER BUSINESS

Proposed Date and Agenda for Next Meeting

5.1 The Chairman reminded Members that the Committee will meet next on **Wednesday May 15, 2019** to commence the *Committee's 2nd public hearing on its inquiry into teenage pregnancy*.

SUSPENSION

6.1 The Chairman suspended the meeting at 10:20 a.m.

PUBLIC HEARING re: the prevalence of teenage pregnancy and the state's capacity to minimize the occurrence of teenage pregnancy and provide services and assistance to teenage parents

7.1 The meeting resumed in public at 10:33 a.m. in the J. Hamilton Maurice Meeting Room, Mezzanine Floor.

7.2 The following persons joined the meeting:

Ministry of Social Development and Family Services

Mrs. Jacinta Bailey-Sobers - Permanent Secretary
Mr. Vidya Ramgattie - Regional Coordinator, National Family Services Division
Mrs. Brenda Mc Cree-Hunte - Coordinator, Retiree Adolescent Partnership Programme

Ministry of Health

Ms. Charmaine Jennings - Deputy Permanent Secretary
Dr. Maryann Abdool-Richards - Principal Medical Officer (Institutions)
Dr. Adesh Sirjusingh - Director, Women's Health
Mr. Lawrence Jaisingh - Director, Health Policy, Research and Planning

Ministry of Education

Mr. Harrilal Seecharan - Chief Education Officer
Professor Dennis Conrad - Manager, SSSD
Ms. Darlene Smith - Guidance Officer II, SSSD
Mrs. Natalie Robinson-Arnold - School Social Work Specialist, SSSD

Office of the Prime Minister - Gender and Child Affairs

Ms. Jacqueline Johnson - Permanent Secretary (Gender and Child Affairs)
Mr. Bertrand Moses - Coordinator, Child Affairs

Children's Authority of Trinidad and Tobago

Ms. Safiya Noel - Director, Children's Authority
Mrs. Rhonda Gregoire-Roopchan - Registry and Investigation Manager, Children's Authority

7.3 The Chairman welcomed the witnesses present and introductions were exchanged.

Opening Statements

7.4 The following Officials gave brief opening remarks.

- **Mrs. Jacinta Bailey-Sobers - Permanent Secretary, Ministry of Social Development and Family Services;**
- **Ms. Jacqueline Johnson - Permanent Secretary (Gender and Child Affairs), Office of the Prime Minister;**
- **Ms. Safiya Noel – Director, Children's Authority**
- **Mr. Harrilal Seecharan - Chief Education Officer**
- **Ms. Charmaine Jennings – Deputy Permanent Secretary, Ministry of Health.**

Key Issues Discussed

7.5 The following are the key subject areas/issues discussed during the hearing**:**

Issues discussed with the Ministry of Health (MoH)

i. There was a 32% decrease in teenage pregnancies among girls aged 13-16, and an unspecified increase among the 17-19 age group between 2014 and 2018. However, there were no significant changes in overall rate of teenage pregnancy over the time period.

ii. The recently implemented Perinatal Information System recorded 9,058 total births in Trinidad and Tobago between 2017 and 2019.

iii. Approximately 9% of the births within the last two years were to females aged 19 or younger. 3% of births were to girls younger than 18 years.

iv. The aforementioned statistics may include births to girls who were legally married, given that child marriage was only criminalized in 2017.

v. Important social factors contributing to teenage pregnancies include poverty, culture, education and geographic factors.

vi. Health complications experienced by teenage mothers include premature births and high blood pressure.

vii. Some teenage mothers are discouraged from seeking health services since medical personnel are mandated by law to report teenage pregnancies to the Trinidad and Tobago Police Service (TTPS).

viii. Some parents do not give consent for their pregnant teenage daughters to access services at public health facilities.

ix. Other issues encountered at health facilities include the girls' non-compliance with medical treatment and difficulties in following-up with the teenage mothers.

x. Teenage mothers are referred to internal Medical Social Work departments at Regional Health Authorities (RHAs) for psychological services.

xi. Several initiatives were introduced since 2017 to improve women's health, including the creation of the Director of Women's Health position, increased data collection, and distribution of contraception to mothers after they give birth in hospitals.

xii. A new policy on sexual and reproductive health is expected to be implemented at the end of 2019.

<u>Issues discussed with the Ministry of Social Development and Family Services (MSDFS)</u>

i. Statistics from the Global School-based Health Survey (GSHS) and University of the West Indies (UWI) indicate a significant rate of unprotected sex and pregnancy among adolescents and young women, respectively.

ii. The statistics on teenage pregnancy presented by the MoH and OPM may be underestimated given that they may omit data from the private health sector and aborted pregnancies.

iii. In June 2018, the Ministry launched a National Campaign on Values, Attitudes and Behaviours to address parenting and child issues.

iv. The National Family Services Division (NFSD) offers community-based, general parenting workshops and family interventions. Workshops are not specific to treating with teenage pregnancy.

v. There is no specific framework used to evaluate the success of the parenting workshops. However, a report is prepared at the completion of the workshops to document the activities conducted.

vi. Following the end of the workshops, the Ministry supports the development of community-based parenting groups to assist participants in retaining the skills and knowledge gained.

vii. Efforts are being made to increase the staff complement responsible for monitoring and evaluating programmes provided by the Ministry.

viii. The Ministry later indicated that the Monitoring and Evaluation Unit is adequately staffed with 5 officers. An additional officer is expected to join the unit soon. However, the total complement should be 10 persons.

ix. The NFSD performs case management of adolescent pregnancy cases, which includes individual and family assessments, counselling and referrals to other government agencies such as MoH.

x. Adolescents do not require parental consent to attend individual counselling sessions at the NFSD but initial group sessions usually have a parental presence.

xi. The Ministry does not currently offer specific grants for teenage parents. However, the Draft National Parenting Policy proposes financial assistance for teenage parents.

xii. To date, no evaluation has been conducted to estimate the costs of the programmes proposed by the Draft National Parenting Policy.

xiii. Teenage parents with qualifying households can access public assistance grants.

xiv. The Ministry can assist the OPM in coordinating teenage pregnancy interventions through its responsibility for national research in the social sector.

xv. Data on maternal and child health will be sourced from the Multiple Indicator Cluster Survey, which is currently ongoing (by the Central Statistical Office).

xvi. The Draft National Parenting Policy is currently being reviewed and a second round of consultations will be held over the following 2-3 months.

<u>Issues discussed with the Ministry of Education (MoE)</u>

i. Given that the compulsory age for educational enrolment ends at age 16, the Ministry lacks data on the number of teenage girls who become pregnant after dropping out of school at/after age 16.

ii. The Parenting-in-Education (PIE) programme and Health and Family Life Education (HFLE) curriculum include sex education content.

iii. Although HFLE is provided in all primary and secondary schools, its full implementation is hindered due to the absence of specific HFLE teaching positions.

iv. Training in the HFLE was provided to approximately 35-40 teachers in 2014/2015.

v. Denominational schools are permitted to adapt the HFLE curriculum according to their religious philosophy.

vi. The Ministry has identified schools with higher rates of teenage pregnancy and assigned additional Social Workers, Guidance Counsellors and other resources to these schools (e.g. in Morvant-Laventille).

vii. There are currently 257 Guidance Officers and Counsellors, and 160 Social Workers in the Student Support Services Division (SSSD). Recruitment efforts are ongoing and aim to increase the number of Social Workers to 373.

viii. In 2018, there were 7 male students in secondary schools who became teenage fathers.

ix. Officers from the SSSD provide support to teenage fathers to discourage them from dropping out of school to provide for their child.

x. Sex education sessions are regularly conducted by Social Workers and Guidance Officers to male students during each school term.

xi. Pregnant teenagers are given several options to continue their education:

    i. Reintegration into the school they attended prior to the pregnancy;

    ii. Transfer to a different school or SERVOL; and

    iii. Pursuing a combination of technical/vocational and/or academic subjects.

xii. There is need for increased inter-ministerial collaboration to provide services to teenage mothers[51], and to track students who become pregnant after leaving school at age 16.

xiii. The Ministry's policy on teenage pregnancy permits pregnant students to attend school until the end of their pregnancy, and they are allowed to re-enter school after giving birth.

xiv. The higher rates of teenage pregnancy in government schools is linked to several socioeconomic factors related to the communities of the students.

<u>Issues discussed with the Office of the Prime Minister – Gender and Child Affairs</u>

[51] This statement was expressed by all stakeholders.

i. The Choices Programme was initially administered by the Child Welfare League from 1994. The Adolescent Mothers' Programme was developed in 2001 based on this programme, and came under the purview of the OPM in 2015.

ii. A review of the AMP revealed that it failed to meet its objectives. Consequently, the programme's funding was suspended.

iii. A new model for the AMP was developed, in collaboration with the MSDFS and CATT, and will be presented to Cabinet for approval. Its estimated initial cost is approximately $10 million.

iv. It is expected that 10 centres for the AMP will be established throughout Trinidad and Tobago.

v. At present, there is no formal coordination in the provision of teenage pregnancy services among Ministries. However, the OPM is responsible for leading coordination efforts through the National Child Policy which treats with teenage pregnancy.

vi. There is a need for coordination among approximately 28 agencies throughout the country that provide services to children.

vii. The National Child Policy has been circulated for public comment and a model will be submitted to Cabinet for approval.

viii. The OPM's model for addressing teenage pregnancy includes preventative efforts and interventions for teenage mothers and the fathers of the babies.

ix. The OPM and MSDFS will meet to discuss, among other issues, strategies to combat teenage pregnancy.

x. A National Children's Registry will be established to identify children in need of care and protection.

<u>Issues discussed with the Children's Authority of Trinidad and Tobago (CATT)</u>

i. The Authority seeks to provide interventions tailored to the unique circumstances of each teenage mother.

ii. The Authority may undertake the following interventions: creating a safety plan for teenage mothers and their families, providing medical services, providing psycho-education on sexuality, relocating the teenage mother to another residence, and supporting teenage mothers' continued education.

iii. The Authority forwards information to the Child Protection Unit (CPU) of the TTPS about cases of teenage pregnancy in which it is suspected that an adult male is involved.

iv. No official investigations have been conducted to ascertain the socio-demographic factors of fathers of babies born to teenage mothers.

v. Teenage mothers tend to be reluctant to divulge the identities of the father of their babies to protect them from criminal prosecution. This lack of information hinders interventions.

vi. Existing information on fathers of babies born to teenage mothers suggest that they are young men residing in the same community as the mothers.

vii. The Authority conducts community outreach to sensitize the public on the characteristics of child abuse.

Requested information

7.6 The Committee requested the following additional information:

Ministry of Social Development and Family Services

1. The number of communities in which parenting workshops were conducted.

Ministry of Education

2. Please provide the following statistics:
   i. The number of teachers who have received formal training in the Health and Family Life Education curriculum between 2014 to present.
   ii. The number of teenage/adolescent boys who have fathered children while enrolled in school in 2018.
   iii. The number of workshops/sessions on sex education conducted with male students during 2019.

Ministry of Health

3. Please provide the following statistics:
   i. The number of teenage mothers referred for treatment to Medical Social Worker departments over the last five years.

ii. The number of Social Workers in each Regional Health Authority who treat with teenage mothers.

iii. The types of treatments/interventions provided to teenage mothers with drug-related and other issues.

iv. The number of fathers below the age of 20.

4. Please disaggregate the statistics on births to child and teenage mothers between 2008 and 2015 presented by the OPM.

Children's Authority of Trinidad and Tobago

5. Please provide the following statistics:

   i. Out of the 570 cases of teenage pregnancy managed by the CATT, how many cases were forwarded to the TTPS, investigated and went to court?

   ii. What were the outcomes of the aforementioned court cases?

ADJOURNMENT

8.1 Closing remarks were made by the chief officials present.

8.2 The Chairman thanked all present and gave closing remarks.

8.3 The meeting was adjourned at 12:38 a.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

May 09, 2019

Appendix III

MINUTES OF THE THIRTY-THIRD MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE A.N.R. ROBINSON MEETING ROOM (WEST), LEVEL 9 AND IN THE J. HAMILTON MAURICE MEETING ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, MAY 29, 2019

PRESENT

Members

Mr. Paul Richards	Chairman
Brig. Gen. (Ret'd) Ancil Antoine, MP	Member
Mrs. Christine Newallo-Hosein, MP	Member
Ms. Khadijah Ameen	Member

Secretariat

Mr. Johnson Greenidge	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Research Assistant

ABSENT

Mr. Esmond Forde, MP	Vice-Chairman
Mrs. Glenda Jennings-Smith, MP	Member
Ms. Allyson West	Member (excused)
Mr. Rohan Sinanan	Member (excused)

CALL TO ORDER AND ANNOUNCEMENTS

1.3 The Chairman called the meeting to order at 10:08 a.m. and welcomed those present.

1.4 Members were advised that the following Members asked to be excused from the day's proceedings:

- Mr. Esmond Forde, MP (Vice-Chairman)
- Mrs. Glenda Jennings-Smith, MP
- Ms. Allyson West; and

- Mr. Rohan Sinanan.

CONFIRMATION OF MINUTES OF THE THIRTY-SECOND MEETING HELD ON APRIL 17, 2019

2.4 The Chairman invited Members to examine page-by-page, the Minutes of the Meeting held on April 17, 2019.

2.5 The Committee approved the following amendments:

ii. Page 6, item 7.5 – delete **(i)** and substitute the following:

"(i) Statistics from the Global School-based Health Survey (GSHS) and University of the West Indies (UWI) indicate a high incidence of unprotected sex and pregnancy among adolescents."

2.6 The Minutes were confirmed with amendments on a motion moved by Mrs. Christine Newallo-Hosein, MP and seconded by Brig. Gen. (Ret'd.) Ancil Antoine, MP.

MATTERS ARISING FROM THE MINUTES

3.6 The Chairman then advised on the following items of the Minutes:

vi. Item 3.1, page 2 –

(a) the appropriate requests for additional information to the MALF re: Childhood Obesity will be sent by Friday May 31, 2019.

(b) Members were reminded that a public *Call for Submissions* was issued on April 15, 2019. The deadline for submissions lapsed on April 30, 2019. No public submissions were received.

vii. Item 3.2, page 2 – by email dated May 06, 2019 the Secretariat circulated for Members consideration the Committee's report on STDs in schools. Members were asked to determine whether the topic of HIV/AIDS had been adequately covered or whether more focused analysis is required.

Members agreed that the report adequately covered concerns on the topic of HIV/AIDS and any consideration of the topic may form part of the Committee's follow-up activity on the responses to said report.

viii. **Item 7.6, pages 10 and 11 –** The Secretariat forwarded the requests for additional information in relation to the *1st public hearing on Teenage Pregnancy* by letters dated May 14, 2019.

CONSIDERATION AND APPROVAL OF THE DRAFT 10TH REPORT ON THE POTENTIAL BENEFITS OF TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE IN THE TREATMENT OF NON-COMMUNICABLE DISEASES

4.1 The Chairman reminded Members that the Draft 10th Report on traditional, complementary and alternative medicine was circulated by email dated May 24, 2019 for the consideration of Members. Hard copies were also provided to Members during the Sittings of the HOR and the Senate prior to the day's meeting. No adjustments/comments were received from Members.

4.2 After some discussion, Members agreed to submit final comments/amendments by Friday May 31, 2019 at 4:00 p.m.

4.3 The Committee approved the Draft 10th Report subject to Members' final comments/amendments. Members agreed that the Report would be presented in the House of Representatives by Brig. Gen. (Ret'd.) Ancil Antoine, MP.

PRE-HEARING DISCUSSIONS re: Inquiry into the prevalence of teenage pregnancy and the state's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents

5.2 The Chairman indicated that later in the proceedings the Committee will convene its 2nd hearing with stakeholders pursuant to its *inquiry into the prevalence of teenage pregnancy.*

5.3 Members were advised that Officials of the following entities were expected to participate in the day's hearing:

vi. **National Parents Teachers Association;**

vii. **Family Planning Association;**

viii. **Trinidad and Tobago Police Service; and**

ix. **Mary Care Home for Teenage Mothers.**

5.4 The Chairman confirmed that Members were in receipt of the following:

iv. **Written Submissions from the above-mentioned Stakeholders; and**

v. ***Issues Papers* prepared by the Secretariat.**

5.5 Members briefly discussed and agreed on the approach to be taken to examine Officials during the hearing.

OTHER BUSINESS

Proposed Date and Agenda for Next Meeting

6.2 The Chairman advised that the Committee is scheduled to meet next on **Wednesday June 26, 2019** to commence the *Committee's 3rd public hearing on its inquiry into teenage pregnancy*.

6.3 The Chairman also advised that given the increased frequency of Parliamentary sittings during the month of June, the Committee's next meeting date remains subject to change.

SUSPENSION

7.7 The Chairman suspended the meeting at 10:28 a.m.

2nd PUBLIC HEARING re: the prevalence of teenage pregnancy and the state's capacity to minimize the occurrence of teenage pregnancy and provide services and assistance to teenage parents

8.1 The meeting resumed in public at 10:36 a.m. in the J. Hamilton Maurice Meeting Room, Mezzanine Floor.

8.2 The following persons joined the meeting:

National Parents Teachers Association (NPTA)

Ms. Raffiena Ali Boodoosingh - National President

Family Planning Association of Trinidad and Tobago (FPATT)

Mrs. Dona Da Costa Martinez - Executive Director

Ms. Ava Rampersad - Projects Coordinator

Trinidad and Tobago Police Service (TTPS)

Mr. Collis Hazel - Superintendent Ag. Community Policing

Ms. Vena Butler - W/Superintendent Ag. Child Protection Unit

Mr. Gideon Dickson	-	Inspector Ag. Child Protection Unit
Ms. Aisha Corbie	-	Manager - Victim and Witness Support Unit
Mrs. Jemma Taylor-Alexander	-	Victim and Witness Support Unit

Mary Care Home for Teenage Mothers

Ms. Deborah De Rosia	-	Principal
Dr. Cynthia Low Chew Tung	-	Medical Doctor

8.3 The Chairman welcomed the witnesses present and introductions were exchanged.

Opening Statements

8.4 The following Officials gave brief opening remarks.

- **Ms. Raffiena Ali Boodoosingh - National President;**
- **Mrs. Dona Da Costa Martinez - Executive Director**
- **Mr. Collis Hazel - Spdt. (Ag.) Community Policing**
- **Ms. Deborah De Rosia - Principal, MCC**

Key Issues Discussed

8.5 The following are the key subject areas/issues discussed during the hearing:

Issues discussed with the National Parents Teachers Association (NPTA)

i. The Ministry of Education's (MoE) policy statement on teenage pregnancy affirms the right of teenage mothers and pregnant teenagers to continue their education.

ii. Statistics from the MoE on teenage pregnancy cases in secondary schools in Trinidad between 2014 and March 2019 indicate that the prevalence was highest in the Port of Spain district.

iii. The NPTA and Family Planning Association (FPATT) collaborate to host seminars on sexual and reproductive health (SRH) in communities and in the FPATT's private school initiatives.

iv. To protect the confidentiality of teenage pregnancy cases, school principals only inform the parents involved in each case. The parent body of the relevant PTA is not informed.

v. There is currently no collaborative relationship between the NPTA and the MoE to treat with teenage pregnancy in schools. In the past, NPTA reported cases of pregnant teenagers to the MoE.

vi. To date, the NPTA has never included the topic of teenage pregnancy in its sensitization efforts with parents in PTA chapters.

vii. At the national level, the NPTA does not have a policy or support strategy for pregnant students and their parents. However, PTA chapters may exercise discretion in providing support to pregnant students.

<u>Issues discussed with the Family Planning Association of Trinidad and Tobago (FPATT)</u>

i. Between 2016 and 2018 at least 50 communities were targeted by 'De Roving Living Room' outreach initiative which provided Sexual Reproductive Health (SRH) services to the general population.

ii. Municipalities with high rates of multi-dimensional poverty are targeted for outreach activities. These include: Sangre Grande, Arima, Couva/Tabaquite/Talparo, Barrackpore and San Fernando.

iii. The scope of outreach services has been reduced owing to the deterioration of the mobile unit used for the 'De Roving Living Room' initiative. Attempts are being made to replace the unit.

iv. Given that FPATT operates only one youth-friendly clinic located in Port-of-Spain, the clinic's accessibility is limited to youth living in high-risk areas.

v. Financial and human resource constraints affect the Association's ability to increase the delivery of services to communities.

vi. There is a FPATT office in Tobago that is only operational on a part-time basis, due to financial constraints.

vii. In 2018 a Memorandum of Understanding was signed with the Tobago House of Assembly to launch 'De Living Room' clinic in Tobago in June 2019.

viii. Community-based health volunteers in various communities in Trinidad were trained to assist the FPATT in advertising and delivering health services during outreach activities.

ix. The FPATT also collaborated with community-based organizations to deliver services and conduct public events related to international health observances.

x. The FPATT is mandated to provide 20% of their services to young people aged 25 and under.

xi. There is currently no collaborative relationship between FPATT and the Mary Care Centre.

xii. The FPATT has noted an alarming rate of teenage pregnancy. However, gaps in national data collection make it difficult to verify the trend.

xiii. Recommendations to reduce the incidence of teenage pregnancy include:

1. Implementing Comprehensive Sexuality Education (CSE) as a compulsory subject in schools;
2. Aligning national laws and policies to support access to SRH services; and
3. Improved data collection on teenage pregnancy.

xiv. In 2017, the CSE pilot project was introduced in 15 private secondary schools. The project was supported by the parent body to FPATT i.e. the International Planned Parenthood Federation.

xv. The CSE project aims to create, implement and monitor a tailored CSE curriculum in participating schools. Parents, teachers and students are engaged in the programme.

xvi. The CSE curriculum aims to provide holistic, sexual and reproductive health information. The topics covered include abortion.

xvii. To date, 5 out of 15 schools accepted the invitation to participate in the CSE project. Three of these schools are in the implementation stage.

xviii. Some schools and other educational institutions have expressed reluctance to participate in the programme. FPATT noted that the lack of buy-in from other agencies to roll out CSE was because adolescent sex, sexuality and the associated issues, including teenage pregnancy, was a conversation that few wished to engage in.

xix. A rapid needs assessment of schools in the CSE project revealed concerns of teachers and students about the teaching and discussion of CSE topics in the classroom.

xx. The FPATT clinic has a programme which treats with abstinence education for those youth seeking this information.

xxi. There is need for more collaboration among all relevant stakeholders to treat with the teenage pregnancy trends.[52]

xxii. During the 1970s and 1980s the FPATT provided SRH training at the Teacher's Training College but this partnership no longer exists.

xxiii. It is imperative to provide age-appropriate, accurate SRH information and services to all adolescents and teenagers, including those who abstain and those who engage in sexual activity.

xxiv. In collaboration with the United Nations Refugee Agency (UNHCR), the FPATT has provided SRH services since October 2018 to Venezuelan nationals living in Trinidad and Tobago.

xxv. The amended marriage laws discourage youth from seeking SRH services, given that medical/health institutions are required to report sexual activity of minors.

xxvi. The Ministry of Health should implement relevant policy to provide minors with access to SRH services to protect their sexual and physical health.

xxvii. Medical practitioners can utilize the Gillick Competence Model to evaluate whether minors should be provided with SRH services.

xxviii. The FPATT exercises discretion in providing SRH services to minors who attend the clinic without their parents.

xxix. The MoE should review the Health and Family Life Education (HFLE) curriculum to evaluate its relevance and adequacy in treating with the contemporary SRH concerns of youth.

<u>Issues discussed with the Trinidad and Tobago Police Service (TTPS)</u>

i. Given that sexual activity between teenagers has been decriminalized, investigations into teenage pregnancy cases involving a teenaged couple are limited to verifying the ages of the teenagers.

ii. Investigations of teenage pregnancy cases involving an adult male involve more thorough procedures including a medical examination of the female.

iii. The scope of investigations and prosecution are limited when teenage girls are unable to identify the adult male perpetrator.

iv. Teenage mothers and pregnant teenagers are referred to external support services.

[52] This was also expressed by the NPTA.

v. DNA analysis is used to identify male perpetrators but this process is time-consuming.

vi. There are challenges to collecting data on teenage pregnancy and the ages of the male partners/perpetrators.

vii. For the period 2015 to 2019, 606 teenage pregnancy cases have been investigated. Thirty-five of these cases occurred in Tobago.

viii. Between 2014 and 2018 there were 869 cases which led to prosecution against males who perpetrated sexual offences against adult women and girls.

ix. The Community Policing Unit manages 100 youth clubs for persons aged 5 to 29 years. Some leaders of youth clubs have provided sex education to their members.

x. In 2018 the Victim and Witness Support Unit (VWSU) hosted a session to provide social support to 25 teenage girls who were victims of sexual abuse and other crimes. The initiative is expected to be repeated in June 2019.

Issues discussed with the Mary Care Centre

i. The Centre was founded in Port-of-Spain by the Roman Catholic Church, in 2010. This residential facility can accommodate 6 teenage mothers and/or pregnant teenagers.

ii. Adolescent girls in any stage of pregnancy can be admitted to the Centre. Some girls are referred from other residential institutions after their pregnancy is revealed.

iii. A police report of the adolescent pregnancy is required for admission into the Centre.

iv. The Centre has admitted girls referred by the Roman Catholic Church’s Family Life Commission in Tobago and other Caribbean islands.

v. There is currently no Mary Care facility in Tobago.

vi. Other initiatives by the Roman Catholic Church include abstinence clubs in some RC schools. Additionally, the Family Life Commission has sexuality education and outreach programmes.

vii. Most fathers of the teenagers’ babies are also teenagers. However, there have been cases of adult men impregnating teenagers, and some cases involving incest.

viii. Many girls are unable to find alternative accommodation during their transition out of the Mary Care Centre.

ix. A second facility in Point Fortin was acquired to provide an extended stay to the girls unable to find other accommodation. This facility can house a maximum of 30 girls.

x. There are two caregivers in each facility. Although the caregivers do not have formal training/certifications, they have sufficient caregiving experience for the position.

xi. Medical and social support are provided to the teenagers by a medical doctor, and Mamatoto Resource and Birth Centre.[53]

xii. There are on-site security arrangements and a no cell phone policy to prevent communication between the girls and the men who caused their pregnancy.

xiii. Arrangements are made to ensure that the teenagers continue their education while living at the Centre. Transportation and other assistance is provided so that the girls can:

1. Attend their previous school;
2. Transfer to a new school;
3. Enrol in the CHOICES skills-based programme; or
4. Enrol in a private school;

xiv. Some of the girls present with non-physical disabilities which have been confirmed by psycho-educational assessments conducted by a psychologist.

xv. There are currently pregnant girls and/or teenage mothers who are Venezuelan nationals living at the Centre. These girls were referred by the Children's Authority (CATT).

<u>Requested information</u>

8.6 The Committee requested the following additional information:

<u>Family Planning Association of Trinidad and Tobago (FPATT)</u>

6. It was indicated that the FPATT visited 50 communities to provide outreach services through *'De Roving Living Room'* initiative.

   (i) Please indicate the total number of youth within the 50 communities who accessed services through the programme; and

   (ii) The start date and end date of this initiative.

[53]Mamatoto is an NGO which provides childbirth services and resources.

7. It was suggested that doctors can utilize the *Gillick Competence Model* to evaluate whether adolescents should be provided with sexual and reproductive health services.

   (i) Please outline why the FPATT supports the use of this particular model.

<u>*Trinidad and Tobago Police Service (TTPS)*</u>

1. With respect to the various interventions provided by the Victims and Witness Support Unit (VWSU) to teenagers who reported pregnancies as a result of rape/abuse (Submission pg. 1, ques. 1):

   (i) What are the criteria utilised for the administration of a needs assessment of this type of client?

   (ii) Are the parents/guardians of the child present for the psycho-social support and counselling services provided to pregnant teenagers?

   (iii) In the event that a pregnant teenager does not have a parent/guardian or the parent/guardian is the alleged perpetrator of the crime, do pregnant teenagers have access to these services without the need for a parent/guardian or are they referred to an external organisation?

   (iv) What are the organisations with which the VWSU collaborates to provide support to pregnant teenagers?

2. The TTPS submission highlighted that for the period 2014 to 2018 there were 1,815 child victims of sexual offences related to rape, sexual penetration, sex with female 14-16 years, sex with female under 14 (Submission page 5, question 3i):

   (i) Of these victims, how many children were victims of offences perpetrated by a parent/guardian or relative?

   (ii) The number of cases involving sexual penetration of females which led to prosecution.

3. During the public hearing held on May 29, 2019, officers indicated that 606 cases involving teenage pregnancy were investigated for the period 2015 - 2019. Please indicate:

   (i) How many of these cases led to prosecution?

   (ii) How many of these cases involved pregnant teenagers/adolescents who were differently-abled?

   (iii) How many cases involved teenage pregnancies perpetrated by adult men versus minors (include the age of the victim if possible)?

(iv) How many cases involved teenage pregnancies perpetrated by a parent, guardian or relative?

SUSPENSION

9.1 Closing remarks were made by the chief officials present.

9.2 The Chairman thanked all present and gave closing remarks.

9.3 The Chairman suspended the meeting at 12:24 p.m.

POST-HEARING DISCUSSION

10.1 The Committee reconvened at 12:29 p.m. and engaged in brief post-hearing discussions in relation to the issues raised during the public hearing.

10.2 The Committee decided to invite the following entities to appear at its *3rd public hearing on Teenage Pregnancy*:

- (i) Child Welfare League;
- (ii) Single Fathers Association;
- (iii) Rape Crisis Society; and
- (iv) Trinidad and Tobago Association of Psychologists.

ADJOURNMENT

11.1 The meeting was adjourned at 12:33 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

June 21, 2019

Appendix IV

MINUTES OF THE THIRTY-FOURTH MEETING OF THE JOINT SELECT COMMITTEE OF PARLIAMENT APPOINTED TO INQUIRE INTO AND REPORT ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE A.N.R. ROBINSON MEETING ROOM (WEST), LEVEL 9 AND IN THE J. HAMILTON MAURICE MEETING ROOM, MEZZANINE FLOOR, OFFICE OF THE PARLIAMENT, TOWER D, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JULY 10, 2019

PRESENT

Members

Mr. Paul Richards	Chairman
Mr. Esmond Forde, MP	Vice-Chairman
Mrs. Glenda Jennings-Smith, MP	Member
Brig. Gen. (Ret'd) Ancil Antoine, MP	Member
Mrs. Christine Newallo-Hosein, MP	Member
Ms. Allyson West	Member
Ms. Khadijah Ameen	Member

Secretariat

Mr. Julien Ogilvie	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aaneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Research Assistant

ABSENT

Mr. Rohan Sinanan	Member (excused)

CALL TO ORDER AND ANNOUNCEMENTS

1.5 The Chairman called the meeting to order at 10:21 a.m. and welcomed those present.

1.6 Members were advised that the Mr. Rohan Sinanan asked to be excused from the day's proceedings.

CONFIRMATION OF MINUTES OF THE THIRTY-THIRD MEETING HELD ON MAY 29, 2019

2.7 The Chairman invited Members to examine page-by-page, the Minutes of the Meeting held on May 29, 2019.

2.8 The Minutes were confirmed without amendments on a motion moved by Mrs. Christine Newallo-Hosein, MP and seconded by Ms. Allyson West.

MATTERS ARISING FROM THE MINUTES

3.7 The Chairman then advised on the following items of the Minutes:

ix. **Item 3.1(i), page 2 –** the appropriate requests for additional information to the MALF re: an inquiry into Childhood Obesity were forwarded by letter dated June 26, 2019.

Item 3.1(ii), page 2 – it was agreed that the Secretary will forward the Committee's report on the said inquiry to the National AIDS Coordinating Committee (NACC) and other relevant stakeholders.

x. **Item 4.3, page 3 –** the 10th Report on the potential benefits of traditional, complementary and alternative medicine was presented in the Senate on June 12, 2019 and in the HOR on June 17, 2019.

xi. **Item 8.6, pages 10 and 11 –** The Secretariat forwarded the requests for additional information *re: 2nd public hearing on Teenage Pregnancy* by letters dated June 24 and 27, 2019.

3.8 The Chairman noted that generally, the entities appearing before the Committee continue to work independently despite repeated commitments to collaborate. It appears that these entities do not engage in regular follow-up on such commitments. Members suggested the following mechanisms to follow-up on the commitments made by state agencies and NGOs to collaborate:

a. The relevant Permanent Secretary should be made to report periodically to Parliamentary Committees (e.g. every 3 months) on the work completed in relation to inquiries;

b. Committees to pursue inquiries with particular focus on the issue of collaboration between Ministries; and

c. Committees to devise a mechanism to facilitate collaboration among NGOs.

CONSIDERATION OF PROPOSAL TO REVISE THE COMMITTEE'S QUORUM

4.4 The Chairman highlighted the significant inconvenience caused to Members and witnesses/stakeholders who dedicated time and effort to support the work of the Committee, as a result of the postponement of the meeting previously scheduled for June 28, 2019. On the Chairman's suggestion, Members agreed to:

(i) inform the Secretary of their inability to attend a meeting at least one day before a meeting (if possible); or

(ii) on the meeting day: immediately notify the Secretary of any sudden changes in their schedule which would cause them to be late or absent.

4.5 The Committee decided that the quorum will stand as previously agreed with a proviso that should subsequent meetings be postponed due to challenges in attaining a quorum, the Committee will officially revisit the issue.

CONSIDERATION OF THE WORK PROGRAMME

5.6 Members were reminded that at a previous meeting, the Committee considered its work programme for the Fourth Session (2018/2019) and the following topics were prioritized for examination:

(i) an examination of the challenges of prisoner re-entry into society and prisoner reintegration services in Trinidad and Tobago; and

(ii) an inquiry into the system of rent regulation in Trinidad and Tobago.

5.7 In addition, by letters dated June 17, 2019, the Committee forwarded requests to the MOH and MOE for follow-up information on the responses provided to the Committee's Fourth Report re: the prevalence of STDs in schools.

5.8 After some discussion, the Committee agreed to commence *an examination of the challenges of prisoner re-entry into society and prisoner reintegration services in Trinidad and Tobago*.

CONSIDERATION AND APPROVAL OF THE DRAFT 11TH REPORT ON AN INQUIRY INTO THE CURRENT LEVEL OF CHILDHOOD OBESITY

6.4 The Chairman advised that by letters dated June 26, 2019, the Secretariat requested further information from stakeholders to better support the findings and recommendations within the Committee's Draft 11th Report on childhood obesity. This information was received on Friday July 05, 2019.

6.5 Members were advised that the Draft 11th Report would be circulated during the upcoming parliamentary recess period for the consideration of Members, with a view to presenting the report in September.

PRE-HEARING DISCUSSIONS re: Inquiry into the prevalence of teenage pregnancy and the state's capacity to minimise the occurrence of teenage pregnancy and provide services and assistance to teenage parents

7.8 The Chairman indicated that later in the proceedings, the Committee will convene its 3rd hearing with stakeholders pursuant to its *inquiry into the prevalence of teenage pregnancy.*

7.9 Members were advised that officials of the following entities were expected to participate in the day's hearing:

x. **Single Fathers Association of Trinidad and Tobago;**

xi. **Trinidad and Tobago Association of Psychologists; and**

xii. **Child Welfare League.**

7.10 The Chairman advised that the Rape Crisis Society was unable to submit an attendance list and written responses to the Committee's requests for information. As a result, the Society will not attend the day's hearing but was encouraged to submit its written responses for the Committee's consideration.

7.11 The Chairman confirmed that Members were in receipt of the following:

vi. **Written Submissions from the above-mentioned Stakeholders; and**

vii. ***Issues Papers* prepared by the Secretariat.**

7.12 The Chairman briefly outlined key elements of the UN's Policy on Prevention of Teenage Pregnancy.

7.13 Members briefly discussed and agreed on the approach to be taken to examine Officials during the hearing.

OTHER BUSINESS

Proposed Date and Agenda for Next Meeting

8.7 The Chairman advised that the Parliament proceeds on recess following the first week of July. In this regard, the Committee's next meeting will be held in September.

SUSPENSION

11.2 The Chairman suspended the meeting at 10:14 a.m.

3rd PUBLIC HEARING re: the prevalence of teenage pregnancy and the state's capacity to minimize the occurrence of teenage pregnancy and provide services and assistance to teenage parents

12.1 The meeting resumed in public at 10:21 a.m. in the J. Hamilton Maurice Meeting Room, Mezzanine Floor.

12.2 The following persons joined the meeting:

Child Welfare League

Ms. Cheryl-Ann Guy - Center Manager

Mrs. Cheryl Alleyne-Ross - Regional Coordinator

Trinidad and Tobago Association of Psychologists

Ms. Anna Maria Mora - Counselling Psychologist/Author

Single Fathers' Association of Trinidad and Tobago

Mr. Rhondall Feeles - President

12.3 The Chairman welcomed the witnesses present and introductions were exchanged.

Opening Statements

12.4 The following Officials gave brief opening remarks.

- **Ms. Cheryl-Ann Guy - Center Manager, Child Welfare League**
- **Ms. Anna Maria Mora - Counselling Psychologist/Author**
- **Mr. Rhondall Feeles - President, SFATT**

Key Issues Discussed

12.5 The following are the key subject areas/issues discussed during the hearing**:**

Issues discussed with the Child Welfare League

i. The CHOICES programme was established in 1994 as a support service for teenage mothers, pregnant teenagers and teenagers at risk of becoming pregnant.

ii. The main objectives of the programme are to:

a) facilitate the reintegration of teenage mothers into the education system and wider society; and

b) assist teenage mothers in postponing further child bearing until they achieve physical, emotional and financial maturity.

iii. Teenage fathers are not involved in the programme, given that the girls are generally reluctant to divulge their identities.

iv. Three core areas of instruction are provided to the teenage mothers: academic subjects, vocational studies and health and family life education (HFLE).

v. The sexual and reproductive health education provided by the League may not be followed by some girls due to the social and economic circumstances of their homes.

vi. Funding is a major challenge to the sustainability of the CHOICES programme.

vii. Approximately 1,200 teenage girls and their families have participated in CHOICES since establishment.

viii. On average, the teenage mothers remain in the programme for 6 – 9 months.

ix. Approximately 3% of girls who have participated in the programme have had a second pregnancy.

x. Girls who become pregnant for a second time are not allowed to re-enter the programme.

xi. Girls are referred by the Ministry of Education (MoE) while the Ministry of Health (MoH) provides assistance in delivering counselling and HFLE to the girls.

xii. Formerly, the CWL coordinated an outreach programme, the Adolescent Mothers Programme, in primary schools to help prepare students to transition successfully into secondary school.

xiii. The Adolescent Mothers Programme was terminated in 2016 following the introduction of a similar programme by the MoE.

xiv. There is a need for more attention to be directed to teenage fathers given that some have children with multiple girls.

xv. The CWL currently does not collaborate with the Trinidad and Tobago Association of Psychologists (TTAP) or the Single Fathers' Association of Trinidad and Tobago (SFATT).

xvi. The CWL collaborates with faith-based organizations in delivering its services.[54]

Issues discussed with the Trinidad and Tobago Association of Psychologists

i. Teenage pregnancies are usually unplanned. Consequently, teenage parents often experience psychological disorders in the form of anxiety, insomnia, depression, self-esteem issues and loneliness together with other social challenges.

ii. In many school districts, data does not accurately reflect a correlation between the number of girls attending school and teenage pregnancy.

iii. According to enquiries done in one school district, 75 girls aged 14 to 17 years dropped out of school due to pregnancy during the 2018/2019 academic year to date.

iv. The need to work with males and allow them to understand the responsibilities of fatherhood and manhood.

v. There is a need to sensitize girls about the importance of disclosing the identities of the boys/men who impregnated them.[55]

vi. There is a need for Social Workers to frequently visit and monitor homes in at-risk communities.

vii. There is a need to provide community-based centres which can provide supervision and allow children to engage in positive social activities outside of school hours.

viii. The Mariama Centre was established by Ms. Anna Maria Mora in 1990 and offers sexual and reproductive health education alongside social activities for adolescents.

[54] This was also expressed by the TTAP and the SFATT.

[55] This was also expressed by the CWL.

ix. The TTAP has repeatedly advocated for the establishment of a National Psychological Trauma Centre which can provide services for victims of sexual abuse, among other traumas.

<u>Issues discussed with the Single Fathers' Association of Trinidad and Tobago</u>

i. There is a lack of statistical information related to single fathers, in contrast with the availability of information about teenage pregnancy.

ii. The SFATT is a member of the Central Education Multi-sector Committee (CEMC) alongside Ministries, state entities and Non-Governmental Organizations (NGOs)[56].

iii. The CEMC initiated an empowerment caravan in 5 schools in the Central region between 2017-2018 which focused on teenage parenthood, responsible sexual practices and deviant behaviours including sexual misconduct, gang involvement etc.

iv. In September 2019, the second phase of the caravan will be delivered to groups of students who are at-risk of the aforementioned issues within the same 5 schools.

v. And evaluation of the effectiveness of the programme will be conducted upon its completion.

vi. There are plans to extend the CEMC model and caravan to all police districts.

vii. With regard to advocacy for teenage fatherhood, there is a lack of resources and willingness by the State. In addition, NGOs have shortcomings in harnessing and gathering statistics.

viii. The SFATT's membership is primarily composed of adult fathers aged 25 to 65 years. There are few members who are teenage fathers.

ix. Prior to the decriminalization of sexual activity among minors, mothers of teenage fathers sought assistance from the SFATT when their sons were prosecuted for such activity.

x. In the future, the SFATT intends to engage the Legal Aid representatives of the CEMC to assist boys who commit sexual offences in schools.

xi. There is a need to provide greater support to teenage fathers. Teenage fathers also experience social consequences related to teenage pregnancy.

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[56] These include the Ministry of Education, Trinidad and Tobago Police Service, Children's Authority, National Family Services, NIHERST, Children's Court, Two Cents Movement.

xii. It is important to deliver sex and reproductive health education in Primary and Secondary schools to sensitize students about pregnancy, sexually transmitted diseases (STDs) and other issues.[57]

xiii. The SFATT advocates against media advertisements that promote negative sexual attitudes and behaviours such as infidelity.

xiv. Single fathers are less likely to receive custody of their children compared to single mothers. According to the Association, only 2% of custody matters in the courts result in shared custody.

Requested information

12.6 The Committee requested the following additional information from the ***Trinidad and Tobago Association of Psychologists*** *:*

1. Please provide details of the Association's proposals for the following:

   (i) a comprehensive sexual education programme for schools; and

   (ii) the National Psychological Trauma Centre.

ADJOURNMENT

13.1 Closing remarks were made by the chief officials present.

13.2 The Chairman thanked all present and gave closing remarks.

13.3 The meeting was adjourned at 12:01 p.m.

I certify that these Minutes are true and correct.

Chairman

Secretary

August 12, 2019

[57] This was also expressed by the TTAP and the CWL.

Appendix V

VERBATIM NOTES OF THE THIRTY-SECOND MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE J HAMILTON MAURICE MEETING ROOM, MEZZANINE FLOOR (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, THE PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, APRIL 17, 2019 AT 10.33 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Esmond Forde	Vice-Chairman
Mrs. Glenda Jennings-Smith	Member
Brig. Gen. Ancil Antoine	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Aneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Parliamentary Intern

ABSENT

Ms. Allyson West	Member [*Excused*]
Mr. Rohan Sinanan	Member [*Excused*]
Ms. Khadijah Ameen	Member [*Excused*]

MINISTRY OF SOCIAL DEVELOPMENT AND FAMILY SERVICES

Mrs. Jacinta Bailey-Sobers	Permanent Secretary
Mr. Vidya Ramgattie	Regional Coordinator, National Family Services Division

Mrs. Brenda Mc Cree-Hunte	Coordinator, Retiree Adolescent Partnership Programme

MINISTRY OF HEALTH

Ms. Charmaine Jennings	Deputy Permanent Secretary
Dr. Maryann Abdool-Richards	Principal Medical Officer (Institutions)
Dr. Adesh Sirjusingh	Director, Women's Health
Mr. Lawrence Jaisingh	Director, Health Policy, Research and Planning

OFFICE OF THE PRIME MINISTER
GENDER AND CHILD AFFAIRS AND THE CHILDREN'S AUTHORITY OF TRINIDAD AND TOBAGO

Ms. Jacqueline Johnson	Permanent Secretary
Mr. Bertrand Moses	Coordinator, Child Affairs
Ms. Safiya Noel	Director, Children's Authority
Mrs. Rhonda Gregoire-Roopchan	Registry and Investigation Manager, Children's Authority

MINISTRY OF EDUCATION

Mr. Harrilal Seecharan	Chief Education Officer
Professor Dennis Conrad	Manager, Student Support Services Division
Ms. Darlene Smith	Guidance Officer II, Student Support Services Division
Mrs. Natalie Robinson-Arnold	School Social Work Specialist, Student Support Services Division

Mr. Chairman: Good morning everyone and welcome. We also like to welcome the viewing and listening audience to this the 32nd Meeting of the Joint Select Committee on Social Services and Public Administration.

This meeting is being broadcast live. It is the Committee's first hearing with stakeholders,

pursuant to its enquiry into the prevalence of teenage pregnancy and the State's capacity to minimize the occurrence of teenage pregnancy and to provide services and assistance to teenage parents.

Members of the public are invited to submit their comments on the Parliament's social media platforms and we also thank you for joining us on *ParlView* and, of course, on the radio.

At this point we have our enquiry guests—stakeholders—from the Ministry of Health, the Ministry of Education, the Ministry of Social Development and Family Services, the Office of the Prime Minister, Gender and Child Affairs and the Children's Authority of Trinidad and Tobago. I thank you for joining us once again today.

I am the Committee's Chairman, Paul Richards, and at this time I would like to invite members of the Committee to introduce themselves, starting with member Jennings-Smith.

[*Introductions made*]

Mr. Chairman: There are three other members on the Committee who are unavoidably absent today. They are member Sinanan, member West and member Ameen.

At this time we would like to invite the head stakeholder to introduce themselves and of course, all who are here in the capacity of the various agencies that you are representing here today, including the Office of the Prime Minister, Gender and Child Affairs, the officials of the Ministry of Education, officials of the Ministry of Health and the officials at the Ministry of Social Development and Family Services. Right? Can we start with the Ministry of Social Development and Family Services, please?

[*Introductions made*]

Mr. Chairman: Thank you, and the second row, please.

[*Introductions made*]

Mr. Chairman: Thank you and the two persons seated behind, are they representing groups also? Thank you all.

[*Introductions made*]

Mr. Chairman: Let me start by, you know, giving a kind of overview into why we think—of course we know the issue of teenage pregnancy is a significant one in Trinidad and Tobago, as many other developing countries around the world and we got some quite startling data that I would like to share with you now before I invite opening comments from the heads of the stakeholder groups.

Now, we got a document from the Ministry of Health, which documents the prevalence of reported cases from 2014, 2015, 2016 and 2017, which indicates that the reported cases in 2014 as 731; 2015, 745; 2016, 850 cases; 2017, 575; and 2018, 876; for a total of 3,777 cases of teenage pregnancies. They were further broken down between the age groups 13 to 16, which totalled 570 cases between the ages of 13 to 16, and 17 to 19, 2,907 cases. By some simple calculations that averages out per year between 2014 and 2018 to 755 cases, which further went down to about 62 cases per month. In terms of the 17 to 19 age group, there were 851 annually between 2104 to 2018 on average, and 48 monthly.

Coupled with that we are also seeing a situation where, through a document issued by the Ministry of Education by educational district, there were, between 2014 and 2019, 47 cases of teenage mothers enrolled within the primary and secondary school system. Fortunately the document provides that none in the primary school but 47 in total in the secondary school system and 36, who had permanently withdrawn from the education system due to their pregnancies. These kinds of statistics cannot go unreported.

In terms of the fathers involved in these teenage pregnancies, there is a disparity in the reported pregnancy cases and fathers reported between 20—30 years old. Between 2014 and 2018, 1,395 fathers between the ages of 20—30 years old contributed to those pregnancies. Thirty-one to 40-year-old fathers, 146 contributed to the teenage pregnancies. In the age group 41 to 50 years, 24 fathers contributed to those pregnancies and 51 to 60 years old, 2 reported and more than 60, 1; 142 were not declared in terms of their ages.

So, you know, it goes without saying that we have an issue in Trinidad and Tobago. And these are reported cases. So, if we do the anecdotal evidence, not all cases will be reported. So we know these numbers will certainly go up, if you look at what the trend is around the world. And it is important that we as stakeholders and persons interested in the development of youth in Trinidad and Tobago, because of the impact of early pregnancies and youth, find ways to identify the contributing factors on the one hand, which we know are documenting best practice globally. But there may be nuances in terms of our culture and sociology in Trinidad and Tobago that may or may not be contributing to these, what I would describe as startling statistics, because of the impact. And we would go through with the Ministry of Health officials the impact of early pregnancy in particularly the female’s life but also on the male's life if he is involved.

At this time I would like to invite members of the major stakeholder groups to present

opening statements. But let me just outline the three objectives of this enquiry:

1. To examine the trends in teenage pregnancy and the associated health effects.
2. To assess the services and facilities available to counteract and/or act alleviate teenage pregnancy in Trinidad and Tobago.
3. To assess the adequacy of policies and laws to treat with teenage pregnancy effectively.

So, at this time, I would like to invite the chief officials of each entity to make brief opening remarks, usually not exceeding three minutes. We would start with Mrs. Jacinta Bailey-Sobers, Permanent Secretary in the Ministry of Social Development and Family Services.

Mrs. Bailey-Sobers: Thank you, Chair. Good morning again, Chair and members, viewers, listeners, all. The Ministry of Social Development and Family Services welcomes the invitation to the Committee's meeting today to discuss with the key stakeholders around the table the prevalence of teenage pregnancy and the State's capacity to minimize the occurrence and to provide services and assistance to teenage parents.

The issue of teenage pregnancy, of course, is of national importance. I think we all agree. And as the Ministry charged with attaining the social development objectives of the Government, we applaud this engagement of the various stakeholders to ensure that the relevant programmes and services that would safeguard the health and well-being of our country's youth would remain available and accessible, or where necessary, developed.

Chairman, as the Ministry with responsibility for promoting healthy family functioning, it is our view that the family as the bedrock of the society must be the focus when addressing social issues such as teenage pregnancy.

Might I also add that, and inform the JSC meeting this morning that this meeting is falling just a few weeks ahead of the United Nations International Day of the Family, which we celebrate on May 15th, and each year the Ministry promotes the month of May as Family Month. So I think this is quite timely. This Ministry is also of the view that for any social issue to be effectively addressed, we must understand the root of the problem.

In this regard, permit me to refer to data from the Fourth Report of the Joint Select Committee on Social Services and Public Administration on an Enquiry into the Prevalence of Sexually Transmitted Diseases, which took place recently in the Eleventh Parliament 2017/2018. Those statistics provided and made public revealed that, in 2011, the total number of persons under the age of 18 was 351,622. Those persons were under the age of 18.

According to a global school-based health survey, which was conducted by the Ministry of Health and Adolescence, between the ages of 11 and 18, 26 per cent of students were sexually active. Thirteen point two per cent of these youths would have had sexual intercourse before the age of 13; 17.6 per cent of students had sexual intercourse with multiple partners, and overall 37.3 per cent of students would purchase or a condoms from a pharmacy, a clinic or a hospital, but only if they felt it was necessary. So unprotected sex was prevalent.

Additionally, research conducted by the University of the West Indies, St. Augustine, Faculty of Medical Sciences, indicated that by age 19, more than a thousand young women had already given birth to four children. The impact of teenage pregnancy is also compounded by the fact that 22.5 per cent of that grouping of young people had been classified as unskilled. So the root of the matter, therefore, Chairman, is the early involvement in sexual activity of young persons and their engagement in such activity unprotected.

As a Ministry of Social Development and Family Services, we are of the view that the answer lies in a focus on values, attitudes and behaviours among the population and especially within families and ensuring that an effective health and family life education programme is pursued at all levels of the education system.

Just to let the meeting know, in June 2018 at the Ministry's inaugural national symposium on the family entitled "Supporting Families as the Bedrock of our Society", a national campaign on values, attitudes and behaviours was launched. The campaign aims at bringing back those social values and norms that foster a sense of civic and national pride as well as social transformation.

So with this, Mr. Chairman, we look forward to the discussions and the outcomes of today's discourse and to working collaboratively with all the agencies to address this important development issue. I thank you.

Mr. Chairman: Thank you. Mrs. Bailey-Sobers, your data is welcomed and shocking at the same time. Did you say that 350,000-plus teenagers have had—

Mrs. Bailey-Sobers: Three hundred and fifty thousand.

Mr. Chairman: You quoted some data at the start for 2011.

Mrs. Bailey-Sobers: Yes, so I was quoting from—I quoted from two pieces of information, *The Global School-Based Health Survey* and information from the University of the West Indies, Faculty of Medical Sciences.

Mr. Chairman: Thank you very much. Thank you. Can we go to Mrs. Lenor Baptiste-Simmons, Permanent Secretary Acting in the Ministry of Education, with your opening comments, please?

Mr. Seecharan: Chair, I want to extend apologies for Mrs. Simmons who is currently engaged in another meeting at CXC. So I will be representing the Ministry of Education.

Mr. Chairman: Thank you. Go ahead, please.

Mr. Seecharan: Our core business in the Ministry of Education is focus on human capital development. We recognize and acknowledge in the Ministry to achieve that, that a number of services need to be provided and in relation to the matter before us, which is teenage pregnancy and the services and assistance provided to teenage parents, our Student Support Services Division takes the lead as student advocates and specifically our guidance unit and our social work unit.

Basically, we have adopted an ecological model which really looks at relationships between students, the family, school, the community, peer groups and the wider environment. We have actually adopted both a proactive approach and certainly a responsive approach in instances where we identify students who have had teenage mothers, in terms of services provided.

We also recognize that, in terms of dealing with this matter, the Ministry alone cannot do it. There is the need for collaboration which we pursue through our social work unit with other Ministries and agencies. In terms of issues at the school which may contribute and lead to teenage pregnancy, we have identified a number of socio-economic and socio-cultural factors which actively impact on the prevalence.

One of the challenges that we have faced within the Ministry has to do with the age of compulsory education which has changed now to between five and 16 and therefore, in terms of the reporting of the data, we can only ensure for students to be in schools up to the age of 16. So there is a gap, in terms of the data and in a number of instances, students who may become pregnant who are older than 16 drop out of the system and therefore, we lose sight of them.

Having said that, there are also students who complete secondary education and we would have students up to 18 and 19 within that. So that in terms of the data that we have, that we have submitted, we know what we have and we have been able to address those students within our school system. However, we also recognize that there is a gap, in terms of data reported and what we have. We are pleased to be here and to provide the Committee with any information in terms of meeting the objectives of this Committee. Thank you.

Mr. Chairman: Thank you, Mr. Seecharan. And can we go to Ms. Jacqueline Johnson,

Permanent Secretary, Child and Gender Affairs in the Office of the Prime Minister, please?

Ms. Johnson: Thank you, Chairman. Teenage pregnancy remains a major issue in Trinidad and Tobago. While the data shows that we may be experiencing a downward trend in our fertility rate, the fertility rate among our children remains significantly high. There are a myriad of socio-economic implications for the lives of the mother and child, in terms of health, income, education, employment and overall development, and to some extent the father. The adult father is treated differently under the law.

The overall outcome and the quality of life of these child-bearing children must be addressed in the context of the gaps in child care, child supervision and protection in the home, the school and community, to effectively reduce the incident of teenage pregnancy, reduce the incident of subsequent pregnancies among this group, and encourage positive parenting and support. There are also opportunities to collaborate to ensure that these services fill the gaps in the service delivery system.

The Office of the Prime Minister welcomes the opportunity to have this discussion today, and we hope that this would lead to some of the remedies that we need to treat with to address the service gaps. Thank you.

Mr. Chairman: Thank you so much, Ms. Johnson. Can we go to Ms. Safiya Noel, Director of the Children's Authority, please?

Ms. Noel: Good morning again, Mr. Chairman and Committee members. The Children's Authority is here today joining the team from the Office of the Prime Minister, Child and Gender Affairs. And when it comes to teenage pregnancy, the Children's Authority is concerned because it is has the ability to potentially affect this child having its full potential realized. And, in particular, the Authority is also concerned where the fathers are also adults.

When the fathers are teenagers, you find from the Children's Authority standpoint, we can provide services. We can provide support to teenage fathers, but in many cases the fathers are not teenagers and they, under the law, would have committed sexual abuse, and so will be the target of the police for criminal investigation. That in itself causes the teenage mother, in many cases, to be tight-lipped and to not provide information, which is necessary for us as stakeholders and policy makers to determine the root cause of how we can effectively reach the children to prevent the reoccurrence and to stem the overall tide in our country.

So the Children's Authority welcomes the opportunity to be here, to be part of the

discussion this morning and we are looking forward to contribute effectively to treating with this issue in our nation. Thank you.

Mr. Chairman: Thank you very much, Ms. Noel. And Ms. Charmaine Jennings, Deputy Permanent Secretary, Ministry of Health, please.

Ms. Jennings: Good morning again, Mr. Chairman, members of the Joint Select Committee, members of the Ministry of Education and Social Development and Family Services, Office of the Prime Minister, the Children's Authority and other key stakeholders.

I take this opportunity to reaffirm the commitment of the Ministry of Health in the provision of the required assessment and enquiry into the prevalence of teenage pregnancy and the State's capacity to minimize its occurrence. It is envisaged that today's proceedings will be insightful towards developing and strengthening our support services to our teenage mothers. Thank you, Mr. Chairman.

Mr. Chairman: Thank you all very much. Just to remind you, committee members and officials, please direct your questions through the Chair and we would ask you to put your microphones on when you are answering a question or making a comment and please remember to turn it off when you have completed.

And also—we will now go into the substantive part of the Committee. Among the data we also received comes from the Office of the Prime Minister, Gender and Child Affairs, which documented the number of live births from the five major hospitals in Trinidad and Tobago between 2008 and 2015, including Port of Spain, San Fernando, Sangre Grande, Mount Hope and also in Tobago. The official source is from the Ministry of Health.

Under 12, there were 35 live births, 35 under 12; between 13 and 16, there were 2,645 live births, between the ages of 13 and 16 from 2008 to 2015, which represents 18 per cent of all live births; between 17 and 19 years old, there were 1,717 live births, which represented between 2008 and 2015, 81 per cent of all live—11,000, sorry, 717, 11,717 which represented 81 per cent of all live births totalling 14,397 in Trinidad and Tobago between 2008 and 2015. Just let that soak in for a bit. Eighty-one per cent of live births between 2008 and 2015 fell within the demographic of 17 to 19 years old. This is according to the Ministry of Health. And I would like, if possible, the Ministry of Health could submit by document and disaggregate that for us by year, so we could get a sense of what the trends are year by year, if possible.

With that said, let me start off the questioning. Has the Ministry identified, the Ministry

of Health that is, the reason or reasons for the significant, well, the trend in decreases between 2016 and 2018, but also the contributing factors from your interface with many of these teenagers between 2008 and 2015, who have reported the teenage pregnancies? And let me just add, I think this is really, given the statistics, a developmental challenge for Trinidad and Tobago. If we do not address this, we are going to continue to see, as I think Ms. Noel, indicated and others, a stymying of the potential. Not that pregnancy will totally destroy your life, because people can go on to rise above the challenge. But it is not the best situation. And we are going to continue to see issues with the development of one, the cohort, and two, the country as a whole.

So if we could have the answer from the Ministry of Health in terms of the reasons for the seeming decrease between 2016 and 2018 and what would have accounted for, if you have that kind of analysis, the peaks beforehand?

Dr. Sirjusingh: Thank you, Chair, I will answer on behalf of the Ministry of Health. And again, that was a fairly long question, so I would try and see if I capture all of it. Firstly, just to correct the data that you read from the Office of the Prime Minister, actually the percentages, that percentage column, actually just represents the percentage of all births for that age group, not for the country. So it is not 81 per cent of the country, and so on. Any given year you would have between 17,000 to 20,000 births. So we will have to just disaggregate the data and represent it in a better format for you, and that would be submitted in writing back to the Committee.

Mr. Chairman: Thank you.

11.00 a.m.

Dr. Sirjusingh: With respect to the figures that we presented to the Committee. So if you notice there was actually a fall from 2014 to 2018 for the age group 13 to 16 years of age, and the fall in just in that area represented about 30/32 per cent reduction. So for the younger ones, below 17, there was a reduction, however, there was also a rise in the higher age group. So it may be just that the numbers are similar every year, but they are just a little older when they do become pregnant, so it is not any significant changes over that five-year period.

Some of the reasons and they have already been elaborated by some of the persons around us here. And these really include the social determinants of health, which are in the Ministry of Health. There is a new thrust towards addressing some of those, which include, you know, elements related to poverty, education levels, the area of abode, which schools they attend, cultural issues, religious issues. And these all play a major part with respect to the occurrence of teenage

pregnancy.

Mr. Chairman: In many of these cases, according to the data presented by the agencies also, the average of 2017, and men between the ages of 20 to 30 have fathered babies born to teenage or adolescent mothers, and these are the reported cases. In many of these instances the law does not allow for consent; in many of these cases, they are statutory rape cases that go unprosecuted. Can you give us a sense of what is faced by health professionals in their interface with these teenagers and in some instances, their parents, in terms of the reporting of these situations?

Dr. Sirjusingh: Okay, so again I may be paraphrasing some of the laws, but I am sure the Children's Authority and the Office of the Prime Minister can correct me if I am wrong. Essentially, a health care professional who fails to report a person under the age of 18, and there are different circumstances, non-consenting sexual intercourse and so on, faces prosecution of a fine of $15,000 and or up to seven years imprisonment. So there is a legal requirement for the health care professional to report and through the systems in case once investigated and followed through.

So we have our obligations and that is the policy at the RHAs and the health professionals follow this policy. However, that creates a barrier as we heard before these patients may now not want to have health seeking behaviour, fail to report, they may try to fall in within their different areas and different age groups where sexual activity is permissible under the age of 18, and I am sure Ms. Noel may go through that with you as well.

So the main issue here is a barrier to access health care or health seeking behaviour to access contraceptives services as well, based on the worry that they may be reported to the police and the police services. Compliance is an issue with these younger persons, getting consent in certain circumstances from their guardians, and parental consent is another issue for the health care professional, and then lost to follow-up is a major issue as well. And I think that would cover some of the main issues we encounter.

Mr. Chairman: Just before I go to member Newallo-Hosein, from the prospective of Children's Authority, what has been the protocol in dealing with reports that come into the Authority too? And the challenges in dealing with these teenage pregnancies as they are reported in the instances where the report is that an adult male has fathered this child, and in that case broken the law?

Ms. Noel: All right, so in the Authority we have a protocol with the Child Protection Unit of the Trinidad and Tobago Police Service. So based on the report that we received, if it is reported that

the alleged father of the unborn child is an adult we automatically make a report to the police, it works like clockwork. Because as far as we are concerned once you are under the age of 18 you cannot give consent. And then we give the police all the information that we have received to allow them to push forward with their investigation.

When it comes to the child in particular, we focus on finding the best interventions and the best solutions for that child. But we also take into account the possibilities for the unborn child, because after the birth that is another child that the Authority would have to look after to ensure that it gets their own services. And so our function is dual, once there is an alleged adult father, we report it to the police automatically and then we focus on getting services for the child that is pregnant as well as making preparations for the unborn child.

Mrs. Newallo-Hosein: Thank you very much, Chair. This question is to the Ministry of Health in your submission on pages 3 and 4, you indicated that there were major health issues or illnesses that teenager mothers may be presented with at the public hospitals and health clinic. I want to find out if you can kindly outline the procedure observed by personnel at public health facilities in referring teenage mothers for counselling and treatment for these issues. And if you may, also indicate how many teenage mothers have been referred for treatment for the aforementioned issues over the last five years?

Dr. Sirjusingh: Thank you for that question. We did make a submission and we highlighted a few of the health issues experienced by the teenage mothers. I would say first and foremost, of course, the major health issue which is not written here are the social issues related to becoming pregnant. And that by itself automatically signals a referral process through our medical social worker department which has a liaison with the relevant services.

So that is actually the major health issue that is not listed here. The others are more clinical issues and these issues are seen across the board in pregnancy, but we do see, for example, a higher incidence of issues of extremes of age, younger mothers and older mothers will have high blood pressure at pregnancy, low blood count and so on. In terms of the exact numbers, we will have to get that submission and disaggregate it from the regional health authorities.

Mrs. Newallo-Hosein: In terms of the medical issues, particularly and drug-related issues, if you can identify those two and indicate what type of treatment would be afforded them. And, of course, you indicated that you have a social worker. How many social workers do you have available to treat with such cases at the various institutions, please?

Dr. Sirjusingh: Okay, thank you. And we will try to get that information back to the Committee.

Mr. Chairman: While member Antoine is getting his question together—and this is for the Children's Authority of Trinidad and Tobago: In the cases where the teenager mothers come with their parents or guardians, what is the protocol in those cases? Because in some instances I would imagine that there is concern about the supervision of this child, and the supervision of the unborn child when it is born. And in many cases the data presents that some of the teenagers may even have more than one pregnancy while teenagers. Is there a particular protocol involved for that child's safety and well-being moving forward, under those circumstances?

Ms. Noel: Well each case is very unique, I mean, look at the factors in the case. If in investigating the matter we recognize that there is an issue within the home where the parent creates an unsafe environment for the child, the child can be removed. We have removed pregnant teenagers before for their own safety and the safety of the child, the unborn child. But, sometimes it may not be an unsafe environment, it may be that children find all kinds of creative ways to do whatever they want to do. And the parents themselves sometimes are caught off guard, but what we do in each case we create a safety plan for that whether they remain at home or whether they are removed. So if they are at home we put a safety plan in place, and then we monitor to ensure that all the agreed steps and elements of that plan they are adhered to by the particular parent or parents.

Mrs. Jennings-Smith: Just a follow-up question. This enquiry tends to focus on two issues, the before and the after. I wanted to start with before, but because I am following up, I want to know how you manage children who come to your Authority and they give birth, so we know that they are sexually active. What do you do to ensure that this situation is not repeated?

Ms. Noel: All right. So at the Authority, we treat with children that are declared to be in need of care and protection. If it is the social factors surrounding that child's life suggest that that child is a child in need of care and protection we maintain coverage of that child. Now when we are overseeing that child's life as it were for that period of time they are afforded certain types of interventions, therapeutic, we ensure that they get the medical attention. So whatever circumstance led to that pregnancy we treat with that very directly in terms of the services that they get, sex education, management of their sexuality, practising safe sex, all these different elements and topics we now have to speak about in a very open way with this child and give the child the tools to prevent reoccurrence.

We also look at where the child placed, because the child has to live somewhere and the

risk factors wherever the child may live. If the child has to go back home, go to someone else, and go into a community residence or wherever else that child may be. We also see continuing education as a major factor for that child. So we work very hard to ensure that the child continues her education. That is very, very important for us, because we think it strengthens their own protective factors moving forward. So when the Authority is treating with a teenaged pregnant mother we expend our best efforts to ensure that that child in particular can care for themselves and that unborn child, and if not we continue to provide support.

Mrs. Jennings-Smith: Now, I am reviewing some of the information before me here which was presented on teenage pregnancy. I am not startled, but you know, I am looking at the figures here, and it suggests that we have 1,710 men who are prone to interfere with children. More importantly I want to look at the 20 to 30 age group, because it would suggest that these men may be boyfriends of mothers and men on the outside.

So in terms of prevention and this goes to every single organization here, but in particular to the Children's Authority and the Prime Minister's Office, in terms of prevention we realize that we have a broad field to target, because yes, the data suggest that 20 to 30 years we have 1,395 men who would have impregnated young girls, and the other grouping seems to be much lower than that grouping. So the 20 to 30 year group is the biggest group. Did you do any studies to determine who comprise this group? Like are they boyfriends, live-in boyfriends, visiting boyfriends, are they boyfriends at school or things like that, in the community? Did you all do any kind of research to suggest where these people belong to, these men?

Ms. Noel: We have not done any official research to find out those elements. And as I mentioned before, you find information on the fathers is very, very little. So what we do along with the police is that we have to investigate. We try to investigate, but we get very, very little information from the mothers. That is our reality. But the information that we have been able to glean, they are generally young men from the communities, generally from within their community areas, and that is the ones from which we have received information on or our investigations have uncovered that.

Mrs. Jennings-Smith: Now, for the period 2014 to 2018 between the ages of 13 to 19 years, we have 3,477 teenager mothers. I believe this is the age group of target where we would have a link with the men 20 to 30 years as well as 31 to 40 years, the other figures are very limited.

And my own background tells me that we have a lot of treatment after. For example, when

a child becomes pregnant they go to the different institutions, but we have a lot of young girls trapped in their homes. And they are trapped both by their mothers and by the perpetrators. And we have this thing about sexual promiscuity where young girls feel it is okay to have sex with anybody, I mean, they tend to show worth of themselves by having sex. And I feel therein lies the issue of a response from institutions that we need to target another area to make a difference.

Because in my profession before, I have met many serious cases. I was a police officer and I have met serious sad cases where these young girls are really prisoners within the walls of their home. And there is no programme or, you know, an approach to deal with this situation in the homes. And I really want to ask anybody if you all ever thought about targeting and getting some really strategic approaches or interventions to make a difference? I have seen cases being reported and when it reaches the court it ends, and then the young girl has to live her life in that said institution, that said house. So I am asking you.

Mr. Chairman: To follow the member's question and comment—

Mrs. Jennings-Smith: Yes. So I am asking if anyone of you all ever looked at that area in determining a strategy or a policy to make a difference? Because prevention in this case is much better than the after care.

Ms. Noel: Perhaps I can start, and I completely agree with you, our own statistics show that most of the alleged perpetrators come from within the home, biological mothers and fathers, and as PS Bailey-Sobers, said it is a social issue, it really comes from within the home. And most of the behaviours you see exhibited by these children were learnt somewhere, most times from within the home, or may be presentations from trauma they experienced, perhaps from within the home.

And so what the Authority has started to do is we started to do a lot of community outreach because you cannot just wait until something happens. So we have started to go out into the communities sometimes just to educate and to sensitize the people, the average person about, what is abuse, what does it look like. Some parents do not even know that they are abusing their children because they do not even see it as abuse because it was done to them. So we have started to go into the communities, the rural and the urban to start to spread the message of child abuse exists and can you be an abuser. Sometimes parents do not even recognize.

Mr. Chairman: Let me just interject. One of the outcomes that we really want are less esoteric answers and more concrete suggestions. This is not in any way to diminish your contribution. But I think what the member is asking for, we have seen over and over again in many of these

Committees are, we know what best practice is. Are we applying the law and the strategies to ensure behaviour change through consequences? Are we bringing the perpetrators to justice at an efficient level? And I do not know who wants to try to answer that when we have the data before us, when we have anecdotal evidence about the levels of teenage pregnancies, the perpetrators being men between 20 and 30 between 30 and 40 having sex with under-aged girls.

Is the justice system identifying these perpetrators and bringing them through the justice system effectively? And are our present approaches to educating the young people, because we seem to think that when you talk sex education in Trinidad and Tobago it means that you are encouraging sexual behaviour which is far from the truth in my opinion. But we still have that ongoing debate as to whether or not we should be having a different kind of discussion about sex education in terms of protecting our young people with the information they need before they start having sex.

So let me start with the Ministry of Social Development and Family Services on that and also the Children's Authority can chime in on, if you think the justice system is bringing the perpetrators to justice effectively? And to add a third question to that: Is this data representing truly reflective of the situation as it stands or is this an underestimation of a much worse problem? Let me start with Mrs. Bailey-Sobers on that.

Mrs. Bailey-Sobers: Thank you, Chair, again. I want to address the issue of how we are dealing with the homes, first. Because the Ministry of Social Development and Family Services through the National Family Services Division they would actually deal with the parents through parenting programmes. And also we would have interventions, as I indicated, where we are looking as the values, attitudes and behaviours and infusing certain strategies in our programming so that we can address, you know, the issues of parents and how they get their children to understand self-esteem, self-worth and be able to make the right choices in life.

So in terms of the intervention and the family the household level we are doing that through our family services division. And in terms of the perpetrators I cannot speak to that in terms of what happens with the perpetrators, I think the Ministry of National Security where the Children's Authority might be better able to speak to that issue of the perpetrators on whether they are brought to justice. Yes.

Mr. Chairman: Do you think the data as presented reflects the situation as it stands or is this an underestimation?

Mrs. Bailey-Sobers: In my view it may be an underestimation because the data does not capture the private sector, when persons go to, you know, the private doctors and so on. And also it does not speak to young persons who may have chosen to abort, which means that they were pregnant but it did not come to the attention of the health authorities.

Mr. Chairman: Thank you.

Ms. Noel: Thank you, Chairman. The issue of perpetrators is one that falls squarely with the Child Protection Unit of the police, so the Authority cannot speak very directly to that. We conduct the social investigation focused on the victim. So what we have sought to do is to start some prevention strategies and that is what I was speaking to before. But other than the CPU or the police given that data, the Children's Authority cannot speak very directly to that.

Mrs. Jennings-Smith: You see, when an act is committed the consequences determine if it will happen again. And yes, the police have the authority and power to lay charges, and from your figures presented here, look at the 13 to 16 age group where they do not have the power of consent. And we have 570 cases here of young girls who presented themselves to you. Was there a follow-up between you and the police service to see how many of those cases the 570 cases which were brought to your attention actually went to court?

Ms. Noel: Yes, we actually have monthly meetings with the police and we follow up on all.

Mrs. Jennings-Smith: No. Do you have that figure before you?

Ms. Noel: I can provide that to the Committee, but I do not have it on me right now.

Mrs. Jennings-Smith: But could you present that to the Committee—

Ms. Noel: Certainly.

Mrs. Jennings-Smith:—because if we have 570 cases, we would want to know how many of those cases went to the police, and were investigated, and taken to court. And those that did not make it all the way to the court, what happened in those circumstances? Who would then be responsible to have a follow-up with those matters? But you do not have it here so you would not be able to answer me.

Ms. Noel: Right, and then also the Authority only treats with matters that are reported to it. So it may not have—it will not have, if you look at our figures, all the cases of teenage pregnancies coming to the Authority. Only those that are reported to the Authority, the Authority treats with. And when we have information and we recognize it is an adult we report it to the police and then we follow-up with the police. We will provide that data.

Mrs. Newallo-Hosein: Thank you. A question to PS for Ministry of Social Development and Family Services, you indicated in your response to the Chairman that the National Family Services Division had a programme in place to assist and so forth. Is this national parenting policy that you are referring to?

Mrs. Bailey-Sobers: I was referring to the parenting programme where each year the division would go out into communities and undertake parenting workshops with parents.

Mrs. Newallo-Hosein: How old is that policy and how many places have the division gone into? How many communities have you gone into to discuss this programme with parents?

Mrs. Bailey-Sobers: I will ask Ms. Ramgattie to give the information on this. But I know that the programme probably started before the division came to the Ministry. The division came in 2015, but this programme was going on even before that. Ms. Ramgattie.

Ms. Ramgattie: To the Chair. The National Family Services Division we to the parenting workshops. And we will have to collate that to give you the statistics of that that can be submitted. But we go into communities and we target parenting—

Mrs. Newallo-Hosein: No, I just wanted to know how many communities you have been in in terms of—

Ms. Ramgattie: I would not have that at hand, but it can be submitted.

Mrs. Newallo-Hosein: And I just wanted to ask the question, I got the data that you provided for the Ministry of Health. You gave a statistic for men, but we do not have anything for teenage boys. Is it that teenage boys do not get teenage girls pregnant, or is it that you do not have any data? And if there is data at all to support that there are teenage boys, what is being done to address them as well as the teenage girls because, of course, both need to be educated.

Dr. Sirjusingh: Thank you for that question. What was actually requested from the Committee was actually those age groups, but we can get that data provided to you as well for the under-20 age groups. And again the Children's Authority is a little better with respect to the Act itself and which age groups need to be reported in terms of age differences between the father and the age of the child for different age groups 12 to 14, 14 to 16 and 16 to 18. So it varies depending on the age groups whether it becomes a sexual offence.

Mr. Chairman: Thank you. Just before I go to member Antoine and then the Vice-Chair, to Mrs. Bailey-Sobers and Ms. Ramgattie, you indicated that you went to communities and you will provide the data to us on how many communities you went to. How are you monitoring the success

of this programme? And can you say if it is successful since 2015? Is it moderately successful? What are the protocols by which you are judging the success of the programme, because very often agencies say well we are doing X and we are doing Y.

And we do not get a sense that there is monitoring and evaluation with empirical evidence to put a programme out there and say we are going to 15 tough communities, 20 communities, the data is saying Port of Spain and environs have the largest number of teenage pregnancies according to the data. Is it focused on that area? Is it spread or administered based on the prevalence data that you have received? How is it administered, and what are the feedback mechanisms even in the absence of precisely how many you communities that have touched by this or have been interacted with?

Mrs. Bailey-Sobers: Thank you for the question. The parenting programme is aimed not specifically for teenage pregnancy, it is generally for parenting and providing parenting skills. But by providing the information we trust that it will enable parents to be better able to manage their children, and there may be a side impact on teenage pregnancy. So it is not specifically for teenage pregnancy. And in terms of the monitoring and evaluation, we are now trying to staff our divisions so that we can have a much more robust M&E framework for all our programmes. However, with the parenting programme in particular, the way we monitor is that we would usually do a report on all the workshops that were undertaken. And as a way of assessing whether we have impacted the community, we would usually promote the creation of parenting groups in the communities. And we will work with the parents from the workshops so that the skills and all that they have learnt in the workshops we will ensure that they are actually implementing them in their homes. So we do not have as I indicated, a robust framework for the measurement of the impact, but we use the parenting groups as a way of ensuring that those who were part of the workshops continue with the learning.

11.30 a.m.

Brig. Gen. Antoine: Good morning. In your written response, you said the National Family Services Division offers case management to clients who are teenagers and are pregnant and who are teenage parents. Could you for the benefit of the public please provide a brief overview of how this case management system works?

Mrs. Bailey-Sobers: Sure. I will ask Ms. Ramgattie because that division, the officers there are the ones that would be involved in case management.

Ms. Ramgattie: National Family Services, we do individual and family counselling, group counselling. So, if a teenager is referred to us we will do an assessment of that case but also, we will do a holistic assessment of the household, where we will do individual counselling with the teenager to empower her to make sure that the care and protection of the child and all that, to go forward to clinics and all those kinds of things, and then we will do the social support with the family so that the holistic care and continuation of this case will move forward.

Brig. Gen. Antoine: Are social workers and other support personnel available to the client?

Ms. Ramgattie: Yes. We will liaise with all the health services. The referrals will be to all the government services that will be pertaining to that case.

Brig. Gen. Antoine: What about teenage parents who are illiterate? Are the services easily available?

Ms. Ramgattie: Yes. We will refer them to ALTA. The Ministry now and the Ministry of Community Development, Culture and Arts have a lot of courses. We will refer them and make sure that they have the resources through social welfare to attend.

Brig. Gen. Antoine: And the teenage parents, do they have to be accompanied by a parent when they are accessing these services?

Ms. Ramgattie: Not necessarily, but we will start off with speaking to the mother and child, and then we will have individual sessions with the teenager.

Brig. Gen. Antoine: I just want to shift focus a little bit to—

Mrs. Jennings-Smith: I am questioning, you see, everything—we need to be more evidenced-based and when we talk about pregnancy, teenage pregnancy, every single case is different, and I am looking at your generalized approach. I like the collaboration, but I am looking at the generalized approach and I want to ask a simple question. Is there a coordination between the Children's Authority in that, they tell you what are some of the issues that they want to be addressed with your interventions, through community interventions? Is there a collaboration? I want to know or do you just go there based on your own observations, with your parenting skills and stuff like that. I just want to know straight out if there is a collaboration between you and the Children's Authority before you do your interventions, because it must be more targeted.

Mrs. Bailey-Sobers: In terms of the parenting programme, I know the way that they would decide is based on the information coming from the ground from their officers, and the officers are in touch with the Children's Authority. But, specifically aligning the data on teenage pregnancy with

the communities that we go into, that will not be done.

Brig. Gen. Antoine: I just want to say to the OPM, following up. In your submission you said you had between 2008 and 2015, you had 14,400 teenage mothers, but you only reached 560 of these. In 1994, you had three centres of choices: Woodbrook, Sangre Grande and La Horquetta. In 2001, the subvention was increased and you introduced an Adolescent Mothers Programme in 2002. The Government provided $2.5 million for you to form seven new centres. You have not done this. Instead, there was a problem with the centre in Woodbrook—there was a fire and you amalgamated two into one centre. So now you only have three centres, and the centres are nowhere in the southern part or the central part of Trinidad and Tobago. Given this money, given the $2.5 million, why have you failed to provide additional centres for adolescents and teenage pregnant mothers?

Ms. Johnson: Chairman, in our submission, we did indicate that there was a service delivery to teenage pregnant mothers dating back to 1994 and this was done through the Child Welfare League. Outside of the services provided by the Ministry of Social Development and Family Services, the Child Welfare League was contracted to provide teenage pregnancy services via a subvention. That was the original Choices Programme which was managed and brought here and established by the Child Welfare League.

In 2001, the Government sought, given the increasing number of teenage pregnancies occurring in the country, to fund the Adolescent Mothers Programme which is really based on the Choices Programme. That programme was really under the Ministry of Social Development and Family Services at the time and it came across to the Office of the Prime Minister in 2015. Prior to that, it went to the Ministry of what we called Gender, Youth and Child Development and then across to the Office of the Prime Minister.

In 2015, when it came to the Office of the Prime Minister and we looked at the data, the services delivered, we thought that the programme did not meet the objectives as implemented by the Child Welfare League, and we started a review of the programme and that is what I indicated in my document that it has led to a new model, new objectives for a programme that we intend to take to the Cabinet for funding which is estimated at the tune of something like $10 million.

Brig. Gen. Antoine: So this new programme is not presently being implemented? It is a future programme?

Ms. Johnson: Yes, it is a programme which we collaborated on with the Ministry of Social

Development and Family Services, the Children's Authority and some of the key stakeholders in the industry. We based it on the actual focus groups we had with past girls and some of the fathers that we were able to find in making an assessment of what the actual programme should be. We have seen this programme being very successful in other Caribbean countries, however, we had our challenges with its implementation at the level of the NGO that Government used to do the programming and service delivery.

Brig. Gen. Antoine: Will this future programme be available in central and south Trinidad and Tobago or just along the East-West Corridor?

Ms. Johnson: Yes, and that is why the cost is like that, because we see what is happening in the south-west region. Teenage pregnancy seems to be higher in that area, so the intention is to create, initially, about 10 centres located all over Trinidad.

Mr. Chairman: What is the timeline if I can ask?

Ms. Johnson: We are now costing the programme. Yes, we know the initial cost looks at around $10 million. The document has to go to the Cabinet for approval because there is actually no funding right now for the Adolescent Mothers Programme. We suspended it because it was not meeting the objectives that were intended at its creation.

Mr. Forde: Thank you, Mr. Chairman. You know, I have been sitting here trying to understand what angle, you know, in order to voice my concern. We would have received statistics from the Prime Minister's Office, from the Ministry of Education and also the Ministry of Health in terms of the statistics provided, but in terms of drilling down to find out what is the cure, I do not seem to be hearing if it is that you all have been able to identify what is the cure to the problem of teenage pregnancy. We have statistics which show us between 13 to 16 years, we have 2,645 live births that came through the hospitals that we know about. In the 17 to 19 category, which is just one year above 18 years, we have 11,717. So between 17 to 18, we have a certain category that can be included under the age of 18 years which is considered a crime in Trinidad and Tobago.

We go to the Ministry of Education's statistics which show us that we have the 20 to 30 age group category of the fathers—that were identified as the fathers in the 20 to 30 category—that would have gotten these young children pregnant. Are we able to identify within that category who are these fathers? What are their backgrounds?—20 to 30, 1,395 individuals. Are they repeated offenders? What is their educational status? Are they, sorry to say, the maxi-taxi touts, where some of the children are travelling on a daily basis? Are they the PH taxies? Are they the

H taxies? Do we have any of those statistics coming around from any of those groups? Are we able to drill down in order to identify that, listen, we are now at 62 live births per month—that is what we have according to the breakdown I have here—within the period of 2008—2018.

So the question that I want to find out clearly is that one, are we able to identify the perpetrators to know if they are repeat offenders? Whether their educational status—in order to know well, look, are we to implement a plan for the 20—30 age group category of fathers who are getting these young girls pregnant? And then when we go back to the 13 to 16 age group, again, zeroing in as to exactly the reason why they have been affected to that concern. So again, we would have gotten from the Ministry of Education that statistic, from the PM's Office and also from the Ministry of Health. So, again, we could get some feedback from those three concerns.

Dr. Sirjusingh: In terms of the statistics that you have in front of you, again, roughly about 9 per cent of pregnancies are 19 and below. We have other data that we are working on, and we have a new programme which is called the Perinatal Information System, and that has 9,058 cases for the country—total pregnancies so far in that project. And this new system will be collecting data in real time and it goes to a server so it will be able to analyze it as it comes in. And, so far, in that database, for the last two years, again, the statistics are similar, 9 per cent below the age of 19 and below. Of those, 3 per cent fall within the under 18 age group. So 6 per cent are really in the 18 to 19 age group. That is similar to the statistics.

What we are saying as well and the Committee needs to take in, is that in terms of the Marriage Act as well, it may have a role to play in terms of some of these numbers in terms of when the Marriage Act was changed as well—2017 at some point it was assented to. So some of these figures may represent marriages that may have been permitted by the State at that point in time and the Committee needs to take that into consideration.

Mrs. Jennings-Smith: This is the second time this question is being asked and it is about targeting the persons so that you can develop a response. It is about when you have victims asking questions to determine who the perpetrators are. We are not even asking you to bring the perpetrators. We are asking you to collect qualitative data, which can be used to determine or develop a policy where you can formulate an intervention to prevent the occurrence of this amount of teenage pregnancy, and it is the same question that my colleague is asking here. Who are these people? What is being done to determine who these people are so that you can build a response or a policy amongst all the Ministries.

Mr. Chairman: Let me add to that, because what I am hearing is the Children's Authority is doing their stuff and they have plans, the Ministry of Health by the very nature of the operation of the Ministry of Health, collects data because there are systems in place for that, the Ministry of Social Development and Family Services has community outreach programmes and the Ministry of Education has anecdotal evidence based on the pregnant girls who become pregnant while in school enrolled and who drop out of school.

What I am not hearing, and what I think the members are asking is: Who is doing the targeted research that tells us in addition to all the evidence—the data that is coming in from various agencies—is there a lead agency or a targeted collaborative approach that someone is saying, you know what, let us come together and have a more coordinated focused approach. That is what we are not getting. We are not getting that the agencies understand that it does not make sense having five different programmes from five different agencies tackling the same problem as opposed to coming together and devising a national strategy and each agency taking a lead in a different part of that strategy. I do not know if members agree or disagree. We are not getting that.

We are getting the nice policy answers, the great best practices approaches, which we have Googled too. We could get that. That is what we are not getting. That is what I guess is frustrating members given the data that is presented so far. So is there someone willing to answer the question based on that? Is there a decidedly coordinated approach based in all these agencies or are you just operating in silos as many others who have come before us in many other instances? I think the silence speaks for itself. There is no real coordination. Is there?

Ms. Johnson: Chairman, if I could say frankly that really there is no coordination. An attempt is being made by the Office of the Prime Minister to pull the agencies together based on a national child policy. So that policy identifies teenage pregnancy as one of the areas where we need to remedy, and while that policy has just been approved by the Cabinet and is currently out for public comments and stuff like that, the Office of the Prime Minister—and I know my colleague from social development has agreed for us to meet on several issues and teenage pregnancy has to be one of them. So, yes, there is no mechanism in place for coordination right now, but coming out of the child policy, there is a clear indication that this kind of collaboration can be driven and should be driven by the Office of the Prime Minister.

Mr. Chairman: Thank you candour but I am shocked that there is no coordination, quite frankly.

Member Forde?

Mr. Forde: Again, my point would have been made, but I think in terms of getting clarity on it, has not been identified, but I want to be more specific this time. To the Ministry of Education, in your submission on the table chart: Number of teenage mothers currently enrolled—and we have the table broken down—Port of Spain and environs, 27 out of a total of 47; table three, number of students permanently withdrawn from the education system, again, we come down, total 36, Port of Spain and environs, 13. We could also identify south eastern division, 9, in terms of the high amount. And if we then go to table number one, teenage pregnancy cases for the period 2014 to March 2019, Port of Spain and environs we have 50 out of a total of 143, and then we have governmental schools.

To be direct, Ministry of Education, based on those numbers, are there any specific policies, guidelines and plans, in order to say listen, Port of Spain and environs is very prevalent? What can we do within those schools affected? Could you identify to the Committee what you all have done? Have you all done anything specifically to identify well, look, why the Port of Spain and environs area is so high, why the other areas are low. What is the scenario? Is it because of City Gate? Is it because of the children travelling to school? Why it is the governmental schools and not the non-denominational schools? Have we done anything specifically towards that?

Mr. Seecharan: Chair, we have recognized that Port of Spain and environs—and if you look at the data closely you will see that it is not just Port of Spain and environs. If you look along the corridor—Port of Spain and environs, St. George East, north eastern—we have higher numbers.

Mr. Forde: Well, I just wanted to identify the highest one, especially in terms of the other tables.

Mr. Seecharan: So in terms of how we are targeting—I do not want to go into generic—there are programmes within the Ministry, as I said, that we are utilizing a proactive approach. So that while social development deals with parenting generally, we have a parenting in education programme. We have been utilizing the Health and Family Life Education Programme in which there is a module on sexuality and sexual health education. It is not where we want in terms of full implementation, but we have been targeting schools, and, as you mentioned, the government schools, in particular, in terms of rolling that out.

Mr. Chairman: If you could just let me interject, what does that mean? When did the Health and Family Life Education curriculum, when was it completed and what is the status of its roll out in reference to what you just mentioned? It has not been fully implemented. What does that mean?

Mr. Seecharan: The programme has been rolled out in all schools. In terms of implementation, we do not have teaching positions for Health and Family Life Education. So, it is basically schools identifying teachers who we train. We have actually utilized some models from Jamaica in terms of the roll out of the training. We have had persons come down and do train the trainer programmes which we are continuing.

Mr. Chairman: How many teachers have been trained?

Mr. Seecharan: I can get that number for you, but I think we had initially around 35 to 40 train the trainers using that model who have been assisting the curriculum division.

Mr. Chairman: When did this start?

Mr. Seecharan: This would have taken place in 2014/2015.

Mr. Chairman: So between 2014 to now, you have not had full implementation?

Mr. Seecharan: We have the programme in all schools. When I said in terms of where we would like to be, all schools are required to have a period or two timetable for Health and Family Life education.

Mr. Chairman: According to this document, it starts from level one, level two.

Mr. Seecharan: It is both at the primary and secondary level. We have two models; one in the primary school. It is incorporated into the curriculum and taught as part of the different subject areas. At the secondary school, it is standalone. When I said it was not where we would like it to be, I am saying that in the context of different schools and particularly the government schools are further along in terms of where we would like the programme implemented as opposed to some of the other schools. With the denominational schools, what we have done, based on discussion with the various denominational boards, is that based on religious ideology and all of that, they have been allowed to adapt based on their own situation.

Mr. Chairman: In terms of the government's administered schools, is this an examinable part of the curriculum not in the context of getting marks, but in the context of being able to get feedback as to if the information is being absorbed?

Mr. Seecharan: Part of the implementation of that involves a number of formative assessment strategies to collect data in terms of students' responsiveness to the skills that are being rolled out in schools.

Mr. Forde: Mr. Chairman, just one question. Chief Education Officer, I am hearing you, but somehow I am not getting the information that we are trying to source from you all this morning.

Okay? We do not have to be specific by identifying that it is school X, all right? We could use any area. So school B, school X, this is what was done. You do not have to be specific in the area, but you must be able to drill down and say, listen, there were 50 children in this school that got pregnant and because we found it was too much, we decided to say we are going to do A. I do not know what you all did. I want to find out what you all did. So, we are not going to say it is Tunapuna, where I am from and you are going to call a school in Tunapuna. Be a lil more specific.

Mr. Seecharan: I can tell you that since we have rolled out this programme, there are schools that we know where there is a higher incidence of teenage pregnancies that we actually went into. In fact, within the Morvant/Laventille project that we are rolling out, we have redirected some of our social workers and resources into some of those schools in terms of doing the project overall with parenting, community stakeholder engagement but also to deal with some of the specific issues. So that while within our approach to providing services in schools, it is more broad based where the approach that we are using is identifying specific issues. So in a school where we may have sexual misconduct or teenage pregnancy, in those schools, we tend to push more resources to, in terms of addressing some of those concerns. So that we have, in fact, that is our approach, I guess, across the board, where based on specific issues at schools, we are redirecting resources to, so that rather than trying to do a one-size fits all, this is the approach that we have been using in a number of areas.

Mr. Forde: Okay. And as a follow up, with regard to the Children's Authority, in terms of what has been identified, the perpetrators, are you all able now—the Ministry of Education, make a complaint, we have identified X amount of individuals—to identify a particular category of individuals, the so-called fathers, are we able to say the fathers consist of mainly unemployed guys, guys who, you know—what category of individuals these fathers are? Were you all able to identify that?

Ms. Noel: As I said before, we have very little information on the fathers. That is our reality. The information that we do have, we have found that they come from within the community that the child came from, most of them, but we do not have a lot of information on the fathers, and so we rely heavily on the police as well to do their investigation and when it is the perpetrators are brought, we are able to get more information, but because these perpetrators are targeted for prosecution, there is a concerted effort by the child and sometimes their family to not provide information. That is the reality. That is part of our issue.

Mrs. Newallo-Hosein: Is it to protect the fathers that you find that you do not get much information?

Ms. Noel: Could you repeat the question please?

Mrs. Newallo-Hosein: No, if it is that it is someone that they do not want to get prosecuted, they do not want the person to get prosecuted.

Ms. Noel: Yes. That is essentially it.

Mrs. Newallo-Hosein: Is it that they protect the fathers that you cannot get the information? I am asking. I do not know.

Ms. Noel: Yes. That is essentially it from our perspective. That is what we see.

Mrs. Newallo-Hosein: Okay. I just want to come back to Ministry of Education. You indicated that, you know, that you would direct resources. I mean, the Ministry already has been clamouring for more resources and a lack of it. How does the Ministry find these resources and what type of resources are you referring to when you say that it is redirected to the specific schools that may be encountering a surge of whether it is sexual impropriety or teenage pregnancies?

Mr. Seecharan: Okay. In the area of teenage pregnancy, I indicated in my opening comments that we have both the guidance unit and the social work unit. We have currently 257 Guidance Officers and Guidance Counsellors—sorry, 257 Guidance Officers and Guidance Counsellors—

Mrs. Newallo-Hosein: Full time?

Mr. Seecharan: Yes.

Mrs. Newallo-Hosein: Okay.

Mr. Seecharan:—plus 116 social workers. We have some vacancies and when the units are fully staffed—in fact, there are interviews being conducted currently for social work. We should get up to 373. When I talk about redirecting resources, in some instances, depending on the feedback and the information from the school, we may have a social worker assigned to two or three schools. Where we have a particular school where we need targeted intervention, we may assign a Guidance Officer and a Guidance Counsellor. So, in terms of providing that additional level of support is really based on need for the school.

Many of these issues also have associated factors. In some of these schools they may have literacy and numeracy issues. So that within our school-based management framework, we also get curriculum supervision, student support services using a coordinated approach targeting and supporting these schools. So it is personnel at one level but where needed resources also.

Mr. Chairman: I am glad you mentioned it, if I may just interject, and this is for the Ministry of Social Development and Family Services. Given what the Ministry of Education has indicated, the Ministry of Health has indicated, the Office of the Prime Minister has indicated and also the Children's Authority, do you think it will be more productive for the Ministry of Social Development and Family Services to be the driver of a national policy that filters down? What I am hearing is that there is a subtext that, well, a school is separate from a community, is separate from a hospital, and everybody seems to be not understanding that they all intersect into the individuals that we are seeking to protect and guide here.

So is there a national thrust in terms of an overarching policy in dealing with this through which the Ministry of Social Development and Family Services and I guess, the Office of the Prime Minister, can engage the Ministry of Health to intervene in this department and provide feedback and data; the Ministry of Education to intervene in the schools and provide feedback; the Children's Authority to intervene when the victims, I would call them, of the perpetrators come and they have to intervene, so that there is a more coordinated approach that everyone is not in some cases duplicating efforts and asking for funding which is a rare resource, and have a more effective application of the overall objectives and feedback to see what progress is being made. Do you think that should be the Ministry's role in this, given the disparate approaches we are hearing here that do not seem to be as effective in many cases as the stakeholders have indicated?

12.00 noon

Mrs. Bailey-Sobers: Thank you again, Chair. My colleague from the Office of the Prime Minister would have indicated that we have started the discussion and because they are working on the model for teenage pregnancy, which we actually coordinated and had discussion with them on, that probably that could be the bouncing board from which we would look at how we can coordinate a national approach to this issue. So I think we have already agreed that they are going to lead the charge in this area and probably later on we would look at what role the Ministry of Social Development and Family Services would play. I could say for the onset, in terms of data, this is probably where we would have our key role as the Ministry with responsibility for the research council for the social sector. So when we are looking at the research agenda across the sector, probably we would look at whether teenage pregnancies are actually on that agenda for the next fiscal.

Mr. Chairman: I am glad you mentioned that. Just before I go to member Jennings-Smith, does

that—and I guess this is a question for the Office of the Prime Minister in drafting that policy: is that policy specifically for teenage pregnancy or is it for all the vulnerabilities associated with at-risk youth? Because in many instances, you would find the education deficiencies drive the teenage pregnancy issues, drive the violence issues, drive all the maladies that put these, the groups, at greater risk for falling through the cracks in society as opposed to it being—I know this enquiry is about teenage pregnancy but there is an overarching look at what the issues are in terms of this cohort and trying to see what is the best approach in dealing with it, given the resources of the various agencies before us here today.

Ms. Johnson: The National Child Policy is very cross-cutting, teenage pregnancy is just one area of the policy that requires urgent focus. The programming design, as my colleague indicated, treats to prevention, treating with remedying the actual issue of a pregnant child and treating with their fathers. There is an area as well which focuses on the perpetrators; how we deal with them and how we create the proper justice to treat with the situation.

Mr. Chairman: You would understand the public looking on and listening with—not particularly being enthusiastic to hear we are working on it.

Ms. Johnson: Chairman, the national policy is out for public comment right now, and, as I indicated, the model has to go to the Cabinet for its approval.

Mr. Chairman: Appreciated. But that translates to the public as "we are working on it". But I understand, this is not directed to the Ministry or contribution, but the public response to that is, "Okay, it is something else they are working on". Member Jennings-Smith and then member Hosein.

Mrs. Jennings-Smith: I want to refer back to your submission—and I am speaking to the Ministry of Education—and I refer to your submission on page 7, question 3, where you spoke about the support for teen fathers, but in all your submissions I did not see data to suggest the amount of students who were engaged in sexual activity where you had a result of a young man being a father. Can you give us an idea as to how many persons you have identified within the school system in Trinidad and Tobago?

Mr. Seecharan: Okay, just to say that, as the other Ministries alluded to, there is an issue with identification of the fathers. However, we do have some within the system, and I will ask Ms. Smith to speak specifically of those that we provide support for.

Ms. Smith: Thank you, CEO. Good morning, members. We recognize over the years that we

have a number of teen fathers and while the teen fathers are often very frightened to come forward, under the Romeo clause, some of them are not really punishable via the law, and as a result of that we also work with them in order to stand up to their responsibilities of caring. Some of their parents, the parents of the boys, are not always too pleased to know that their sons have impregnated a young female, but despite that we encourage both grandparents and young men, that they have a responsibility to care for, support. Now, it becomes a challenge to the fact that they are still in school and often they cannot work, because of that very challenge some of the young men are tempted often to want to drop out, especially if there is a bond with the young infant. And that is one of the things that we social workers and guidance officers do, to try to encourage them to remain in school and to educate themselves so they would be better able to care for the young infant.

Mrs. Jennings-Smith: Before you go further, I really want to get us to the point that data leads to policy. What would have generated your response to dealing with young males at school?

Ms. Smith: The data and the fact that we knew that—

Mrs. Jennings-Smith: So could you give us some level of data? Let us look at last year, 2018, how many persons, young men, you would have identified in the secondary schools in Trinidad and Tobago that would have, you know, given you that drive that you need to have an intervention? I need to have an understanding of the data.

Ms. Smith: We would be able to provide you with that data subsequently.

Mrs. Jennings-Smith: So you cannot remember how many persons for last year?

Ms. Smith: There were seven cases. For 2018 there were seven.

Mrs. Jennings-Smith: Seven. I am happy you said seven, because I am more into prevention, and, you know, singling out an individual for any kind of a lecture would be, you know, labelling persons. So that I want to know if officers of the SSSD regularly conduct psycho-educational sessions for male students on safe sex, abstinence, responsible sexual practices. Tell me, how many of these sessions have you had in your schools, if any at all?

Ms. Smith: I am happy you referred to those areas because we do actually conduct regular termly intervention on those very topics with our young men. When we recognize that—

Mrs. Jennings-Smith: So just tell me—I need to know numbers because we need to have an understanding of what is happening out there. Tell me, when was the last session you did, what school, or how many schools you targeted so far for this year, 2019?

Ms. Smith: I do not have that data in front of me at this time but we do have it, because it is one of the things that we operate.

Mr. Seecharan: If I may just intervene, because the officers, both guidance and social worker, are assigned to schools, it is part of their remit. So that for us to provide you with that information, we will need to get from the officers assigned to each specific school. We could always accumulate that and provide you with it.

Mrs. Newallo-Hosein: Chair, I am a little bit, you know, confused here.

Mr. Chairman: Or frustrated.

Mrs. Newallo-Hosein: Yeah. We are dealing here with not just, you know, airy-fairy situations, the Secretariat would have written to each Ministry with specific questions and we would have gotten responses, and based on those responses we are now asking questions, but now that we are drilling down, you know, things are not coming together. For instance, we have where the Ministry of Social Development and Family Services indicated to us—and that is page 3 of their submission on the Draft National Parenting Policy, it says:

There are two objectives to the policy which are:

1. To provide parenting education to persons who are not yet parents; and
2. To assist teen mothers to return to the education system.

Then we have the Ministry of Education stating, based on their submission, that following an assessment by the Student Support Services Division officers, teenage mothers may be transferred to a more accommodating environment for learning, alternative learning, and so forth. Then we have here from the Office of the Prime Minister indicating that there is a national policy being proposed, but you have the same thing being proposed, and actually a draft paper that was supposed to be presented to the Cabinet by the Ministry of Social Development and Family Services. So it shows therefore, that there really is not any collaboration with the Ministries, and so you have every Ministry literally reinventing the wheel.

My question really is asking, if the Ministry of Education is stating that the SSSD already takes care of the teenage mothers by transferring them to a more accommodating environment for learning, can the Ministry of Education perhaps provide real examples of the alternative learning environments provided to the teenage mothers, and as well as whether the Ministry is satisfied that these alternative learning environments have sufficient capacity to cater for the students referred from the SSSD? And if so, would you be able to kindly share the information with your other

colleagues, the other Ministries, so that there could be a comprehensive and a thorough policy paper that can be produced to ensure that there is cohesiveness with all the Ministries so that we can go forward in providing the proper preventative measures probably for our young people, and where the horse has already bolted, to be able to bring some level of redefining for their lives? Because pregnancy does not bring an end to one's life. It actually changes but we can nurture those changes into a positive outcome.

Mr. Seecharan: Chair, if I may, if you look at the data we have submitted in terms of the incidence of pregnancy, clearly it is not the total numbers. These are cases that we have been able to identify, whether through referrals or not. The challenge I mentioned when I started that we have, is that once students cross 16, in some of those cases students will drop out and therefore we do not have oversight of it. But for those that we have been able to identify—I indicated the challenge in terms of fathers and identification, but for those that we have identified; so a teenage mother returning to school, the options available are, one, they can return to the school that—so we have a reintegration programme within the same school; alternatively, sometimes, because of stigmas attached we may look at transferring to another school. There is an option for Servol, or within the school itself there are options for students doing a combination of the traditional academic CVQs or tech-voc areas. So within the school system, when we talk about alternative programmes, those are some of the areas we treat with. Our challenge within the system is that we do not get information on—or we do not have information on all the instances where there are students who become pregnant, and particularly those who may leave school or choose to leave post-16 and therefore are outside of our line of vision. Those who remain, and we do have some of them, post-16, there are some who go on to A levels, we do have oversight of that.

So I take your point in that there is a need for that coordinated approach, because clearly even within those who should be in schools, there are some that we cannot or we do not know. There are students who sometimes they would leave the system or they are absent for an extended period, the information in terms of whether the student is pregnant or not is not brought to our attention, or sometimes after the fact and then we intervene. So I think a coordinated approach in terms of students who may leave the system because of pregnancy or give birth at some point, if we in the Ministry can have information in terms of some of those students, we certainly can follow-up. But I think the need for that coordinated approach because—I think it was 81 per cent that the Chair said, within the 17 to 19 group, it is an area where we do not have direct oversight

of within the Ministry, and therefore some of the gaps that are created. So I think if the agencies come together and look at the data collectively, develop a mechanism by which we can share that information—I know there is a whole issue with confidentiality, and all of that, but in order for us to provide the best service possible and deal with the entire cohort, I think that coordinated approach is critical.

Just to share with you, I think one of the members spoke about service to central and south Trinidad; in south-eastern, for example, you would have seen nine students dropping out, part of that has to do with the ability to provide support services for child care and some of these students may drop out because of the unavailability. So I think there is a need for that coordinated approach. Our division coordinates with the Children's Authority and the other agencies, but there are some gaps in terms of the information available to us to maximize what we can actually provide to students.

Mrs. Newallo-Hosein: Thank you.

Mr. Chairman: Just a question for the Ministry of Health, just before we go ahead, because we are running out of time. Can the Ministry provide, give us a sense of what are some of the complications involved in these teenage pregnancies, particularly to the younger cohorts, 13 to 16 and under 12, in terms of how they would present when they come for health care services and also postnatal care, if they actually return and the impact on these children, these babies when they are born to very young mothers, and their prognosis?

Dr. Sirjusingh: Thank you for the question. Again, I would have mentioned some of the health complications related to teenage pregnancy; of course, a significant amount is with respect to the social issues. With respect to the actual medical issues, some of these will have an increased risk of having, for example, a pre-term delivery which has its own economic and long-term impact. Having high blood pressure of pregnancy as well may increase your risk of having a caesarean section. Postnatal care will be long-term, follow-up will be needed, and, again, more resource challenges. We did not get an opportunity to mention some of the programmes that have been put in place at the Ministry of Health since 2017 onwards. We actually established my position at the Ministry which is really to coordinate just the Ministry itself, to get that stewardship and leadership and coordination of the services for mothers and babies. So that was a key step and a key development at the Ministry of Health.

We recognize there is not enough inter-sectoral collaboration, and, again, in going forward,

you know, we are looking forward to that as well. Some of the other programmes that have been put in place, since 2017, are improved data collection, which I alluded to before. We have new policies being developed for sexual and reproductive health, and it will go through the other members of the sectors that are responsible as well. That should be completed, hopefully, by the end of this year. We also have new programmes for contraception in terms of prevention. When these patients are already pregnant as well, we have introduced a new policy change where they are going to leave hospital with contraceptives on board, rather than having to be lost to follow-up, and so on. So we are hoping to see with this data to see a trend towards a reduction in teenage pregnancy as we move forward.

Mr. Chairman: Does part of the programme involve the parents of these teenage girls in terms of how they care for themselves moving forward, nutrition, guidance in continued education? Because the hospital, I am presuming, is one of the areas where it is an opportunity for significant intervention even after the pregnancy has occurred for trying to stabilize the teenager and set them back on a path to progress.

Dr. Sirjusingh: Yes, thank you, Chair, and that is exactly what happens. So there are a number of resources that can be coordinated through the hospital being the site where they would deliver and access a coordinated response. The main persons involved, besides the health care workers, of course, are the ancillary workers with respect to the paraclinical, Medical Social Work Department to coordinate these agencies.

Mr. Chairman: Thank you. Member Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. Coming back to my question—

Mr. Richards: We have to keep our questions concise because we are ending at 12.30, please.

Mrs. Newallo-Hosein: Okay. Coming back to the policy from the Ministry of Social Development and Family Services, regarding your policy to provide parenting education and to assist teenage mothers, also you indicated in your parenting policy the ability or the intention to subsidize the cost of child care to encourage teenage mothers to return to school, and, two, a baby box initiative starter pack will be given to low or no income expectant mothers who have accessed medical care prior to their fourth month of pregnancy. I want to know if the Ministry, in light of the fact that the teenage mothers would be coming to you for subsidies, it means that therefore the gap would have closed at that point, because wherever the Ministry of Education would not have been able to pick up, persons will now be coming to you to access social services. Have you

estimated a cost for implementing any of these proposed policy initiatives and is this baby box initiative a one-off? And how has the Ministry done in a financial impact assessment? And my final question is, from our last enquiry—

Mr. Chairman: M&E.

Mrs. Newallo-Hosein:—M&E, the Monitoring and Evaluation Unit, is it adequately staffed since that time?

Mr. Chairman: What time?

Mrs. Newallo-Hosein: Since the last time we met, which was a couple of weeks ago. You had one or two persons in that unit and I just want to know if that unit has been adequately staffed since that time.

Mrs. Bailey-Sobers: So, Chair, if I missed out with the last questioning, and—

Mr. Chairman: Provide it in writing.

Mrs. Bailey-Sobers: Yeah. [*Laughter*] Just to indicate, yes, the unit is adequately staffed. We have, out of the 10 monitoring and evaluation officers we are supposed to have, we brought on five, and I believe we have a sixth that we will be bringing on. We just do not have the director. It is an area where we have some challenges in getting the persons who, you know, with the competencies and skills for that particular unit. In terms of the policy, the parenting policy, you will be aware that we would have laid the policy in Parliament and the second leg of the consultations would be taking place with the focus groups with different individuals, and that is supposed to take place over the next two to three months before we finalize the parenting policy. And because it is still at that stage, we have not done any comprehensive costing to the actions and the programming that is inside of the policy, but I am pretty sure that when we do implement those strategies, we will be implementing it in collaboration with the other agencies so that we have protocols in terms of how it would flow

Mr. Chairman: Very short.

Mrs. Jennings-Smith: I will continue on that line. I want to know, after a teenager would have left the hospital they become, you know, they are now patients of Social Services, is there a continuous plan where teenage parents are given some assistance? Is there any intervention or grant for a teenage parent to be given for assistance with that baby?

Mrs. Bailey-Sobers: At present, there is no specific support that will be given for teenage pregnancy, but such persons can benefit from public assistance, for example, where they would

qualify because the children are in the household and the household is eligible for public assistance. So, this is the only way or the only support right now we could provide with respect to a grant and it is not specific to teenage pregnancy.

Mrs. Jennings-Smith: And that is the question, because I know when they go to be assessed for a grant, they are assessed as a household and not as an individual. So I want to bring back the question to you: Are you proposing something, because we have a cohort of 3,477 young teenage mothers out there, are you proposing some kind of assistance to those parents?

Mrs. Bailey-Sobers: We do have some provisions in the draft parenting policy, yes.

Mrs. Jennings-Smith: And how soon would that policy take effect?

Mrs. Bailey-Sobers: That policy, we are currently going out to do the final leg of consultations with specific groups, specific parents, children in homes, and so on, and so within the next three months, I think, we would be finalizing the policy.

Mrs. Jennings-Smith: I want to take a time of the Chairman's time, because, you see, the first seven years of a child, their brain is influenced, and when we talk about crime and criminality, we talk about young children without guidance, without support, and I want to impress upon to you to consider doing something for this cohort of people in Trinidad, 3,477. They need that kind of continued support, at least maybe for the period, the duration of their secondary school life.

Mr. Chairman: Thank you, member. Let me go to member Antoine, quick, quick, very concise, and then member Forde.

Brig. Gen. Antoine: For the Ministry of Education, you said there is a policy on girls faced with school-age pregnancy, is this policy applicable to the denominational and government-assisted schools? If a principal expels a child who becomes pregnant, are there any penalties associated with this action?

Mr. Seecharan: Chair, the only person who can expel a student from one of our schools is the Minister of Education. The policy with respect to teenage pregnancy, in one of the documents we submitted, appendix one speaks clearly to the fact that the Ministry's policy is that students who are pregnant are allowed to continue school until, medically, they may not be able to. And once the pregnancy is completed the person can return to school within our Student Support Services Division. As I mentioned earlier, the reintegration programme would either place the child back into the same school, an alternative school; Servol as an option. And we also look at the programme so that in some cases it may assist, so we may assist students in terms of choice of

subjects, et cetera. So that the policy right now is once a child would have completed the pregnancy, the Ministry's policy is that they are allowed to come back to school, and within the Ministry, we ensure that that happens.

Mr. Chairman: Thank you. Member Forde.

Mr. Forde: Thank you, Mr. Chair. To the Ministry of Education, in your submission on page 2, again, I go back to Table 1, Teenage Pregnancy Cases for the Period 2014 to March 2019, and when you look at the totals, the total is 169 pregnancy cases; in the government schools, they were 143. What are the other schools doing, the other denominational schools, the government-assisted schools doing, that the government schools are not doing in order for these figures to be so high? Can we take a page from them?

Mr. Seecharan: I think, Chair, when I did my initial comments, I indicated that there are a number of socioeconomic, sociocultural factors that impact on the issue of teenage pregnancy. Currently, our system is organized such that many of the presenting issues associated with students who are sent to some of our government schools, whether it is the level of literacy and numeracy or students coming from communities where it is natural to engage in sexual activity early. So it is not so much, I think, an issue of schools doing fundamentally different things as opposed to the students that we have placed in a number of our government schools.

12.30 p.m.

Mr. Forde: So as a result of that, guidance counsellors, social workers, are they heavily in numbers in those schools—extra?

Mr. Seecharan: As I indicated earlier, there are some schools where you can have two, sometimes two guidance counsellors and a social worker attached. So we have in fact deployed the officers in such a way that the schools who are in most need of support they get it. In some cases we may have an officer being shared with one or two schools, but again based on the data, that is how we place them in school.

Mr. Chairman: Thank you. Well, we have run out of time. I am going to end by asking for very concise closing comments of the stakeholder heads who are with us today, starting with Mrs. Bailey-Sobers, the Ministry of Social Development and Family Services.

Mrs. Bailey-Sobers: Thank you, Chair. The Ministry has taken note of the key issues raised at this forum this morning: the need for specific targeted interventions for the group, for the perpetrators; the need for greater collaboration with the stakeholders; the need for immediate

action. And we commit to working closely with the stakeholders on the situation of teenage pregnancy and facilitating the collaboration we have spoken about. In particular, addressing and interrogating the available data and also seeking if possible to include on the social sector research agenda the issue of teenage pregnancy, although we are aware that the Multiple Indicators Cluster Survey, which provides information on maternal and child health is being undertaken at this point in time. This would provide the information that we need to look more closely at this situation. We thank the Committee again for the opportunity to engage.

Mr. Chairman: Thank you. Mr. Seecharan.

Mr. Seecharan: Thank you Chair. I think I just want to highlight the issue of the need for a coordinated approach. The Ministry stands ready to work with the other agencies in terms of coming up with a strategy countrywide which I think can only redound to the benefit of our students. We also look forward to some of the additional support which will help us in the Ministry to better manage the services that we provide. Thank you.

Mr. Chairman: Ms. Jacqueline Johnson, PS Gender and Child Affairs, OPM.

Ms. Johnson: Mr. Chairman, our child system is in the making in this country. We have ratified the Convention on the Rights of the Child years ago, but we really only started to build out the child system in the past four or five years. Notwithstanding that, there are many gaps in the system currently, and I want to underscore the importance of us having that National Children's Registry up and running, because that will allow us to detect the children who need care very early, and set up remedies to treat with their particular situation.

Teenage pregnancy right now is spread between seven agencies providing services. Yes, a lot of it is overlapping, but that is the nature of the child care system that we have in Trinidad. There are about 28 agencies that we need to coordinate in order to ensure that children get services.

I am happy with the outcome of the discussions here, and we stand ready to take responsibility for coordinating all of the areas that we have set forth in that National Child Policy. Thank you.

Mr. Chairman: Thank you, and I appreciate the process involved, but to quote someone in another place, while we are engaged in analysis paralysis, the situation may be becoming more dire. Ms. Noel from the Children's Authority.

Ms. Noel: Thank you, Mr. Chairman. The Children's Authority is always happy to be a part of these types of discussions. As we have heard today, a major issue that exists, treating with any

social issue in our country, is one of collaboration and evidence-based planning.

The Children's Authority became operational in May 18, 2015, and sometimes you could think, even though you may be late, it is better late than never. So I share the sentiments of PS Johnson, that even though we should have been further along as a country, we have to start somewhere. We just have to continue to forge ahead. So thank you for being here today.

Mr. Chairman: Thank you so much. Ms. Jennings, Deputy PS, Ministry of Health.

Ms. Jennings: Thank you, Mr. Chairman, members of the Committee and colleagues. Thank you for your questions and feedback. Our team at the Ministry will review the recommendations presented toward us by the Committee and by our colleagues, and we give the undertaking that we will support and partner with our sister Ministry in developing and executing the much needed policy on teenage adolescent pregnancy. Thanks.

Mr. Chairman: Thank you all so much, and thank you to your colleagues who did not have an opportunity to participate in the second and third rows, but we appreciate your presence here nonetheless.

Just to wrap up. While we understand a lot of work is taking place—we do not think that you all are twiddling your thumbs—it is always disheartening and discouraging to hear significant stakeholders have to come before a JSC to realize that there needs to be more collaboration. It really confuses me. As Ms. Johnson indicated, there are 28 agencies administering to child care and child care issues in Trinidad and Tobago. But I do not ever understand how there seems to be a lack of an understanding of a need, especially in a small country like this, for more effective collaboration. I am not saying there is no collaboration, but certainly more effective collaboration, and a formal matrix for collaboration so that services can be magnified and not duplicated, and wastage can be cut out, and you can share information and data and be more effective in so many different ways.

I know Mrs. Bailey-Sobers comes before us in so many different incarnations, so there is so much on your plates, I understand that. To me that is why it is more incumbent upon you to collaborate, because there are so many issues facing Trinidad and Tobago. You do not have to drag the boat along by yourself. There are many times collaboration can mean that your resources can be put toward different areas that may not be remit of the Children's Authority or the Ministry of Health or Education.

So I think really some sort of formal matrix for state agency collaboration needs to be

probably designed and implemented. From a PS perspective, the PSs can come together and look to see what can happen, given the issues that are facing us.

But we thank you nonetheless for your presence here today and your contribution, and we hope that we will be able to get more answers to move the situation forward. This is the first of three public enquiries that we are doing, so we will have the TTPS and several other agencies, including academia, coming before us to try to get some answers and provide recommendations as a Committee and as a Parliament, so that we can move this situation forward, and be more effective in our interventions. So once again, thank you all so much for your contributions.

Just before we close, we would like to thank the media for being here, and those listening and viewing. The public is advised that the Committee's Ninth Report on the state of contract employment in the public service was presented in Parliament recently and is now available for review on the Parliament's website, ttparliament.org. Some of the main issues addressed in the report are as follows: the need for proper manpower planning and management across the public service; need to review the regulations governing the process of recruitment in the public service, taking into consideration the growth of contract employment in the public service; the need to prioritize expenditure with reference to contract employment, and the need for timely payments of gratuity to contract workers; the need to review the standard terms and conditions of contract employment applied to the public services and the prolonged period taken by the CPO to determine terms and conditions for public officers, and the absence of a policy that governs short-term employment. Currently a note is before Cabinet to develop a short-term employment policy.

So that is just for public information. Once again, thank you for viewing and listening, and this session is now adjourned.

12.38 p.m.: *Meeting adjourned.*

Appendix VI

VERBATIM NOTES OF THE THIRTY-THIRD MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE J HAMILTON MAURICE MEETING ROOM, MEZZANINE FLOOR (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, MAY 29, 2019 AT 10.37 A.M.

PRESENT

Mr. Paul Richards	Chairman
Brig. Gen. Ancil Antoine	Member
Ms. Khadijah Ameen	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Julien Ogilvie	Secretary
Mr. Johnson Greenidge	Assistant Secretary
Ms. Aneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Parliamentary Intern

ABSENT

Mr. Esmond Forde	Vice-Chairman [*Excused*]
Ms. Allyson West	Member [*Excused*]
Mr. Rohan Sinanan	Member [*Excused*]
Mrs. Glenda Jennings-Smith	Member [*Excused*]

NATIONAL PARENTS TEACHERS ASSOCIATION

Ms. Raffiena Ali Boodoosingh	National President

FAMILY PLANNING ASSOCIATION

Mrs. Dona Da Costa Martinez	Executive Officer, Family Planning Association
Ms. Ava Rampersad	Projects Coordinator

TRINIDAD AND TOBAGO POLICE SERVICE

Ms. Verna Butler	W/Superintendent Ag. Child Protection Unit
Mr. Gideon Dickson	Inspector (Ag.), Child Protection Unit
Mr. Collis Hazel	Superintendent (Ag.), Community Policing
Ms. Aisha Corbie	Manager, Victim and Witness Support Unit
Mrs. Jemma Taylor-Alexander	Victim and Witness Support Unit

MARY CARE HOME FOR TEENAGE MOTHERS

Ms. Deborah De Rosia	Principal
Dr. Cynthia Low Chew Tung	Medical Doctor

Mr. Chairman: Good morning everyone, and welcome to the listening and viewing audience, to the Thirty-Third Meeting of the Joint Select Committee on Social Services and Public Administration. This meeting is being broadcast live. This is the Committee's second hearing with stakeholders pursuant to its enquiry into the prevalence of teenage pregnancy and the State's capacity to minimize the occurrence of teenage pregnancy and to provide services to teenage parents.

Members of the public are invited to submit their comments on the Parliament's social media platform. We have before us today four entities: The Trinidad and Tobago Police Service, the National Parents Teachers Association, the Family Planning Association, and the Mary Care Home for Teenage Mothers. Thank you all for taking time to be with us today. We appreciate your time and no doubt what you will contribute.

The three main objectives of the enquiry are to examine the trends in teenage pregnancy and the associated health effects, to assess the services and facilities available to counteract, alleviate or minimize teenage pregnancy, and also to assess the adequacy of policies and laws to treat with teenage pregnancy.

I will now invite members of the Committee to introduce themselves. I am the Chairman, Paul Richards.

[*Members of the Committee introduce themselves*]

Mr. Chairman: And there are other members who are not able to be with us today, I would just identify them: The Vice-Chair is Esmond Forde, also we have member Glenda Jennings-Smith, and also member Alyson West, and Rohan Sinanan, who are all unable to be with us this morning.

At this time I would like to invite the head officials of the four entities before us to introduce themselves, and also their counterparts can do the same. Starting with the TTPS.

[*Officials introduce themselves*]

Mr. Chairman: That is it everyone? Thank you all. Once again, just to reiterate, this is the second public hearing. We have had several entities before us before including the Ministry of Health, the Ministry of Education and other stakeholder agencies, and we are trying to really get some information, and data in some instances, and assessment based on your professional qualifications and experiences to deal with this very, in some instances, disturbing issue of teenage pregnancy and its prevalence in Trinidad and Tobago.

Just to give you a bit of a context, this is information we would have disseminated before, coming from a Ministry of Health document between 2014 and 2018. I know the members of the media who are with us today, thank you for joining us. We have had a total of 3,577 teenage pregnancies, and those are the reported ones. Between 13 and 16 years old the numbers were 570; between 17 and 19 years old the numbers were 2,907. In terms of the years 2014, 731; 2015, 745; 2016 saw the largest spike, but we are trying to figure what happened in that year, 850. And was it a leap year? Unfortunately. And I am not saying that in a jocular manner, but you know sometimes that is on the reasons proffered, but it is a really disturbing spike. 2017, 575 and 2018, 676 teenage pregnancies. The numbers presented at public hospitals and health clinics during the last five years, so you would be able to assess by deduction that not all those who became pregnant would have gone to the public health facilities to deliver their babies, so the numbers would be higher than this. And these numbers are already startling to say the least.

Let me start with the TTPS with respect to the various support services provided in terms of the Victim and Witness Support Unit to teenagers who report pregnancy as a result of—in many instances these are minors, and while there is a Romeo clause in the law which kind of has a different approach to minors impregnating minors, not that we encourage it in anyway, some of these are statutory rape cases and some of those cases would have been reported to police by parents, guardians and/or teachers and educators, so from the TT Police perspective, what is the information that you get when these reports are made to you, and how are these reports treated and

what has the data present in terms of adults impregnating teenagers and those statutory rape cases?

Mr. Hazel: Again, pleasant good morning to this august body. The TTPS welcomes the opportunity to share given our role in protecting and serving with pride in Trinidad and Tobago and more so protecting the vulnerable communities. In dealing with teenage pregnancies, and perhaps this very issue of exploitation which has resulted in teenage pregnancies, today we make ourselves available to contribute meaningfully to this presentation towards the good of the society. I would ask my colleague in the Child Protection Unit to follow through on this question that was asked, Chairman.

Ms. Butler: Good morning again everyone. The Trinidad and Tobago Police Service is committed to investigating all reports that come to the service's attention. As it relates to the issue of teenage pregnancy, as the Chairman correctly indicated, sexual activity between teenagers is decriminalized. The other reports, however, the service has an obligation to investigate, and each report is investigated, including those of activities among teenagers. While with the teenagers the course of the investigation may differ, because we have an obligation to ensure that we verify that they are in fact teenagers. So we ensure that we collect birth certificates, and we speak to parents both of the male and the female, and we get the information from that angle.

When it is a case where a teenage is exploited by an adult person, it is a thorough investigation, which includes ensuring that the child is medically examined, and then we go about a fact finding mission to ensure that all the issues surrounding this pregnancy or sexual activity is adequately ventilated. Where there are instances where the offender or perpetrator is known to the teenager, well it goes to its natural end which could lead to prosecution. But there are many instances where teenagers present pregnant and they are unable to identify who impregnated them. We have had instances where persons claimed that it was a one-time thing and they did not know the person, never met the person before.

In such instances we are limited as to how far we can take an investigation of that nature because without the teenage sharing information as to who this person is, that presents a challenge. However, where we are able to follow the evidence we will. Within recent times we have started exploring the use of DNA to see if we can tie the perp to the victim. That in itself is a time consuming process. As it relates to the data being presented, which was submitted previously, this may actually be a snapshot. We acknowledge at the onset that we have some challenges in the collection of data. We also acknowledge that our data may not be currently disaggregated to be

able to provide specific information in all the fields. But to the extent that we can, this is what we have presented here for you today. Our victims are—in most instances we try our best to follow up with them, not only as it relates to the criminal investigation, but also to point them in the direction so that they can get some support service.

Mr. Chairman: We are going to be having a little different approach today. When the other heads of stakeholder groups who are before us, when your questions are posed I know you are going to have a chance to make your opening statements, and please feel free to do that, but I just want to stay with Ms. Butler for a bit. In terms of the 3,577 cases that have been identified through the public health facilities, how many of those or what percentage of cases would have come to you? What number of cases would you have investigated in terms of teenage pregnancies in the last five years? And through your investigations and interrogation, how many of those would have occurred at the hands of adult men?—if you have that information.

Ms. Butler: Based on the data that we provided we have actually investigated 606 cases between 2015 to present. At this time we are unable to provide data as it relates to the specific age group of offenders. But with your leave, Sir, we can seek to provide that at a later date.

Mr. Chairman: You said offenders. Offenders suggest that these are adult men or as the investigation continues? Because if they are offenders they would have offended in some way. So are those identified as fathers, this 606, and investigations are continuing or has it may determine that these are adult men who impregnated teenage girls?

Ms. Butler: I am unable to provide that specific information at this time, Sir. As we mentioned before, this is data concerning teenage pregnancies and it would include teenagers who got pregnant having had relations with another teenager as well as teenagers who got pregnant having had relations with other persons. But I cannot give you a breakdown at this time.

Mr. Chairman: Is it that you cannot provide it now or you can provide it later? Is it available?

Ms. Butler: I am unable to say for certain at this time, Sir.

Mr. Chairman: Interesting. And of the 606, this spans 2015 to now, so that is a three-year period?

Ms. Butler: Yes, Sir, 2015 to present, 2019.

Mr. Chairman: 2019?

Ms. Butler: Yes, Sir.

Mr. Chairman: All right. In terms of the situation that you are—and I am presuming these are

ongoing investigations?

Ms. Butler: Yes, Sir.

Mr. Chairman: Can you give any information as to how many of these cases would have involved alleged incest that would have occurred inside of family setting?

Ms. Butler: Not at this time, Sir. I do not have that information with me.

Mr. Chairman: What services do you provide? And you do not have it with you, can you provide that for the Committee?

Ms. Butler: We could query our database and see whether we would get that information and forward to you, Sir.

Mr. Chairman: I am asking you a very frank question.

Ms. Butler: Yes, Sir.

Mr. Chairman: Is it that because of police protocol and their ongoing investigation is why you cannot provide that information? Just be frank, if that is the case that is fine, we understand that.

Ms. Butler: Yes, Sir, in some cases that would be the case.

Mr. Chairman: Okay, thank you. Member Hosein.

Mrs. Newallo-Hosein: Thank you. I just want to direct my questions to the Family Planning Association. I read with interest the roving living room mobile youth centre, and I wanted to find out, how many communities have been visited by this mobile youth centre during the period 2018 and 2019?

Mrs. Da Costa Martinez: Through you, Mr. Chair. Thank you very much, Madam. Over the period 2016 to 2018 we would have visited at least 50 communities where we are providing our outreach services, which includes providing sexual and reproductive health care services like Pap smears, contraceptives, information and education to the general population. What we would normally do is treat with the young people who are also present on the day that we present at the communities.

Madam, we have been having tremendous problems, however, because we have a mobile clinic that we had commissioned since 2001, and you would imagine that after several years it has seen some wear and tear and in addition to which we are presently seeking to bring back that vehicle as well as raise funds for a new mobile clinic. So, to a large extent the work that we do in the community outreach has been affected by our ability to take the mobile clinic into the communities.

However, you would notice that we do have De Living Room which is the only youth centre that provides sexual and reproductive health services to young people 25 years and under, and this is a service that young people can access, but the fact is it is only in Port of Spain, so it makes it extremely difficult for persons particularly in high risk communities like Sangre Grande to be able to come to Port of Spain to access those services. However we are willing to work with the various health centres or communities where we can take the services to the communities. We have been training a number of community-based health volunteers who on the day that we visit the communities they are able to come out with us to provide services to address the different needs of the communities. We recognize that we can do much more, but there is so much we can do with the limited resources that we have.

Mrs. Newallo-Hosein: Based on what you said, there are a number of questions that came to mind. The first one, you said that you had visited 50 communities between 2016 and 2018. Can you identify some of those communities you would have visited? And, can you also provide the total number of youth that received services from this programme during the period that you have indicated? And while you looking for that information, when you go out into these communities, is it advertised in advance that you say that you are coming so that persons are aware, and it is on a day that you would really be able to target who your audience would be as opposed to a weekday when they would be in school?

Mrs. Da Costa Martinez: Through you, Mr. Chairman, yes we do advertise through our community-based heath volunteers, the ones that we have trained. They go around the communities and share the information about the date of our visit, where we would be, what time we would be there so that they can come out and access the services. As I said that, we feel that we can do much more but given the constraints that we have the at the moment both in terms of finance and in terms of human resources, we are unable to do much more.

Mrs. Newallo-Hosein: And the community?

Mrs. Da Costa Martinez: And in terms of the number of—may I ask please that my Projects Coordinator respond to the figures?

Ms. Rampersad: Through the Chair, thank you for that question. It is a very important one. The way that our outreach sessions are designed, we operate based on municipalities with a high multi-dimension poverty index core as defined by the Human Development Atlas under CSO. From that we have identified five main municipalities which includes Sangre Grande, Arima, Couva,

Tabaquite, Talparo, Barrackpore, and—one more that is missing.

Mrs. Da Costa Martinez: San Fernando.

Ms. Rampersad: San Fernando. And through these municipalities we would work within communities within those areas. So what happens is that our community-based health care volunteers would do footwork and we would engage different agencies within each municipality to arrange community events around health care, and we tend to maximize around public health observances. So, for example, World AIDS Day, where we would take services into communities. Our mandate specifies that at least 20 per cent of our efforts need to target young people 25 years and under. So it follows for example, if we serve 30 people, 20 per cent of those 30 would be persons 25 years and under. The specifics under the 50 communities, I do not have the exact number at this point in time but we would be happy to provide that to you at a subsequent date.

Ms. Ameen: Well, first of all to transition, my question has to do with the Mary Care facility but to transition I wanted to ask the Family Planning Association if you have any relationship with the Mary Care facility, and then I would go into asking them about some more questions.

Mrs. Da Costa Martinez: Through you, Mr. Chairman, at this moment we do not have a relationship with the Mary Care facility.

Ms. Ameen: And now if I could have the ladies from the Mary Care facility. I want thank you for coming, and I want to thank you for your quiet service over the past few decades. You do a lot of work that very few people in Trinidad and Tobago, unless they have been affected by your goodness, knows about. What is the maximum number of girls that can be accommodated at present at your facility?

Ms. De Rosia: At our Gallus Street community we can accommodate at least six girls. We have recently acquired another property that the church has enabled us to have—and that property can now accommodate at least 30 girls with their babies.

Ms. Ameen: I note that even though you are funded by the Roman Catholic Church, you are opened to persons from all working of life in terms of religious persuasions and so on. Have you ever, have the centres ever had to deny applications because of insufficient resources, or you simply do not have room?

Ms. De Rosia: We have only denied when we have not had room. We try our best, and that is why we sought another facility, because when our facility became very filled last year, bearing in mind that while we have a time frame for them to stay after the birth, a number of them are not

able to be reinstated in their families, a number of them they cannot go back because the perpetrators are within close vicinity, and so we have had to hold them, to school them, and to do a number of things with them. We have had to transfer some of them to our other homes, which I would not name at this point, and as a result of that we now have this facility that can accommodate at least 30. So if even their stay is longer we are better able to assist them and to reinstate them into society via an education.

Ms. Ameen: I see in your submission you indicated you have two full-time staff members. In regard to the qualification and training of these, both the full-time and temporary caregivers, can you give us an indication of what type of training or qualifications they have?

Dr. Low Chew Tung: Well, two caregivers in each establishment. They may not have certificate qualifications but when we do interview them just from experience of their dealing with the teenagers we were confident that they would be able to give that mother atmosphere of love to the girls.

Ms. De Rosia: May I add?

Ms. Ameen: Yes.

Ms. De Rosia: Dr. Cynthia Low Chew Tung is therefore able to assist and make up where we do not have that care. We also have on our management team persons who are very qualified. We also work with Mamatoto, which is a group of mothers who will come in to work with these girls in their preparation. So we draw from other persons who have the skills so that we can give to them a holistic experience while they are with us.

Mr. Chairman: Member Ameen, could I just interject? First of all I want to follow member Ameen's congratulations to you and your institution for the work that you have been doing for many years, in most cases, thankless work. I just want to get a sense, without being specific regarding names and locations to protect people's identities, et cetera, what your experience has been—how long have you been in existence?

Ms. De Rosia: From 2010.

Mr. Chairman: 2010 to now?

Ms. De Rosia: Okay. And this—pardon?

Mr. Chairman: Yes, go ahead, go ahead.

Ms. De Rosia: This began with Archbishop Pantin whose desire was to help these young girls who would otherwise have no means to care for their children.

Mr. Chairman: At what stage of the pregnancy do you usually have intake, or is it at various stages of pregnancy?

Ms. De Rosia: Various stages. Some of them immediately if it is made known. So there are some of them who come out of institutions, and as soon as it is known within the institutions, the institutions would then have referrals to us.

Mr. Chairman: And we are trying to really get a sense of what the experience of these teenage girls are. So I am presuming that you form a bond with these young women and they are able to divulge information to you—again, without being specific, because we want to get a sense of what this phenomenon is in Trinidad and Tobago. What are they telling you about their impregnation and the perpetrators?—because you just mentioned perpetrators are sometimes in close proximity. And do you have a relation with the TTPS in terms of safeguarding these young women during and after their stay at your institution? And what are they telling you over the years about what is happening to them?

Ms. De Rosia: Dr. Cynthia?

Mr. Chairman: I think it is important that the population get a sense of what is happening to more young women than we prefer to, as a country, admit.

Dr. Low Chew Tung: Yes, the girls when they come in, they do divulge information after a while. When they do come in, of course, you know it is new to them, they have been removed from a familiar setting, so you may have that little crying period, shy period, but then as we shower our love on them they do open up and they would let us know what exactly has happened to them.

Mr. Chairman: Is it primarily other teenagers or are you getting reports of adult men impregnating them and manipulating them in those situations?

11.05 a.m.

Dr. Low Chew Tung: Mostly teenagers, but we do have the adults.

Mr. Chairman: What reporting protocol for these situations, where it is obviously a case of statutory rape, in terms of a relationship with the TTPS?

Dr. Low Chew Tung: Our protocol is that for admission they must come in with the police certificate that says they have reported it. I do not think we have received anybody that we had to do the reporting, because that is one of the requirements, that it has to be reported before they come to us.

Mr. Chairman: And have you also gotten case of reported incest?

Dr. Low Chew Tung: Yes.

Ms. Ameen: With regard to your protocol, and your relationship with the TTPS, have you had instances of persons—well residents—well, security challenges where a perpetrators may try to contact your residents or they may be in a situation where they require protection from the perpetrator? What are your security arrangements at the facility or have you had need?

Dr. Low Chew Tung: Yes, we have security. We have 24-hour security. It is a locked premises, and our policy of no phones, no cell phones, prevents the teenagers from getting in touch with their perpetrators. We have had instances where we have had to ask for assistance from the police when the perpetrators have already tried to contact, or to get in touch with our girls.

Ms. Ameen: And of course, there will be instances where the girls want to maintain contact, and of course I am sure you have counselling services. But have you had instances where you may have to remove one of your clients, because they jeopardized the security or safety of the others?

Dr. Low Chew Tung: No. We have never had to remove anyone.

Mrs. Newallo-Hosein: Thank you, Chair. Just a quick question. You indicated that you continued the education of the clients so that they would have continuation. Do they go to the schools where they came from, or, are they removed from the schools? Do you know what relationship—or do you have a relationship with the schools at all that you can have they transported to and from? What is the relationship really?

Ms. De Rosia: We have had a variety of things, so I will address some of it and Cynthia would. We have had situations where we have had to take girls from Woodbrook to bring them to our school at Tunapuna, and to arrange for transportation to get them to school and to bring them from school. We have a relationship with Choices and so we are able to allow them to go to Choices where they do specific skills to equip themselves, not only for the caring of their children, but for their own womanhood. We have some of them who have gone back to the schools they have gone from, because they were in form 5, and about ready for exams, so that arrangements had to be made and there are others that we have had to make arrangements to shift schools for them, and even now, there are some in waiting to go in to school. Dr. Cynthia.

Dr. Low Chew Tung: We have had one instance where the Children's Authority, they financed the private schooling for one of our girls.

Mr. Chairman: I would like to invite Mrs. Raffiena Ali-Boodoosingh to make opening comments,

and then I will invite member Antoine to continue. And I would like if you could give us a sense of what your experience has been like at the NPTA regarding teenage pregnancies, and what is your protocols in terms of dealing with that, and your relationships with these agencies and other agencies.

Mrs. Ali-Boodoosingh: Mr. Chairman, Sen. Paul Richards, and other members of the Committee, and stakeholders. The NPTA expresses its appreciation for being here today to discuss this serious issue of teenage pregnancy. This has been happening for many years, and I recall at a secondary—my secondary school, there were girls who got pregnant, dropped out, or returned to school and it is still happening. So while we make a hurrah about sex education in schools, sexual reproductive health, or sexuality education, our sons and daughter are having sex for many reasons and this phenomenon leads to other societal and health issues. Teenage pregnancy is counterproductive, and bears a strain in the long-term on the economic status of Trinidad and Tobago. From our daughters' view, it is, as we say in Trinidad "no big thing" for their irresponsible behaviour, because they can return to school and continue their education. Girls get pregnant due to many factors, socioeconomic factors, parenting style, their absent fathers, for girls yearn the love and attention from the male. So the first instance to get that love and attention sometimes, you know, it leads to pregnancy.

There is a document lodged in the Ministry of Education, Central Guidance Unit, that is, "Policy Statement on the Education of Girls Faced with School Age Pregnancy". And the position statement in that document is that all adolescent girls are entitled to continue their education in a form that is meaningful, and relevant to their specific needs and situations. Support for continuing education for girls facing school age pregnancy is enshrined also in goal number 3.34, education for all, Dakar goals.

All young people must be given the opportunity to gain the knowledge, and develop the values and attitudes, and skills which will enable them to develop their capacity to work, to participate fully in their society, to take control of their own lives and to continue learning. So policy statement education is a fundamental human right, girls are given the opportunity for ongoing education in order to acquire the knowledge and life skills necessary for gainful employment and full participation in their societies.

Allow me to present teenage pregnancy cases for the period 2014 to March 2019, which was given to me by the Ministry of Education, and I have it in education districts. We have, Caroni

15—and this is the number I got for 2014 to 2019. Port of Spain and environs 59, St. George East 31, North Eastern 25, Victoria 16, South Eastern 17, St. Patrick's 6, and we had three girls attending primary school on this listing. Now this is the statistics I got from the Ministry of Education.

So you know the expression "children making children" is heard in all corners as a factor affecting our societal ills today, and we as a responsible nation have to take a serious look at teenage pregnancy, although, all stakeholders can contribute to the solutions, parental involvement is most essential. Thank you. And you asked me to respond to—could you just repeat?

Mr. Chairman: The agencies here and the Ministry of Education in terms of dealing with this issue.

Mrs. Ali-Boodoosingh: Okay, so we do have a relationship with Family Planning, we have done several seminars. We attend the sexual reproductive health programme that FPA is doing with the private secondary schools. Mrs. Da Costa Martinez, she has attended many sessions with us at the NPTA when we are empowering our parents about sex education/sexuality education and also empowering parents on their parenting styles, and nurturing and moulding their sons and daughters to be responsible young people. Time and time again, I know individual PTAs would invite the TTPS to their PTA meetings, and so they will address the problems at the school. With the Ministry of Education, no, we never had any discussions on teenage pregnancy. I know at one time we did—a few years ago, we did report some instances of teenage pregnancies in secondary schools, and I remember at that time it was alarming to the Ministry of Education, but again we cannot investigate. That is for the Ministry of Education.

Mr. Chairman: Shocking to hear that you do not have those kinds of interactions. Member Antoine.

Mrs. Ali-Boodoosingh: Yes, because those cases you know, the information is confidential.

Brig. Gen. Antoine: Thank you Mrs. Ali-Boodoosingh for attending this session. In response to our question, what specific initiatives have the NPTA piloted, or supported to counteract pregnancy amongst students at the primary and secondary level, or aimed at supporting student mothers? You responded that principals keep this information away from the PTA. What information were you alluding to?

Mrs. Ali-Boodoosingh: Okay at PTA meetings as I said, this will be confidential so they will not come to a PTA meeting and divulge that information to the parents. They will do it to the parents

involved in the office. They would not make it public to the parent body.

Brig. Gen. Antoine: So you mean in terms of the students that are pregnant that information is not divulged to—

Mrs. Ali-Boodoosingh: Yeah, yeah.

Brig. Gen. Antoine: Second question: What are the strategies, or the initiatives that the NPTA recommend? And you mentioned that education of parents, spiritual development of their children, and parental control on social media. To what extent has the NPTA forwarded to the Ministry of Education its recommended strategies to counteract student pregnancy?

Mrs. Ali-Boodoosingh: We have never had the conversation with the Ministry of Education. In our meetings with them we never had that conversation how we could counteract that. But what we do as a responsible organization is to do empowerment of our parents, but we have never even targeted teenage pregnancy as a subject, as a standalone subject.

Mr. Chairman: Is this during your tenure or generally?

Mrs. Ali-Boodoosingh: Generally.

Mr. Chairman: The National Parents Teachers Association which involves parents and teachers have never discussed the issue of teenage pregnancy with the education Ministry?

Mrs. Ali-Boodoosingh: Not to my knowledge. I have been in the NPTA at the executive level for the past 27 years.

Mr. Chairman: Is it that it is not an important topic, or you have other topics that are more important? And I am not being facetious—

Mrs. Ali-Boodoosingh: I think that—

Mr. Chairman: I am shocked to hear that, to tell you the truth.

Mrs. Ali-Boodoosingh: It is an important topic, but I think generally when you do training sessions with the parents, especially on how they parent their children and so on, it will be implicit that they would do certain practices with their children in the moulding and nurturing of their children. But it has never been a standalone topic in our training sessions.

Mr. Chairman: Is it the sex part of it?

Mrs. Ali-Boodoosingh: No, because we had many meetings with Family Planning, and we support the sexual education, we do, but as I said even—some parents are very open with it. I remembered we had a seminar at Enterprise Government Primary and Mrs. Da Costa Martinez was there, and we had a conversation on it, and I know some parents do, and some parents do not,

because of lack of information, or you know it is taboo for them to talk to their children about that. But as I said, as far as I know we have never done a standalone training with the topic on teenage pregnancy.

Mr. Chairman: Member Antoine.

11.20 a.m.

Brig. Gen. Antoine: I do not want to go into the specifics because there is an issue involving a pregnant student right now and I do not know how much that would involve the police as the case may be. But what support does the NPTA provide to parents and students in terms of a pregnant student—because there are a lot of dynamics here, you have a male and female student, if that is the case involved, but you have parents of the male and parents of the female—what support does the NPTA provide to parents and students in a situation where this develops?

Ms. Ali Boodoosingh: I know about individual PTAs, because in visiting PTAs I would know what individual PTAs would do. At the national level we have never supported pregnant girls or the parents or the babies. But I know in individual PTAs once the PTA knows of the fact they would lend assistance. I know of a PTA where the girl was put out from the home. The parent, you know, had put out the girl from the home and I know another member of the PTA took the girl in and she is still now living with that parent, of the PTA. So I know in individual PTAs they will lend a hand to help and support, but at national level I cannot recall we doing anything over the years.

Brig. Gen. Antoine: So are you saying that the NPTA does not have a policy to deal with teenage pregnancy in schools with students?

Ms. Ali Boodoosingh: Right now, no. We do not have a policy. Now that it is brought to the fore and we had to come to the JSC, you know, we will now consider that. But we never formulated a policy to deal with teenage pregnancy, no.

Mr. Chairman: I just want to go back to the TTPS for a bit. And your submission highlighted for the period 2014 to 2018 there were 1,815 child victims of sexual offences related to rape, sexual penetration, sex with females 14 to 16 and sex with females under 14. Of the 1,815 child victims, how many were victims perpetrated by parent, guardian or relative?

Ms. Butler: Mr. Chairman, we are unable to give you that specific figure at this time.

Mr. Chairman: You are unable to give a lot of figures though. Can you provide the information that may be sensitive to the Committee that we will treat as secret?

Ms. Butler: Yes, we can, Sir.

Mr. Chairman: Of the 606 that you outlined, between 2015 and 2018, without being specific to sensitive information, how many would have led to prosecutions or charges being laid?

Ms. Butler: That figure too, I will provide for you later, Sir.

Mr. Chairman: Of the 1,815 child victims, how many would have led to charges or prosecutions?

Ms. Butler: We have a figure here of 869. However, we cannot say for certain in all of those 869 cases that they were teenage pregnancies. It is a figure for male offenders who perpetrated sexual offences but we cannot say specifically that the 869 were teenage pregnancies.

Mr. Chairman: And could you give me a time frame within which that 869 would have been proffered on alleged perpetrators?

Ms. Butler: That is for the period 2014 to 2018.

Mr. Chairman: Okay, thank you. Member Newallo-Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. Coming back to Ms. Boodoosingh. You indicated that you had received some figures from the Ministry of Education in your opening statement. How were you able to come by that information? Was it that the Ministry of Education submitted that information to you or were you able to go in and retrieve that information?

Ms. Ali Boodoosingh: I requested it in writing.

Mrs. Newallo-Hosein: Was it done in preparation for this JSC?

Ms. Ali Boodoosingh: Yes.

Mrs. Newallo-Hosein: If I may ask the Family Planning—in your submission on the Comprehensive Sexuality Education, CSE, you indicated that there is a 12-month pilot project, when was this pilot project done, in what year, what period?

Mrs. Da Costa Martinez: Chair, may I ask that I do my opening before I respond to this?

Mr. Chairman: Not a problem. Please feel free.

Mrs. Da Costa Martinez: Thank you. So the FPA is one of the oldest local NGOs standing strong since 1956. Our passion and our work revolve around sexual reproductive health and lives. Our role is to bring positive health impact to the diverse segments of our population that often go unchecked or are at a particularly high health risk. Today we have been asked to address an issue that is at the heart of FPA—that is, the status of teenage pregnancy in our country.

Teenage pregnancy is indeed a critical public health concern. For example, if you look at the 2017 Global School-Based Student Health Survey, it tells us that 74 per cent of students, age

13 to 15 years, had sexual intercourse before age 14 years for the first time among students whoever had sexual intercourse.

It is a challenge that is intertwined with many aspects of our society and our ways of life which require a multi-faceted, multi-sectorial and multi-pronged approach to make a meaningful positive health impact. At this time, Mr. Chair, I seek to partially amend FPA's response to question No. 6(a)—that is, has the Association noted a rising trend in teenage pregnancy? The fact is, Mr. Chair, the FPA maintains that there is an alarming and concerning high prevalence of teenage pregnancies in the country.

However, there are many critical gaps and inconsistent reports available and accessible published data that make it difficult to confirm the trend. What we can say without a shadow of a doubt is that the prevalence of teenage pregnancy in Trinidad and Tobago is alarmingly high and this warrants immediate attention and action. With this in mind, the FPA would like to emphasize three main recommendations for consideration by this Joint Select Committee. Comprehensive

Sexuality Education, more commonly referred to as CSE, should no longer be an elective. It must be a prioritized school module. We must also recognize that CSE is much more than sex and sexuality. Comprehensive Sexuality Education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships, and intimacy. It recognizes that information on sexuality alone is not enough and therefore seeks to equip young people with the knowledge and skills they need to determine and enjoy their sexuality over their life course.

Our governing laws and policies must be in tandem with each other and ultimately protect and preserve the health needs of all people, including young people. While we celebrate changes in laws that seek to protect children and young people, this same law should not create a barrier to young people's access to sexual and reproductive health services. Our governing laws and policies need to support young people's access to SRH, which is Sexual Reproductive Health information and services that would lead them to positive health seeking behaviours so that they can achieve their full potential.]

We require, both, data which is unquestionable, valid and reliable. You see, Mr. Chair, currently a significant share of our data that is used to drive decision-making around the issue of teenage pregnancy is linked to live births, more so at the public hospitals. But this does not take into account the total number of pregnancies that lead to these live births. What are the associated factors that feed into the root causes of the issues and even the off-shooting issues that result from

teenage parenting?

Mr. Chair, teenage pregnancy is indeed a critical issue in our landscape and FPA is pleased that with this first step—understanding the issue before us—we are honoured and stand ready to work with all the government agencies and all our partners to address this concern. And to go now to the question that was posed by—

Mrs. Newallo-Hosein: Christine Newallo-Hosein.

Mrs. Da Costa Martinez:—the member—may I ask my colleague Ava to respond to that issue?

Ms. Rampersad: The Comprehensive Sexuality Education Project was an initiative that was supported in IPPF starting in 2017—sorry, the International Planned Parented Federation, which is our parent body, and the CSE project is an initiative supported by that body starting in 2017. We have had a number of challenges that affected the roll-out of that project. Many of those challenges included buy-in and support from other agencies to roll out CSE because what we found is that the whole conversation around sex, sexuality and all of the associated factors, including teenage pregnancies, and the fact that our young people are having sex was something nobody wanted to touch.

Many agencies did not want to touch it and it is also one of the reasons why the CSE project looked at private secondary schools. The pilot project looked at targeting 15 private secondary schools to work with the school, to prepare a CSE curriculum that would respond specifically to the needs of that particular school and we would monitor the roll-out of that curriculum in those schools—I could say because, as the Projects Coordinator, I had direct first-hand experience working on the project. Through you, Mr. Chair, Ma'am, I have been on the telephone with some

of these schools and I blatantly heard myself, "I do not want to do that at all, tell them I am not here". And this is simply an invitation to a stakeholder meeting to discuss Comprehensive Sexuality Education in schools.

So, we did find interest and we were able to get on board five schools to work with us, private secondary schools. One of those agencies is a very good implementing partner and it is also one of the agencies that I think is an important consideration for this Joint Select Committee—and that is, the National Centre for Persons with Disabilities—because we tend to think that the only young people that have sex would be persons who are whole and sole—exactly, and there is an alarming and an offshoot of concerns with the differently abled persons as well with the subject matter.

We have also been able to work with other private secondary schools, working with them to implement and create a curriculum in tandem with our own—it is all one curriculum which is an eight-module guide and what they would do is adapt that guide to suit that school's particular needs. What we have been able to do is work with teachers, as well as parents, and as well as a selection of young people looking at Comprehensive Sexuality Education. As a part of that project what we have also been able to do is a rapid needs-assessment, finding out what is happening on the ground level. And we heard from school administrators, we have heard from parents and we have heard stories from young people.

Some of the glaring comments from that rapid assessment was a story of a teacher talking about a student where she noticed that the young lady was rapidly losing weight. And she said to her, "my, my, yuh looking lil small these past few days, you know, I would like to get on that diet plan". So the teacher was trying to make a conversation and the particular student was very close to that teacher and what eventually came out is that that parent found out that the child was sexually active and she said to the child "I will kill you, I will poison your food and I will kill you". So the child stopped eating.

So what had to happen at that point in time was that they brought in Children's Authority and they brought in the Guidance Counsellor in an attempt to mediate the situation. So this is just one story among many that we have also heard. We have heard from teachers who talked about not feeling confident to deal with the subject matter of sex and sexuality. We have heard of students talking about, they want to ask questions but they do not feel empowered or they do not feel that they are in a space where they can ask questions that they really want to ask.

Mrs. Newallo-Hosein: I just want to come back to—you indicated that you had 15 private schools initially, then five accepted the invitation to attend. But in your document you indicated on page 3 that you work with three private secondary schools.

Ms. Rampersad: Yes.

Mrs. Newallo-Hosein: So is it that, coming down from 15, you actually got three to work with?

Ms. Rampersad: Yes. So the five are still there, but in terms of where they are in the context of the deliverables, the three schools are the ones that we would say would be the success.

Mrs. Newallo-Hosein: Is the programme—and I am trying to find out why schools will not be interested, and I am going to go on a very touchy subject—does your programme at all speak about abortion?

Ms. Rampersad: Yes, we do. And I would like our Executive Director to expand a little bit more on that.

Mrs. Da Costa Martinez: Madam, the programme is a holistic programme which addresses all the issues that young people are confronted with. I want to come back to De Living Room where we provide services to young people. And what we are seeing in a number of instances is that when young people come to us they are already sexually active. They do not want sometimes, they do not want their parents to know, and sometimes they are referred to us by medical practitioners because when they go to the doctor they would ask them for guidance and for counselling and for contraceptive methods and they will refer them to us.

Some of these young people have already had abortions. They know exactly where they can go to obtain an abortion. They know which street, which pharmacy, and therefore we feel that it is important in whatever education that we provide that we are able to inform and provide the correct information to young people about all the situations which they may find themselves in. And hence the reason why across the curriculum we are dealing with issues that young people tell us they need information on, that young people are exposed to and perhaps are getting the wrong information, or not perhaps, that are getting wrong information from their peers.

When we grew up, we grew up in villages; our children are growing up in the world, so they have access to information but they need to understand how to manage that information carefully. So therefore we have to address the issues when they come up and we have to ensure that we provide them with correct information.

Mrs. Newallo-Hosein: Is pro-choice—is life choice an alternative on your programme?

Mrs. Da Costa Martinez: Let us put it this way, that Family Planning Association treats with both abstinence for those young people who do not wish to become sexually active. We do have a programme where we also train them or provide them with the skills in terms of how they could keep with their programme. But we also, based on the data, based on the statistics, where we are seeing that, by the time—since 1985 or 1987, sorry—we conducted some research on young people and it was themed: "Myths, Misperceptions, Mistakes", and it was a piece of research that was done. And even at that time, it showed us that by the time young people reach 16 years of age, 60 per cent of them were already sexually active. So it is important for young people who want to abstain from sex we also provide that information. For those people who are already sexually active we have to provide them with the information so that they can understand how to

manage their sexuality.

Mr. Chairman: I have a question, if I could intervene. And thank you for that fulsome contribution Mrs. Da Costa. And this question is also for the Family Planning Association, the Mary Care Home and also, thirdly, the National Parent Teachers Association. We are obviously in this country stuck between whether or not to have a particular type of sexuality and family life education in Trinidad and Tobago. Because of your long history—and this is to start with the Family Planning Association—since 1956, and you would have had been able to glean decades of data, look at the trends. We seem caught in a bind between the faith-based organization and religious groups, denominational schools, and the government schools and an approach that has not worked in terms of, a “one size fits all” for different groups. Would you agree with that and that has been part of the challenge in Trinidad and Tobago?

Mrs. Da Costa Martinez: Mr. Chair, I would agree with you that there is not a “one size fit all”. I think it is important and we have been, we have been advocating for all the partners, the collaborators, to come together so that we can develop a holistic programme to treat with this issue of teenage pregnancy.

Mr. Chairman: And can this holistic programme entail the understanding that different groups will want different approaches because of their socialization and their belief systems and for the approach to deal with the common issue must take those and respect those considerations, as opposed to a one national approach that obviously has not been working. So there may be an approach developed in collaboration with family planning and other agencies, the NPTA, to deal with denominational schools in their belief systems, the government schools and their belief systems, and the private schools and their belief systems—but we still have to come together to want the same outcome. Would you think that would be a productive engagement? And why should the Family Planning Association not be with the central agency to champion that because of your decades, long tenure and the data with which you can advise policy?

Mrs. Da Costa Martinez: Mr. Chair, I certainly think that there is a lot of room for engagement with all the partners. Family Planning Association has, for a number of years, been leading the charge with other partners in this regard. I want to draw reference, for instance, that we were once part of the curriculum of the training of teachers in teacher training colleges. From the very early, in the early ’70s, ’80s, we were always part of, we were always invited to share information with the teachers that they could use when they go into the school system. That no longer exists and it

depends on who is in authority would determine to what extent we would be engaged. But I certainly think that we as a mature society should be able to bring all the key players together to determine how we are going to address this issue.

There are children who do not want to become sexually active—what would we do?—but recognizing that at some point the head is going to tell that body something because we are sexual beings and we are sexual beings from the time we are born until we die. And therefore, it is important that we are able to address the different stages—we are talking about age appropriate-information for our young people; and therefore I think the time has come for us to stop burying our heads in the sand, for us to take an objective view of what—the needs of our young people, because we have engaged them. We have engaged them in numerous consultations and they have indicated what they want. De Living Room was as a result of those consultations where they wanted to have access to information, they wanted to have access to education, and they wanted to have access to services without being under the glare of the adults who were judging them.

So I really feel that if anything comes out of this consultation is the need for us to set up a multi-sectoral committee, for us to follow up on the recommendations that are coming out of this Committee meeting. Because I think, whether we are seeing about them—and I do respect all the work that the various stakeholders are doing. The Mary Care Home, I think their efforts are laudable, but how do we link what they are doing with the kind of information that the young people would need in order to at least delay the second pregnancy.

Mr. Chairman: I think that is what part of the mandate of this Committee is. I want to go TTPS in terms of your Community Outreach Department and how that has been able to be used in terms of, one, gaining information about what is happening in communities because of the building of those relationships with the communities and what is the protocol because—and you can correct me if I am wrong—protocol regarding minors who are reported either by anonymous means, friends or family who come to the attention of the police and are pregnant. Have you had cause to remove minors from home situations because of these kinds of situations?

And secondly, the first part I was building on: What has the community police been able to tell you in terms of following up on some of those investigations where information comes to the police like any other information regarding drugs or guns, regarding minors who may be in abusive situations and particularly those who would have become pregnant in those situations, because it is also a cultural norm that we are trying to break in Trinidad and Tobago where there

is—in particular, generally, in many areas there are some parents who have not made the transition in their thinking from what would have occurred 50 years ago, 40 years ago, even 10 years ago.

Mr. Hazel: Thank you, Chairman. The Community Policing Unit, through the TTPS, has over 100 police youth clubs throughout the nine divisions in Trinidad and Tobago. And the police youth club initiative is a crime prevention strategy that focuses on positive engagement of youths, for persons between the ages of five to 29 years, equipping them with the knowledge and skills to make meaningful decisions that would aid them in becoming productive citizens in Trinidad and Tobago and also making Trinidad and Tobago a safer place.

Within these police youth clubs there are seven core areas of youth development that are focused on education, culture, sports, skill building, personal development, environment and social community activities. Under education, the police youth club focuses in its meetings with its members in terms of focusing with the assistance of our partner stakeholders that are present here—

Mr. Chairman: I hesitantly interrupt you. We are fully aware of the policy and what it is intended to do. What we are really trying to get at in this Committee is what the experience in terms of the feedback has been from the community as opposed to the overall vision for the Community Policing Unit. And I say that, not to insult your delivery in any way, but what I really or what we really want to get is what your officers on the ground have been telling you regarding these situations, please.

Mr. Hazel: Okay, I would just want to, in getting to that, the issues of the police youth club where these issues are addressed, we have had situations, of course, like any other, where sex education has been treated as a taboo situation. However, different leaders are able to provide, to do that intervention in terms of ensuring that their members are knowledgeable about sex education and to share that knowledge in inviting other stakeholder partnership in order to deal with it in cases where the police officer himself or herself are not able to treat with. We have had other interventions coming from, not only through police youth clubs but from the Victim and Witness Support section in which I will invite my colleague to share on.

Ms. Corbie: Thank you, Chair. Well, the Victim and Witness Support Unit, as you may be aware, we continue to offer support to all persons impacted by crime, and this is a population of particular concern being teens impacted by sexual exploitation with that resulting issue being teenage pregnancy. What we are trying to do in our experience, we have explored various initiative in

terms of sensitization and we fully endorse our colleague from the national Family Planning Association in terms of the need for that whole sexuality training and education amongst the youth.

11.50 a.m.

What we have engaged with as of last year, we would have held an initiative out of Maloney Police Station which would have benefitted an average of about 25 teen females, in particular, impacted by sexual abuse or some form of crime, and really looking at the young persons, how we could empower them with more adaptive skills to cope with these issues. And that is going to be repeated this year because we see the ongoing need to sensitize teen females so as to prevent issues of teenage pregnancy, but more so, help them cope with the effects of that whole sexual abuse that they may have experienced. And that is targeted for next month.

Mr. Chairman: Has information come to the TTPS Victim and Support Unit about gangs being involved in victimizing young women in Trinidad and Tobago, particularly minors?

Ms. Corbie: I would have to say no at this point in time to the Victim and Witness Support Unit, in particular. There has been information of other sorts of activities that may be affecting young persons in terms of information maybe leading to incest, or information maybe suspecting some sort of abuses affecting young girls, but the data to that, of course, my colleague will speak to that in a later submission in terms of the actual reports.

Mr. Chairman: Member Antoine has some questions.

Brig. Gen. Antoine: Mrs. Boodoosingh, in your response you indicated that the Ministry of Education gave you stats, but I did not hear you mention Tobago. So that does not include Tobago?

Mrs. Ali-Boodosingh: No.

Brig. Gen. Antoine: To the Family Planning Association and to Mary Care, do you have a counterpart, or do you have a branch in Tobago dealing with unwed mothers, as the case may be? To Mary Care.

Ms. De Rosia: Chair, the truth is the Archdiocese of Port of Spain covers both Trinidad and Tobago, and so we have had children, teenagers, from Tobago who have come here to us. In fact, we have crossed the boundaries of Trinidad and Tobago. We have had residents from other Caribbean islands that we have also taken care of at our facilities.

Brig. Gen. Antoine: This is done in Trinidad. There is no branch in Tobago to—

Ms. De Rosia: There is not a branch in there, but we have our people. The way the church is—the Archdiocese is organized, we have a Family Life Commission. The Family Life Commission has

branches in Tobago, both Scarborough and Delaford which would be their main centres, as well as in Trinidad. And so we work together. Whatever is happening, we meet. This last weekend we had training for persons who deal with young people. We had people from Tobago, people of Trinidad, who have participated in the training of working with these people.

Mrs. Da Costa Martinez: Chair—

Brig. Gen. Antoine: And to the police, your statistics—

Mr. Chairman: Member Antoine, I think Mrs. Da Costa wanted to add something to that.

Mrs. Da Costa Martinez: Through you, Mr. Chair, I would just like to say that the Family Planning Association of Trinidad and Tobago does have a facility in Tobago. Unfortunately, due to the limited financial resources we are unable to open that facility every day of the week, so we have to treat with that as if it is an outreach programme, and therefore we visit Tobago. However, last year the Family Planning Association signed a Memorandum of Understanding with the Tobago House of Assembly, more specifically the Division of Wellness, Family and Health, and we are going to be launching "De Living Room" in Tobago at the end of June, and it is going to be integrated as part of the Adolescent Health Programme in Tobago. So we have another opportunity to reach out to the young people in the community to be able to expand the services through "De Living Room" in Tobago.

Brig. Gen. Antoine: And to the police, your statistics, does it include Trinidad and Tobago or—?

Ms. Butler: Yes, Sir. The figure that we gave for teenage pregnancy for 2015 to present, includes 35 from Tobago.

Brig. Gen. Antoine: Another question. I hope I am not opening a Pandora's Box here, but we have a phenomena that is supposed—well, let me "doh" say phenonema—a situation that is supposed to take place from Friday where we are going to be dealing with Venezuelans coming to Trinidad and Tobago. Have you put anything in place to deal with teenage pregnancy among Venezuelans who would now be residing in Trinidad and Tobago over the next year, as the case may be?

Mrs. Da Costa-Martinez: Through you, Mr. Chair, yes, the Family Planning Association, since October last year, we have been partnering with the UNHCR to provide services to sexual and reproductive health services to the Venezuelan population. That includes young people as well.

Mr. Chairman: Member Ameen, you wanted to interject to make a comment?

Ms. Ameen: Yes. I want to ask the Mary Care Centre, have you had clients who are

differently-abled, who are teenage and pregnant?

Ms. De Rosia: Let me just say this, that when you think of differently-abled, you have a whole spectrum. We have had a number of them who have had to have psycho-eds and psycho-eds have identified particular disabilities that are not necessarily external, but are present. And so, we have had to treat with young people, with children, who have had different kinds of abilities, who were differently-abled in that sense. Okay? We have also had the engagement of a psychologist who has been involved in that process.

I want to come back to the question that was asked previously. May I—in terms of the Venezuelans? Presently, in our facility and in our care, there are those that we have who are teenagers who are pregnant and those who have just—one who has just delivered her baby. So to answer your question, yes, we are open to life. That is what Mary Care is all about. It is about being open to life, and wherever it is that there are persons who are in need of the support to live and to have their children loved and brought into this world in a caring environment, we are there.

Mr. Chairman: Would those Venezuelan situations be forced situations?

Ms. De Rosia: Pardon?

Mr. Chairman: In terms of adult males impregnating those Venezuelan teenagers.

Ms. De Rosia: The Children's Authority would be the ones who referred them and brought them to us and they would have the specifics.

Mr. Chairman: Member Antoine, you had a follow-up?

Brig. Gen. Antoine: Yes. To the police service, have you put things in place for dealing with pregnancy, et cetera, with Venezuelans in terms of interpreters, as the case may be? Are you prepared for the situation that will come upon us shortly?

Ms. Butler: Yes, we are, and we have already begun to deal with persons from Spanish-speaking countries who are victims of sexual offences in the Child Protection Unit. So, yes.

Mr. Chairman: [*Speaks Spanish to Ms. Butler*] Do the police in Trinidad and Tobago speak Spanish?

Ms. Butler: A little [*In Spanish*].

Ms. Ameen: Forgive me, Chairman, I just want to continue on the situation of differently-abled persons who are teenagers who are pregnant and to ask the TTPS, do you have statistics with regards to persons who are physically or mentally differently-abled, who have been—who are presented with teenage pregnancy? And can you give us a little breakdown in terms of whether it

is consensual between teenagers, victims; whether the prevalence of sexual abuse amongst differently-abled that leads to pregnancy?

Ms. Butler: May I please ask that the TTPS be allowed to give this information in private?

Mr. Chairman: Not a problem.

Ms. Butler: Thank you.

Mr. Chairman: Member Antoine, you had a follow-up question?

Brig. Gen. Antoine: Yes.

Mr. Chairman: I will get back to you. But what we will do is try to bring to a close, but if there are closing comments—and I just wanted to ask one more question of the TTPS in terms of reiterating information that we would like to get from you. Of the 606 you outlined between 2015 and 2018, if we can get a breakdown of—if you have that information—if you have been able to disaggregate that information of those that would have been perpetrated by adult males, and we will treat this information as confidential and private for obvious reasons. Of the 1,815 regarding sexual penetration, sex with females, 14 to 16, et cetera, and how many prosecutions have taken place or how many investigations are ongoing, and all that we have asked for to be submitted and we will treat it as private.

Member Newallo-Hosein, you have a question?

Mrs. Newallo-Hosein: Thank you, Chair. Just one final question I have for Mrs. Da Costa-Martinez. Regarding the amendment to the legislation in relation to child marriage, you indicated that with the age of sexual consent and the age of marrying being raised to age 18, young people under the age of 18 will not be able to access health care services without a parent or guardian present, according to your submission on page 8. How has this impacted the number of youth seeking services at your organization? And is it currently the policy of the FPATT that minors must receive parental consent in order to receive services?

Mrs. Da Costa-Martinez: Thank you, Madam. Through you, Mr. Chair, I think this is a very, very important question and I was really hoping we would get to this, because when the age of consent was raised from 16 to 18 years, what happened was that we found that a large cohort of young people between 16 and 18 who needed to have access to sexual and reproductive health services was now cut off because of the legislation, which indicated that when they visited to access such services, that they will need to be reported. Of course, that has placed fear in the hearts of young people. But it does not help their situation, particularly those who know and who want

to be responsible, and they are having sex with close—same age; close in age—and they would need to have access to services.

So what has happened is that they have been pushed out of the stream of being able to access those services without fear. I think, though, that it is important for us to put some kind of policy measure in place that will seek to address those particular instances where they legitimately want to have access to services. They do not want to become pregnant; they do not want to be exposed to sexually transmitted infections, including HIV, and thereafter, as healthcare providers, we have a responsibility to find ways and means whereby we can provide them with the necessary services.

I am suggesting here that we can perhaps look at the Gillick Competency Model which really gives the healthcare providers the opportunity after they have assessed the individual, to determine the ability and the maturity of the young person before them, to be able to provide them with the services. In some cases, they come with their parents. In some cases they do not come with their parents. But when you take their history you realize that you cannot turn them away, and therefore, you have to deal with the situation on a case-by-case basis, because you are really doing more harm to the situation.

So I think we have—and that is when we talk about the fact that the laws, the policies, must be in tandem. They must relate the each other, and therefore, we must not deny, or seek to exclude, those young persons who want to have access to services—to deny them that access. And I think, really and truly, this is a call for us, again, to look again at the legislation and how we could adjust that legislation to include the ability for us to give services to those young people who legitimately would like to have services and who are engaging with sex, not necessarily with older adults, but their same age. And I would like, with your permission, Mr. Chair—I am a little disturbed about the focus of the meeting as it relates to perpetrators, and that not all teenage pregnancies have occurred within a context of sexual abuse or male—you know—

Mr. Chairman: I appreciate your comment, but I think we made that quite clear that we understand, we wanted this—that is why we kept asking the TTPS for a disaggregation of those that would have occurred as a result of crimes being committed by adult males impregnating teenage girls, but the TTPS was unable to give us that, so we are operating in a kind of vacuum. Because without that information we do not know if we have a significant perpetrator problem as opposed to teenagers involving in sexual activity between themselves. So I take your point but we

are quite clear on that approach.

Mrs. Da Costa-Martinez: I thank you for the clarification, Sir.

Mr. Chairman: You are quite welcome. First of all, thank you all for being with us. We are going to ask for you all to give us your closing comments, starting with Mrs. De Rosia.

Ms. De Rosia: The privilege is mine, and I want to say, ours. As the Archdiocese of Port of Spain who undertook from 2010 to be on the side of life and to offer support to pregnant teenagers, mothers, teenage mothers and their children, to give to them a safe environment, a secure environment to live, that education is of absolute importance. If our children from their earliest years would have, in their homes, people to speak to them in a healthy manner about sex, about sexuality, about relationships, we can, I am sure, cut down in vast numbers, the number of teenage pregnancies that we have. When you walk through our streets, which I do very often—and in these times I am working particularly in the area of Sea Lots—and you talk to the many teenage girls who are carrying babies, it is obvious that some of the things that we have stated are the reasons why they are carrying those children. But when you expose them to the truth about themselves, the truth about their bodies, the truth about why God created them and what is necessary for us to have children and to nurture these children, they have lots of "aha" moments.

We have had abstinence clubs in our schools and I am talking particularly about the Roman Catholic schools. Many of them have not continued but, as we speak, I think that it is one of the things I am going to advocate for again. Because if we can truly expose our young people—and I am still in the field of education; I still work each day with over 140 young teenagers. And in my years of working specifically with them I do not think that in our school, as far as I can recall—and I have been there from day one—that we have had one of our girls who became pregnant. We have had opportunities to talk to boys and girls about their relationships, but the way we treat with relationships and the openness with which we talk about relationships, allows them to relate in a healthy manner. That does not say that children would not cheat, that they would not do things that normal boys and girls do, but they are able not to see this as something that they have to hide; that we can talk, we can share with each other. We can talk about the things that are important, at the same time have deep respect for our own bodies and the bodies of others.

As a Roman Catholic Church involved in all of this, our Family Life Commission has a tremendous education programme and outreach, and as we seek to relate to one another, we will be able to share what we do so that there can be a better blending, or a deeper understanding of

what is happening and how we can work together to eliminate—I do not think it would ever be eliminated in truth, but to affect in a very positive way what is happening among our girls. Cynthia.

Dr. Low Chew Tung: I think that our centre, we really try our best to give a home atmosphere, one of loving, because we have found, in speaking to the girls, that this seems to be what is lacking in their background, why they find themselves in this situation. And when we help them to understand that they are loved, that they were created by God and loved, we do see a change in them.

Mr. Chairman: Thank you. Just to add, I agree with everything you both have said. I think we also need to understand that children have many different socializing agencies in their lives, and if we presume that all children are raised in the same way or have the same backgrounds, we have the families—the absence of some parental influences, the school, the community, the religious bodies in some cases, and mass media that are all socializing our children. And while we may think that all children feel that their bodies are respected in a particular way, some are socialized to believe that their bodies are respected by giving it away, and we have to be aware of that.

I did an interview a couple years ago in two areas where I saw very young girls pregnant. One was 15 and one was 16 and in response I am saying, "Why are they pregnant?" And the elders—and the elders were just about 35—in those areas said, "Well, they start late." So it is a cycle that people are indoctrinated in, and that is their life, and in their minds your life is not for them because that their reality. I am not saying what you are saying is wrong, but I think we need to be very cognizant of the fact that people from different backgrounds have different benchmarks for their lives because of their socialization.

And we have to understand all the agents that are coming together to create this storm with the results we are seeing. So if we do not, ourselves, pool our resources and come together, we will not be able to make the kind of progress that we want. And we have to be very aware of sitting on one side and presuming that they want this from your side, because not all of them do. Some of them want to be pregnant at 14, sadly, because that has been their socialization. Mrs. Da Costa-Martinez.

Mrs. Da Costa-Martinez: Thank you, Chair. I would like to take this opportunity to thank the commission for placing this as a very important agenda item, because I think this has national impact on Trinidad and Tobago. I want to end, or close, by reiterating three of the main areas which we feel strongly that, if we work together, we would be able to nip this situation in the bud.

Knowledge is power and, therefore, we really call on the Ministry of Education to institute the commission that will review the health and family life education to see whether it is still relevant in the context, and in terms of the issues that young people are now experiencing, so that we could integrate more some of the issues around sex education into the curriculum that will address some of the problems. So therefore, I think Family Planning Association really looks forward to this multi-sectorial approach to addressing the issues.

The other one is in relation to the laws and policies and taking another look at some of the legislation; another look at some of the policies, to see whether or not they are facilitating and addressing the needs—the real needs—of young people. And I would really like to call on the Ministry of Health, in this instance, to look at how we fast-track the policy as it relates to sexual and reproductive health services, access to services to young people, how we could fast-track that in order to deal with some of the issues that confront young people and that they do not feel intimidated to access services.

And the third area is that I want us to look again at how we can deal with this data issue. It is a problem across the board in the country, not only in terms of collection of data for teenage pregnancy, but every time we need to have the data that is necessary to develop the appropriate programmes to address the issues in our country we end up in a situation like this. We have heard all kinds of statistics being bandied about, in terms of how much is the rate of teenage pregnancy, how many teenage pregnancies in schools. If we count up the number of requests that we get from schools from the time somebody becomes pregnant, it certainly will throw some more light on the statistics that were presented to Mrs. Boodoosingh here today.

I thank you very much on behalf of the Family Planning Association, for the opportunity.

Mr. Chairman: Thank you. Mrs. Ali-Boodoosingh.

Mrs. Ali-Boodosingh: Thank you, Mr. Chairman. In closing, I would say that the most important thing we can do to bring change with teenage pregnancy, it begins in our Early Childhood Centres, and that is educate, educate, educate. We have instances from the primary schools, you know, with the use of language, you know, sexy language that children are exposed to. And I can tell you I know of a primary schoolchild at present who does not want to return to school because of the name-calling by other children, and this child not exposed to that, only wants to know, "What that mean?" What the other mean? You know? And he is afraid of going to school now. So we need

to work, as you said, one common place all children go to is school. So the school can make a difference.

Even in the statistics I gave with teenage pregnancy from the Ministry of Education, it was not only in the government schools. It was in the denominational schools also, and in some areas the denominational school had more cases of pregnancies recorded than the government schools. So it is not a matter that one child is affected and not the other one. It is across the board. And as I say, we have to educate our children and also embrace the parents in schools so that everybody can work together to one end. And I agree with Mrs. Da Costa, where, you know, all stakeholders have to sit down and plan and implement, and it is time that the Health and Family Life Education Programme is taught in the schools.

And one problem we have is that, you know, I know it is a matter of trust. Parents on the whole do not trust teachers to deliver, for some reason or the other. But I think with adequate training, teachers can do it. And I did not hear anything—you talk about the homosexuality in our country, because we do have it among parents; we have it among teachers. You know? And that will open a whole can of worms if we go to discuss that.

So, as I said, we have to be real. It is not that the NPTA does not care about teenage pregnancy. I can tell you my first Vice-President this morning, who was supposed to be here, is not here because he is at that school where we have this issue of the pregnant student, and he there this morning, you know, finding out what we can do to help. So he is on the ground this morning. So, again, we are committed to work with all our stakeholders in whatever we can do for the benefit of our young people and the country as a whole, starting from early childhood. You know? Because that is where the habits are formed and the attitudes.

Mr. Chairman: Thank you so much. Superintendent Hazel.

Ms. Hazel: Thank you very much, Mr. Chair and members of the commission. I want to, on behalf of the Trinidad and Tobago Police Service, expressly thank you for having us this morning, and I want to say with all assurances that some of the information in which we were not able to provide for you this morning, I give you all assurances that the information will be supplied to the commission at the appropriate time.

12.20 p.m.

I want to also say thanks to the members of the stakeholder committee with whom we have been working tremendously in order to deal with this issue of teenage pregnancy as an organization

that seeks to promote the good and welfare of all within Trinidad and Tobago. We continue to work together and we look forward to that collaboration and that support in dealing with this very, what I would say, vulnerable situation. Once again, we thank you and at this point in time I would just want to crave your indulgence in asking for the member from the Witness and Protection to give closing.

Ms. Corbie: Thank you very much. I just want to submit that the Victim and Witness Support of the TTPS, we remain committed to offering support to teen victims that would have been impacted by this issue of teenage pregnancy or other levels of vulnerability and we continue to recommend the ongoing educational initiatives in terms of communities, sensitizing both rural and urban communities as to how they can deal with this issue in a specific way based on their reality.

We also recommend that the comprehensive support we deliver to teen victims of sexual abuse so as to minimize their chances of coping with the abuse that may result in pregnancy with following sexual behaviours, with on-going sexual unhealthy behaviours. So that is why we recommend that comprehensive support be delivered in a timely manner by multiple agencies, as well as providing support to parents that have children that have become pregnant so as to help parents know how to cope with these things, because we found that a number of children have resulted to self-harming or depression issues resulting from teenage pregnancy.

So these are some of the areas that the Victim and Witness Support Unit through the TTPS would continue in its efforts to sensitize and to partner with the stakeholders at this Committee and others towards reducing this issue amongst our teen girls. Thank you.

Mr. Chairman: Thank you and to follow you, we did not touch on it but it would be remiss of us not to mention the welfare of the newborns born in this situation which we did not particularly cover but they are also impacted significantly, in many cases, negatively, by these situations.

We would ask that Ms. Ali-Boodoosingh submit some of the data that she supplied. What the Committee will do is act as a facilitator to gather as much of the data as possible and I know we can engage the services of the research department at the University of the West Indies who would also come before us eventually to try to have a cross-sectional study of all the data coming. Because what we realized is that there is so much data sources that are so disparate so confirmation and rationalization of the data is important so that we could all work from the same data to make informed policy decisions. Because one source, the Ministry of Health, Ministry of Education, Family Planning, TTPS and it is all dealing with the same small jurisdiction which does not help

in terms of reliability and validity in the data so if we can get as much data as possible, which is why we are asking you for the data, and we understand that some of the data is sensitive, we can elicit the services of the tertiary level institutions to do cross-sectional studies of the data of the studies themselves to come up with some sort of meta document that we can all work from.

And we certainly also act as a facilitator from one of the Ministries to champion bringing the stakeholder groups together because we met with the first meeting, we are meeting with you and we have one more meeting planned with other stakeholders including academia so that we could bring all under the same umbrella to achieve the same objective hopefully and deal with this once and for all. Because, from my own personal part, I hate to hear about the policies now because we have had policies for 50-odd years and the situation is not getting better which means we have to take a different approach at this point, and I think we all "kinda" educated and bright enough to come up with the solution.

All right. So we thank you all again for coming before us and being so honest and candid in your deliveries and I also want to thank you on behalf of the Committee, the Members who are here and who are not here and we are looking forward to getting the data and the information from you so we can start the process of data collection and analysis.

We will now suspend this meeting. Thank you so much.

12.25 p.m.: *Meeting suspended.*

Appendix VII

VERBATIM NOTES OF THE THIRTY FOURTH MEETING OF THE JOINT SELECT COMMITTEE ON SOCIAL SERVICES AND PUBLIC ADMINISTRATION, HELD IN THE J HAMILTON MAURICE MEETING ROOM, MEZZANINE FLOOR (IN PUBLIC), OFFICE OF THE PARLIAMENT, TOWER D, PORT OF SPAIN INTERNATIONAL WATERFRONT CENTRE, #1A WRIGHTSON ROAD, PORT OF SPAIN, ON WEDNESDAY, JULY 10, 2019 AT 10.21 A.M.

PRESENT

Mr. Paul Richards	Chairman
Mr. Esmond Forde	Vice-Chairman
Ms. Allyson West	Member
Brig. Gen. Ancil Antoine	Member
Mrs. Glenda Jennings-Smith	Member
Ms. Khadijah Ameen	Member
Mrs. Christine Newallo-Hosein	Member
Mr. Julien Ogilvie	Secretary
Mr. Brian Lucio	Assistant Secretary
Ms. Aneesa Baksh	Graduate Research Assistant
Ms. Janelle Mills	Parliamentary Intern

ABSENT

Mr. Rohan Sinanan	Member

CHILD WELFARE LEAGUE

Ms. Cheryl-Ann Guy	Center Manager
Mrs. Cheryl Alleyne-Ross	Regional Coordinator

TRINIDAD AND TOBAGO ASSOCIATION OF PSYCHOLOGISTS

Ms. Anna Maria Mora	Counselling Psychologist/Author

SINGLE FATHERS' ASSOCIATION OF TRINIDAD AND TOBAGO

Mr. Rhondall Feeles	President

Mr. Chairman: Good morning and welcome to the viewing and listening audience to this the Thirty-Fourth Meeting of the Joint Select Committee on Social Services and Public Administration.

This meeting is being broadcast live. This is the Committee's third public hearing with stakeholders, pursuant to its enquiry into the prevalence of teenage pregnancy and the State's capacity to minimize the occurrence of teenage pregnancy and to provide services and assistance to teenage parents.

We advise members of the public that you are invited to submit your comments on the Parliament's social media platforms. I am the Chairman, the Committee's Chairman Paul Richards. We thank you for joining us today.

I would like to at this time invite members of the Committee to introduce themselves, starting on my right. Minister West.

[*Introductions made*]

Mr. Chairman: Might I advise also that the other members, including member Khadijah Ameen and member Sinanan, are on their way. They will join us in process. At this time, we also would like to thank the three stakeholder-groups who are before us today, which include the Single Fathers Association of Trinidad and Tobago, the Trinidad and Tobago Association of Psychologists and the Child Welfare League. At this time, I would like to invite members of the three stakeholder-groups to please introduce themselves, starting with Ms. Cheryl-Ann Guy.

[*Introductions made*]

Mr. Feeles: I must say thank you to the Committee for inviting us and for also observing the importance of teenage fatherhood when you deal with teenage pregnancy. Thanks for having us.

Mr. Chairman: Thank you so much. So we thank the three stakeholder-groups who are with us today. There are three objectives to this enquiry:

1. To examine the trends in teenage pregnancy and associated health and social effects.
2. To assess the services and facilities available to counteract and/or alleviate teenage pregnancy.
3. To assess the adequacy of policies and laws to treat with teenage pregnancy.

At this time, I would like each of the entities present and their representatives to make brief opening statements. We usually like these statements to not go beyond two minutes because we have a lot to discuss, and then we will continue our discussions after that.

I would also like to let stakeholders—or advise stakeholders to be sensitive of the topic and in past enquiries we have had some issues with the identification of specific schools. So we have to be sensitive about the information we are disseminating because it is a public hearing and we do not want to marginalize, or stereotype particular schools or put them in any negative light while we discuss this important issue, okay. So just an advisory moving forward. So, I would like to ask Ms. Cheryl-Ann Guy, Center Manager for the Child Welfare League to deliver her opening remarks.

Mrs. Alleyne-Ross: Mr. Chairman, we just need to—I will speak first and then Ms. Guy will come in.

Mr. Chairman: Not a problem, go right ahead, thank you.

Mrs. Alleyne-Ross: In relation to the Child Welfare League's position in connection with the teenage pregnancy, the Child Welfare League had piloted and continues to operate a programme called Choices. This programme is geared for pregnant teens, teen mothers and those at risk. This programme began in 1994 in Sangre Grande with approximately 15 teens. Its main purpose was to reintegrate the teen mothers back to the school system and the wider communities.

The second area was to also postpone child bearing until they were more mature, physically, emotionally and financially independent. The children of the teen parents are housed at our centres when the parents have to be reintegrated back into the school society and we look after them there supporting the children.

The Choices Programme is broken down into three areas, Ms. Guy, my colleague will bring you up to that, and as far as the support of the teen fathers we have never had the opportunity of having a teen father. The girls, on the other hand, they do not reveal who the fathers of these children are. So we have not had a programme that catered for the teen fathers to date. Thank you very much. I will now pass you on to Ms. Guy who will take us from there.

Mr. Chairman: Thank you so much.

Ms. Guy: Morning again, Chair, Vice-Chair and Members. The programme we deliver is three core in nature. It is broken down into the academics where we deliver, mathematics, English language as a literacy programme, and social studies, general science. We also deliver vocational

areas, such as garment construction, culinary arts, computer literacy, beauty culture, jewellery craft, health and family life education; it is broken down into the reproductive health and hygiene segment, personal spiritual and creative development, communication and interpersonal relationship.

The League faces a lot of challenges in order to deliver this programme. Our biggest challenge, however, is being financially able to sustain the programme and, you know, take it forward. The League noticed a rise in the teenage pregnancy because of breakdown in the family life throughout the nation, including both morally and spiritually. Too many of the homes that the girls come from are unsupervised for most of the time, and the teenagers sometime have to look after the siblings, you know, leaving them exposed, unsupervised, for a long period of time.

To date we have approximately 1,200 teen parents passing through the programme where we facilitate services to both teenager and their parents in the form of counselling to the family as well as the girls.

Some of our support agencies are the Ministry of Health, the Ministry of Education, where most of our—most of the teens are referred to us by the guidance officer and the social worker in the programme. The Ministry of Heath offers support services to us, to the girls in the form of counselling and helping us with the reproductive and health issues at the programme.

We also had an outreach programme in the primary school area. At that time we had the Common Entrance programme, now the SEA programme. So after the Common Entrance programme we would go into the areas, into schools within the areas of our centre and do that outreach programme dealing with adolescents, the transition, adolescents as they go into the secondary school system. But the programme was stopped because the Ministry of Education; they had a similar programme to ours. A support school service system and they stopped that outreach programme that we had introduced to assist the teenagers as they reintegrated into the secondary school system. Thank you.

Mr. Chairman: Thank you so much. Can we move to Ms. Anna Maria Mora, Counselling Psychologist and author representing the Trinidad and Tobago Association of Psychologists? It is so difficult to address you this formally, because I have known you for so long.

Ms. Mora: Yes, Sir. Okay. Good morning, Chair, Vice-Chair and members. I am representing Dr. Margaret Nakhid-Chatoor. She apologizes for her absence because she had to go out of the country.

We thank the Joint Select Committee for the opportunity to present at this hearing. Teenage pregnancy is a prevalent issue in our society and we recognize the need to influence the choices made by teenagers as they cope with the challenges both during and post-pregnancy. While we are aware that the main focus of these discussions have been the reduction of teenage pregnancy rates and the decrease in health risk factors for mother and child, the TTAP would like to address the psychological impacts of teenage pregnancy on pregnant teenagers.

In most instances, teenage pregnancies are unplanned and are not a choice and the teenager has to come to terms with the demands. We want to be very clear that teenage pregnancies are unplanned most of the time and are not a choice. Pregnant teenagers have to deal with disproval, dissatisfaction shown by parents and relatives. Many report psychological distress in the form of anxiety, insomnia, levels of depression, self-esteem issues, loneliness and lack of social support. The question is: Is psychological distress linked to teen pregnancy or to adverse childhood experiences such as physical and sexual abuse, family dysfunction and disconnectedness which may prompt teens to early sexual activity and risky behaviour?

Another concern is that in many of our school districts, data does not reflect accurately if there is a correlation between the number of girls who are not attending school at present and teenage pregnancy. According to enquiries done in one school district, data shows a drop-out rate as high as 75 females between the ages of 14 to 17 for the academic year 2018/2019 thus far. Where are these teenagers? Where is the needed follow-up on why they no longer attend school? In addition, where are the teenage boys and adult males over 18 in this discussion? We need to understand that we must work with our males and we must allow our males to know that they have a stake in what is happening. Knowing they are to buy a condom or how to use it does not equate responsible manhood or fatherhood.

In closing, it is the hope of TTAP that today's discussion can lead to public health and societal policies as we seek to improve the emotional resilience and choices made by children and teenagers as regards their sexual health. Hon. members on the JSC, you are the influencers in proposing policy and directing political will. Propose mandatory parenting programmes for families at risk that can successfully ameliorate the effects, not only of family dysfunction, but may have the potential to prevent teenagers and early sexual behaviours in the long run. Thank you very much.

Mr. Chairman: Thank you, Ms. Mora. Can we go to Mr. Feeles now? The President of the

Single Fathers Association of Trinidad and Tobago.

Mr. Feeles: Morning, once again, Mr. Chair, Mr. Vice-Chair and Members present. First of all, we at the Single Fathers Association would have experienced quite a bit of challenges when it came to gathering statistics in the first place when it came to finding statistics on teenager fatherhood. There is a whelm of it, when you talk about teenage pregnancy when it comes to the mother as my counterparts here was able to give to you. When it comes to teenage fatherhood there is a lack of resource, there is a lack of desire, so to speak, from State and even NGOs I would say when it comes to harnessing and gathering of statistics. However, in an attempt to have some sense or make some dent into teenage fatherhood, we at the organization, together with the Central Division, TTPS, we would have embarked on a programme called the Central Educational Multi-Sector Committee. It was not only geared to deal with sexual misconduct, but it was geared to deal with a list of other things like drug abuse, violence in school primarily, but teenage pregnancy and teenage fatherhood was one of the things that we had to deal with there.

The only place we were able to gather any type of statistics was from the Ministry of Education where they were able to give us the number of suspensions, where 105 children were suspended for sexual misconduct. The data did not go into any further saying how many of them were male, if there were any pregnancy resulting out of this, how many of them were fathers—turned fathers out of this. So we have always had challenges and I am very glad to see that we have introduced this part into the topic, because we need to have that data collected for us to be able to develop proper programmes.

What we have done in the Central Educational Multi-Sector Committee, we have worked together with The 2 Cents Movement and a lot of other groups, so when we go to these schools particularly identified by the principals to be behind sexual misconduct, we are able to have The 2 Cents Movement have skits that portrayed good fatherhood practices and good parenting practices, also best practices on the whole when it comes to sexual misconduct and sexual management.

So this is the best that we would have done we would have pulled the resources that we have around us. We also are not funded by any state organization or anything, we do not get any subventions. So it is within our own capacity and within our possibility of gathering others who have resources to work together with us. We would have partnered with all the stakeholders that would have been mentioned, Children Authority, TTPS, Ministry of Social Development and Family Services, they are all members of our Central Educational Multi-Sector Committee and we

are looking forward, I mean, for support going forward to continue this throughout Trinidad and Tobago.

Mr. Chairman: Thank you very much, Mr. Feeles, and continued commendations on your good work. And it was important to include the Single Fathers Association for obvious reasons. Girls do not get pregnant by themselves.

Mr. Feeles: Right.

Mr. Chairman: And that includes fortunately on the hand of teenage boys being involved and unfortunately on behalf of adult males impregnating teenage girls which is statutory rape. So, I just wanted to clear that up.

I would also like to thank members of the media who are here, who have steadfastly reported very well, including Ms. Alexander and Mr. Douglas, on the enquiry so far and they have done yeoman service in terms of getting the information we have out to the public in a really comprehensive manner and also, of course, those of you who have made comments on the Parliament channel.

Just to quickly go over the data that we have started to work with from the Ministry of Health. The total number of teenage pregnancies reported or presented at public hospitals and health clinics during the past five years; 2014 to 2018 amounted to 3,577 which is an under-estimation because these are the teenage mothers presenting it. Public hospitals and public health institutions and we know that not all the births are done at public health institutions and not all the pregnancies go to full-term for various reasons. There are some abortions, let us be frank, and there are some miscarriages and other issues that terminate the pregnancies. So, that number is a microcosm of what is occurring out there.

And, of course, the 2014, 731; 2015, 745; 2016, 850; 2017, fortunately a dip, 575 and it went up again in 2018. And, of course, there is a disparity between the 13 to 16 age group in which 2014 there were 133, and in the 17 to 19 age group, 598; the 2015 we saw 128 in the 13 to 16 age group; and 617 in the 17 to 19 age group; 2016, 145 in the 13 to 16 age group, and 705 in the 17 to 19 age group; 2017, 81 in the 13 to 16 age group, and 494 in the 17 to 19 age group; and in 2018, last year, 83 in the 13 to 16 age group and 593 in the 17 to 19 age group.

I am going to quote from a document online and I was speaking to member West about the psychological aspect of that. You would find more in the 17 to 19 age group because they are closer to 18 to adulthood so you would find them having more prevalent sex but—I want to quote

from a document which was carried out by the Institute for Study of Labour IZA in Bonn, Germany which is a labour organization focused on research and data gathering and it is titled "The Impact of Teenage Motherhood on the Education and Fertility of their Children: Evidence for Europe". The authors are María Navarro Paniagua and Ian Walker, both from Lancaster University and this is also underscored by—and this is from 2012, discussion paper No. 6995 November 2012 and it was underscored by the data I got from the World Health Organization and the UN Department of Research, which stated that the teenage mother—and this is in development countries in Europe—are two to four times more likely to have their daughters become teenage mothers. And this is in developed countries where they have resources and programmes. Two to four more times the daughter of a teenage mother is likely to become a teenage mother herself.

The teenage mother is 40 per cent more likely to drop out of school, affecting her education. The teenage mother has significant impact on her education, her employment opportunities and the types of jobs she gets because, of course, her educational opportunities are significantly impacted. Her financial independence moving forward through her lifespan is also significantly impacted. Her vulnerability to exploitation is also significantly impacted. Her social interactions, because it impacts her self-esteem and the way society looks at her as a teenage mother and her self-esteem. And it also has—and the studies also went on to elucidate on the harmful impacts on the child of the teenage mother, which is not the remit of our Committee, but it is also relevant in the discussion.

So, I think it is very important that we understand the importance of these kinds of discussions in terms of drafting policy and recommendation to minimize as much as possible. We know it will never get to zero, but that is our aim. All right. So I just wanted to put that on the table in terms of the importance of these kinds of discussions.

And I want to start, break with protocol and start with the gentleman first, if ladies do not mind. Mr. Feeles, you indicated that it was very difficult to get data and it is difficult to get data because there are many different NGOs and agencies gathering data and the data is sometimes quite conflicting. Your association deals with single fathers. Does it include teenage fathers also?

Mr. Feeles: We have not really seen many teenage fathers come to us, particularly those who have parents. We would have seen, more so, mothers of sons who would have come to us speaking of issues—I mean, under the old Sexual Offences Act of young boys, who would have had sexual interaction with young girls and they were being arrested. So in our history which is not a long

history—

Mr. Chairman: When you say "young boys", how old are you talking about, because—?

Mr. Feeles: Boys, like about 13 to 16 years old. And at that point in time, I mean we are advocating, they were being charged.

Mr. Chairman: There is a Romeo clause in our laws.

Mr. Feeles: Now, now. It is now there.

Mr. Chairman: Not before. Okay.

Mr. Feeles: This is predate, you understand? They were being charged at that point in time and mothers at that point in time used to come to us, because many of them were charged before the courts, it affected them negatively, they could not do CXC. Some of them were ashamed to go to school because they were now—at school that was their girlfriend, the perception was their girlfriend, but now they were rapists. They were presented as rapists so it affected and impacted them very negatively.

So that is more so what we had. Not every case or not any case did any of them say that a child resulted out of the conduct between the parties but that primarily has been what has come forward to us. We would have one or two guys who are now more on the later end like 19 about to become 20, just about out of the teenage bracket that would have now—I mean, both legally at the legal age, he and his girlfriend that would have come to the association wanting the normal information, how can I get access, how can I get custody, issues about maintenance, stuff like that. But it is primarily the older men, men more from the 25 to as high as 65 bracket that would come to us.

Mr. Chairman: You are not specifically talking about men who have impregnated teenage girls here right? You are talking generally.

Mr. Feeles: No, no.

Mr. Chairman: I just wanted to make that clear. We do not want to give wrong information. Member Newallo-Hosein.

Mrs. Newallo-Hosein: I just wanted to ask. Has the Association observed, as a result of what you are saying here, a high demand from your membership to provide support to families then of adolescent and teenage boys?

Mr. Feeles: Well I would not say, the members per se, but I can see it is a need in society more than anything else, because definitely whether the members wanted it or not, we are the

organization, we see the gaping hole there where there is no statistics. I mean if we are go into a school and we want to—and one thing we were trying to do is to figure out how could we ever know if an adult woman is impregnated by a teenage boy. How do you ever figure that out, because if she goes to the hospital and has the child she is an adult. We do not know who the father is and there is the norm and the social perception that the father left me and went anyhow.

So there is no research there is no investigation to see who the father is. But if it was a minor—rightfully so—if it was a minor that goes in to have a baby, a female definitely you would want to know who is the father. So how do we get over that hurdle?—because it has happened, many a time where adult women have been impregnated by minor males. So, I mean even in that aspect—and those are aspects that no one looks at. Nobody looks at it, because it is so easy to hide. So I mean I hope that by mentioning this here that people would start monitoring this aspect of it as well.

Ms. Ameen: Thank you, Mr. Chairman. To the President, Mr. Feeles, you indicated in your submission to the Committee that you do have a have a planned student empowerment drive to go into schools. The drive as indicated in your submission more or less deals with violence, but do you intend—is there any aspect of this caravan to treat with the matters that you have identified?

Mr. Feeles: Yes, definitely. It deals with violence, it deals with teenage pregnancy, gang involvement, bullying, and drug usage a number of those things. And we have, the first part of that caravan, Student Empowerment Peace over Violence. We use the same statistics that I mentioned before to identify the schools in the central area that were highest in sexual misconduct, highest in drug abuse, highest in violence and together with the TTPS and a host of other NGOs and state organizations we were able to put on that caravan.

This was prompted by the Single Fathers Association in partnership with the TTPS to get everyone together, it was not a state anything. And we saw it very impactful that we decided to put forward to even a second stage—and the principals there were glad—to put in a second stage coming in September, where we are going to do a more targeted approach. So it just is not a one-off caravan. And we started looking at the at risk students who are affected by the teenage pregnancy, teenage fatherhood, drug abuse, where the NGOs and the state organizations that partner with us could actually make an impact on that particular child's life.

Mrs. Jennings-Smith: Thank you very much. And first of all, I want to compliment Mr. Rhondall Feeles—

Mr. Feeles: Thank you.

Mrs. Jennings-Smith:—for the work that you have been doing, more so because you have collaborated with the Trinidad and Tobago Police Service. And I have been looking at some statistics here and I noted that NCRHA, which is the central regional health authority area, is the only area which showed an increased amount of teenage pregnancy when you look at all the different areas, regional health authorities. This was provided to us by the Ministry of Health.

10.50 a.m.

It seems to me that you have been targeting that area. I want to ask you a question. When you targeted that area and you looked to make an impact with young boys or young men or persons who you feel could have been responsible for young girls becoming pregnant, did you at any time think that the persons would not have been in the school population?

Mr. Feeles: No, entirely. We believe that as well. They are not only going to be in the school population, they are going to have them in the communities as well. But a start-off approach, the best place we would have been able to impact—because we try to use a two-pronged approach right—we try not only to deal with teenage pregnancy, but to approach teenage fatherhood for the first time in history in Trinidad and Tobago. So the best place we would have been able to find teenage boys and teenage girls, were easily found at the school, and the schools are already asking for it, and NCRHA as well, they are also a part of the Central Educational Multi-sector Committee.

So what we would do though, all these organizations we have meetings and at those meetings we expect that the things that we are even carrying out to the school—we have community based organizations like Ryu Dan Dojo, Dass Trace Youth Empowerment Committee, that work within their communities. So we expect that the experience that they get when we go out to the schools, or even when we have our own meetings or plan and develop programmes, that they are going to utilize it in their communities as well. So, this is something that was not funded or any—no funds to do it, but we just brought our resources together and decided to execute as possible.

Mrs. Jennings-Smith: Studies have shown that social factors which contribute to teenage pregnancy include poverty, culture, education, geographic factors. When you were developing your approaches and your initiatives to deal with schools and people in the community, did you look at those factors making an impact and utilize persons from the various Ministries or the specialists and expertise in different areas to assist you in your interventions?

Mr. Feeles: Definitely. The thing is, we started this in the end of 2017/2018 by getting all the organizations together and getting around the red tape. A lot of the organizations who try to bring statistics forward, they themselves—members of the organizations—have challenges to get it as well. So we have identified that and that is why we saved—we had to take an immediate approach, and if you look at the document—I provided a document this morning of the Educational Multi-sector Committee—you would see we have a strategy, a mid-term, a long-term. We had to make some immediate action, and we thought at that point in time together with the TTPS that a school caravan would have started it off well, and then we would have—more research came in, more data came in from the other organizations. We could start looking at a more targeted approach. That was the only sensible—we could not wait to get all the info to then start to work. We decided to start educating the children at least in the schools and we have great hopes that it will go beyond the schools into the communities, even by some of the children that go to the schools. They live in the communities as well.

So we expect what we teach them that they go forward, because one of the very important parts that we may underlook is that after all the skits and the plays and the lessons taught, we have a segment after where we give them on prizes and awards and question them on everything that was displayed that day. And you would be surprised to see how well they answer, so it means that they are very attentive and they are learning. So I would expect that what they have learnt there they are going to take back into their communities as well.

Mr. Chairman: I just want to apologize to the ladies. I know there is a lot of focus placed on Mr. Feeles now because there has been, in our last two enquiries and before, a lot of emphasis placed on the teenage mothers, so I think the fact that we have the male component of this is very important, and that is probably why the Committee is focusing a lot on Mr. Feeles. That does not mean we are going to ignore you. I have one more question from member Hosein and we are going to come to you ladies. All right, so just so you know.

Mrs. Newallo-Hosein: Thank you, Chair. I just want to ask Mr. Feeles my final question before I go on to—have you considered at all the—have you had any assistance from the other Ministries? I heard you speak about the TTPS but have you had any assistance from the other Ministries? Have they collaborated, have they provided funding and if you have, can you identify the Ministries that support you?

Mr. Feeles: All right, well no funding first of all, but support yes, because we realize resource is

just as important. So we would have the Ministry of Social Development and Family Services, we would have as said before, the Children's Authority, we would have the Ministry—even the Office of the Prime Minister, Gender and Child Affairs. Nearly every Ministry that Single Fathers Association works with is involved in that committee, so we have as strong—I would not say we have no support—as I said, no funding, but whatever services—it has National Family Services as well, a lot of support from them. So, I must say we have the support of the Ministries.

Mr. Chairman: Mr. Forde.

Mr. Forde: Mr. Feeles, congrats on the work that you have been doing. And I remember funding can come in various forms.

Mr. Feeles: Exactly.

Mr. Forde: The idea of getting the support from the various Ministries, Social Development, the TTPS, time is money.

Mr. Feeles: Exactly.

Mr. Forde: Which means, once they are coming to give you that support, at least it could be allocated and budgeted accordingly, and I know Sen. West can probably attest to that. But, my main question also is the Central Educational Multi-sector Committee, right, you have identified the central area Caroni education district. Now, you have been saying that, you know, you do not have much statistics to work with, but why was that district identified in order to at least to commence your caravan and the work that you have been doing and so on?

Mr. Feeles: Well, we are situated in the central area, Cunupia—

Mr. Forde: "Orr", okay.

Mr. Feeles:—and we have worked well with the TTPS, the community police there in engaging particularly the area of Enterprise when there was a lot of gang violence and stuff. So, we decided to go beyond the community and now go into the school community, because actually it was a call that was made via Facebook to myself and Corporal Small when there was a lot of violence in schools and sexual misconduct in the schools. What were we going to do about it? And this was something that we sat down together, Single Fathers Association with the Central Division Police and hashed out this programme. And then we invited all the other stakeholders, governmental NGOs, to form the Central Educational Multi-sector Committee, so that we could have entered in to the school space.

Mr. Forde: I notice, well again that is excellent when I say it is always good to start at home, and

you are thinking of expounding it now to probably other districts—

Mr. Feeles: Yes.

Mr. Forde:—because I am sure there would be—even though statistics are unavailable, I am sure there will be other districts that can benefit from this whole idea of teenage pregnancy, violence, drug abuse and so on.

Mr. Feeles: Yeah, so what I would say is that since we rolled it out, it got to the ear of the Police Commissioner Mr. Gary Griffith, and also got to the ear of the Minister of Education and they have now endorsed it to be rolled out at every police district using the Central Educational Multi-sector Committee as the model. So this happened in—just last year. So we are seeing that progress or at least—

Mr. Chairman: Let me bring Ms. Mora and Mrs. Alleyne-Ross and Mrs. Guy into the conversation. Data provided by the TTPS—Ministry of Health, sorry—regarding the number of fathers identified as having impregnated teenage girls from 2014 to 2018 totaled at 1,710 identified between the same period we identified for teenage girls presenting at public health institutions, where the 20 to 30 age group were 1,395; the 31 to 40, 146; the 41 to 50, 24; the 51 to 60-year-olds impregnating teenage girls, 2; and the over 60-year-olds impregnating teenage girls, at 1; and undeclared age, 142.

Let me start with Ms. Mora, I know your—the President of the association, Dr. Nakhid-Chatoor penned an editorial which focused on her concern about the classification of teenage pregnancy as opposed to calling it rape in many cases as it is and what the association thinks should be the direction we are taking in terms of arresting that social ill in Trinidad and Tobago. And, I know it is a complex issue but rape is rape, and when you have sometimes, nice where we use the nomenclature of teenage pregnancy because it sounds softer, but rape is rape, and it is illegal to have sex with a minor in Trinidad and Tobago. And we have these huge statistics of men who are impregnating teenage girls, and it does not seem that we are as effective as bringing them to justice, and what the association feels in your discussions is the way to deal with this issue and then I will go to the Child Welfare League on the same question.

Ms. Mora: Yes, we have to—I think education, let girls know because as Ms. Ross said they do not identify the fathers, and it is extremely difficult to get it out and maybe the mothers know who the fathers might be, but do not say anything.

But, just as we are educating on the whole issue about LBGTQI, coming out and being

open and what have you, we must let them know that there is no—I mean, yes, being raped by an older—I mean, I have had an eight-year-old being raped by a 36-year-old, did not want to say anything to anybody, because her mother had said when she had heard it that—about another rape—and she said if that happened to my daughter and she tell me anything she will find out. And she decided she was not going to communicate this with her mother, because the mother would have been angry, and she kept it to herself, and it has been a source of serious distress for her. She is an adult now with a child, and I have to do a lot of work with her to get her to feel good about herself, and not blame herself, which is what was happening, but I think we need to let people know in this society that it is—I mean, I do not think we harp on it enough about the criminality of it. We do not have people going—like social workers are supposed to be beating the streets, and be in homes, walking—like let us say there is a community Maloney—I am calling Maloney sorry—but the point is—

Mr. Chairman: Let us just say a community.

Ms. Mora:—okay, communities and each of these communities needs to have a cadre of social workers assigned to them, so that they can go in there on a daily basis and get to know what is happening in these homes. Because I worked as a case worker when I was training in New York and I had to, I had 31 children on my case load and there are 30 days in the week, plus taking parents upstate to meetings. And it was a daily issue visiting these projects and these communities. You had to beat the streets, you had to get into homes, and I am not sure what the mandate for our—the Association of Social Workers is or there are social works who are trained at UWI, I am not sure what their mandate is.

So that, I mean we do have to make some policy as to how our homes, what is happening in our homes. And one of the things is Mariama, my youth centre that is located in Arouca, was started because—and this was way back in 1990—because it was an expressed need of parents to have somewhere for their children supervised. Because at that time and we had the junior secondary schools where children were unsupervised for as long as seven hours every day. Those who were on evening shift were home in the morning where parents went to work for—and then they had to get themselves to school for one o'clock. And then those who were on morning shift had from 12.30 to about 6.00, 5.00/6.00, unsupervised because parents are working. So these children found themselves in a lot, a lot—and we need these community programmes where young people now okay, they do not have junior secondaries anymore. But the point is one of the issues

about teenagers is that at puberty their biology, their whole reproductive system is coming into play.

Mr. Chairman: We are going to talk about sex education in a short while. Let me go to Mrs. Alleyne on this and then Ms. Ann Guy.

11.05 a.m.

Mrs. Alleyne-Ross: One of the areas that we find is most helpful in our capacity where we work with the girls, despite the fact that they are not giving up who the father is of the child, which I find is rather strange, that you are pregnant and you do not know who is the father. I think that is an area that we really, really need to put some more effort into getting, because no girl can impregnate herself.

So we need to look at it differently. We have to get a different approach. I think we need to befriend these girls a little more in that they would feel comfortable enough, look at it as the outside parent in order to get them to give that type of information, because without it we are not going anywhere. We are just having teenage mothers with no form of identification. So what are they putting on a birth certificate? These are the things that are important, and I think this is the area that we need to be exploring. With all the data that we have at hand, this is one of the areas we need to really push into.

One of the hindrances between that would be like finances and, again, to get competent people to handle this type of thing, because it is a sensitive matter. You would not just want to come and talk to anybody. You want to know that you could confide in them. I have dealt with some of these girls personally, and I realize they are looking for attention, and wherever they get the attention is where they lean towards, and that is what we have as a result of that. And, it is handed down to the next generation that is coming, because if their children begin to look up, they do the same thing. It is a cycle that we need to also break.

Mr. Chairman: And it has become normalized. And let me just quote from the same article I started with in terms of the main causes of girls who are not forced into sexual activity, participating and becoming pregnant. Self-esteem issues, peer pressure. The peer groups are becoming pregnant, so they want to fit in. One, financial reward, fact of life; social gaps in their communities, familial life challenges. So they go out of the home to get needs filled; lack of education. And one of the things that came out of that study or those studies is urban density. There were spikes in teenage pregnancies in areas that had significant population density, building

blocks. When we put people in close proximity to each other in some of the areas we see in Trinidad and Tobago and in other jurisdictions. Those are things we have to look at in terms of urban planning. I think member Jennings-Smith wanted to ask a question.

Mrs. Jennings-Smith: I want to ask a question relative to what you just said Mrs. Alleyne-Ross. You spoke about having a relationship with the girls who came to your attention, and I want to ask you, from your own experiences, in how many cases those young girls were really actually sure of the partner or did you have a sense that maybe it could have been sexual promiscuity to the extent where they did not know the father? Tell me, how many times did you have that kind of a suspicion?

Mrs. Alleyne-Ross: I will pass that question to Ms. Guy because she deals with the girls "and them" one-on-one.

Mrs. Jennings-Smith: You see, because part of the problem for teenage pregnancies is education—lack of education and sexual education. So, I really want you to tell us your experiences with liaising with some of those girls.

Ms. Guy: Being the Centre Manager at the centre, most of the times the girls might confide in you, but then I am not at liberty to give out information. We have a social worker on board and, you know, I might pass the information to her and she will deal with it, but most of these teenagers, where "father" is, there is a dash. Most of the girls that I interface with, there are no fathers attached to their children's birth paper, none whatsoever.

Mrs. Newallo Hosein: If I may ask a question. Mrs. Alleyne-Ross had indicated that sometimes it was a lil bit difficult getting information from the girls, and also that you have to befriend them, but in your submission you highlighted the greatest challenges of the programme is the retention of the teenage mothers to the end of the programme and funding to be able to run the programme to the depth and the quality level for which it is intended. So, therefore, because of the time span that they are there, it may be difficult to extract any further information. I want to ask, what is the average length of time a teenage mother stays in the programme before they exit?

Ms. Guy: Okay. It depends on the need of the girl. Sometimes, the period at which they come in, because most of them express the desire to re-enter the school system. So most of them go back to school in January. So they stay till September with the new term at hand, and then depending on when they deliver, they might even have to stay a little longer, and most of the time they will start in a new term.

Mrs. Newallo Hosein: I do not understand, and the reason why I do not is because the way you stated that the challenges of the programme for them to stay to the end—because you had, I guess, a programme where you wanted to go in-depth and the quality level—for you to impact upon probably the social, the moral and every aspect of their life—is very different to a child wanting to return to school. So I am asking, how long do you expect a teenage mother to remain in your programme to be able to get the full essence of what you are hoping to offer to them?

Ms. Guy: Okay. Most of the time they stay six months to nine months.

Mrs. Newallo Hosein: After the pregnancy, during the pregnancy?

Ms. Guy: When we capture them. Sometimes we get them before the pregnancy and sometimes we get them after the pregnancy.

Mr. Forde: Just a lil follow-up there, Ms. Guy.

Ms. Guy: Yes, Sir.

Mr. Forde: Repeated pregnancies, in terms of like, you know, one young lady is there, spent her period, had her delivery, the possibility of her coming as a repeat offender. Have you had cases like those? [*Laughter*] Not offender, sorry. Wrong word. As coming back as another individual, another pregnancy.

Ms. Guy: No, Sir. The programme does not allow for that, because the programme is to delay your second pregnancy. So if you have a second pregnancy—

Mr. Forde: It means you did not—the training was not—

Ms. Guy: Yeah. We did not deliver, was not effective, no.

Mr. Chairman: That is a good statement.

Ms. West: I actually wanted to raise that issue, because a huge problem that we have in Trinidad is by the time some women get to their mid-20s they have a series of children with a series of men. So is there a programme conducted by any of you that seeks to stymie that and have you seen any success in that programme?

Ms. Guy: Okay. At our programme, well we do follow-up with the girls. So those that were in the programme and they went out to school, you know, we will do follow-up on the trainee to see where they are at. So whether they continue their education or they went to the social programmes and, you know, we will do the follow-up to see if a second pregnancy was had by the girl, and most of the time, I might say like about 3 per cent of the girls that pass through the programme really have a second pregnancy. Most of the time.

Mr. Chairman: That is a great point upon which for me to deal with the elephant in the room, and the elephant in the room, member Jennings-Smith referenced a while ago promiscuity, and in many of the studies that I looked at before coming to this interface today, particularly, the one out of Bonn, Germany, they realized through the data collection that what one generation describes as promiscuity another generation has a different life value and moral standard, and it is always easy for one generation to judge another generation in terms of what they think is normalized behaviour, and I am not saying it is the right thing to do or whatever. I am just saying what the research has presented. And what I guess our generation considers promiscuity is normalized behaviour for generation—next gen, they call them or? Millennials. And that is a realization that we have to come to, if we are to bridge the gap in information.

So a lot of the emphasis had been placed in these discussions and in other discussions in Trinidad and Tobago over the last couple of years on the issue of sex education in schools, and whether there should be sex education in schools and the importance and efficacy of sex education in schools in addressing not only this issue, but STDs and challenges, other sexual reproductive challenges that may occur later on, if people are not aware of what is happening with their bodies through adolescence and puberty when they start to gain sexual maturity, and also their mental preparation for sexual maturity, and if it is the State's responsibility to do that, because we know about that ongoing debate. But what happened in the European situation, through this research, is a policy direction that started to direct the agencies crafted messages that informed effectively, and they did not have to go through exclusively state agencies to get the messages of sexual reproductive health, responsible behaviour, choices and consequences directly to the target group through social media.

So my question is—I would start with Mr. Feeles and it is through your advocacy—what has the experience been in talking to teenage boys or the cohort in terms of reproductive health, sex education, choices and consequences and the outcomes of those in terms of your monitoring and evaluation of whether the message is getting through and it is eliciting behaviour change? Because at the end of the day, if the intervention is not bearing fruit in behaviour change, we are wasting time. You have to have an effective policy, a mechanism for delivery and a monitoring device.

Let me start with you and go around the panel on that, and your ideas and thoughts on different approaches to getting the messages through, because I think we have to try and

circumvent the 20-year-old sex education debate in schools or not, because it is not bearing fruit. Right? Let me start with Mr. Feeles on that. And that is not to say I am circumventing a parent's right to what their child should be exposed to. Let me put that on the table, because that is part of the debate that parents have the right to know what their children are being exposed to; but, at the end of the day, we as a society also have a responsibility to disseminate information in the interest of the health and well-being of the young people.

Mr. Feeles: Thanks again. And I was about to say that gingerly as well, the importance that I think that sexual reproductive health, more so than anything else in the school society, but as you rightfully said there are a number of people whether it be for cultural, whether it be for religious reasons, that may have some issue based on which direction it goes. But I think it is important, particularly on reproductive health, a young man knowing his body or a young woman knowing her body, knowing the dangers as you mentioned before, STDs, knowing the consequences of some action, pregnancies, teenage father, teenage pregnancy. I think these general things are critical and are needed in the school society. It is something that I said we have already started. I like the point as well, when it comes to measuring.

So what we would have done, as I said, our first approach was through the caravan; our second approach is actually going to be the more targeted approach; and then we are going to have an evaluation. That is why we just selected the five most at-risk schools that were identified based on statistics so that after it would be measurable, so that we could actually see that we made some dent or impact on the school community.

So that is one of the reasons we chose the school community and not just the community itself. It is a lot easier to put information together in that way as well. But I do say I agree with that, that the reproductive, sexual reproductive health, is critically important. As I said, I say so gingerly, because I know it is a very—particularly at this point in time in Trinidad and Tobago—it is a very dodgy topic at times, but to me I think it is very critical and important.

Mr. Chairman: We like tough topics. Ms. Mora?

Ms. Mora: I have done work with Bishops/Trinity East, in Arouca—yes, I have done work with Bishops/Trinity—

Mr. Chairman: I would prefer we stay away from calling the names of schools. [*Laughter*]

Ms. Mora: Sorry, okay. A school in the east. Well, it is that they had the foresight to employ me to work with the young people in Form 5—4 and 5— who were about to leave school to work

with this whole issue of getting to understand who they are and their purpose in life. We did have a module on sex and the teenager. I also have done it with the Samaroo Village—a community in the east that is considered a hot spot—through the Citizens Security Programme. They funded that programme, and I am very concerned about young people and their whole sexuality which they do not understand and which we are now trying to help them to understand, because it is a natural, very natural. It is natural when they get to a certain age, they are going to have all these feelings and they must understand how to manage these feelings.

One of the things that we have learnt as psychologists is that we must help our young people, we call it sublimation, which is to direct that sexual energy into positive social activities. They must have activities to help them to sublimate that natural sexual energy that is happening. So as early as nine for girls and 11 for boys, so that I mean activity therapy is something that is so important for teenagers, but a lot of the activities is an expensive process because teenagers have to, you know, get involved in any kind of sport or get involved in; even when I have camps to take them out, the maxis cost a lot of money to take them to do things, because activity is something that young people need just to direct that sexual energy into positive acceptable social activities. Yes.

Mr. Chairman: Member Antoine had a question and then member Ameen.

Brig. Gen. Antoine: My question deals with the fact, in your submission you said that the health and family life curriculum in the schools, that the teachers were not enforcing it or giving a lot of activity towards it, and you have a proposal for a comprehensive sex education programme for the schools. Have you put this forward to the Ministry of Education, or what is the result of it?

Ms. Mora: We have, we have. I mean, I personally—I think I sent something here too, since 2003. It calls for a policy on sex and teens and over and over I write in the newspapers. We talk. We have been lobbying for a centre where young people and nationals can come who suffer from trauma, whatever type of trauma that they have. Sexual abuse is serious trauma for children and young people, and we have been lobbying for over 10 years for a national psychological trauma centre. I do not want to say too much more about that.

Mr. Chairman: Member Ameen. Sorry, go ahead.

Brig. Gen. Antoine: Part of our remit is to make recommendations to Parliament so, therefore, you can give us—

Ms. Mora: We can send you all the recommendations, the costing for this centre, the furniture

that is needed, the machinery that is needed. So, you can get that, Sir. Mr. Chairman, I will make sure that—

Mr. Chairman: Appreciated. Ms. Ameen.

Ms. Ameen: Thank you, Mr. Chairman. My question is to Ms. Mora. First of all, I want to just take this opportunity to commend Ms. Mora for her decades of advocacy in this area. You mentioned that you have been engaged by a school in the east to do some work with their teenage girls—

Ms. Mora: And boys.

Ms. Ameen: As well as boys?

Ms. Mora: I worked with the boys and it was an amazing experience, and it had nothing to do with my being a female—I mean, they did not need a male and they said that.

Ms. Ameen: All right. And one of the components, because this programme, one of the components has to do with sexual reproductive health, but it is not strictly as a sex education programme. Is that it?

Ms. Mora: That is what—because we had career planning, we had understanding what was all this education—this five years of education for, to what end, because I have found that when young people have a purpose in life, the whole issue about their sexuality gets some kind of respect because they know where they are going and what they are doing.

Ms. Ameen: My question has to do—I think the Minister of Education has indicated—we asked questions in Parliament about the Ministry's intention about having sexual education in schools. It is a touchy subject apparently. It has gotten some strong opinions for and against. But based on your indication here that you are working with a school, have you found any other schools that may not be government schools but may be board-administrated by the religious boards or private schools, secondary or primary, that have expressed an interest and that have engaged professionals like yourself to do these programmes and perhaps—because I am asking that because perhaps the outcomes could inform the Ministry and the Minister.

Ms. Mora: Well, yes there are some schools that have engaged professionals, but one of the things about this is that you cannot do something like this for one day or two days or three days. I have been doing this for 29 years with young people, and you cannot invite a professional to come and just talk to a class about sex. You know, this has to be an ongoing thing from Form 1 right up to Forms 5, 6 and by then you would have—

Mr. Chairman: Form 1 is late actually.

Ms. Mora: Excuse me?

Mr. Chairman: Form 1 is late. Age appropriate.

Ms. Mora: Well, I also have a—"My Body, My Own". It is a colouring book for children that you can start at two, three years—good touches, bad touches—what to do when you feel uncomfortable, because we also tell children they must not feel. It seems as if only adults feel. So when children fall, hurt themselves or if something is not happening and they do not feel good about it, no, you should not be feeling so, you are a child. You should not be feeling so. So we have to have children understand that feelings are facts and if somebody even looks at them or comes and hugs them and it does not feel good, something is wrong.

Mr. Chairman: I want to go to Mrs. Alleyne-Ross and Ms. Guy on the issue of your perspectives from the Child Welfare League on sex education, family life education, reproductive health education and what your experience has been in terms of your delivery of that if you have and the results, and then go to member Hosein who has a question.

Mrs. Alleyne-Ross: Before Ms. Guy comes on, I want to comment on something that I heard from Mr. Feeles concerning the single father, and I think it is an area, the teenage father, sorry. I think it is an area that we really need to delve into, because what I have discovered from my point of—from where I stand—is that these single teenage fathers, not the adult fathers, the single teenage fathers that never came forward, they continue to impregnate other teens, going down. By the time they reach in their 20s, they have four, five children with different mothers.

This is an area that we have not yet tapped into, because we did not see a reality in it, but there is a reality because they are so comfortable, they were not taken out of the school education. They continued their education, they continued to function, whereas the mother would have to come out until she has her baby and then be reintegrated, but they do not have that opportunity. They continue as normal. So with that girlfriend gone, they go on to girlfriend number two, girlfriend number three and they continue that, and that is an area that we need to put some emphasis in, because it continues to happen. I have seen it happen and we know.

But one of the areas that is challenging to us in that is that it will need a lot of monetary gain, that you have to put out something which we at the league are experiencing a very rough time in getting this level of work done because there is not sufficient finances to take it through. And then, again, one of the other areas we are looking at too is now that the babies are here, what

is happening to these children that are not fathered? That is where our society now has been broken down, because we have children that are being termed delinquent. According to one person that had told me, they call them "pests". These are the names that are given to the children that are coming out from that type of relationship, pests, and the pest is the person who is doing it to these children is the pest, and they are looking at the babies, but it is not their fault. So we have to look at that area. That is one of the areas we need to look at.

Mr. Chairman: Let me just say, I do not want to call anybody a "pest" and there are underlying reasons for every behaviour in the human experience.

Mrs. Alleyne-Ross: But that is what we do not look at.

Mr. Chairman: Okay? So, while they may have behaviour that is not acceptable socially, we have to look at the underlying reasons why they are perpetrating these types of behaviours. So, you could continue,

Mrs. Alleyne-Ross: So that is my input in that area. What is the other question you asked?

Mr. Chairman: About the sex education experience in your organization and about the family life education or the reproductive health education; however, we want to classify it. We know what we are talking about.

Mrs. Alleyne-Ross: Again, that area is very, very weak because again of financial constraints. There is not much you can do, because at the centre where the girls are, they are just teaching them like skills and to go back into the educational system. But apart from that, these children have needs as well. They have financial needs in the homes that they are going back to after we done tell them that they are going back. Some of these children are used to get the finances for the homes. So we are telling about constraint and restraint, but when they leave us and they go back home, they have to face another game. They have to face the hard, cold fact that maybe if the baby wants pampers, what are you going to do? They want milk, what are we going to do? So as much as we can tell you restraint here, when you are facing that child in front of you, we have another breakdown there. So we need to be a driving force and also able to help some of these children back into not only telling them education, but also financially we need to have something in place for that.

Mr. Chairman: Mr. Feeles, you want to respond, and then member Hosein and member Forde.

Mr. Feeles: Yeah, I would like to respond. I understand the passion from the Child Welfare League, but we need to understand that these single teenage fathers are children too. They are

boys as well as, you understand? And they—I just painted a story of the young boys that were arrested, and many a time, yes they may have impregnated someone and the thing is we say "impregnated someone". The reality of this, many a time, they were boyfriend and girlfriend in school. They thought they were in love. They had sexual interaction and a child was the product. The boy—I could have felt your passion—is made to feel that he impregnate and he has now committed an offence against the young girl.

Mr. Chairman: Well, to be fair, sometimes boys force girls to have sex also, so let us keep that in mind.

Mr. Feeles: I am not talking about a situation like that. I am talking about generally, because the boys that we have dealt with are not boys that forced anyone. There are boys many of the times that were timid, boys that were actually led into sexual affairs by older girls that were teenagers as well or even younger girls that were more sexual—that had a more sexual promiscuous life than them. So if a child is to be the product of a relationship like that, is the boy such an offender or does he need help as well? So we need to look at it from that perspective. I understand the point from the Child Welfare League, but I am just being very careful that we do not forget that even the boy is a child as well.

Mr. Chairman: That is why I indicated earlier on, classifying things as promiscuity, and you need to understand the underlying reasons for the behaviour before you can deal with the behaviour. We have a question from member Forde and member Hosein.

Mr. Forde: And again, it follows up to what Mrs. Alleyne-Ross is saying and also what Mr. Feeles is now saying and, therefore, why this particular young man is not coming forward to present his name or the young lady is not presenting this young man's name in order that help can be forthcoming.

Mr. Feeles: Well, in the past, he would have been charged for having sex with—he would have been arrested.

Mrs. Alleyne-Ross: But may I say something? The fact that he is not coming forward, he is continuing that trend. He is having other babies. It has not deterred him anyway. They are fathers of three and four different children. Sometimes when they reach back in the school system there is a fight.

Mr. Feeles: I know that is a general statement.

Mr. Chairman: Okay, one of the issues that I think this discussion, heated as it is—and I

appreciate that—raises is the issue of—and it was cited in the study I cited also—the issue of young men, their sense of identity, their sense of masculinity and what that means in the context of their decisions to engage in types of behaviour and also the issue of responsibility and what that means when they make certain choices to engage, just like the girls, in sexual activity and the outcomes. Because as we all know, because of physiology and societal constructs, it is normally the girls who are left, and their families, to take care of the child.

So, Mr. Feeles, with that said, what has the Single Fathers' Association's experience been in that type of advocacy where—and we know boys take cues from their society just like girls, and we live in a somewhat machoistic society where when boys have a lot of sex, they are macho but girls are classified as something else, and it is a difficult norm to break in terms of a young man who is not disconnected from his society being influenced in a particular type of lifestyle or behaviour choice, because he sees examples of that glorified and we do not have advocacies where he can develop a different kind of sense of what being a man is, you know, Caribbean masculinity moving forward.

Mr. Feeles: In our experience, I am not saying that it does not exist, but the prevalence of repeating such an act, meaning that there are—many of these boys that have come to us and they have come with their mothers, 90 per cent of them, they do not even want to see a young lady after, because they have been charged, they have been brought before the court, they have been made to feel as if they were rapists when they thought that they were in a relationship and they were in love. I am not saying that it may not have the case where one particular child who has another issue, continues a cycle and he is continuously getting people pregnant.

11.35 a.m.

Mr. Chairman: I want to focus on the solution now, we get that. I want to focus on what your advocacy has been in terms of trying to establish with young men a trend of thought or sense of self that inspires a different kind of behaviour pattern and a different kind of choice.

Mr. Feeles: And you see, that is the start of the conversation that we have to have. Because we cannot advocate without people understanding that side of it as well. Understanding that even the young male himself, even he himself is afraid, even he himself sometimes feels like a victim after. We cannot relate to them, until even society understands that and sometimes—the reason that they are less forthcoming or the reason that they make these decisions to hide, is because we are ready to attack them from society.

Mr. Chairman: I think you are missing my point. I am trying to get to the issue of socialization of young men and by extension women and the choices they make to engage or not engage in certain types of behaviour. I am not talking about the—in this stage, the issue of multiple impregnations or multiple interactions. I am talking about how we socialize young men and by extension women differently, to make better choices in terms of their responsibilities, for their own behaviours and the consequences of those responsibilities.

Mr. Feeles: Well, definitely to me that is a different question now. Right. So definitely we understand the culture that we have, as you rightfully said. A young man—

Mr. Chairman:—let me give you an example. Young men including myself get to 21 and are chastised by their peers for not having a child. "What is wrong with you?" "You gay, you infertile", not in such classic terms. And it is a neighbourhood block thing, where a young man has to prove himself by becoming a father, very early, sometimes as early as teens because his cohorts are doing that and he feels pressured by his cohorts and society to express his masculinity, by becoming a father. Fact of life. How do we counteract that? How do we imbue a different sense of self and masculinity from young men who are pressured by society into a particular type of behaviour and choice?

Mr. Feeles: All right, what I am saying is that I do not want to disagree with you. I am not saying that they are pressured into becoming a father, but I could understand where you say they are pressured into the sexual interaction or they should have multiple women, a number of these things, right? That is the point that you are getting to. And it is something that we highlight from the organization and advocate against all the time. Look at some of the ads that are being promoted, whether it be from corporate or not, on television. We highlighted this very recently, an ad, and I saw they took it down. I am not going to say who it was about. Where the whole promotion was a man was cheating on his wife. A man had multiple women and it was a man's thing to do. So at the end of the day, we have been putting things out into society, spreading that message for years. This is what a man does, this is why young boys—a young boy who has been sexually penetrated, meaning by an adult woman, he feels nothing is wrong with him, he feels no offence has been committed against him, because he is a macho man and if he goes and he tells a group of men or a group of women what happened, they might give him a "bounce", as opposed to saying "Ay, an offence was committed against you". You understand? And that is the reality of it; that is how we culture young boys.

Mr. Chairman: How do we counteract that? And then member Newallo-Hosein and then member Ford.

Mr. Feeles: But that is it, by changing the narrative, putting things with more positives out there, about what manliness is. What manliness—and I see a number of companies doing that now. A number of NGOs doing are doing that, manly men doing that. We at Single Fathers Association, when we see ads like the ad we saw, saying something about it, that is the most that we can do. Making those people take it down. So these are the things that we have been seeing in society, we have been putting out by society, whether it comes from State, whether it comes from corporate, these are the things that we have been telling young boys, that this is what a man is. So we have been culturing our society to believe so, so whether they have learned that from their peers or whether they have learned that from their parents, they just turn on the television and they have learnt it right there. So we all have a part to play when it comes to being responsible for this kind of behaviour.

Mr. Chairman: Member Newallo-Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. I think if I had asked this question and you would have broken the trend of the conversation, I think it is relevant now. You had indicated, the Chair had indicated that from an article out of Germany and we spoke about the behaviour of the child being—why it is they would do certain things, one of the things was low self-esteem and so forth. And I was just wondering if the Single Fathers Association recognizes the fact that an absentee father in any home allows for a child to grow up with low self-esteem and if this was a part of your whole education programme where it is fathers were encouraged, regardless of the relationship they had with the mother, which could be very combative, whether it was important for that father to present himself as a person who could be loving and caring towards the wellbeing of a child and putting aside any differences that may be prevalent.

Mr. Feeles: Ma'am, we have gotten that a very long time ago. The Judiciary still does not seem to have gotten it. Because the precedent for a man who wants to be involved in his child's life is four days a month. We have spoken about this on numerous occasions, we had a JSC right here when we lamented. It is not for a precedent for a man, it is precedent for a non-custodial parent. We however, are most times the non-custodial parent. We presented the evidence to the JSC here of that research, where a man, and a mother and a father on equal footing, no abuse taking place, is twice as unlikely to receive custody or care and control of his child, right?

Shared parenting at our Family Court is at the level of 2 per cent. So when it should be actually not 66 per cent to mummy or 32 per cent to daddy and more possibly about 60 per cent shared parenting, it is non-existent in our judicial system. So despite, there are a number of fathers who want to be involved. Yes, we always harp on the guys who do not want to be involved but I often see, we are the fathers today that grew without the fathers yesterday. So we understand the significance of being the fathers today. The bad thing is that we have to deal with the stain of the fathers of yesterday. So that same social perception of fathers not wanting to be there and fathers step up, I can tell you now, you could want to step up how much you want but until the system itself starts to recognize the value of fatherhood and the very same thing what you said about father absenteeism, then we will reach nowhere in a hurry.

Mr. Chairman: Member West and then member Forde.

Ms. West: On another point, Chair, to Ms. Mora, you had mentioned briefly in your opening statement about the introduction of mandatory parenting sessions. Can you expand on that a little bit and if you were not focusing on issues like the parent who prevented the eight-year-old from reporting the rape that she had suffered? How do you treat with that, since mothers or parents in the home are the biggest influences that will continue to be the biggest influences on the life of the teenagers who we are seeking to assist?

Ms. Mora: Okay, can I just speak to what Mr. Feeles said about fathers? One of the things I have recognized and over the years in all my work, started as a teacher in very—a long time ago, that there were men with multiple homes, three and four women with children and I asked Mr. Grant last week which home would we want him to go in, when we asked for fathers back in homes. He might decide to choose the last woman and marry her and many times there are children who are the same ages, and this gentleman who would have married the fourth woman, is not allowed to interact with the mothers of the other children because she is so very insecure thinking that he is still in a relationship with those mothers.

Mr. Chairman: Ms. Mora, I hate to interrupt you but we have 15 minutes left and I really want to focus on the teenage pregnancy aspect of it.

Ms. Mora: Okay. Well, the thing about it is the whole issue—I think I did not bring the Act with me but I know that if a boy is—if the couple, the boy and girl, maybe they were at school or are at school and he is just about two years older than she is, there will not be—because it is that young people will experiment. And a lot of times pregnancy will come because it is unplanned, but it

came out of the experiment.

Mr. Chairman: Specifically, to the question Member West asked about the situation where the parent is chastising the child and the child is reluctant to report the rape in the case that you cited at eight years old, and the parent being the most influential social agent in that child's life.

Ms. Mora: Well, parents would need to get some information on their children and their sexuality. Parents have to not forget how it was for them. Parents I find are not empathic when it comes to teenagers, they forget what it was like to be a teenager going through this whole issue about moving from childhood into young adulthood and all the biological changes that happen and what—you know, their whole view of life. Parents are not—we take care of children from birth to maybe about 10, 11, as soon as puberty hits we treat them with a very long pole. And we have done parenting programmes with TTAP and have put in this whole sense, this whole thing of sexuality. There is this that I have that I hand out to parents, "How to talk to your children about sex", and it is from birth to what you need to do. Common questions children have. This is a very short handout that parents—and how to be an approachable parent. I photocopy these things and hand them out in the communities.

Mr. Chairman: Okay, question for member Antoine.

Brig. Gen. Antoine: Yes, this question is to Mr. Feeles. You said the second phase target approach will begin in September. What other schools will be in involved, where? Because the first phase was in central, and how are you improving your product that you are giving to these youngsters?

Mr. Feeles: Well, this phase will continue in the same five schools, so these are the schools that we went to prior and did the general caravan, spoke on particular topics. So this phase now will be going into the schools and the children that are identified by principal as at risk, confidentially, they will group them and start working with them. That this second phase will be—we have the Student Support Services involved. We have as I said the Children's Authority, the Child Protection Unit, the Victim and Witness Support, the National Family Services. We have NIHERST, we have a number of stakeholders that are a part of this multi-sector committee and a number of programmes that they are bringing to offer to these children. So we are going to be doing that part and then as we said after, the third part will be the evaluation to see what impact we had on violence, what impact we had on teenage pregnancy, what impact we had on all of the other things that we targeted there. The document I would have provided this morning would show a detailed breakdown of the short term and long term goals of the Central Educational Multi-Sector

Committee.

Mr. Chairman: Member Hosein first and then member Jennings-Smith please. If it is a follow-up question then you could go ahead.

Mrs. Jennings-Smith: You indicated that you have had intervention with young men who would never want to see a woman again in his life and I am going to ask you the question. I know there have been times when young men would have been brought before the court and I want to ask you what kind of services you render to those young men. Because, most of the programmes are offered for first-timers, and I look at second chances. What programme do you offer for those young men having been involved in that particular activity and to prepare him for his life ahead.

Mr. Feeles: All right, well, at that time we had no programme that we could have offered the young men, but after making all these collaborations I would have said, as I mentioned with Central Educational Multi-Sector Committee with even the members of the Children Court, they are part of it as well. So as I said, going forward if we are to have young men that encounter these things, we involve them, because we know if there is an offence committed at the school that is where the children have to go to. So I think it is legal—I forget the exact name, legal duty I think who represents them, Legal Aid who represents the child and stuff like that, they are part of the committee as well. So we kind of have everybody involved and not only for school duty, even for SFAR duty where I say I could use or utilize one of the other stakeholders that are part of that committee, we will utilize them going forward.

11.50 a.m.

Mrs. Jennings-Smith: What I looked at is—I followed a particular case where a young boy had sex with a girl and a baby was born, and I have lived to see that particular baby who was also a boy encountered the same issues as well and also ended up in prison. I really wanted Ms. Mora but I know she cannot answer at this point in time, but I wanted to take recognition of that issue where it also happens in a case where a young man engages in that act. Because it is a highly psychological issue with the mother who has the child and most time it is not the parent of the child who reports but rather the grandparent who reports the sexual activity to the police.

Mr. Feeles: All right. I understand that.

Mr. Chairman: Member Newallo-Hosein.

Mrs. Newallo-Hosein: Thank you, Chair. This question is directed to the Child Welfare League. Based on your submission on page 3 concerning the family life curriculum, you indicated that your

outreach programme was stopped by the school support system of the Ministry of Education when they introduced a similar programme. Could you indicate whether the programme that was introduced, how similar was it with yours? Is it still continued? And how effective is the programme? Please, thank you.

Ms. Guy: Member, we did the outreach programme, the adolescent mothers programme to the primary school because these kids were going off to secondary school. You know, going into that vulnerable state. And the Ministry of Education they did a similar support service. They said it was like conflict of interest, that what we were doing is the same thing that they were introducing into the school system.

Mrs. Newallo-Hosein: What year did it end?

Ms. Guy: That could have been 2016; 2016.

Mrs. Newallo-Hosein: And did you have the opportunity to see the programme that the Ministry of Education put to the schools, and whether there was any contrast in what information was being presented to the young children?

Ms. Guy: No member.

Mrs. Newallo-Hosein: You did not?

Ms. Guy: No.

Mrs. Newallo-Hosein: Okay. So you do not know how effective the programme is?

Ms. Guy: No.

Mr. Chairman: Member Forde.

Mr. Forde: Okay members, just three quick questions to basically the panel. In term of you all outreach programmes methodology, do you all cater for working among—have any of you all worked among yourselves? Like for instance Single Fathers have you worked with Ms. Mora?

Mr. Feeles: No. Ms. Mora and I were on the child protection task force together though.

Mr. Forde: Right. But in terms of single fathers actually working to say look come and be part of me in this programme. I am working in central.

Mr. Feeles: No.

Mr. Forde: What about the social welfare. Have you engaged any of those two other individuals?

Mrs. Alleyne-Ross: No, we did not make—as a matter of fact, the Single Fathers is a new group, and we have not had that interaction with them at all. We have not connected with any other stakeholders.

Mr. Forde: So after today we can look forward to you all setting up—

Mrs. Alleyne-Ross: I am looking forward to that, as well as I am looking forward for us putting something in place to get the teenage fathers. A programme should be set up that we make some kind of connection with teenage fathers.

Mr. Forde: Secondly, you all work along with any faith-based organizations? Both three groups?

Mrs. Alleyne-Ross: Yes.

Mr. Feeles: Yes, definitely.

Mr. Forde: So in terms of abstinence, no sex before marriage and so [*Crosstalk*] those things could come up in your session. And finally, our teaching system in Trinidad and Tobago especially to Ms. Mora, I know have been in the vineyard for many, many, many years. I know you are doing a lot of work on the East-West Corridor at least, where I am. In terms of it skewed towards a disadvantage to our male youths—for example, simply put most of our teachers are female. We go to faith-based organizations, most of the people teaching there is female, and you know what I mean. What is a quick comment on that?

Ms. Mora: I have had no problem with working with young men. They are very, very open. It depends on how you do it. I think people have to be trained to work with teenagers. They have to have certain characteristics, non-judgmental, genuine, I think it can happen. I mean, I also do some work with trainee counsellors, master's students and again we have maybe four men in the class of about 28, there would be four men. And I am not sure if we could keep harping on getting more men into, because there is no—I do not think men are able to take care of their families on a counsellor's salary these days. So men will not gravitate, I do not think they gravitate to teaching either. But we have to do some kind of outreach programme to young men who are in fifth form. Just as we do career planning with them and have career days where pilots and people come and talk, we should have those male teachers who are doing well, there are a few of the young men who I worked with who became male teachers and are doing very well in the system. So I think we have to identify those male teachers and bring them into those schools just as we bring the flight attendants, the pilots, and all those other, the nurses, and the firemen and what have you, we need to identify male teachers who are doing well in the system, who are not absent from school every two/three days and bring them in to talk to young men about teaching as a career.

Mr. Chairman: As we seek to close, I am going to ask for final comments from each panellist before us. Could we start with Ms. Guy first please?

Ms. Guy: Chair, Vice-Chair, members, I just want to thank you all this morning for accommodating the Child Welfare League. Moving forward if we could have more financial aid to our organization for us to continue this much needed programme that we have embarked on. I personally would like to see teenage pregnancy eradicated, but I know that is far from ever happening, but that we would put both male and female in a better stead. The girls, they take slowly to move on whereas the males, they remain in the system and they just, you know—because even if the girls re-enter the system, they go back stigmatized. So we have to do lots of preparation in order for them to go and be successful. So again I want to thank you all.

Mr. Chairman: Thank you so much. Mrs. Alleyne-Ross.

Mrs. Alleyne-Ross: I think that we need to put some more work in place. More education starting from our primary level concerning preteens and teenage pregnancy, and more so to get more of the male involve in these classes. We have to do something more centred around the fathers, potential fathers that they too would come into it, so that we can stop it from starting in the school. Because we have it from primary schools, so we have to put the education from their preventative. And I think this is where we need to concentrate how to get more information into our primary school areas to combat this teenage pregnancy. Thank you very much, Sir.

Mr. Chairman: Ms. Mora.

Ms. Mora: There is some research that shows that fewer American teens are engaging in sexual activity, because there are so much more activities for them that can be accessed free of charge in their communities. This is one way when we give young people a reason for being born. There are many young people, they do not know why they are born, because they were born by chance, and once we help them to understand that they have a future, and that their future will depend on the choices they make today, I think things would turnaround.

Mr. Chairman: Thank you, to Mr. Feeles.

Mr. Feeles: Firstly, I would like to thank the Committee, Mr. Chair, Vice-Chair and members for inviting the Single Fathers Association here, giving our prospective which I believe is a new prospective. I think primarily what is very important for us to focus on is sexual misconduct between these teenagers. I highlighted before that 105 students were suspended in one year. All of these could have resulted in pregnancies. I understand the pit between the teenage pregnancy of women and teenage fatherhood of boys—boys and girls, sorry, but I think if we really focus on sexual misconduct and trying to minimize, or carry that down between these teenagers, obviously

we are not going to have babies being born. So I think a focus on that is critical and important.

Mr. Chairman: Thank you. I would like to thank Ms. Cheryl Ann Guy and Mrs. Cheryl Alleyne-Ross, Centre Manager/Regional Coordinator respectively of the Child Welfare League. Ms. Anna Maria Mora, Counselling Psychologist/Author and of course representing the Trinidad and Tobago Association of Psychologists and also Mr. Rhondall Feeles of the Single Fathers' Association. Thank you all for your contribution here today. We appreciate you being here. We would also like to thank members of the media who are there and observers in the public gallery and those of you in the viewing and listening audience. We would also like to advise the Committee's report on an inquiry into the potential benefits of traditional, complementary and alternative medicine in the treatment of non-communicable diseases affecting Trinidad and Tobago was recently presented in the House of Representatives and the Senate and is now available for your review on the Parliament's website: www.ttpaliament.org. Thank you for viewing and listening. And this meeting is now adjourned.

12.01 p.m.: *Meeting adjourned.*

Statistics provided by the TTPS

TABLE 5: TEENAGE PREGNANCY 2015-PRESENT

Division	2015	2016	2017	2018	2019	Total
Central	5	15	9	30	0	**59**
Eastern	5	20	10	24	2	**61**
North Eastern	19	29	26	10	6	**90**
Northern	5	28	11	66	26	**136**
Port of Spain	7	6	14	29	10	**66**
South Western	0	22	24	29	13	**88**
Southern	2	9	31	20	4	**66**
Tobago	0	8	17	6	4	**35**
Western	0	0	0	0	5	**5**
Total	**43**	**137**	**142**	**214**	**70**	**606**

TABLE 6: VICTIMS OF SEXUAL OFFENCES 2014 - 2018

Offences	2014	2015	2016	2017	2018	Grand Total
Rape	91	77	18	7	4	**197**
Sex with Female 14-16 yrs.	236	137	18	4	4	**399**
Sex with Female under 14	154	97	17	7	7	**282**
Sexual penetration	0	26	248	269	394	**937**
Grand Total	**481**	**337**	**301**	**287**	**409**	**1815**

TABLE 7: MALE OFFENDERS 18 YEARS AND OVER

Offences	**2014**	**2015**	**2016**	**2017**	**2018**	**Grand Total**
Rape	87	65	58	53	53	**316**
Sex with Female 14-16 yrs.	129	53	4	0	0	**186**
Sex with Female under 14	90	78	1	1	5	**175**
Sexual penetration	0	7	52	60	73	**192**
Grand Total	**306**	**203**	**115**	**114**	**131**	**869**

Appendix VIII

Official Statistics

Trinidad and Tobago Police Service[58]

TABLE 8: TEENAGE PREGNANCY STATISTICS BY DIVISION 2015-PRESENT

Division	2015	2016	2017	2018	2019	Total
Central	5	15	9	0	0	**59**
Eastern	5	20	10	2	2	**61**
North Eastern	19	29	26	6	6	**90**
Northern	5	28	11	26	26	**136**
Port of Spain	7	6	14	10	10	**66**
South Western	0	22	24	13	13	**88**
Southern	2	9	31	4	4	**66**
Tobago	0	8	17	4	4	**35**
Western	0	0	0	5	7	**5**
Total	**43**	**137**	**142**	**70**	**70**	**606**

[58] Information received in a written submission dated May 17, 2019.

Ministry of Education[59]

Table 9: Teenage Pregnancy Cases for the Period 2014 -March 2019

Education District	Primary School			Secondary School			
	Government	Denominational Board	Government-Assisted	Government	Denominational Board	Government Assisted	TOTAL
Caroni	-	-	-	8	7	-	**15**
Port of Spain & Environs	-	1	-	50	2	6	**59**
St. George East	-	-	-	31	-	-	**31**
North Eastern	-	-	-	25	-	-	**25**
Victoria	-	2	-	9	4	1	**16**
South Eastern	-	-	-	16	1	-	**17**
St. Patrick	-	-	-	4	2	-	**6**
TOTAL	**0**	**3**	**0**	**143**	**16**	**6**[60]	**169**

Table 10: No. of Pregnant Students and Student Mothers who were referred to the Child Protection Unit and/or the Children's Authority between 2014 and 2019

Education District	Child Protection Unit	Children's Authority of Trinidad & Tobago
Caroni	15	15
North Eastern	3	4
Port of Spain & Environs	17	2
South Eastern	15	17
St. George East	10	0
St. Patrick	4	5
Victoria	16	16
TOTAL	80	59

[59] Information received in written submissions dated April 12, and May 28, 2019.

[60] The Committee noted that this figure (6) appeared to be an error in calculation by the MoE. The correct figure appears to be 7.

TABLE 11: HEALTH AND FAMILY LIFE EDUCATION TEACHER TRAINING (SECONDARY) IN 2017

Education District	**No. of Teachers Trained in HFLE**
Caroni	48
North Eastern District	32
Port of Spain & Environs	39
South Eastern	34
St. George East	38
St. Patrick	36
Tobago	36
Victoria	47
Total No. of Teachers Trained	310

TABLE 12: HEALTH AND FAMILY LIFE EDUCATION TEACHER TRAINING (SECONDARY) IN 2018

Education District	**No. of Teachers Trained in HFLE**
Caroni	17
North Eastern District	10
Port of Spain & Environs	35
South Eastern	10
St. George East	21
St. Patrick	30
Tobago	-
Victoria	22
Total No. of Teachers Trained	145

TABLE 13: NO. OF WORKSHOPS/SESSIONS ON SEX EDUCATION CONDUCTED WITH MALE STUDENTS DURING 2019

Education District	**Topics**	**Number of Workshops**	**Number of Male Students**
Caroni	Scheduled for Term 1, September 2019		
North Eastern	Scheduled for Term 1, September 2019		

Education District	Topics	Number of Workshops	Number of Male Students
Port of Spain & Environs	Sexuality and Sexual Responsibilities	6	26
	Puberty and Socially Acceptable Behaviours	3	25
St. George East	Scheduled for Term 1, September 2019		
St. Patrick	Appropriate and Inappropriate Touching	1	12
	Good and Bad Touch	1	6
	Understanding Child Sexual Abuse	1	6
South Eastern	Sexual Orientation	1	12
	Social Media and Pornography	1	38
	Feelings and Intimacy (Developmental Stages)	1	38
	Irresponsible Sexual Behaviour	1	38
Victoria	Responsibilities as a Teenager	1	4
	TOTAL	17	205

Children's Authority of Trinidad and Tobago (CATT)[61]

[61] Information received in a submission dated May 28, 2019

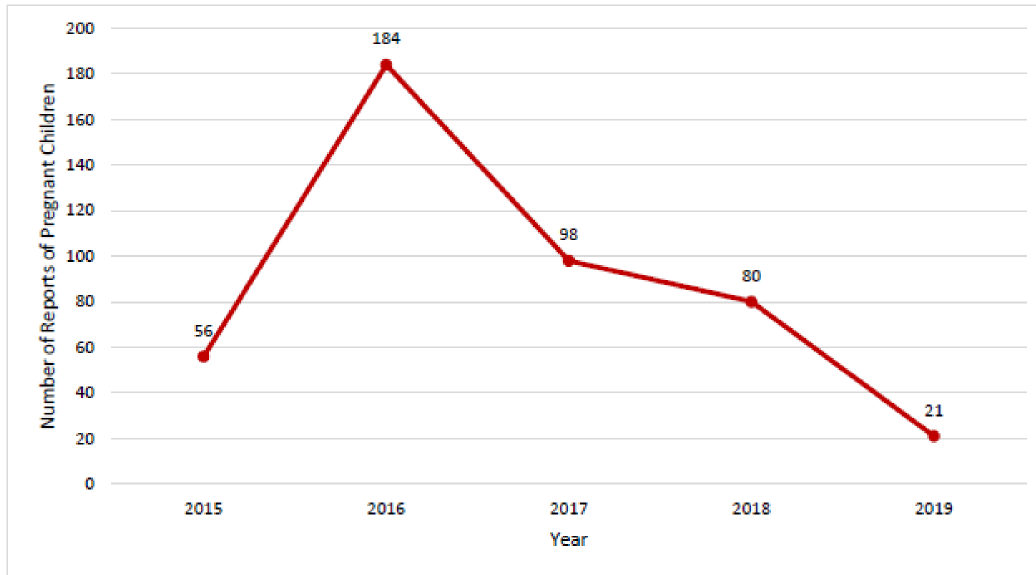

Figure 1:Reports of Pregnant Children by Year

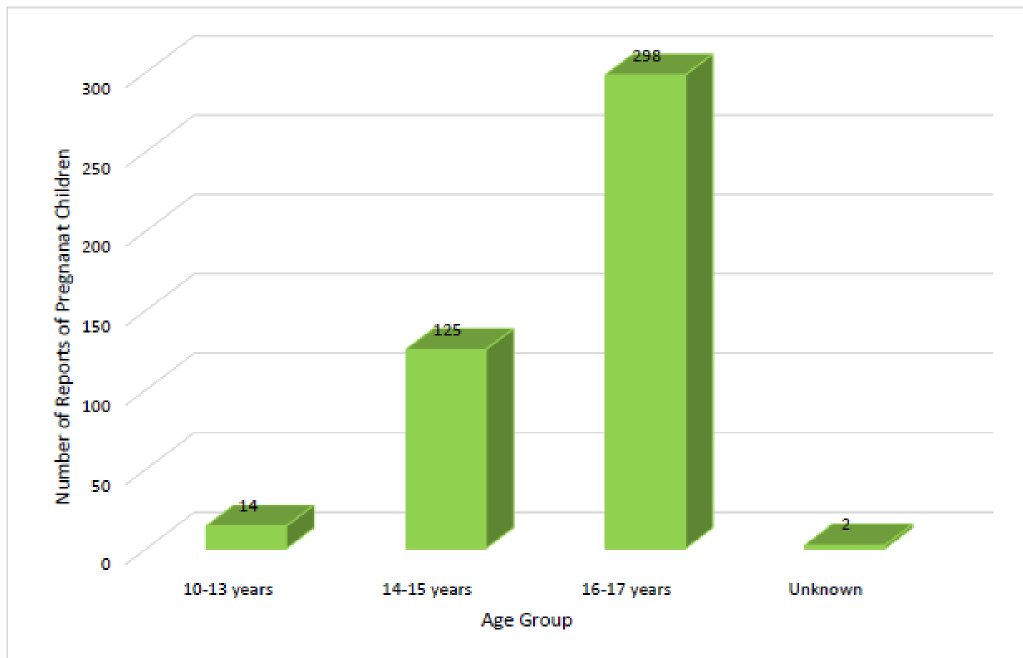

Figure 2: Reports of Pregnant Children by Age

FIGURE 2: DISAGGREGATED STATISTICS OF TEENAGE PREGNANCY REPORTS BY YEAR AND AGE (2015-2019).

TABLE 14: REPORTS OF PREGNANT CHILDREN BY GEOGRAPHIC LOCATION

Geographic Location	Number of Reports of Pregnant Children
Arima	24
Chaguanas	15
Couva/Tabaquite/Talparo	19
Diego Martin	49
Mayaro/Rio Claro	8
Penal/Debe	15
Point Fortin	20
Port of Spain	42
Princes Town	24
San Fernando	17
San Juan/Laventille	105
Sangre Grande	16
Siparia	22
Tobago	10
Tunapuna/Piarco	53

Ministry of Health[62]

TABLE 15: HEALTH ISSUES OF TEENAGE MOTHERS COLLECTED IN THE PERINATAL INFORMATION SYSTEM, AUGUST 2018-JANUARY 2019

Health Issue	Number of Cases		
Anaemia	169		
Pre-eclampsia	9		
Diabetes Mellitus	16		
Renal Disease	7		
Hypertension	7		
Renal Disease	7		
Fibroids	4		
Heart Disease	4		
Mental Illness	8		
Active Smoking	**1st Trimester**	**2nd Trimester**	**3rd Trimester**
	48	16	22
Alcohol Use	**1st Trimester**	**2nd Trimester**	**3rd Trimester**
	23	7	5
Drug Use	**1st Trimester**	**2nd Trimester**	**3rd Trimester**
	23	18	16

[62] Information received in a written submission dated July 1, 2019.

TABLE 16: ACTUAL STAFF COMPLEMENT FOR THE MATERNAL, CHILD AND ADOLESCENT CARE SERVICES AT THE ERHA AND NCRHA

Staff	**Regional Health Authority**	
	ERHA	**NCRHA**
Midwife	14	16
Registered Nurse	18	65
Registered Nurse / Midwife		25
Enrolled Nursing Assistant	30	65
House Officer	12	28
Registrar	5	5
Consultant		3
Medical Officer 1	13	
Specialist Medical Officer	4	
House Officer	12	
Peer Educator		2
TOTAL	**108**	**209**

TABLE 17: STAFF COMPLEMENT AT THE RHAS

RHA	**No. of MSWs**	**No. MSWs assigned to Treat Teenage Pregnancy Cases**
ERHA	8	8
NWRHA	22	9
NCRHA	5	5
SWRHA	16	7
TRHA	2	1

Appendix IX

Appendix I

MINISTRY OF EDUCATION
CENTRAL GUIDANCE UNIT

POLICY STATEMENT ON THE EDUCATION OF GIRLS FACED WITH SCHOOL -AGE PREGNANCY

POSITION STATEMENT

All adolescent girls who face school-age pregnancy are entitled to continue their education in a form that is meaningful and relevant to their specific needs and situations.

RATIONALE

The Education Act, chapter 39:01, section 7 of the laws of Trinidad and Tobago addresses the Prohibition of Discrimination.

> ***"No person shall be refused admission to any public school on account of the religious persuasion, race, social status or language of such person or of his parent."***

The social status of the school-age pregnant girl or young mother should therefore be no obstacle to her attendance/admission to any public school.

Further, the Government of Trinidad and Tobago, through a Minute to Cabinet dated January 17th, 2001, considered and agreed to the proposals adopted by the Caribbean Ministers of Education on February 9th –12th, 2000, A plan of Action for Education For All In the

1

Caribbean. Included in this Caribbean EFA Plan of Action 2000-2015, section 6.2, are the targets for

> ***"Improved provision of diversified learning opportunities and modalities for all especially at-risk, unreached and excluded groups.***
> ***Implementation of measures to ensure improved rates in enrolment, retention, participation and attainment by both genders resulting in improvement in gender equity."***

Once again support for continuing education for girls facing school-age pregnancy is enshrined in Goal number 3.34, Education for All, Dakar Goals.

> ***"All young people ...... must be given the opportunity to gain the knowledge and develop the values, attitudes and skills which will enable them to develop their capacities to work, to participate fully in their society, to take control of their own lives and to continue learning."***

This goal was one of those goals adopted at a World Education forum in April 2000, at a meeting at Dakar, Senegal, where more than 164 countries attended to commit to the achievement of EFA goals and targets for every citizen and every society.

<u>POLICY STATEMENT</u>

"Education is a fundamental human right." [1]All young people including adolescent girls who face school age pregnancy should be given the opportunity for on-going education in order to acquire the knowledge and life skills necessary for gainful employment and full participation in their societies.

[1] Commitment No. 6, The Dakar Framework, Education for All: Meeting Our Collective Commitments.

The Central Guidance Unit's policy requires that once a student is identified as being pregnant/recently delivered an infant/recently had a miscarriage or abortion, the Guidance Officer should initiate action necessary to assess the educational needs and readiness of this student (See Appendix I).

A summary report of the Guidance Officer's evaluation and recommendation should then be submitted to the relevant Guidance Officer II for further discussion and action. The Guidance Officer should continue to advocate and ensure that there is adequate follow-through on the recommendations agreed to.

MINISTRY OF EDUCATION
CENTRAL GUIDANCE UNIT

GUIDELINES FOR ASSESSMENT OF STUDENTS NEEDS FOLLOWING PREGNANCY/BIRTH OF BABY

LEARNING/CAREER ISSUES

1. What is the student's present level of Education?
2. What is the age/date of birth of the student?
3. What is the student's performance to date? (Academic/non-academic i.e., achievement, punctuality, regularity, attitude, conduct)
4. What are the student's life-goals: short and long-term?
5. What is the student's attitude to continuing education?
6. What does the student hope to gain from continuing education?
7. What possible educational options exist for the student?
8. What is the level of mastery by the student of the 'essential' life-skills? .... Parenting, time-management, decision-making, communication, coping and social skills.
9. Is the previous school environment conductive to the return of the student?

PERSONAL/SOCIAL ISSUES

Health

1. What is the health of the student?
2. What is the health of the baby? ...... Are there any medical problems that would require serious involvement of the student?
3. What is the student's understanding of human growth/development and sexuality?

Family

1. Is student receiving emotional support from parents/guardian?
2. Who exercises authority over the student – baby's father/student's father or mother or both/guardian?
3. Who will be taking care of the baby while the student is at school/during study time?
4. Will care of the baby be adequate if student is to return to school?

Finance

1. Who will be/is financially responsible for the student . . . . . . for the baby?
2. Is financial support adequate to meet current needs of the student and the baby?
3. Is the financial support adequate to meet the student's needs if she should return to school?
4. Is this support long-term or short-term?

Baby's Father

1. What are the circumstances that led to the student's pregnancy?
2. Who is the baby's father?
3. How old is he?
4. Does he attend school? . . . . . if yes, which school and what is his name? . . . . if no, does he work?
5. What is the present relationship between the student and the baby's father?
6. Is there continuing sexual activity between the student and the baby's father?
7. What are the short-term and long-term plans between the student and the baby's father?

Documents to be obtained

1. Student's Cumulative Record Card/report book.
2. Medical certificate – where appropriate.
3. Any other information, as may be necessary.

Appendix X

Services/initiatives related to teenage pregnancy

Ministry of Health

The following activities will be implemented in 2019 under the "Every Woman, Every Caribbean Child" initiative:

i. Training for healthcare workers in Modern Contraceptive Methods;
ii. Training for healthcare workers in Safe Identification and Referral of Gender-based Violence Survivors;
iii. A national consultation for the elimination of mother-to-child transmission of HIV and Syphilis is planned for July 2019, in collaboration with PAHO;
iv. Continued establishment of adolescent health clinics in each RHA; and
v. Development of the National Plan of Action for Women's, Children's and Adolescents' Health, which will use a life course approach to improve the health of women children, and adolescents – healthy adolescents now, healthy adults in the future, and healthy future generations.

Office of the Prime Minister

The following organizations will participate in the UN Foundations programme in 2019:

i. YTEPP (females, Tobago) – completed in April 2019
ii. YTEPP (males, Tobago) – expected to commence June 2019
iii. YTEPP (males and females, Trinidad) – expected to commence July 2019
iv. Care Giver Training (children's homes) – expected to commence June 2019
v. St. Dominic's Children's Home – in progress
vi. St. Jude's Children's Home – in progress
vii. Sunny Hill Homestead Boys Home – in progress
viii. All schools – expected to commence September 2019
ix. Police Youth Clubs (Manzanilla, Morvant and Tobago) - commenced on May 11, 2019.

Additionally, the Youth Affairs Division will facilitate the delivery of the programme to all youth groups under the Ministry's purview. The Ministry of National Security (Civilian Conservation Corp, Military Led Academic Training [MLAT]) will also participate.

Family Planning Association of Trinidad and Tobago

TABLE 18: SERVICES PROVIDED BY THE FAMILY PLANNING ASSOCIATION OF TRINIDAD AND TOBAGO

Service/Initiative	Description
De Living Room (est. 2001)	A clinic which offers SRH services to youth aged 14 to 25 years in Port of Spain and environs. Services include: counselling, needs assessment, pap smears, pregnancy tests, non-permanent contraceptives, screening for sexually transmitted infections, other health tests and abstinence education.
De Roving Living Room (est. 2007)	This is a mobile clinic which provides services to out of school youth, particularly those living in areas with high poverty rates, including Sangre Grande, Arima, Couva/Tabaquite/Talparo and San Fernando. Youth Advocacy Movement volunteers provide educational demonstrations on contraceptive use and provide peer support. Between 2016 and 2018 at least 50 communities were targeted. However, the scope of outreach services has been reduced due to the deterioration of the mobile unit.
Collaborative HIV/AIDS Management Programme (CHAMP) (no dates provided)	Workshops are conducted with caregivers and adolescents with the aim of strengthening family times. In addition to the HIV awareness, educational topics include sexual risk taking.
CHOICES – An Adolescent Mothers Programme (no dates provided)	The FPATT collaborates with the MSDFS and the Child Welfare League to deliver this programme. Activities included providing educational outreach sessions and contraceptives to contribute to the reduction of unplanned pregnancies.
Comprehensive Sexuality Education (CSE) (2017)	A 12 month pilot project was conducted in 3 private secondary schools with the goal of developing, implementing and monitoring a tailored CSE curriculum in participating schools. Activities included: rapid needs assessment, workshops with teachers and youth, creation of an Advisory Committee, stakeholder engagement, and creation of educational videos about CSE. Two other private schools are expected to participate in the project.

Collaboration with United Nations Refugee Agency (UNHCR) (October 2018 – present)	In collaboration with the UNHCR, the FPATT provides SRH services to Venezuelan nationals living in Trinidad and Tobago.
Other community outreach	The FPATT also collaborated with community-based organizations to deliver services and conduct public events related to international health observances. At these events community-based health volunteers were trained to assist in the delivery of the services and activities.

Investigative Process of the CATT[63]

The Authority's Investigation Unit, upon receipt of a report of a child in need of care and protection, initiates contact with the reporter and any other persons identified in the report. Further enquires are made regarding the nature of the report and whether there were any changes or updates since the report was initially made to the Authority. Contact may sometimes include the child's school, parents/guardians, family members, community members, and/or medical personnel.

An initial investigation involves conducting a visit to the home where the child resides and identifying whether the child is in imminent danger or risk and if there is any possibility of future risk to the child. In order to determine the above, inquiries are made about the child's daily life. This includes gathering information about the parenting style and supervision of the child, social activities that the child engages in, the child's accessibility to health care, and support systems that are in place for the child as well as the economic stability of the family.

In some instances, a visit to the child's school may be necessary. This occurs when the reported incident occurred at the school or if the child is being interviewed during school hours.

Conducting an investigation is a very intricate and comprehensive process that requires the input and cooperation of several individuals and stakeholders. The Authority's staff, during the course of their investigations, collaborates with agencies such as the Student Support Services Department (SSSD), Trinidad and Tobago Child Protection Unit (CPU), Ministry of Education, and Medical and

[63] Information received in a written submission dated May 29, 2019.

Psychiatric Social Workers. Stakeholders' involvement may be required under the following circumstances:

- Student Support Services Department/Ministry of Education: When interviews are conducted with the child at school or when the report was made by the department/school
- Child Protection Unit:
    - When the area if which the child resides has been identified as high risk by the Trinidad and Tobago Police Services
    - When the child is being received into care
    - When there is a criminal element in the matter, the Authority is required to report the matter to the respective TTPS Child Protection Unit.
- Medical Personnel (inclusive of Medical Social Workers and Psychiatric Social Workers):
    - When the report was made by any persons in the medical field
    - When medical information is needed regarding a child

In some cases, based on the findings of the investigation, a child may be required to be received into care. When this is deemed necessary, based on the Children's Authority Act (46:10) Section 22, the following steps are taken:

- The Authority attempts to find family members who are willing and able to act as the legal guardian of the child, and subsequently the Authority conducts a Suitability for Placement Assessment. If found suitable, the family member will apply for a Fit Person Order through the Authority, to grant the party legal custody of the child. If a fit person cannot be found the Authority would source alternative placement for the child in a Community Residence or foster home.
- The process of receiving a child into care is explained to the parents/guardians, which includes them signing a "Received into Care" document. This document details the steps taken by the Authority when receiving a child into care as well as the legal rights of the parent/guardian.
- The Authority acquires all relevant documents from the parents/ guardians (such as the child's birth certificate, immunisation card, medical information etc.) for the application of Wardship.
- The Authority's staff accompanies the child with the CPU to be medically examined. The nature of the medial exam is dependant on the reason for the child's removal (for example a general medical for cases of neglect, a forensic medical for cases of sexual abuse).

- The Authority's staff accompanies the child and CPU to a Place of Safety.Feedback is provided to the child's family on the status of the child and to provide updates on the status of the filing and the next date of hearing.
- The child's case is referred to relevant departments within the requisite interventions and assessments.

The Authority's investigatory process is considered completed when all investigations (inclusive of home, school, community and inquiries of any other external agency) are concluded and the following conditions are met:

- The child is not at any further risk of abuse.
- The child is in an environment that is conducive to his/her overall well-being.
- All investigative reports are completed and submitted for further intervention.
- Referrals for interventions are prepared and submitted to the appropriate internal and external stakeholders.