Population Programme

INTRODUCTION

Issues related to sexuality affect individuals throughout the life cycle. The Government of Trinidad and Tobago established the Population Programme Unit in 1969 to facilitate the delivery of fertility management services to citizens. This department has been the major provider of Sexual and Reproductive Health (SRH) services in the country. These services include fertility management in all primary care facilities, the Port of Spain General Hospital and the Mt Hope Women’s Hospital, diagnostic screening or cervical cancer, first line counselling in SRH, specialist referrals and education and training programmes.

At present, the department, through the Ministry of Health, has developed a new policy for the reorganization of SRH services. A number of activities have been initiated to ensure a collaborative approach to this paradigm shift for the delivery of SRH services.

SERVICES OFFERED

Services are provided at all Health Centres on scheduled clinic days and at Port-of-Spain, Mt. Hope and San Fernando Hospitals.

No appointment is necessary. Clients are attended to on a first come first serve basis.

You are not required to provide any documents to access these services. If you are a new client, however, you will be required to provide some basic demographic information (age, area of residence etc.)

Services include:

- A variety of contraceptive options;
- Diagnostic screening services for pap smear

(in selected health facilities);

- Referral to Specialist Medical services
- Pregnancy testing; and
- Family life counselling

ADDITIONAL SERVICES TO BE OFFERED

- Adolescent and youth services
- Male services
- Post fertility services
- Expanded diagnostic screening services
- Secondary referral for counselling
- Referral to social services

BACKGROUND

The Population Programme Unit has focused on the provision of fertility control services in the past decades. This has resulted in an emphasis on services targeting mainly women, through the provision of maternal and child services and contraceptive options. As a result, there has been a steady decline in fertility rate from 5.3 in the 1950’s (PAHO, 1992) to 1.7 in 1997 (CSO, 1997). While the