Government of the Republic of Trinidad and Tobago
Ministry of the People, Social Development and Family Services

unicef
for every child

Multidimensional Child Poverty Analysis 2025

IN TRINIDAD AND TOBAGO

Acknowledgements

The Ministry of the People, Social Development and Family Services and UNICEF Eastern Caribbean Area Office extend sincere appreciation to all partners and institutions that contributed to the successful completion of Trinidad and Tobago's first Multidimensional Child Poverty Analysis. This landmark effort marks an important step in advancing the national evidence base on child well-being and will serve as a foundation for the forthcoming National Child Poverty Reduction Strategy.

We acknowledge the invaluable contributions of the Child Affairs Division, the Ministry of Education, the Children's Authority of Trinidad and Tobago, the Ministry of Health, the Ministry of Planning, Economic and Social Development, the Ministry of Rural Development and Local Government, the Ministry of Culture and Community Development, the Ministry of Social Development and Family Services and the Department of Behavioural Sciences and the HEU, Centre for Health Economics of the University of the West Indies, St. Augustine Campus.

Finally, we extend heartfelt appreciation to the Social Policy Research Institute (SPRI) team for leading this groundbreaking analysis. Special recognition is given to Professor Chris De Neubourg, and team members Liên Boon, Nesha Ramful, and Chloé Van Damme, for their technical excellence, dedication, and unwavering commitment to ensuring that no child is left behind.

Design & layout: www.itldesign.co.za

Government of the Republic of Trinidad and Tobago
Ministry of the People, Social Development and Family Services

unicef
for every child

© UNICEF/2025/CARRIZALES

Multidimensional Child Poverty Analysis 2025

IN TRINIDAD AND TOBAGO

Hon. Vandana Mohit
Minister of the People
Social Development and Family Services

Foreword

Children represent the heart of our nation's future, their laughter, their dreams, and boundless potential are what make Trinidad and Tobago truly whole. Yet, the reality revealed through this Multidimensional Child Poverty Analysis Report reminds us that far too many of our children are being denied the fullness of that promise.

This study illuminates the multiple, overlapping deprivations that shape a child's experience of poverty beyond income; it encompasses their access to education, health, protection, and emotional well-being. It provides evidence that poverty is not merely a lack of money, but a lack of opportunity, access, and empowerment.

The findings are sobering. They demand not just our attention but our action. Every percentage point, every data set, represents a child, a life that deserves the chance to thrive. It is for this reason that the Government, through the Ministry of the People, Social Development and Family Services, has made the welfare of children a central pillar of its mission.

Over the past months, we have taken deliberate steps to strengthen social protection systems, to realign programmes for greater equity, and to ensure that every child, regardless of circumstance, can reach their full potential. From enhanced nutritional support and access to developmental services, to deepened collaboration across Ministries and agencies, our approach is grounded in compassion, data-driven action, and accountability.

This report, prepared in collaboration with UNICEF and the Ministry's Child Affairs Division, is not an end in itself but a call to sustained engagement. It is a guide that will shape our ongoing reform agenda, ensuring that interventions are precise, inclusive, and responsive to the realities of children's lives in every community.

As Minister, I view this work not as a statistician's exercise, but as a moral commitment to confront the roots of deprivation with sincerity, to give voice to the voiceless, and to reimagine social development through the eyes of a child.

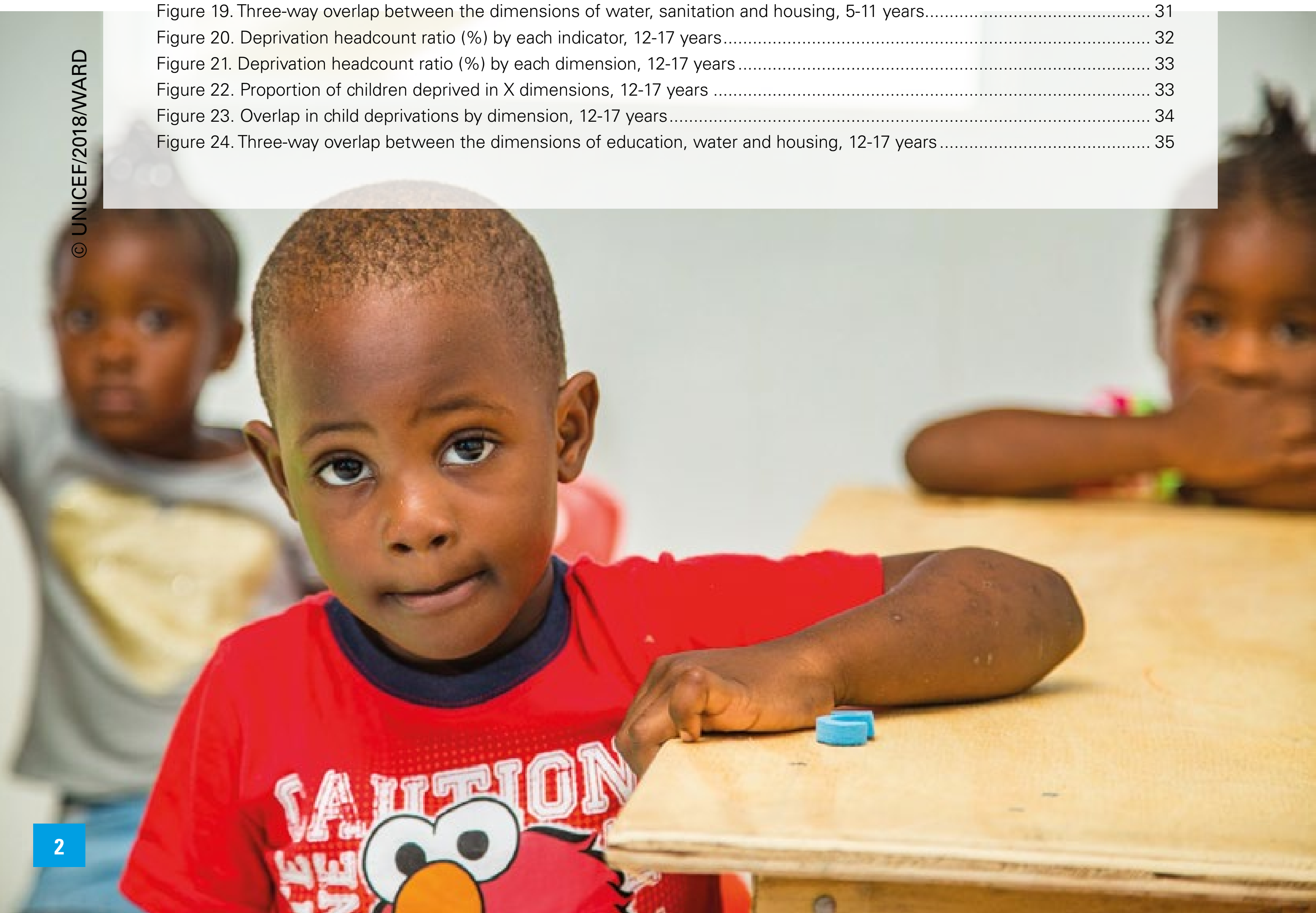
Let us, therefore, move forward not only with knowledge but with heart, for when we lift a child out of poverty, we lift a nation.

Honourable Vandana Mohit
Minister of the People, Social Development and Family Services

Contents

Tables:

Figures:



Abbreviations & acronyms

ECE	Early childhood education
HH	Household
MICS	Multiple Indicator Cluster Survey
MODA	Multiple Overlapping Deprivation Analysis
N-MODA	National Multiple Overlapping Deprivation Analysis
OPM	Office of the Prime Minister
SDGs	Sustainable Development Goals
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations International Children's Fund

Glossary

Deprivation	A child is considered to be deprived if they do not have access to a basic service or good related to their well-being.
Multiple Indicator Cluster Survey (MICS)	The Multiple Indicator Cluster Survey (MICS) is a dataset, including information on the nutritional and health status of children under five years, child development, child protection, water, sanitation, and information.
Household	A household is composed of one or more people living in the same housing unit. This analysis considers only households with children.
Household head	A household head is an individual who generally is responsible for making decisions in a household and is the primary income provide.
Child	A child is an individual aged 0-17 years old.

Executive summary

Introduction

Trinidad and Tobago is a high-income country[1] located in the Southern Caribbean, with a population of 1.4 million[2]. According to the Central Statistical Office's estimates, based on 2011 census data, children accounted for 20.6 percent in 2022. In the context of the Sustainable Development Goals (SDGs)[3], building an understanding of the nature of child poverty and deprivation is essential to address the needs of children through appropriate programmes and policies. In particular, Target 1.2 aims to reduce by at least half the proportion of children living in poverty in all its dimensions, according to national definitions, by 2030. This study aims to assess the current situation of children and their well-being in Trinidad and Tobago by: i) analysing the deprivation incidence across different dimensions; ii) identifying the intensity of deprivation experienced; and iii) outlining the profile of the most vulnerable children (for example, geographical, demographic and socio-economic characteristics).

The results presented in this report are derived from the multidimensional child poverty analysis among children aged 0 to 17 years in Trinidad and Tobago, based on the Multiple Indicator Cluster Survey (MICS) 2022.

Methodology

The Multiple Overlapping Deprivation Analysis (MODA) methodology uses the child as the unit of analysis and adopts a life-cycle approach, reflecting the fact that children's needs are not homogenous across their childhood. The analysis included the following dimensions of child well-being: nutrition, health, education, water, sanitation, and housing. Results were then disaggregated by four age groups: 0-23 months, 24-59 months, 5-11 years and 12-17 years. In addition, MODA enhances knowledge of sector-by-sector approaches with an overlapping deprivation analysis, indicating which of the multiple facets of child poverty are experienced simultaneously.

The MODA methodology uses the union approach to aggregate indicators into dimensions. For example, a child was considered as deprived in water if they did not have access to a basic water source or to sufficient water quantities in the last month prior to the survey.

Key findings

Multidimensional poverty affected 35.7 percent of children (0-17 years) in Trinidad and Tobago. A child was considered to be multidimensionally deprived, if they faced deprivation in at least two dimensions of their well-being at the same time. More than seven out of ten (72.6 percent) suffered from at least one deprivation**.** In addition, 11.4 percent were deprived in at least three dimensions simultaneously. Very few children experienced deprivation in four or five dimensions at the same time (2.3 percent and 0.2 percent respectively).

The disaggregation of results by age group show that 75.8 percent of children 0-23 months, 42.1 percent of children 24-59 months, 29.7 percent of children 5-11 years, and 32.5 percent of children 12-17 years were multidimensionally deprived. The multidimensional deprivation rate was much higher for the youngest age group, due to the nutrition and health dimensions, for which data was not available in the MICS 2022 for the other age groups. The nutrition dimension presented the highest deprivation level of 70.6 percent for children aged 0-23 months. In fact, 68.5 percent of children 0-5 months were not exclusively breastfed, while 71.2 percent of children

[1] The World Bank n.d.
[2] Central Statistical Office 2022.
[3] SDG Target 1.2 aims to reduce at least by half the proportion of children of all ages living in poverty in all its dimensions according to national definitions by 2030.

aged 6-23 months did not receive adequate infant and young child feeding. In addition, almost half of children aged 0-23 months suffered from deprivation in *health* (49.4 percent). For the older age groups, the *housing* dimension showed the largest proportion of deprived children, ranging from 34.4 percent for children aged 12-17 years to 52.0 percent for children aged 24-59 months. Access to basic water sources and improved toilet facilities were not a problem for most children, with deprivation rates below four percent.

Children living in rural areas presented a higher multidimensional deprivation rate than children living in urban areas. In fact, 41.0 percent of rural children faced deprivation in at least two dimensions of their well-being as opposed to 31.9 percent of urban children. At the regional level, the South-West region recorded the lowest proportion of multidimensionally deprived children (32.6 percent), while the highest level of child poverty was observed for the Eastern region (53.0 percent).

Furthermore, multidimensional deprivation was higher for children living in above average-sized households, those living in female-headed households, and those with a lower-educated household head. Approximately four in ten children from households with more than the average number of children were multidimensionally deprived (39.5 percent), compared to 25.7 percent of children in households with fewer children. Similar results were observed for the number of all household members. In addition, the multidimensional deprivation rate stood at 38.8 percent for children living in female-headed households as opposed to 33.4 percent of children living in male-headed households. Moreover, lower proportions of multidimensionally deprived children were found when the education level of the household head was higher. Indeed, 45.0 percent of children with a household head with no or primary education suffered from deprivation in at least two dimensions, as opposed to 22.7 percent of children with a household head who had completed upper secondary or higher education.

Boys suffered from slightly higher multidimensional deprivation rates than girls. Around 36.5 percent of boys were deprived in at least two dimensions of their well-being compared to 34.8 percent of girls.

Finally, children exposed to psychological and physical discipline showed higher multidimensional deprivation rates than children who were not exposed. Indeed, 38.4 percent of children exposed to physical discipline were multidimensionally deprived compared to 31.8 percent of non-exposed children. No statistically significant differences were found regarding multidimensional deprivation based on whether the child was left alone or in the care of another child. Children with a birth certificate were much less likely to experience multidimensional deprivation than children without a birth certificate (52.1 percent versus 71.3 percent).

Policy recommendations

Based on these findings, the following recommendations are formulated:

- **Address the high levels of deprivation in nutrition and health for children aged 0-23 months**. Increase the organisation of awareness campaigns to promote exclusive breastfeeding for children under six months old and adequate feeding practices to achieve optimal growth. Breastfeeding, in particular, is fundamental to reducing child mortality.[4] Special attention should be given to children living in female-headed households, as they presented higher deprivation rates in terms of infant and young feeding (74.3 percent compared to 68.8 percent of children living in male-headed households). In addition, community-level networks can be established and consolidated to facilitate the dissemination of information.
- **Develop a sensitisation programme for (new) parents on the importance of early childhood education (ECE) attendance.** While access to education does not seem to be an issue for most children, early childhood education is much less frequently attended. However, equal access to (early) learning activities can help

[4] UNICEF 2012.

reduce existing inequalities.[5] In recent years, the number of early childhood centres has increased, but these are largely privately organised. Increased coordination from the Ministry of Education will therefore improve the quality of education.

- **Adopt a multi-sectoral approach for policies aimed at children, whereby existing programmes are further developed.** In Trinidad and Tobago, it is important to implement comprehensive programmes through collaboration with different ministries rather than focusing on sectoral interventions, as results indicate that many children faced multiple deprivations simultaneously. For example, combined policies related to nutrition, health and housing could be designed and operationalised for children aged 0-23 months, given that 17.5 percent were deprived in all three dimensions at the same time. Other examples include:
    - Sensitisation on handwashing techniques in primary schools in collaboration with the Ministry of Health and the Ministry of Education.
    - Promote partnerships between the Housing Development Corporation and the public-private sector to fulfill corporate responsibility to address national gaps in housing.
    - Strengthen and build the capacities of all state agencies, civil society bodies and private sector organisations with the aim of reducing child poverty.
- **Encourage integration of the Social Services Delivery System**. Facilitate the collaboration, coordination and implementation of services using a centralised data hub. Currently the Ministry of Social Development and Family Services, in association with United Nations Development Programme (UNDP), is developing a National Register for Vulnerable Persons.
- **Target the most vulnerable children.** This analysis has identified the characteristics of the children with the highest (multidimensional) deprivation levels. Indeed, specific attention should be paid to children living in rural areas, in the Eastern region, in larger households, with a female head, and with a lower-educated household head. Furthermore, promote additional social services targeting vulnerable families with children under the age of five, and improve access to digital infrastructure for poor and vulnerable people.
- Finally, **conduct additional research** to better understand the situation of children in Trinidad and Tobago with regards to the following topics:
    - Child protection and its impact on (multidimensional) child deprivation.
    - Nutritional and health status of older children.
    - Carry out a comprehensive assessment to ascertain the human resources required to be recruited in support of the delivery of social services.
    - Assess the level of access of vulnerable households to digital infrastructure and internet connectivity.
    - Estimate the feasibility of providing subsidies for household development in rural areas.

[5] King Oliver 2023.

© UNICEF/2025/PIROZZI

1. Introduction

1.1 Background and Context

Trinidad and Tobago is a high-income country[6] located in the Southern Caribbean, with a population of 1.4 million inhabitants[7]. According to the Central Statistical Office's estimates, based on 2011 census data, children represented 20.6 percent in 2022. Natural resources, such as oil and gas, are the driving factors of the economy. The country's gross domestic product has fluctuated regularly in recent years, reaching a low of -9.1 percent in 2020, while recovering and reaching 2.5 percent in 2023.[8] On the Human Development Index, which measures the population's life expectancy, literacy and standard of living, Trinidad and Tobago ranks 57^{th} out of 191 countries.[9] In 2022, child mortality stood at 16.3 deaths per 1,000 living births[10] and nearly all children received skilled assistance at birth.

However, various challenges remain in terms of children's rights and access to essential services. Children who start school at the age of 4 years are expected to have completed 12.4 years of schooling by the age of 18, which is adjusted to 9.1 years of actual learning.11 Moreover, in 2021, 11.2 percent of women aged 20 to 24 years were first married or in union before the age of 18 years old,12 while 38 in every 1,000 girls aged 15-19 years gave birth.13 Consequently, Trinidad and Tobago showed slightly higher average adolescent fertility rates compared to other high-income countries.

In addition, the COVID-19 pandemic negatively impacted the living conditions of many households, in particular vulnerable population groups. The Caribbean Food Security & Livelihoods Impact Survey revealed that half of the

6 The World Bank n.d.
7 Central Statistical Office 2022.
8 IMF Data Mapper 2023.
9 United Nations Development Programme 2020.
10 UNICEF 2022.
11 The World Bank 2020.
12 UN Women 2021.
13 The World Bank 2022.

respondents were affected by job loss and/or income reductions.14 Access to markets was difficult for approximately 20 percent of respondents, mainly due to lack of financial resources, whereas a quarter of the respondents cut down on food consumption in the week prior to the survey. In particular, lower-income households and Spanish-speaking respondents were most affected.

1.2 Purpose of the Study

In the context of the Sustainable Development Goals (SDGs),[15] building an understanding of the nature of child poverty and deprivation is essential to address the needs of children through suitable programmes and policies. In particular, Target 1.2 has the objective to reduce by at least half the proportion of children living in poverty in all its dimensions, according to national definitions, by 2030. This study aims to assess the current situation of children and their well-being in Trinidad and Tobago by:

- analysing the **deprivation incidence** across different dimensions;
- identifying the **intensity of deprivation** experienced;
- outlining the **profile of the most vulnerable children** (for example, geographical, demographic and socio-economic characteristics); and
- **building the research and analytical capacity** of a selected number of local stakeholders in the country on child poverty and deprivation analysis using the Multiple Overlapping Deprivation Analysis (MODA) methodology. These participants will then train others in the future, to ensure the continued dissemination of knowledge and skills.

Moreover, the results of the study will inform and support the development of the National Child Poverty Reduction Strategy as part of the National Child Policy led by the Gender and Child Affairs Division within the Office of the Prime Minster (OPM), and can guide other policies with regards to child poverty and deprivation in the country.

1.3 Organisation of the Report

The methodology is described in detail in chapter 2, including an overview of the MODA methodology, the selection of parameters of child well-being in Trinidad and Tobago and a section on the limitations of the study. Furthermore, chapter 3 presents the results for all children (0-17 years). Subsequently, figures are broken down by the following four age groups: 0-23 months, 24-59 months, 5-11 years, 12-17 years, in line with the life-cycle approach. Finally, chapter 4 concludes the report with the most important key findings and some policy recommendations.

14 CARICOM et al. 2021.

15 SDG Target 1.2 aims to reduce at least by half the proportion of children of all ages living in poverty in all its dimensions according to national definitions by 2030.

2. Methodology

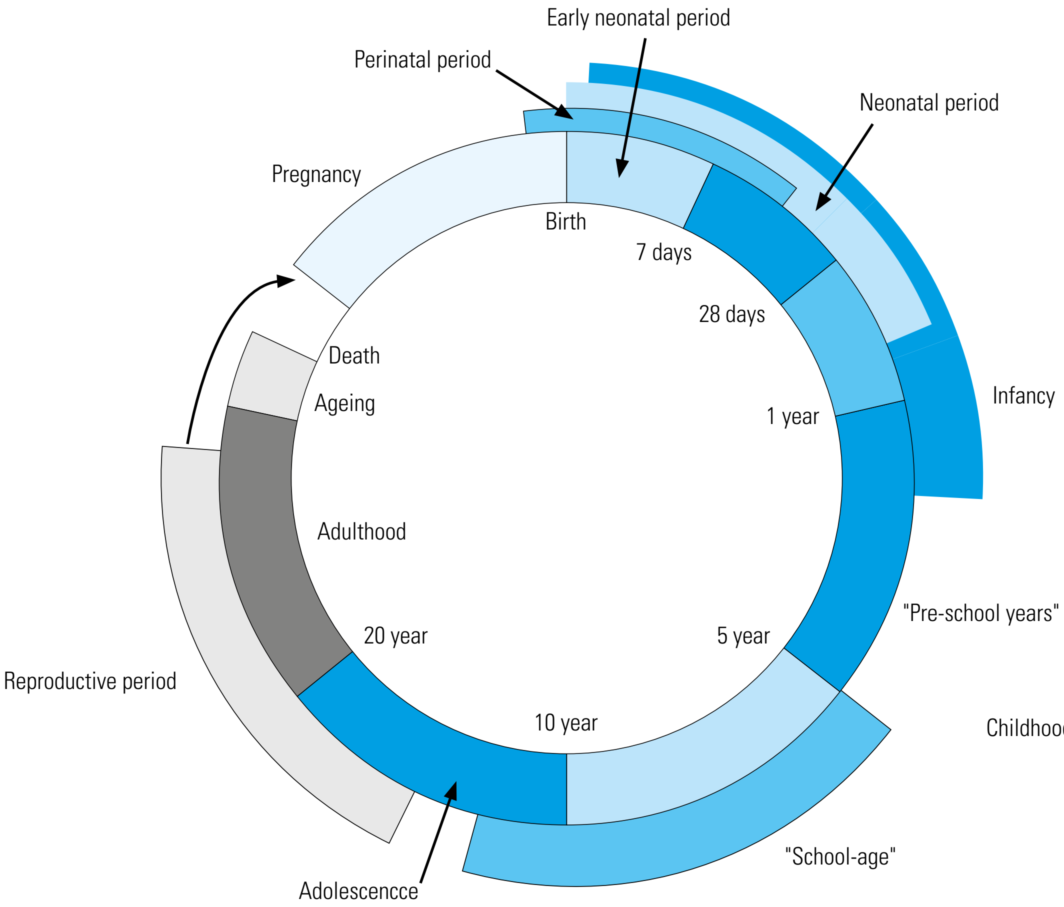
2.1 MODA Methodology

This analysis adopts UNICEF's MODA methodology[16] to measure and identify multidimensional poverty among children aged 0 to 17 years old in Trinidad and Tobago. It is a rights-based approach to measuring child poverty[17] and builds on existing methods of multidimensional poverty measurement such as UNICEF's Global Study on Child Poverty and Disparities[18] and the Oxford Poverty and Human Development Initiative's Multidimensional Poverty Index.[19] The methodology consists of the following key elements:

1. It is **child-centred**. The child is the unit of analysis rather than the household, as children experience deprivations and poverty differently from adults, especially with regards to developmental needs.
2. It adopts a **life-cycle approach** (Figure 1). Results are disaggregated by age groups to reflect the fact that children's needs are not homogenous across their childhood. Children have different needs, for example, during early childhood, primary childhood and adolescence.
3. It enhances knowledge of sector-by-sector approaches with an **overlapping deprivation analysis**. This analysis indicates which of the multiple facets of child poverty are experienced simultaneously and highlights the various severity levels of deprivation.
4. It applies a whole-child oriented approach by measuring the **prevalence and the depth of deprivations** each child experiences simultaneously, identifying the most vulnerable children. Thus, it supports the focus on equity because it allows for a concentration on highly deprived groups in the society, and the creation of profiles including their geographical and socio-economical position.

16 The MODA methodology is described technically in more detail in the step-by-step guidelines to MODA (de Neubourg et al., 2012).
17 "Absolute poverty is a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information" (UN, 1995).
18 (see Gordon et al. 2003; UNICEF, 2007)
19 (see Alkire and Santos, 2010; Alkire and Foster, 2011)

Figure 1. Life-Cycle Approach



Source: Claeson and Waldman (2000)

UNICEF's MODA is a flexible methodology that adapts to different input factors. The National Multiple Overlapping Deprivation Analysis (N-MODA) is a specific application of the MODA methodology fitting the national context and using recent and high-quality survey data with customised choices of age groups, dimensions and thresholds.

N-MODA aims to:

- capture national values and objectives concerning child development;
- explore the profile of deprived children, to locate them both geographically and socially;[20]
- improve the understanding of how the different deprivations by sector overlap, to identify which deprivations may need to be addressed simultaneously;
- inform equity-based public policy responses to child deprivation; and
- indicate deprivation coincidences that need further theoretical and empirical elaboration.

20 Profiling is the basis for the equity analysis, showing differences between geographical regions, area of residence, parents' socio-economic situation, wealth and other variables.

2.2. Data

Multidimensional child poverty in Trinidad and Tobago will be established based on the Multiple Indicator Cluster Survey (MICS) 2022, collected from August 1 to November 30 by the Central Statistical Office, which contains numerous parameters at the individual and household levels to assess child well-being, such as data on the nutritional and health status of children under five years, child development, child protection, water, sanitation and information. Furthermore, the MICS datasets include various socio-economic variables which can be used to disaggregate the results to reveal possible intra-household differences. The survey draws a sample of 7,499 households which provides representative estimates at the national, urban/rural and regional levels. The sample size distribution by region is presented in Table 1. The final analysis was conducted using a sample of 7,460 children under the age of 18.

Table 1. Distribution of sample size by region

REGION	SAMPLE SIZE
North-West	1,499
North-Central	1,731
Eastern	1,197
South-West	2,014
Tobago	1,058

Source: Author's calculations using Trinidad and Tobago MICS 2022

2.3 Dimensions, Indicators, and groups of analysis

The selection of parameters, including the age groups, dimensions, indicators and thresholds of (multidimensional) deprivation, was discussed during the inception workshop organised by OPM at the Courtyard Marriott Hotel in Port of Spain on 2 February 2023. The meeting provided reflection on national priorities to better contextualise the study and ensured the engagement of various social sector ministries, United Nations (UN) agencies, academia and other key stakeholders throughout the process. The full list of attendees can be found in Annex A.

After reviewing the available variables in the MICS 2022 dataset, in line with the N-MODA rationale presented above, the final list of dimensions and indicators within each dimension was identified (see Table 2). The results are broken down by four age groups: 0-23 months, 24-59 months, 5-11 years and 12-17 years, as children face different needs during their life cycle. Household-level indicators, such as water, sanitation and housing, were available for all ages, while some child-level indicators were included for specific age groups only. For example, nutrition and health data were only available for children under the age of five.

The MODA methodology uses the union approach to aggregate indicators into dimensions, with each indicator given equal weight. Each indicator represents a right of the child and it is therefore assumed that a child is deprived in a dimension if they face deprivation in at least one of its indicators.

Table 2: List of dimensions, indicators and thresholds for measuring child poverty using MICS 2022

	INDICATOR	THRESHOLD	0-23 MONTHS	24-59 MONTHS	5-11 YEARS	12-17 YEARS
Nutrition	Exclusive breastfeeding	**0-5 months:** Child is not exclusively breastfed (WHO).[21]	X (0-5 months)			
	Minimum acceptable food frequency	**6-23 months:** Child is not meeting standards for meal frequency & diversity (WHO).[22] Minimum meal frequency is defined as: • 2 times for breastfed infants 6–8 months • 3 times for breastfed children 9–23 months • 4 times for non-breastfed children 6–23 months. Dietary diversity refers to the child receiving 4 or more of the following food groups: 1. grains, roots and tubers 2. legumes and nuts 3. dairy products (milk, yogurt, cheese) 4. flesh foods (meat, fish, poultry and liver/organ meats) 5. eggs 6. vitamin A rich fruits and vegetables 7. other fruits and vegetables.	X (6-23 months)			
Health	Skilled birth attendance	**0-23 months:** Unskilled birth attendant assisted with child's birth (traditional birth attendant, community or health worker, relatives or friends, no one, other).[23]	X			
	Vaccinations (full immunization)	**0-35 months:** Child did not receive all vaccinations recommended in the national immunization schedule.[24]	X	X (24-35 months)		
Child development	Early childhood education (ECE) attendance	**36-59 months:** Child is not attending an ECE or pre-school programme.		X (36-59 months)		
	Adult-child interaction	**24-59 months:** No household member aged 15 or over engaged in at least four of the following activities with the child: read books, told stories, sang songs, took outside, played with, named or counted.		X		
Education	School attendance	**5-17 years:** Child is not attending school.			X	X
	Grade-for-age	**7-17 years:** Child is 2 or more years behind in school.			X (7-11 years)	X
	Primary school attainment	**12-17 years:** Child is beyond primary school age and has not completed primary education.				X

21 World Health Organisation 2013.
22 World Health Organisation n.d.
23 World Health Organisation n.d.
24 Ministry of Health n.d.

	INDICATOR	THRESHOLD	0-23 MONTHS	24-59 MONTHS	5-11 YEARS	12-17 YEARS
Water	Access to basic water	**0-17 years:** Household (HH) main source of drinking water is unimproved OR HH's time needed to go, get water and come back is more than 30 minutes.[25] **Improved:** piped into dwelling, piped into yard/plot, piped to neighbour, public tap/standpipe, handpump/tubewell/ borehole, protected dug well, protected spring, rainwater, bottled water, mineral water in sachet. **Unimproved:** unprotected dug well, unprotected spring, cart with small tank, tanker truck, surface water (lake/pond/ stream/canal/irrigation channel), other.	X	X	X	X
	Insufficient water quantities	**0-17 years:** HH did not have sufficient quantities of water in the last month due to unavailability, cost or inaccessibility.	X	X	X	X
Sanitation	Toilet type	**0-17 years:** HH uses an unimproved toilet facility.[26] **Improved:** flush to piped sewer system, flush to septic tank, flush to pit latrine, flush to don't know where, ventilated improved pit latrine, pit latrine with slab, composting toilet. **Unimproved:** flush to somewhere else, pit latrine without slab /open pit, bucket toilet, hanging toilet, no facility/bush/ field, other.	X	X	X	X
	Sharing of toilet facilities	**0-17 years:** HH shares toilet facilities with other households.	X	X	X	X
	Handwashing	**0-17 years:** HH does not have basic hygiene facilities (no handwashing place with running water, soap or other cleansing detergent in the household).	X	X	X	X
Housing	Overcrowding	**0-17 years:** HH has on average three or more people per sleeping room .[27]	X	X	X	X
	Materials of the roof, walls, floor	**0-17 years:** The exterior walls, roof and floor are made of natural or rudimentary materials.[28]	X	X	X	X

25 World Health Organisation n.d.
26 Ibid.
27 Asian Development Bank 2015.
28 UN Statistical Division 2021.

2.4 Limitations of the analysis

Other dimensions of child well-being were highlighted as relevant for assessing the deprivation level of children in Trinidad and Tobago. Despite their relevance, the lack of data or data limitations made it impossible to include them for measuring the prevalence and severity of child deprivation. Furthermore, the child protection dimension, including indicators related to birth certificate, negligence and extreme physical discipline, was removed as this was seen as a more complex problem that could drive child poverty and that it needs further research. Instead, the child protection parameters are used as profiling variables. Finally, in the handwashing indicator, households were defined as deprived and non-deprived based on observation. It is possible that children were considered deprived because the household head did not give permission to see the handwashing place in the household. This may have led to a slight overestimation of deprivation. However, these limitations do not avoid obtaining a comprehensive and disaggregated analysis of the situation of children in the country.

The **main limitations** can be associated with: (i) data availability for only a sub-sample of children (sometimes from sample collection design), (ii) lack of variance, or (iii) non-availability of the relevant variable.

Data availability for only a sub-sample: A selection of indicators is only available for a sub-sample of children. In order to better estimate multidimensional child poverty, the MODA analysis only includes data that are available for all or almost all children. Therefore, indicators such as child labour, learning skills and parental involvement in their children's learning cannot be included.

Lack of variance: The MODA methodology aims to identify the most vulnerable children. Therefore, indicators with high proportions of deprived or non-deprived children are removed. Moreover, it becomes difficult to prioritise and allocate resources efficiently if almost all children are deprived. This creates a challenge for policy design.

Non-availability of relevant variables: The following indicators were identified as important during the discussions but are not available in the MICS 2022 dataset.

- Nutritional and health data for children older than five
- Mental health and emotional well-being
- School performance
- Transport to school
- Lack of school supplies
- Access to special needs education
- Access to recreational activities
- Exposure to emotional, sexual or physical abuse.

Thus, this study identifies the most vulnerable children but should be considered a lower-bound estimation of deprivations for the child population. Table 3 presents the proportion of children deprived in some of these indicators that were not included in the main analysis due to the aforementioned data limitations.

Table 3. Deprivation levels for indicators that were kept out of the N-MODA analysis for Trinidad and Tobago

INDICATOR	THRESHOLD	AGE	PERCENTAGE OF CHILDREN DEPRIVED
Health insurance	Child lives in a household where no child has a health insurance.	0-17 years	81.1
Exposure to solid cooking fuels	Child lives in a household that uses solid fuels for cooking and does not have a separate room for cooking.	0-17 years	0.0
Access to electricity	Child lives in a household without electricity.	0-17 years	1.4
Access to information devices	Child lives in a household that has no radio, television, telephone, mobile phone or computer.	0-17 years	0.1
Exposure to mass media	Child lives in a household where no household member does at least one of the following activities at least once a week: read a newspaper or magazine, listen to the radio, watch television, use internet.	0-17 years	4.7
Birth registration	Child has no birth certificate.	0-4 years	10.7
Negligence	Child is left alone or with another child for more than one hour.	0-4 years	1.7
Exposure to physical discipline	Child is exposed to at least one of the following ways of physical discipline: shook child; spanked, hit or slapped child on bottom with bare hand; hit child on the bottom or elsewhere with belt, brush, stick; hit or slapped child on the face, head or ears; hit or slapped child on the hand, arm or leg and beat child up as hard as one could.	1-14 years	48.0

Source: Author's calculations using Trinidad and Tobago MICS 2022

© UNICEF/2019/JOHN

3. Results

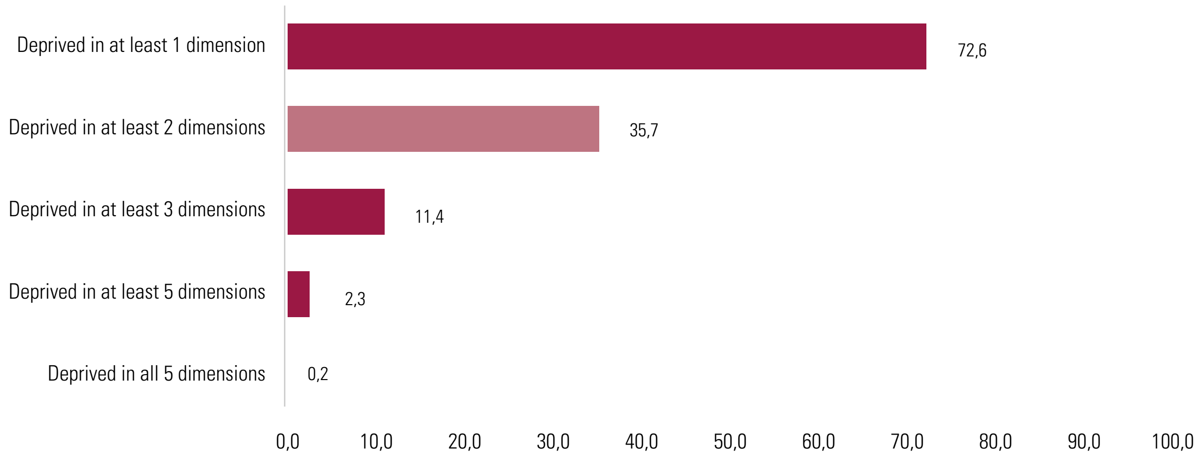
3.1 Multidimensional child poverty in Trinidad and Tobago (0-17 years)

More than seven out of 10 children (72.6 percent) in Trinidad and Tobago suffered from at least one deprivation (see Figure 2). Deprivation is measured by the following dimensions depending on the age of the child: nutrition, health, child development, education, water, sanitation and housing.[29] A child is considered to be multidimensionally deprived if they face deprivation in at least two dimensions of their well-being at the same time. Therefore, 35.7 percent of children were considered to be multidimensionally deprived in Trinidad and Tobago. In addition, 11.4 percent were deprived in at least three dimensions simultaneously. Very few children experienced deprivation in four or five dimensions simultaneously (2.3 percent and 0.2 percent respectively).

When breaking down the results by area of residence, some modest disparities were observed. Children living in rural areas faced higher levels of deprivation in all thresholds compared to children living in urban areas. Indeed, 75.7 percent of rural children were deprived in at least one dimension of their well-being as opposed to 70.4 percent of urban children. The largest discrepancy is found among the proportion of children deprived in at least two dimensions, with a difference of 10.9 percentage points.

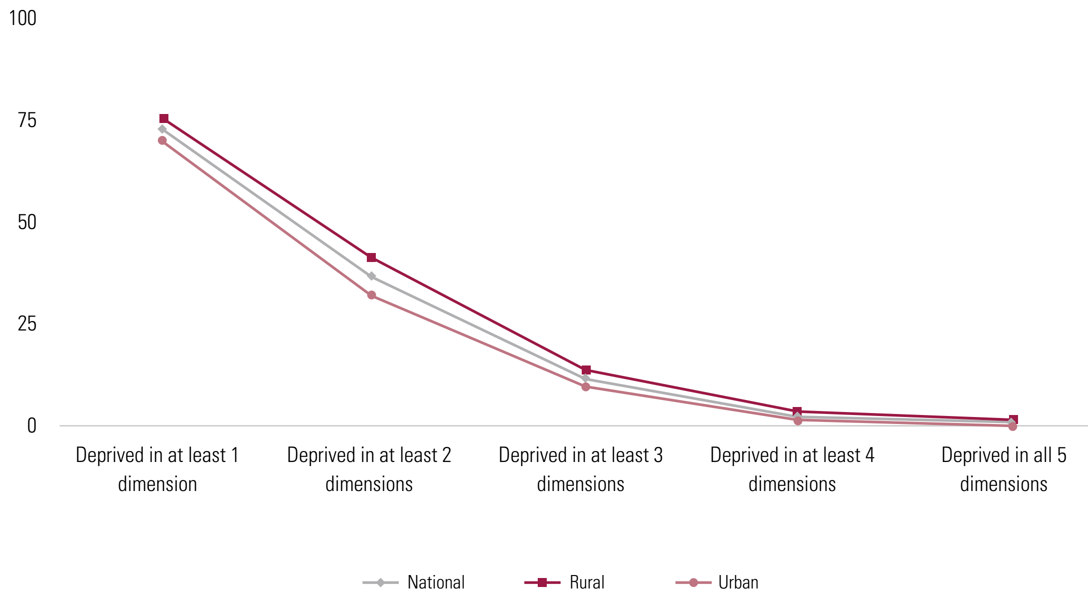
[29] The following dimensions were selected for each respective age group: 0-23 months: nutrition, health, water, sanitation and housing; 24-59 months: child development, water, sanitation and housing; 5-11 years: education, water, sanitation and housing; and 12-17 years: education, water, sanitation and housing.

Figure 2. Multidimensional deprivation headcount ratio (H) (%), 0-17 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

Figure 3. Multidimensional deprivation headcount ratio (H) (%) by area of residence, 0-17 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

In addition, the MODA methodology calculates the following three indices:

- The **multidimensional deprivation headcount (H) (%)**, indicating the proportion of multidimensionally deprived children.
- The **average intensity among the deprived (A) (%)**, assessing the average intensity experienced among these multidimensionally deprived children.
- The **adjusted multidimensional deprivation headcount (M0)**, an index ranging from 0 to 1, which takes into account both the incidence and the intensity of deprivation. This measure cannot be interpreted on its own, but can be used to compare deprivation levels between different geographic regions and population groups.

Table 4 shows the multidimensional deprivation indices for children (aged 0-17 years) at the national, urban/rural and regional levels. As already mentioned previously, multidimensional deprivation affected 35.7 percent of all children in Trinidad and Tobago. Furthermore, the percentage of multidimensionally deprived children living in rural areas was much higher compared to children living in urban areas (41.0 percent versus 31.9 percent). However, when analysing the average intensity among the deprived, smaller differences were observed between rural and urban children. On average, multidimensionally deprived children in rural areas suffered from deprivation in 58.3 percent of all dimensions analysed, while the average intensity of deprivation for urban children was 56.9 percent. At the regional level, children living in the South-West region experienced the lowest multidimensional deprivation levels, with 32.6 percent deprived in at least two dimensions of their well-being. Multidimensionally deprived children living in the Tobago and North-West regions experienced the lowest average intensity of deprivation; they were deprived in 56.4 percent of all dimensions. On the other hand, children living in the Eastern region were worst off, with a multidimensional deprivation headcount of 53.0 percent and an average intensity of deprivation of 61.3 percent.

Table 4. Multidimensional deprivation indices, using a threshold of k=2, by area of residence and geographical region

K=2	MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (H), %	AVERAGE INTENSITY AMONG THE DEPRIVED (A), %	ADJUSTED MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (M0)
National	35.7	57.6	0.09
Rural	41.0*	58.3	0.10*
Urban	31.9*	56.9	0.07*
Tobago	35.4*	56.4*	0.07*
South-West	32.6*	56.2*	0.07*
Eastern	53.0*	61.3*	0.17*
North-Central	35.4*	58.7*	0.10*
North-West	34.0*	56.4*	0.07*

*Note: * p<0.05 in Chi-squared test of independence.*

Source: Author's calculations using Trinidad and Tobago MICS 2022

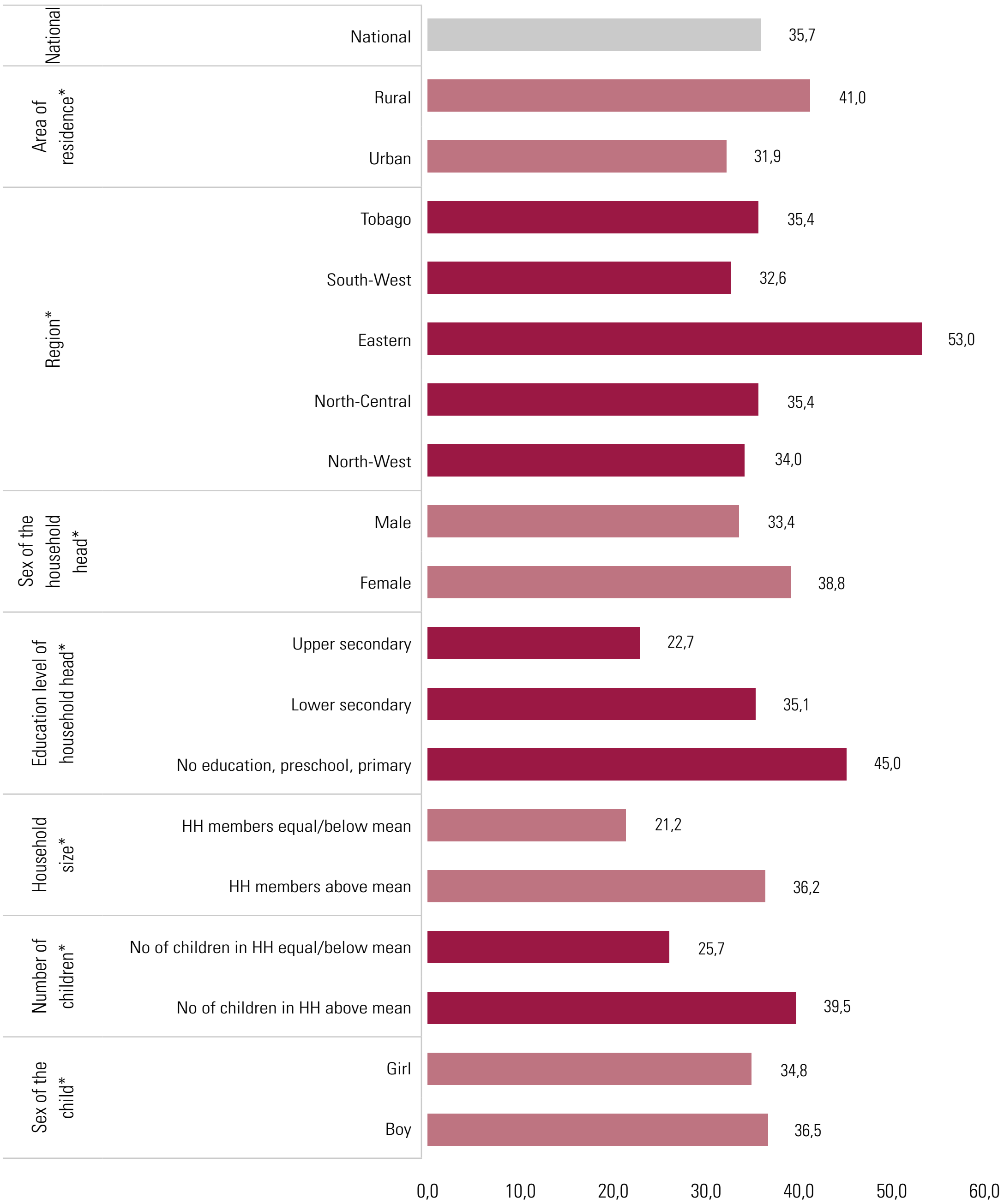
3.1.1 Characteristics of the multidimensionally poor children

This paragraph aims to further identify the characteristics of the most vulnerable children in the country. The multidimensional deprivation rate was higher for children living in a female-headed household compared to children living in male-headed households (38.8 percent versus 33.4 percent). Furthermore, lower percentages of multidimensionally deprived children were found when the education level of the household head was higher. Indeed, 45.0 percent of children living with a household head who had up to primary education suffered from deprivation in at least two dimensions, as opposed to 35.1 percent of children with a household head who completed lower secondary education and 22.7 percent of children with a household head who completed upper secondary or higher education. In addition, the household size and number of children in the household resulted in differences in the level of deprivation among children in Trinidad and Tobago. Approximately four in ten children from households with more than the average number of children[30] were multidimensionally deprived (39.5 percent), compared to

[30] The average number was 1.1 children in Trinidad and Tobago.

25.7 percent of children in households with fewer children. Similar results were observed for the number of all household members. Finally, boys faced slightly higher multidimensional deprivation rates than girls, 36.5 percent versus 34.8 percent.

Figure 4. Proportion of multidimensionally deprived children (0-17 years), using a threshold of k=2



*Note: * p<0.05 in Chi-squared test of independence.*

Source: Author's calculations using Trinidad and Tobago MICS 2022

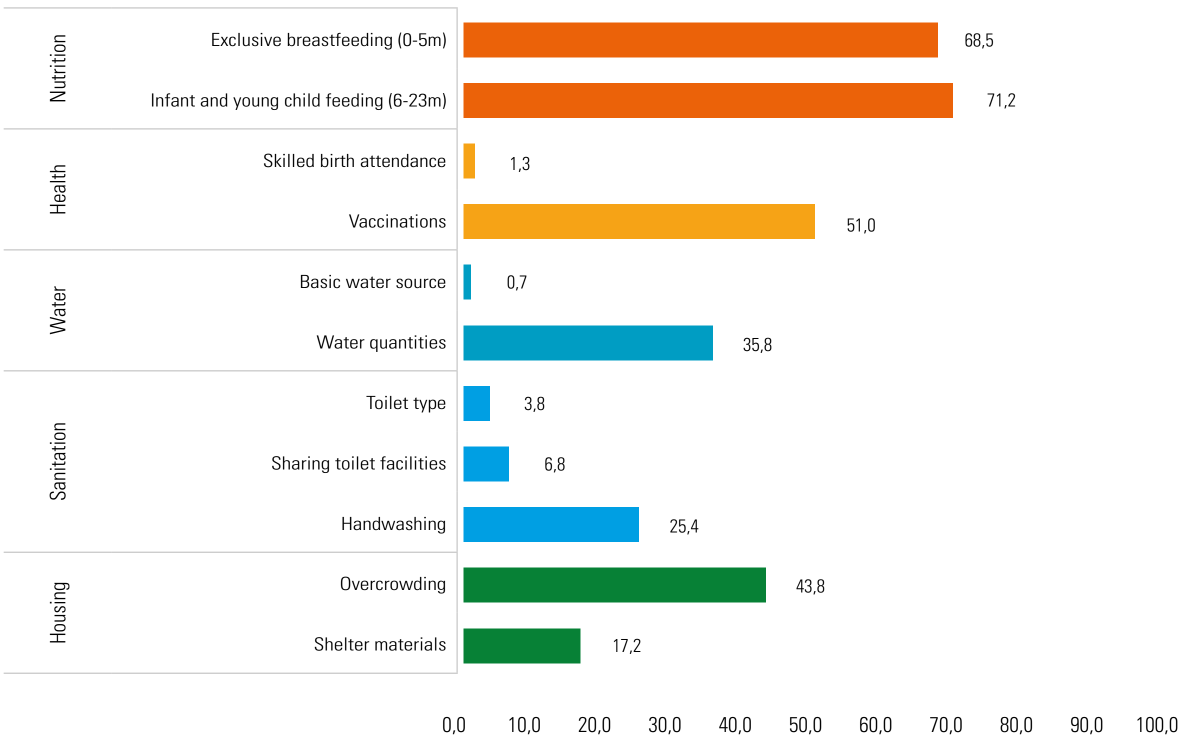
In the following sections, results are disaggregated by the four age groups (0-23 months, 24-59 months, 5-11 years and 12-17 years) to reflect the diverse needs of children across their life cycle. For each age group, sectoral and multidimensional results are presented.

3.2 Children aged 0-23 months

3.2.1 Sectoral deprivation

The infant and young child feeding indicator, measuring food frequency and diversity, presented the highest deprivation rate of 71.2 percent for children aged 6-23 months (see Figure 5). In addition, 68.5 percent of children 0-5 months were not exclusively breastfed. Approximately half of children in this age cohort did not receive all required vaccinations, while 43.8 percent lived in households with an average of at least three or more people per sleeping room. One quarter of children did not have access to a handwashing place with soap and water in their household (25.4 percent). Almost all children received skilled birth attendance and have access to basic water sources and improved toilet facilities. The deprivation rates for these indicators stood at 1.3 percent, 0.7 percent and 3.8 percent respectively.

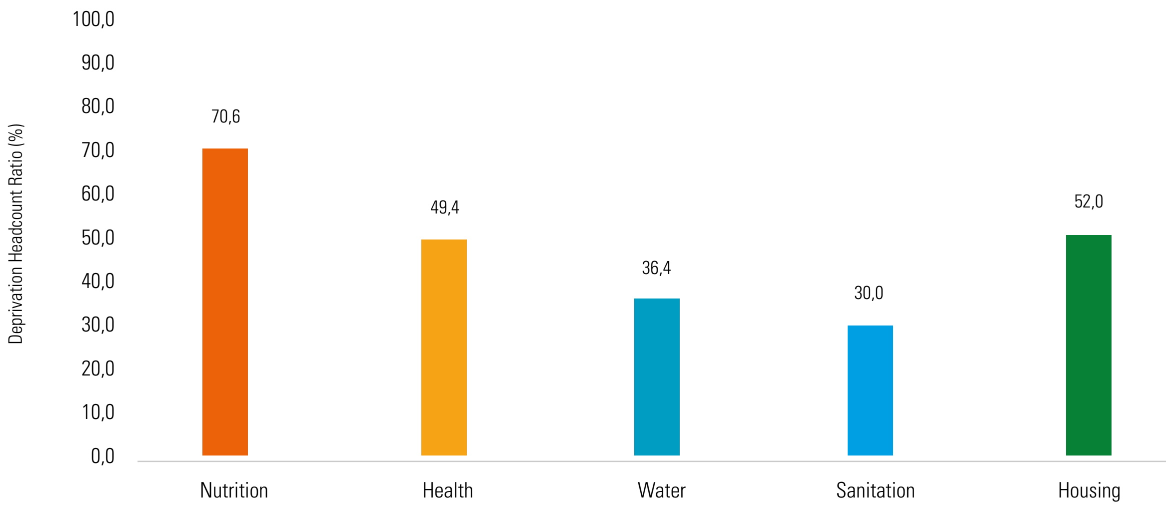
Figure 5. Deprivation headcount ratio (%) by each indicator, 0-23 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

This analysis uses the union approach to aggregate indicators into dimensions. A child is considered to be deprived in a dimension if they face deprivation in at least one of its indicators. Each indicator is therefore given the same weight to emphasise that each parameter is an important basic right for the child. For example, in Trinidad and Tobago, a child is defined as deprived in the housing dimension when they experience deprivation in the indicators overcrowding or shelter materials. Figure 6 displays the deprivation rates by each dimension for children aged 0-23 months. The nutrition dimension indicates the highest deprivation rate at 70.6 percent. Furthermore, 52.0 percent and 49.4 percent were deprived in housing and health, respectively. The lowest deprivation rate was found for the sanitation dimension (30.0 percent), consisting of the toilet type, sharing toilet facilities and handwashing indicators.

Figure 6. Deprivation headcount ratio (%) by each dimension, 0-23 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

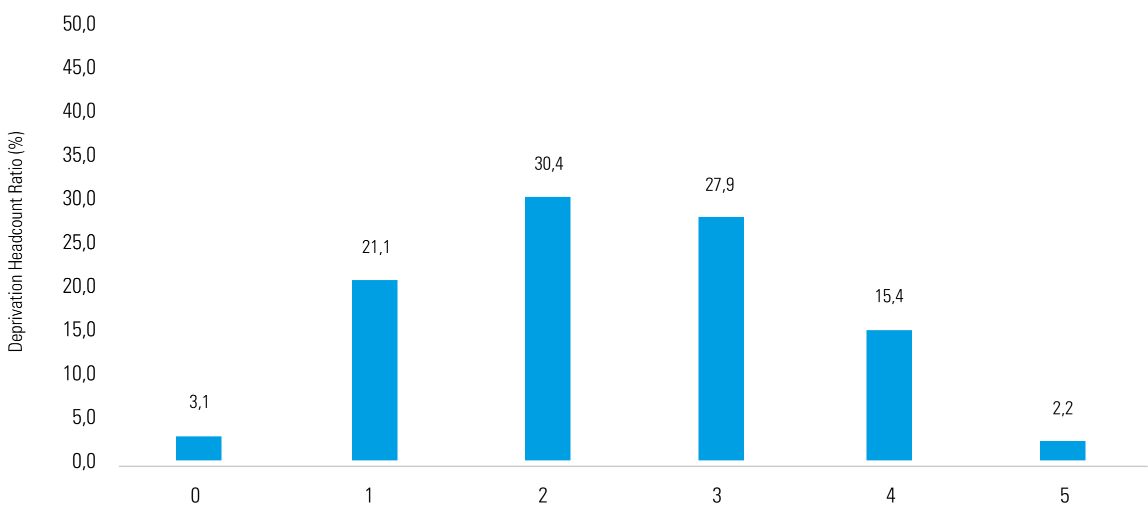
3.2.2 Multidimensional deprivation

Attention is now given to the multidimensional deprivation situation of children aged 0-23 months. The report presents the deprivation distribution, the multidimensional deprivation indices and the overlap between deprivations.

Deprivation distribution

The deprivation distribution for all children aged 0-23 months is shown in Figure 7. The graph indicates the proportion of children who were deprived in none, one, two, three, four or all dimensions simultaneously, irrespective of the specific dimension. Ideally, the distribution should be completely skewed to the left-hand side, with a large share of children facing deprivation in zero or one dimension. In Trinidad and Tobago, the deprivation distribution for children aged 0-23 months old demonstrates that most children this age were deprived in two or three dimensions at the same time (30.4 percent and 27.9 percent respectively). Less than three percent were deprived in all five dimensions analysed (2.2 percent), while only 3.1 percent of children this age experienced no deprivation.

Figure 7. Proportion of children deprived in X dimensions, 0-23 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

Multidimensional deprivation indices H, A and M0

Among children aged 0-23 months, 75.8 percent were multidimensionally deprived, meaning they experienced deprivation in at least two dimensions of their well-being. Multidimensionally deprived children this age, on average, suffered from deprivation in 57.2 percent out of the total number of dimensions analysed. Children living in rural areas showed higher multidimensional deprivation rates than children living in urban areas (77.1 percent versus 74.8 percent). Although the differences were minimal, the average intensity of deprivation among the deprived was slightly higher in rural areas compared to urban areas (58.8 percent versus 55.9 percent).

Table 5. Multidimensional deprivation indices at the national, rural and urban level using a threshold of K=2, 0-23 months

K=2	MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (H), %	AVERAGE INTENSITY AMONG THE DEPRIVED (A), %	ADJUSTED MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (M0)
National	75.8	57.2	0.43
Rural	77.1	58.8	0.45
Urban	74.8	55.9	0.42

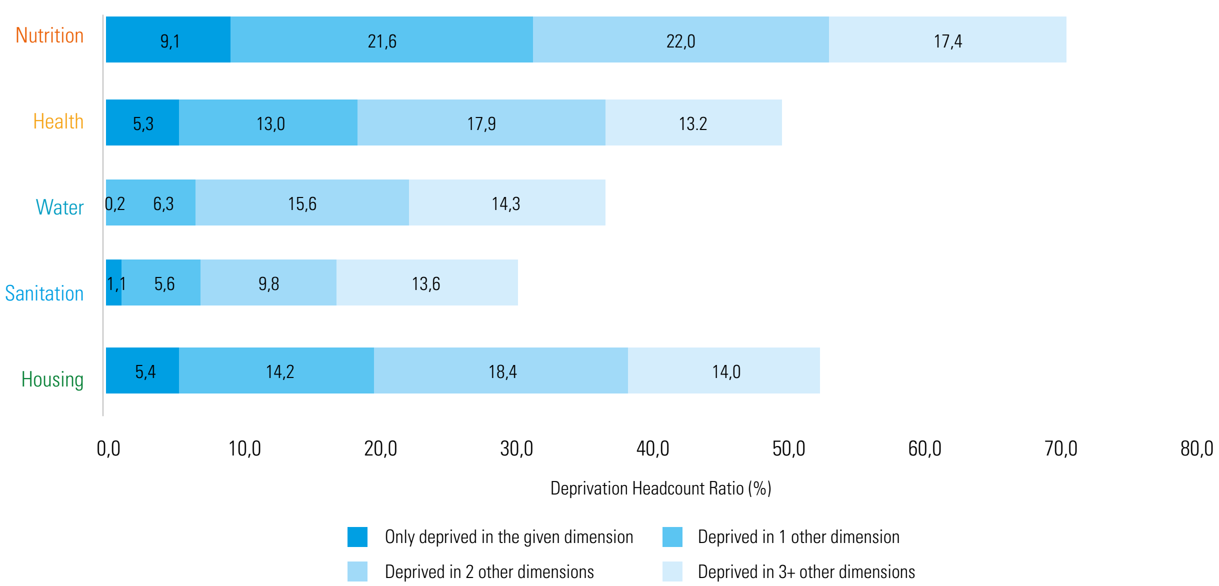
Source: Author's calculations using Trinidad and Tobago MICS 2022

Overlap analysis

Overlap by each dimension

This section takes a closer look at the overlap between specific dimensions of child well-being. First, the overlap by dimension is examined, followed by the overlap between all possible combinations of three dimensions. As seen in Figure 8, the majority of children aged 0-23 months faced multiple deprivations at the same time. Out of the share of children deprived in any given dimension, a relatively small proportion was not deprived in other dimensions analysed. In particular, out of 70.6 percent deprived in nutrition, 17.4 percent experienced deprivation in three or more other dimensions. On the other hand, 9.1 percent suffered from deprivation in the nutrition dimension only. Similar results were observed for the other dimensions studied.

Figure 8. Overlap in child deprivations by dimension, 0-23 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

Three-way overlap

The three-way overlap indicates the overlap between all combinations of three dimensions. These results are demonstrated through a Venn diagram that contains the following information:

(i) the overlap between all three dimensions,

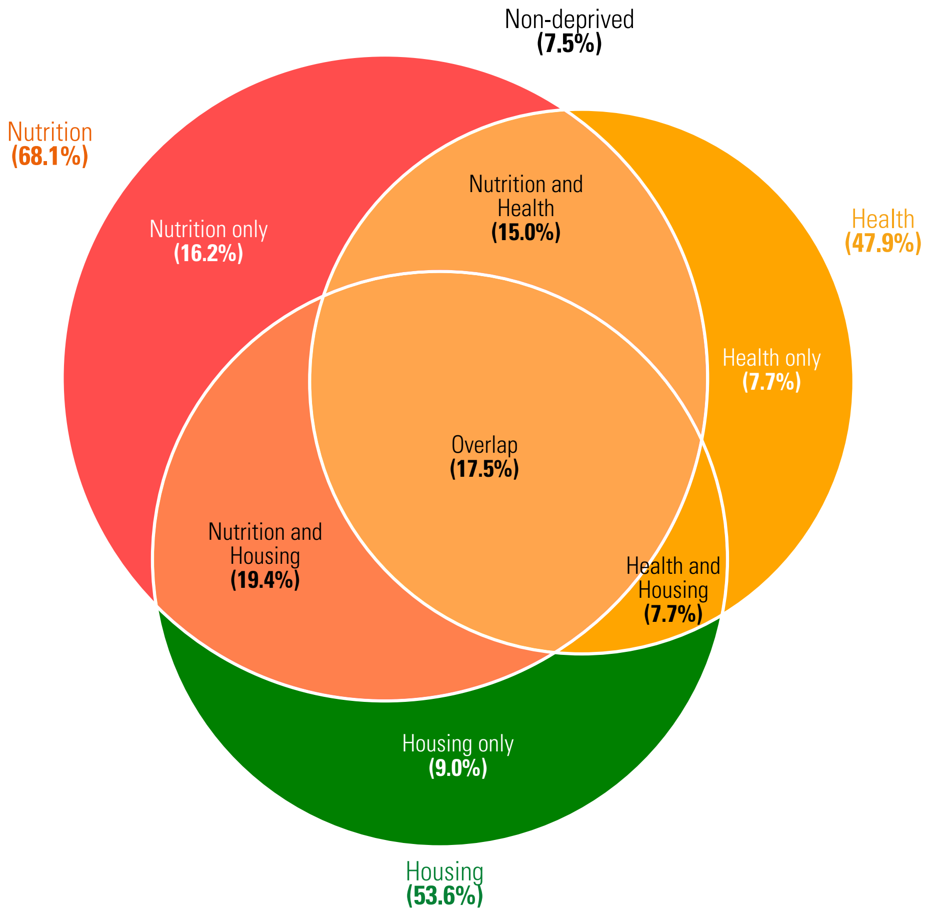
(ii) the overlap between combinations of two dimensions,

(iii) the proportion of children deprived in one dimension only, and

(iv) the proportion of children not deprived in any of the dimensions. This report discusses some examples for each age group. The figures for all combinations can be found in Annex B.

Figure 9 presents the overlap between the dimensions nutrition, health and housing for children aged 0-23 months. Almost one in five children suffered from deprivation in all three dimensions simultaneously (17.5 percent). In addition, 19.4 percent were deprived in nutrition and housing, but not in health. Another 15.0 percent faced deprivation in nutrition and health, while 7.5 percent were not deprived in any of the three dimensions analysed. Relatively few children were deprived in health or housing only (7.7 percent and 9.0 percent respectively). Combined policies are therefore fundamental to address multiple aspects of child poverty at the same time in Trinidad and Tobago for children of this age.

Figure 9. Three-way overlap between the dimensions of nutrition, health and housing, 0-23 months



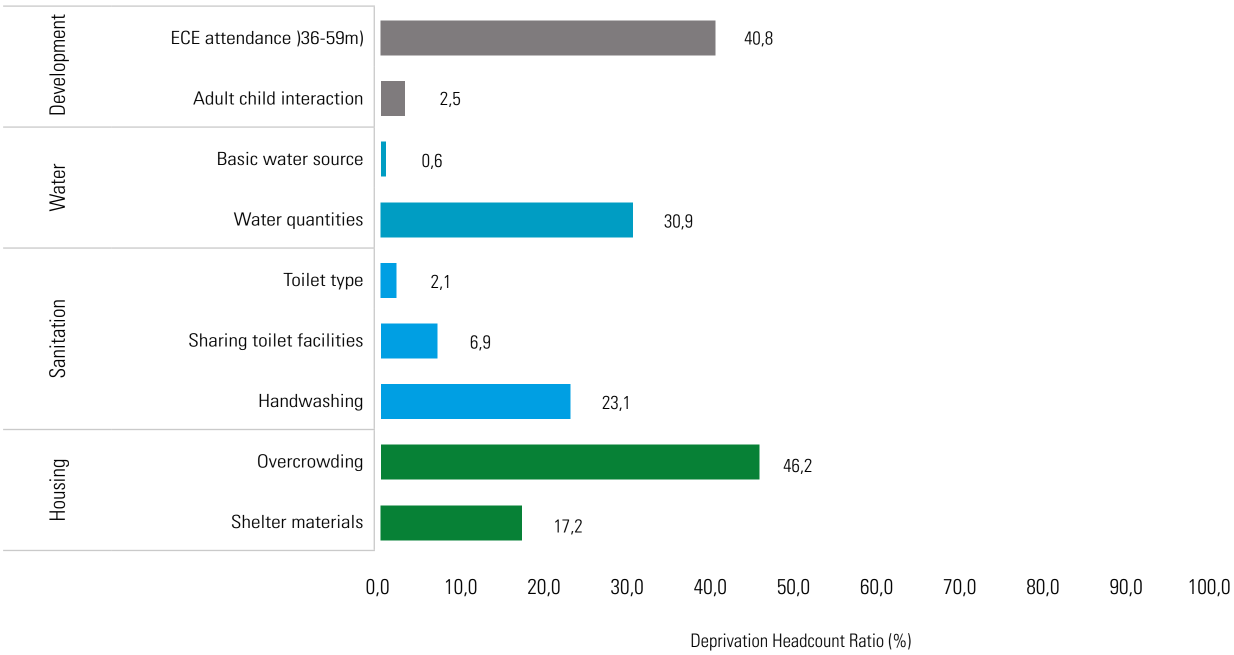
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.3 Children aged 24-59 months

3.3.1 Sectoral deprivation

Figure 10 shows the deprivation rate by indicator for children aged 24-59 months. More than four in ten children (46.2 percent) lived in overcrowded houses, with an average of three or more people per sleeping room, whereas 30.9 percent did not have access to sufficient water quantities in the month prior to the survey. Another 23.1 percent of children this age did not have access to an adequate handwashing place with soap and water in their household. Moreover, at the individual level, 40.8 percent of children aged 36-59 months, did not attend any ECE centre. In addition, 2.5 percent lived in households where no adult member interacted with the child in at least four of the following activities: read books, told stories, sang songs, took the child outside, played with, named or counted. Deprivation rates in terms of basic water and improved toilet access were low: 0.6 percent and 2.1 percent, respectively.

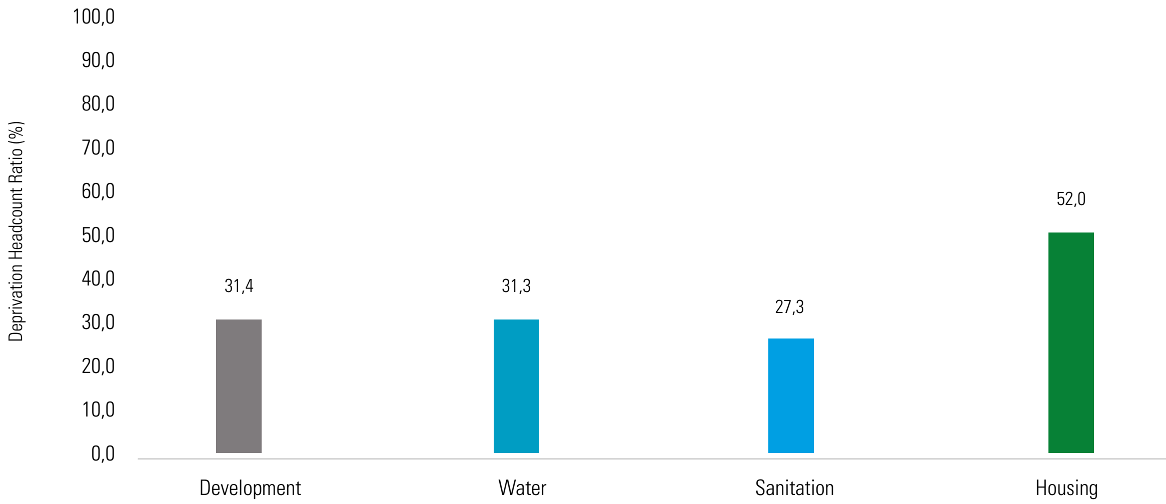
Figure 10. Deprivation headcount ratio (%) by each indicator, 24-59 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

At the dimensional level, housing showed the highest deprivation rate. Namely, 52.0 percent of children faced deprivation in at least one of its indicators: overcrowding or shelter materials (see Figure 11). About three in ten children were deprived in the child development or water dimensions (31.4 percent and 31.3 percent respectively). In addition, 27.3 percent suffered from deprivation in terms of sanitation, which was calculated based on the toilet type, sharing toilet facilities and handwashing indicators.

Figure 11. Deprivation headcount ratio (%) by each dimension, 24-59 months



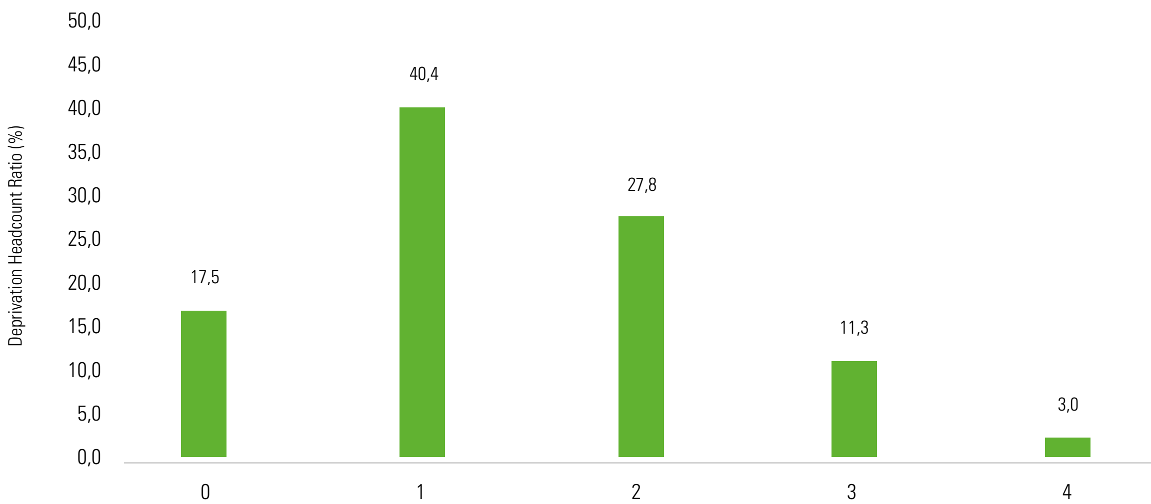
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.3.2 Multidimensional deprivation

Deprivation distribution

Compared to the previous age group, the deprivation distribution for children aged 24-59 months was more skewed to the left, with a greater proportion of children experiencing zero or one deprivation. Indeed, 17.5 percent faced no deprivation, while 40.4 percent were deprived in one dimension. Furthermore, 27.8 percent suffered from deprivation in two dimensions simultaneously. 3.0 percent of children this age were deprived in all four dimensions analysed.

Figure 12. Proportion of children deprived in X dimensions, 24-59 months



Source: Author's calculations using Trinidad and Tobago MICS 2022

Multidimensional deprivation indices H, A and M0

Table 6 presents the multidimensional deprivation indices for children aged 24-59 months, at the national, rural and urban levels, using a threshold of K=2. Approximately four out of ten children this age were multidimensionally deprived (42.1 percent). On average, multidimensionally deprived children suffered from deprivation in 60.2 percent of the total number of dimensions studied. The proportion of multidimensionally deprived children in rural areas was more than ten percentage points higher compared to urban areas (47.6 percent versus 37.4 percent). Also, the average intensity of deprivation among the deprived was more elevated in rural areas as opposed to urban areas (62.3 percent versus 57.9 percent).

Table 6. Multidimensional deprivation indices at the national, rural and urban level using a threshold of K=2, 24-59 months

K=2	MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (H), %	AVERAGE INTENSITY AMONG THE DEPRIVED (A), %	ADJUSTED MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (M0)
National	42.1	60.2	0.25
Rural	47.6	62.3	0.30
Urban	37.4	57.9	0.22

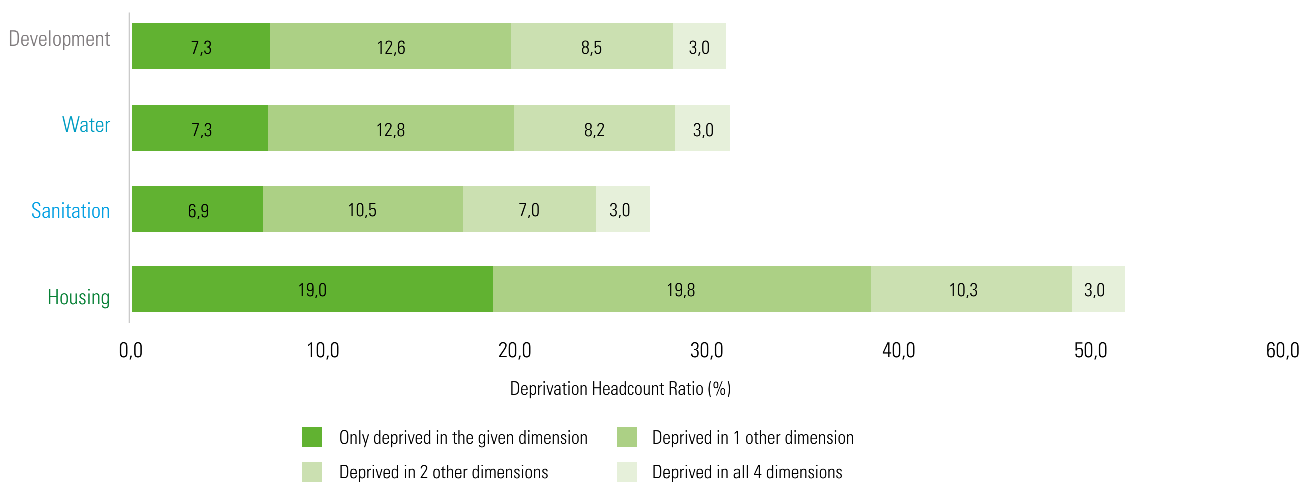
Source: Author's calculations using Trinidad and Tobago MICS 2022

Overlap analysis

Overlap by each dimension

The overlap by each dimension highlights the existing overlap between deprivation among children in this age group, validating previous results. However, the overlap is less noticeable compared to children aged 0-23 months. A total of 52.0 percent of children aged 24-59 months were deprived in their housing conditions. Of these children, 19.0 percent suffered from deprivation in housing only, while 19.8 percent were deprived in housing and one other dimension (see Figure 13). 10.3 percent of children faced deprivation in housing and two other dimensions. The proportion of children deprived in a given dimension and three other dimensions stood at 3.0 percent across all dimensions.

Figure 13. Overlap in child deprivations by dimension, 24-59 months

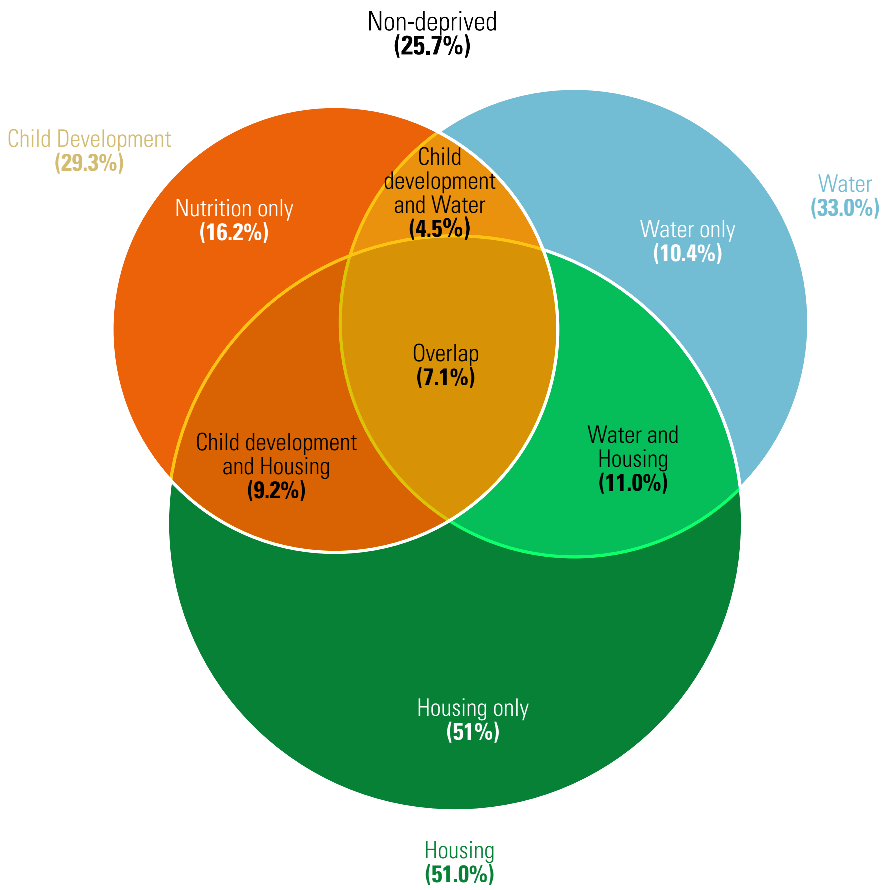


Source: Author's calculations using Trinidad and Tobago MICS 2022

Three-way overlap

For children aged 24-59 months, the overlap between child development, water and housing is reviewed (see Figure 14). A proportion of 7.1 percent was simultaneously deprived in all three dimensions. Furthermore, 11.0 percent faced deprivation in water and housing, but not in child development. Around one in four children suffered from deprivation in housing only (23.7 percent), while a similar proportion were not deprived in any of the three dimensions (25.7 percent).

Figure 14. Three-way overlap between the dimensions of child development, water and housing, 24-59 months



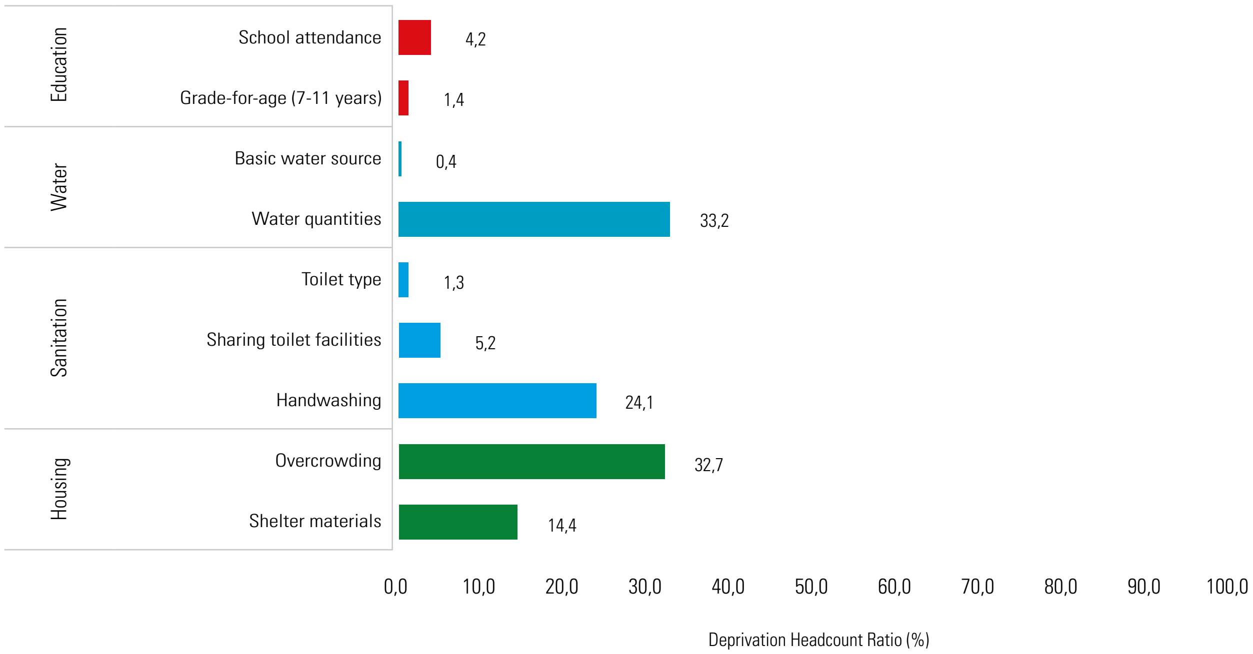
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.4 Children aged 5-11 years

3.4.1 Sectoral deprivation

Indicators related to education were included in the analysis for children aged five and older. More specifically, 4.2 percent of children aged 5-11 years did not attend school during the 2021-2022 school year, while 1.4 percent of children aged 7-11 years were two or more years behind in their schooling (see Figure 15). Furthermore, 33.2 percent did not have sufficient water quantities in the month prior to the survey and 24.1 percent did not have access to a handwashing place with soap and water at the household. Another 32.7 percent lived in households with an average of three or more people per sleeping room. As with previous age groups, deprivation was low with regards to access to basic water source and improved toilet facilities (0.4 percent and 1.3 percent respectively).

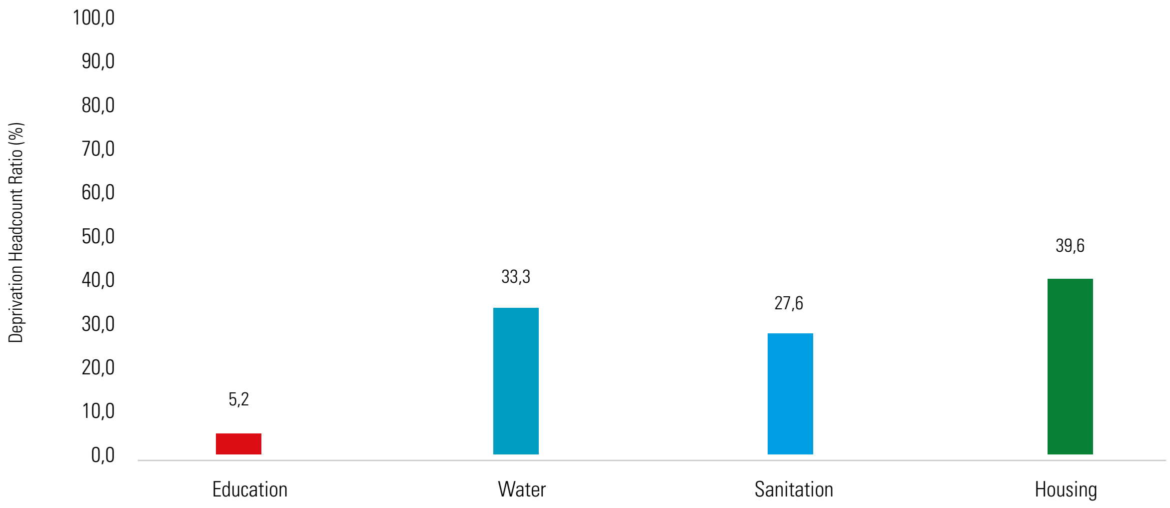
Figure 15. Deprivation headcount ratio (%) by each indicator, 5-11 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

Given the low deprivation rates for the education indicators, only 5.2 percent of children aged 5-11 years faced deprivation in the education dimension (see Figure 16). Nearly four in ten children were deprived in housing (39.6 percent). In addition, 33.3 percent and 27.6 percent experienced deprivation in terms of water or sanitation conditions, respectively, mainly driven by the water quantities and handwashing indicators. It is important to note that additional analyses are required to evaluate the well-being of children aged five years and older in relation to their health, nutrition and other relevant dimensions.

Figure 16. Deprivation headcount ratio (%) by each dimension, 5-11 years



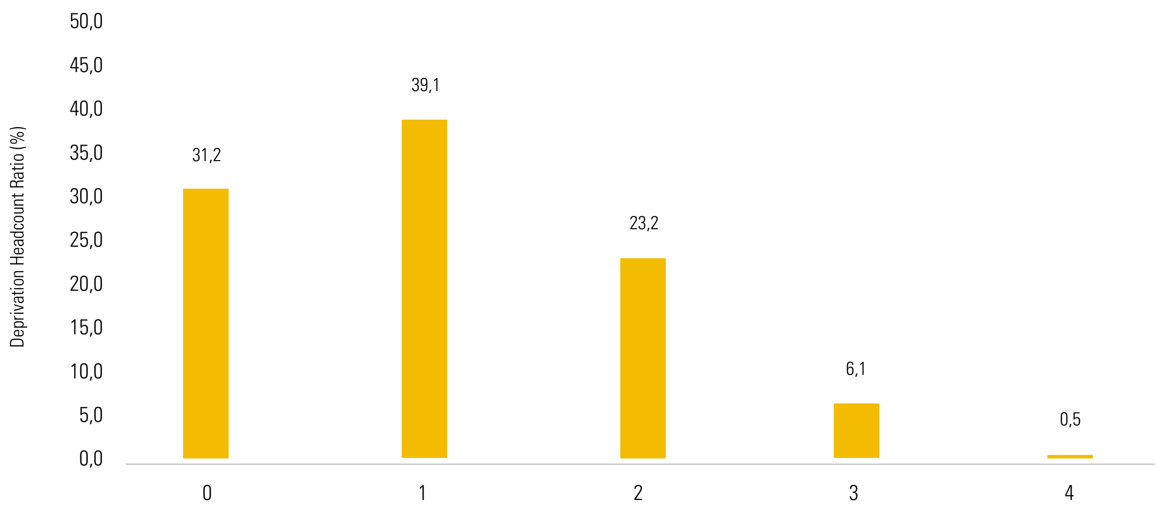
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.4.2 Multidimensional deprivation

Deprivation distribution

At the multidimensional level, it is observed that more than seven out of ten children aged 5-11 years suffered from deprivation in zero or one dimension at a time (31.2 percent and 39.1 percent respectively). In addition, 23.2 percent of children this age were simultaneously deprived in two dimensions of their well-being. Less than one percent was deprived in all four dimensions studied. In other words, the deprivation distribution is skewed to the left, with relatively low levels of multidimensional deprivation experienced.

Figure 17. Proportion of children deprived in X dimensions, 5-11 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

Multidimensional deprivation indices H, A and M0

The multidimensional deprivation indices, H, A and M0 are presented in Table 7. Among children aged 5-11 years, 29.7 percent faced deprivation in at least two dimensions at the same time, the lowest multidimensional deprivation headcount of all the age groups. Multidimensionally deprived children, on average, were deprived in 56.0 percent of all dimensions analysed. Similar to results from previous age groups, multidimensional deprivation tended to be higher among children living in rural areas compared to urban areas, both in terms of incidence and intensity. Subsequently, the M0 index stood at 0.19 for rural children as opposed to 0.15 for urban children.

Table 7. Multidimensional deprivation indices at the national, rural and urban level using a threshold of K=2, 5-11 years

K=2	MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (H), %	AVERAGE INTENSITY AMONG THE DEPRIVED (A), %	ADJUSTED MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (M0)
National	29.7	56.0	0.17
Rural	33.7	57.0	0.19
Urban	26.9	55.1	0.15

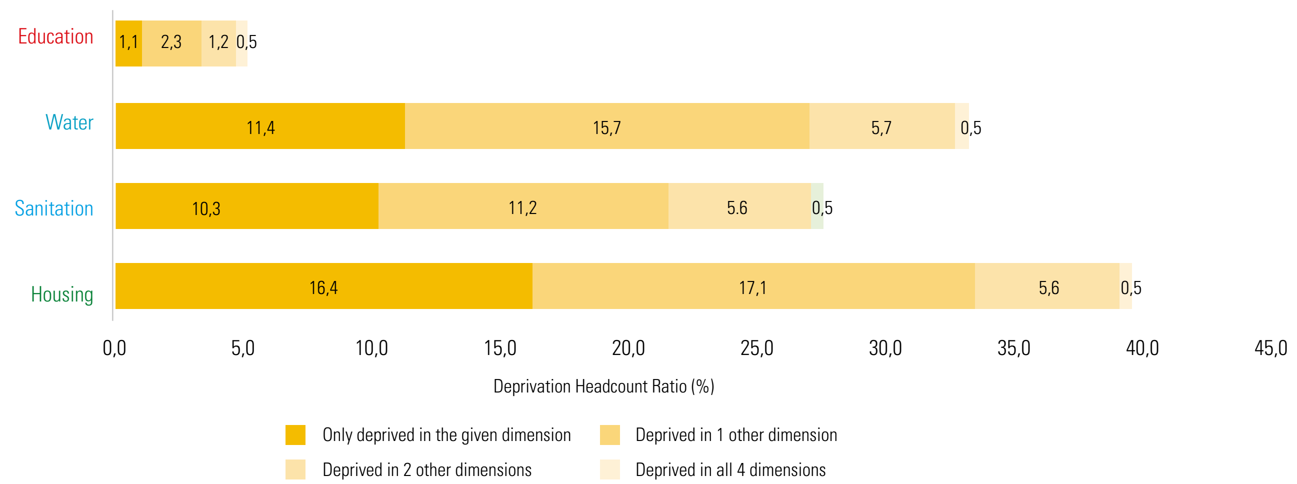
Source: Author's calculations using Trinidad and Tobago MICS 2022

Overlap analysis

Overlap by each dimension

As seen previously, children aged 5-11 years often experienced deprivation in multiple dimensions simultaneously. The overlap by each dimension provides an indication of the overlapping nature of multidimensional deprivation. For example, 33.3 percent of children were deprived in water. Among those children, 11.4 percent faced deprivation in the water dimension only, while 15.7 percent suffered from one additional deprivation. Approximately, 5.7 percent were deprived in water and two other dimensions at the same time.

Figure 18. Overlap in child deprivations by dimension, 5-11 years

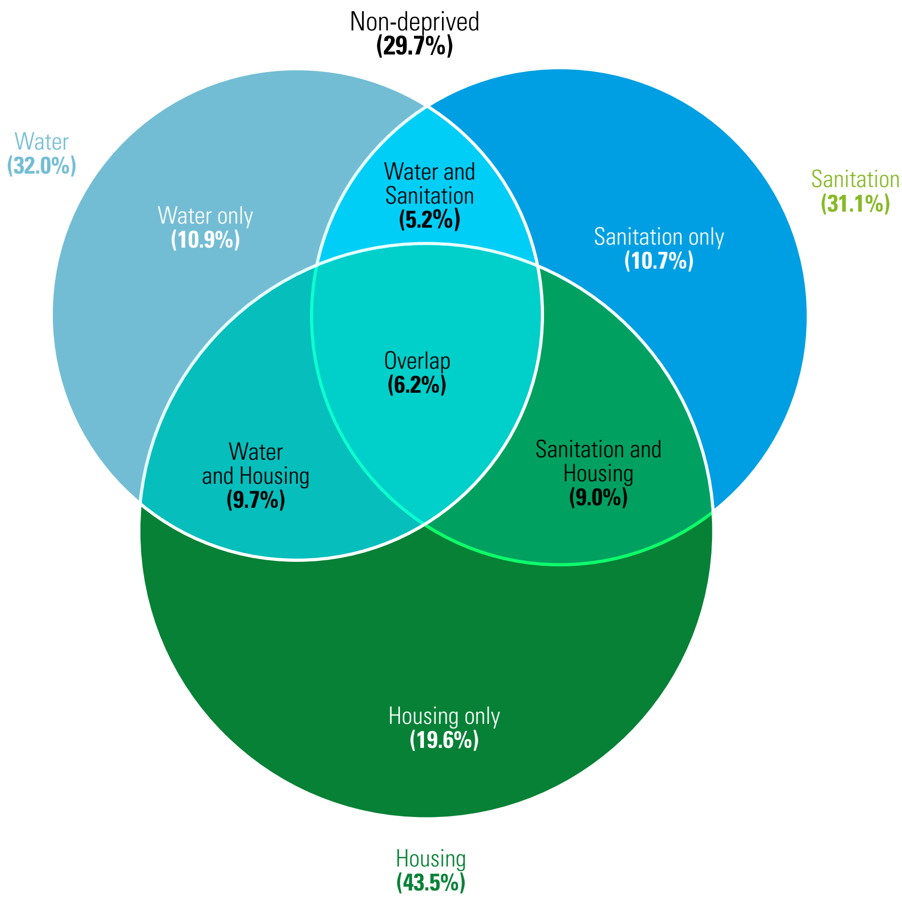


Source: Author's calculations using Trinidad and Tobago MICS 2022

Three-way overlap

Figure 19 demonstrates the overlap between the dimensions water, sanitation and housing for children in this age group. It is found that 6.2 percent experienced deprivation in all three dimensions simultaneously. Out of 32.0 percent of children that were deprived in terms of water, only 10.9 percent faced deprivation in the water dimension alone. In addition, most children also faced deprivation in housing and/or sanitation. About three in ten children were not deprived in any of the dimensions analysed (29.7 percent).

Figure 19. Three-way overlap between the dimensions of water, sanitation and housing, 5-11 years



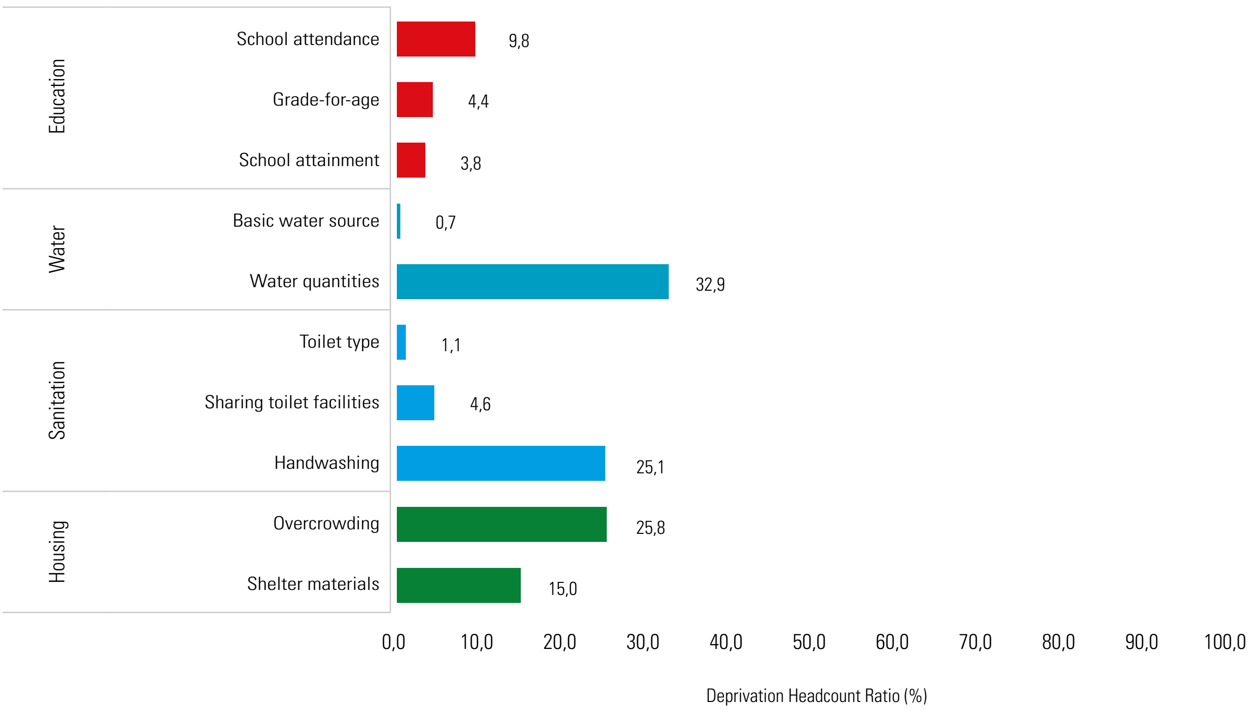
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.5 Children aged 12-17 years

3.5.1 Sectoral deprivation

Among children aged 12-17 years old, 9.8 percent did not attend school, 4.4 were at least two years behind in their schooling, and 3.8 percent did not complete primary education. As presented in Figure 20, 32.9 percent of children this age lived in households that had insufficient water quantities in the past month. Approximately one in four did not have access to adequate handwashing facilities at home (25.1 percent) and 15.0 percent lived in households made out of natural or rudimentary housing materials. Once again, the majority of children had access to basic water sources and improved toilet facilities, with deprivation rates of 0.7 percent and 1.1 percent respectively.

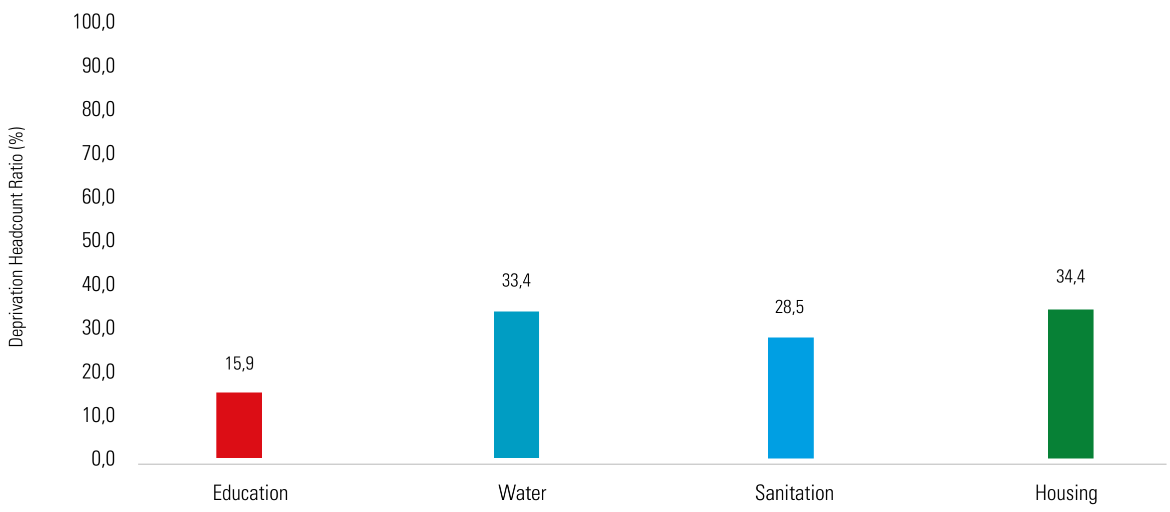
Figure 20. Deprivation headcount ratio (%) by each indicator, 12-17 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

Similar values were found with regards to the deprivation by each dimension. With the exception of education, deprivation rates ranged from 34.4 percent for housing to 28.5 percent for sanitation (see Figure 21). Only 15.9 percent were deprived in education, which was composed of the school attendance, grade-for-age and school attainment indicators. Carrying out complementary analyses can be critical to inform policies and interventions on other indicators that could not be included in this analysis due to lack of data in the MICS 2022 dataset.

Figure 21. Deprivation headcount ratio (%) by each dimension, 12-17 years



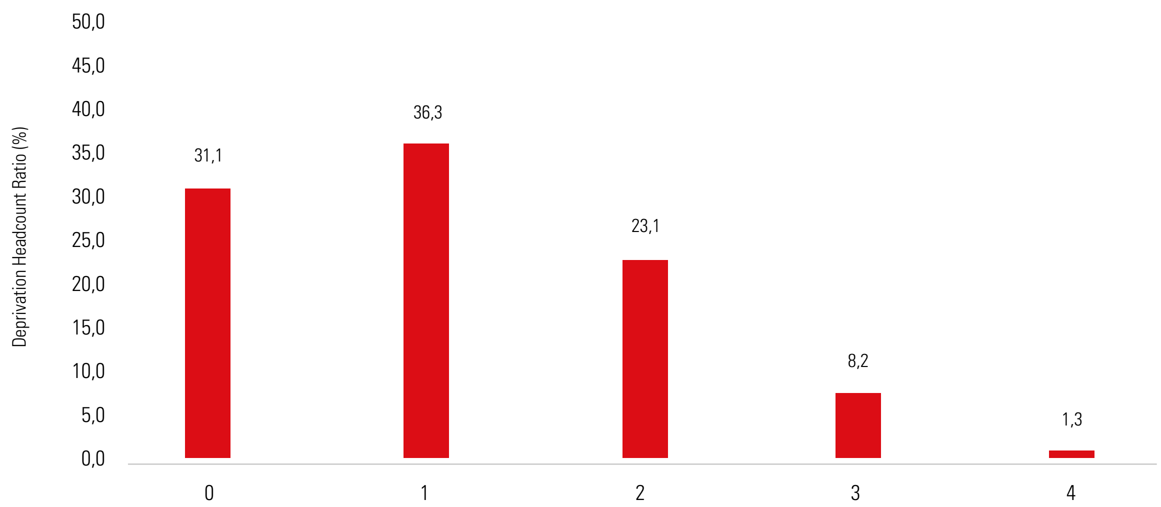
Source: Author's calculations using Trinidad and Tobago MICS 2022

3.5.2 Multidimensional deprivation

Deprivation distribution

The deprivation distribution for children aged 12-17 years is skewed to the left, as shown in Figure 22. One third of children (31.1 percent) experienced no deprivation, while 36.3 percent were deprived in one dimension at a time. Furthermore, 23.1 percent of children in this age group faced deprivation in two dimensions. Another 8.3 percent and 1.3 percent suffered from three and four deprivations respectively.

Figure 22. Proportion of children deprived in X dimensions, 12-17 years



Source: Author's calculations using Trinidad and Tobago MICS 2022

Multidimensional deprivation indices H, A and M0

Out of all age groups, children aged 12-17 years presented the second lowest multidimensional deprivation rates (see Table 8). In particular, 32.5 percent were deprived in at least two dimensions analysed. The average intensity of deprivation among the deprived stood at 58.2 percent of all dimensions. Differences based on the area of residence were observed, with 39.3 percent of children multidimensionally poor in rural areas compared to 28.0 percent in urban areas. On the other hand, only a slightly higher average intensity of deprivation was found among rural children (57.5 percent versus 58.9 percent in urban areas). Therefore, the M0 index was marginally more elevated in rural areas than in urban areas (0.23 versus 0.17).

Table 8. Multidimensional deprivation indices at the national, rural and urban level using a threshold of K=2, 12-17 years

K=2	MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (H), %	AVERAGE INTENSITY AMONG THE DEPRIVED (A), %	ADJUSTED MULTIDIMENSIONAL DEPRIVATION HEADCOUNT (M0)
National	32.5	58.2	0.19
Rural	39.3	57.5	0.23
Urban	28.0	58.9	0.17

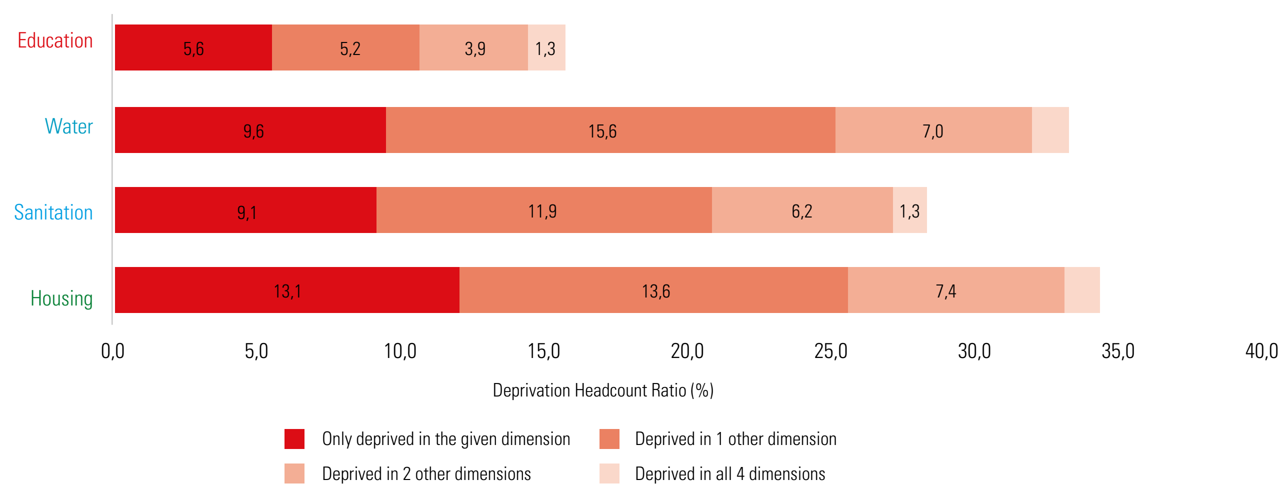
Source: Author's calculations using Trinidad and Tobago MICS 2022

Overlap analysis

Overlap by each dimension

Figure 23 displays the overlap by each dimension for children in this age group. Most children suffered from deprivations in multiple dimensions at the same time. However, still a relatively high proportion of children were only deprived in one given dimension. For example, 12.1 percent were deprived in housing alone, while 13.6 percent of children faced deprivation in housing and one additional dimension. Similar results were found for all other dimensions analysed.

Figure 23. Overlap in child deprivations by dimension, 12-17 years

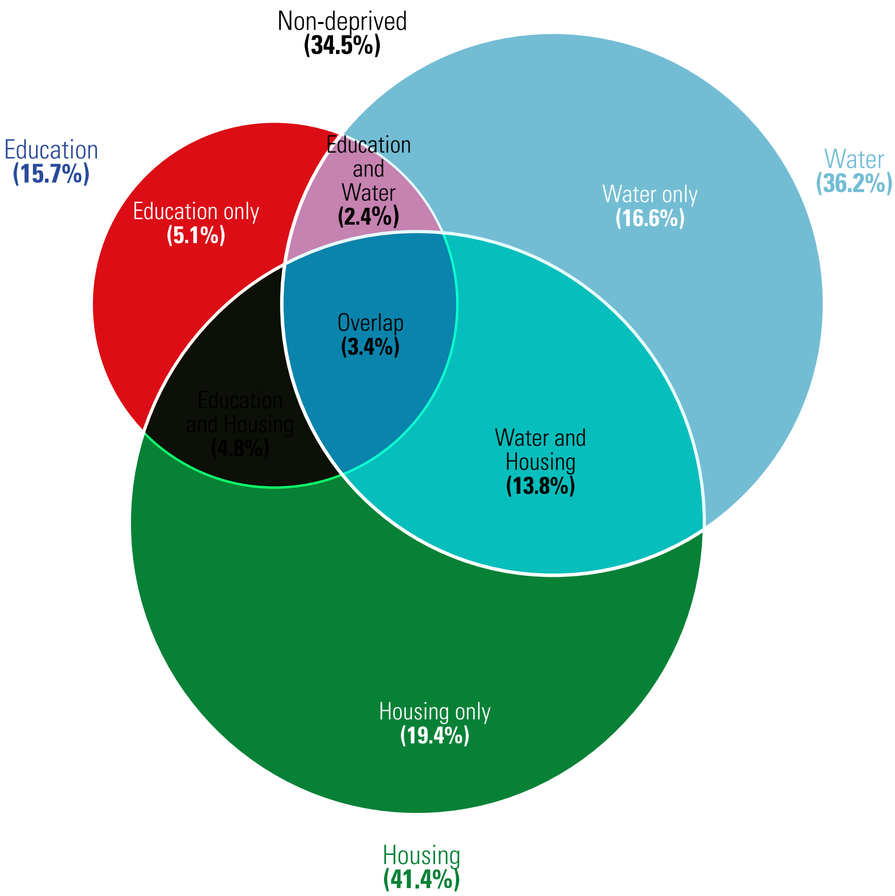


Source: Author's calculations using Trinidad and Tobago MICS 2022

Three-way overlap

Finally, the overlap between education, water and housing shows that 3.4 percent of children aged 12-17 years suffered from simultaneous deprivation in all three dimensions (see Figure 24). A relatively large share of children was deprived in water or housing only (16.6 percent and 19.4 percent respectively). Furthermore, 13.8 percent faced deprivation in both water and housing, but not in education. The overlap between education and housing was 8.2 percent, of which 4.8 did not suffer from deprivation in sanitation. Approximately one in three (34.5 percent) children this age were not deprived in any of the three dimensions. The three-way overlap was less pronounced for older age groups compared to children under five years of age. However, it is still important to address child poverty in Trinidad and Tobago through a multisectoral perspective.

Figure 24. Three-way overlap between the dimensions of education, water and housing, 12-17 years



Source: Author's calculations using Trinidad and Tobago MICS 2022


© UNICEF/2023/NELSON

4. Conclusion and recommendations

This report aims to portray the situation of multidimensional child poverty in Trinidad and Tobago using the MODA methodology. The results assess the incidence and intensity of deprivation and help identify the characteristics of the most vulnerable children. As per the life-cycle approach, figures were disaggregated by four different age groups: 0-23 months, 24-59 months, 5-11 years and 12-17 years. The following seven dimensions of child well-being were included: **nutrition, health, child development, education, water, sanitation and housing**.

It was found that **multidimensional poverty affected 35.7 percent of all children**, meaning they experienced at least two deprivations simultaneously. Children living in rural areas presented a higher multidimensional deprivation rate than children living in urban areas (41.0 percent versus 31.9 percent). At the regional level, the South-West region recorded the lowest proportion of multidimensionally deprived children (32.6 percent), while the highest level of child poverty was observed in the Eastern region (53.0 percent). Furthermore, multidimensional child deprivation was higher among children living in above average sized households, and with a lower-educated household head.

In general, **children aged 0-23 months** presented the highest multidimensional deprivation rates across all age groups, driven by the nutrition and health dimensions. Although these dimensions are also relevant for older age groups, they could not be included in the analysis due to lack of data in the MICS 2022 dataset. Additional studies could be conducted to better understand the nutritional and/or health situation of children over five years old in the country.

At the sectoral level, the dimension **nutrition** presented the highest deprivation level of 70.6 percent for children aged 0-23 months. In fact, 68.5 percent of children 0-5 months were not exclusively breastfed, while 71.2 percent of children aged 6-23 months did not receive adequate infant and young child feeding. In addition, almost half of children of the first age group suffered from deprivation in **health** (49.4 percent). For the older age groups, the

housing dimension showed the largest proportion of deprived children, ranging from 34.4 percent for children aged 12-17 years to 52.0 percent for children aged 24-59 months. With regards to **child development**, 40.8 percent of children aged 36-59 months did not attend any ECE. The deprivation rates for **education** remained low for children aged 5-11 years but increased for children 12-17 years (5.2 percent and 15.9 percent respectively). Moreover, about one third of all children were deprived in the **water** dimension, driven by the water quantity indicator. For the **sanitation** dimension, 27.3 percent to 30.0 percent of the four age groups experienced deprivation. Access to basic water and improved toilets were generally not a problem for most children, with deprivation rates below four percent.

Based on these findings, the following recommendations are formulated:

- **Address the high levels of deprivation in nutrition and health for children aged 0-23 months**. Increase the organisation of awareness campaigns to promote exclusive breastfeeding for children under six months old and adequate feeding practices to achieve optimal growth. Breastfeeding, in particular, is fundamental to reducing child mortality.[31] Special attention should be given to children living in female-headed households, as they presented higher deprivation rates in terms of infant and young feeding (74.3 percent compared to 68.8 percent of children living in male-headed households). In addition, community-level networks can be established and consolidated to facilitate the dissemination of information.
- **Develop a sensitisation programme for (new) parents on the importance of ECE attendance.** While access to education does not seem to be an issue for most children, ECE is much less frequently attended. However, equal access to (early) learning activities can help reduce existing inequalities.[32] In recent years, the number of early childhood centres have increased, but these are largely privately organised. Increased coordination from the Ministry of Education will therefore improve the quality of education.
- **Adopt a multi-sectoral approach for policies aimed at children, whereby existing programmes are further developed.** In Trinidad and Tobago, it is important to implement comprehensive programmes through collaboration with different ministries, as results indicate that many children faced multiple deprivations simultaneously, rather than focusing on sectoral interventions. For example, combined policies related to nutrition, health and housing could be designed and operationalised for children aged 0-23 months, given that 17.5 percent were deprived in all three dimensions at the same time. Other examples include:
    - » Sensitisation on handwashing techniques in primary schools in collaboration with the Ministry of Health and the Ministry of Education.
    - » Promote partnerships between the Housing Development Corporation and the public-private sector to fulfil corporate responsibility to address national gaps in housing.
    - » Strengthen and build the capacities of all state agencies, civil society bodies and private sector organisations with the aim of reducing child poverty.
- **Encourage integration of the Social Services Delivery System**. Facilitate the collaboration, coordination and implementation of services using a centralised data hub. Currently the Ministry of Social Development and Family Services, in association with United Nations Development Programme (UNDP), is developing a National Register for Vulnerable Persons.
- **Target the most vulnerable children.** This analysis has identified the characteristics of the children with the highest (multidimensional) deprivation levels. Indeed, specific attention should be paid to children living in rural areas, in the Eastern region, in larger households, with a female head, and with a lower-educated household head. Furthermore, promote additional social services targeting vulnerable families with children under the age of five, and improve access to digital infrastructure for poor and vulnerable people.

31 UNICEF 2012.
32 King Oliver 2023.

- Finally, **conduct additional research** to better understand the situation of children in Trinidad and Tobago with regards to the following topics:
  - » Child protection and its impact on (multidimensional) child deprivation.
  - » Nutritional and health status of older children.
  - » Carry out a comprehensive assessment to ascertain the human resources required to be recruited in support of the delivery of social services.
  - » Assess the level of access of vulnerable households to digital infrastructure and internet connectivity.
  - » Estimate the feasibility of providing subsidies for household development in rural areas.

© UNICEF/2025/YOUNG

References

- Asian Development Bank. 2015. *Introduction to the Millennium Development Goals*. Available at <https://www.adb.org/sites/default/files/publication/175162/ki2015-mdg-introduction.pdf>.
- CARICOM, CDEMA, Food and AgricultureOrganization, and World Food Programme. 2021. *Caribbean COVID-19 Food Security & Livelihoods Impact Survey TRINIDAD AND TOBAGO Summary Report | June 2021*. Available at <https://reliefweb.int/report/haiti/caribbean-covid-19-food-security-livelihoods-impact-survey-regional-summary-report>. Accessed 19 October 2023.
- Central Statistical Office. 2022. Mid Year Population Estimate by Age and Sex 2005-2022. Available at <https://cso.gov.tt/subjects/population-and-vital-statistics/population/>. Accessed 19 October 2023.
- IMF Data Mapper. 2023. Trinidad and Tobago: country data. *IMF Data Mapper*. Available at <https://www.imf.org/en/Countries/TTO>. Accessed 19 October 2023.
- King Oliver, Elizabeth. 2023. Challenges in Improving Private Early Childhood Program Quality in Trinidad and Tobago from the Perspectives of Program Administrators. Walden University. Available at <https://scholarworks.waldenu.edu/dissertations/11976/>. Accessed 14 November 2023.
- Ministry of Health. n.d. Immunisation schedule. Available at <https://health.gov.tt/services/immunization>. Accessed 12 December 2023.
- The World Bank. 2020. *Trinidad and Tobago Human Capital Index 2020*. Available at <https://databankfiles.worldbank.org/public/ddpext_download/hci/HCI_2pager_TTO.pdf?cid=GGH_e_hcpexternal_en_ext>.
- The World Bank. 2022. Gender Data Portal: Trinidad and Tobago. *World Bank Gender Data Portal*. Available at <https://genderdata.worldbank.org/countries/trinidad-and-tobago/>. Accessed 19 October 2023.
- The World Bank. n.d. Trinidad and Tobago - Overview. Text/HTML. *World Bank*. Available at <https://www.worldbank.org/en/country/trinidadandtobago/overview>. Accessed 19 October 2023.
- UN Statistical Division. 2021. SDG indicator metadata (Harmonized metadata template - format version 1.1).
- UN Women. 2021. Global Database on Violence against Women: Trinidad and Tobago. Available at <https://evaw-global-database.unwomen.org/en/countries/americas/trinidad-and-tobago?typeofmeasure=77863ff900964db58cad2e3b70d2c850&formofviolence=fe5f343d81bc430d87a49f13bdf1e7eb#4>. Accessed 19 October 2023.
- UNICEF. 2012. *Programming Guide: Infant and Young Child Feeding*. Available at <https://reliefweb.int/report/world/programming-guide-infant-and-young-child-feeding>. Accessed 14 November 2023.
- UNICEF. 2022. Trinidad and Tobago (TTO) - Demographics, Health & Infant Mortality. *UNICEF DATA*. Available at <https://data.unicef.org/country/tto/>. Accessed 19 October 2023.
- United Nations Development Programme. 2020. Latest Human Development Index Ranking | Human Development Reports. Available at <http://hdr.undp.org/en/content/latest-human-development-index-ranking>. Accessed 19 October 2021.
- World Health Organisation. 2013. *WHO recommendations on Postnatal care of the mother and newborn*. Available at <https://www.who.int/publications-detail-redirect/9789241506649>. Accessed 12 December 2023.
- World Health Organisation. n.d. Births attended by skilled health personnel. Available at <https://www.who.int/data/nutrition/nlis/info/births-attended-by-skilled-health-personnel>. Accessed 12 December 2023a.
- World Health Organisation. n.d. Improved sanitation facilities and drinking-water sources. Available at <https://www.who.int/data/nutrition/nlis/info/improved-sanitation-facilities-and-drinking-water-sources>. Accessed 12 December 2023b.
- World Health Organisation. n.d. Infant and young child feeding. Available at <https://www.who.int/data/nutrition/nlis/info/infant-and-young-child-feeding>. Accessed 12 December 2023c.


KINDA
SWEET

Annexes

Annex A. List of participants at the inception workshop

The following table provides details of those in attendance of the inception workshop held on February 2nd, 2023, Port of Spain.

ORGANISATION	NAME | POSITION
Division of Education, Research and Technology	• Susan Grant, Coordinator (Ag.). Student Support Services Division
Children's Authority of Trinidad and Tobago	• Elizabeth Lewis, Deputy Director, Legal and Regulatory Services • Rhonda Gregoire Roopchan, Deputy Director - Care Services • Tahira Buckradee, Research Assistant
Health Economics Unit	• Ms. Vyjanti Beharry • Dr. Don Bethelmie
Ministry of Education	• Mercedes Quammie, Educational Research Officer • Jermaine Williams, Research Officer I
Ministry of Health	• Lawrence Jaisingh, Director, Health Policy, Research and Planning • Cindi Siewdass, Research Officer II (Ag)
Ministry of Planning and Development	• Paul Lolier • Caron London
Ministry of Rural Development and Local Government	• Madonna Ross De-Souza
Ministry of Sport and Community Development	• Ann Marie Noel, Community Development Officer II
Ministry of Social Development and Family Services	• Seon Raymond, Director, Social Investigations Division • Melissa Williams Campbell, Senior Research Specialist
Ministry of Youth Development and National Service	• Sean Ramrattan, Director (Ag.), Youth Affairs
UNDP	• Isele Robinson-Cooper, Programme Officer
Gender and Child Affairs	• Marina Smith, Monitoring and Evaluation Officer • Rosanna Cardinez, Child Development Specialist • Leah Paddier, Financial Compliance Officer • Raquel Welch, Business Operations Assistant II
UWI Department of Behavioural Sciences	• Dr. Tyehimba Salandy • Dr. Kendra Pitt

Virtual Participants

ORGANISATION	NAME | POSITION
Office of the Prime Minister	• Dr. Ayanna Sebro, Technical Director • Dr. Beverly Andrews, Deputy Technical Director • Mr. Makanda Caesar, Monitoring and Evaluation Coordinator • Ms. Jacinta Bailey-Sobers, Consultant • Ms. Thalia Vidale, Project Support Officer
UNICEF	• Ms. Tashana Providence Forde, UNICEF Office for the Eastern Caribbean Area
International Consultant (MICS)	• Ms. Denise Buchner

Annex B. Overlap of all combinations of three dimensions for each age group

Table B.1. Overlap of all combinations of three dimensions, 0-23 months

COMBINATION OF THREE DIMENSIONS	OVERLAP BETWEEN ALL DIMENSIONS	OVERLAP BETWEEN FIRST TWO DIMENSIONS	OVERLAP BETWEEN FIRST AND THIRD DIMENSIONS	OVERLAP BETWEEN SECOND AND THIRD DIMENSIONS	DEPRIVATION IN ONLY FIRST DIMENSION	DEPRIVATION IN ONLY SECOND DIMENSION	DEPRIVATION IN ONLY THIRD DIMENSION	DEPRIVED IN NONE OF THE THREE DIMENSIONS
Water, Sanitation, Housing	9.6%	5.3%	11.5%	9.4%	8.3%	8.5%	23.1%	24.1%
Health, Sanitation, Housing	8.5%	7.7%	16.7%	10.5%	15.0%	6.2%	17.9%	17.5%
Health, Water, Housing	10.5%	7.9%	14.7%	10.7%	14.7%	5.8%	17.7%	17.9%
Health, Water, Sanitation	7.5%	10.9%	8.8%	7.5%	20.7%	9.0%	9.2%	26.5%
Nutrition, Sanitation, Housing	13.0%	9.0%	23.9%	6.0%	22.2%	4.9%	10.7%	10.3%
Nutrition, Water, Housing	16.2%	10.3%	20.7%	4.9%	20.9%	3.4%	11.8%	11.8%
Nutrition, Water, Sanitation	10.7%	15.8%	11.3%	4.3%	30.3%	4.1%	6.6%	16.9%
Nutrition, Health, Housing	17.5%	15.0%	19.4%	7.7%	16.2%	7.7%	9.0%	7.5%
Nutrition, Health, Sanitation	11.5%	20.9%	10.5%	4.7%	25.2%	10.7%	6.2%	10.3%
Nutrition, Health, Water	13.5%	19.0%	13.0%	4.9%	22.6%	10.5%	3.4%	13.0%

Table B.2. Overlap of all combinations of three dimensions, 24-59 months

COMBINATION OF THREE DIMENSIONS	OVERLAP BETWEEN ALL DIMENSIONS	OVERLAP BETWEEN FIRST TWO DIMENSIONS	OVERLAP BETWEEN FIRST AND THIRD DIMENSIONS	OVERLAP BETWEEN SECOND AND THIRD DIMENSIONS	DEPRIVATION IN ONLY FIRST DIMENSION	DEPRIVATION IN ONLY SECOND DIMENSION	DEPRIVATION IN ONLY THIRD DIMENSION	DEPRIVED IN NONE OF THE THREE DIMENSIONS
Water, Sanitation, Housing	6.8%	5.1%	11.3%	10.9%	9.8%	10.0%	22.0%	24.2%
Child development, Sanitation, Housing	6.3%	3.9%	9.9%	11.4%	9.2%	11.3%	23.3%	24.7%
Child development, Water, Housing	7.1%	4.5%	9.2%	11.0%	8.5%	10.4%	23.7%	25.7%
Child development, Water, Sanitation	4.5%	7.2%	5.7%	7.5%	12.0%	13.9%	15.2%	34.2%

Table B.3. Overlap of all combinations of three dimensions, 5-11 years

COMBINATION OF THREE DIMENSIONS	OVERLAP BETWEEN ALL DIMENSIONS	OVERLAP BETWEEN FIRST TWO DIMENSIONS	OVERLAP BETWEEN FIRST AND THIRD DIMENSIONS	OVERLAP BETWEEN SECOND AND THIRD DIMENSIONS	DEPRIVATION IN ONLY FIRST DIMENSION	DEPRIVATION IN ONLY SECOND DIMENSION	DEPRIVATION IN ONLY THIRD DIMENSION	DEPRIVED IN NONE OF THE THREE DIMENSIONS
Water, Sanitation, Housing	6.2%	5.2%	9.7%	9.0%	10.9%	10.7%	18.6%	29.7%
Education, Sanitation, Housing	1.2%	0.5%	1.9%	14.1%	1.9%	15.4%	26.3%	38.7%
Education, Water, Housing	1.2%	1.0%	1.9%	14.8%	1.5%	15.2%	25.7%	38.9%
Education, Water, Sanitation	0.9%	1.3%	0.8%	10.6%	2.5%	19.3%	18.9%	45.7%

Table B.4. Overlap of all combinations of three dimensions, 12-17 years

COMBINATION OF THREE DIMENSIONS	OVERLAP BETWEEN ALL DIMENSIONS	OVERLAP BETWEEN FIRST TWO DIMENSIONS	OVERLAP BETWEEN FIRST AND THIRD DIMENSIONS	OVERLAP BETWEEN SECOND AND THIRD DIMENSIONS	DEPRIVATION IN ONLY FIRST DIMENSION	DEPRIVATION IN ONLY SECOND DIMENSION	DEPRIVATION IN ONLY THIRD DIMENSION	DEPRIVED IN NONE OF THE THREE DIMENSIONS
Water, Sanitation, Housing	7.6%	6.9%	9.7%	7.6%	12.1%	10.7%	16.5%	28.9%
Education, Sanitation, Housing	3.2%	2.0%	5.0%	12.0%	5.5%	15.7%	21.2%	35.4%
Education, Water, Housing	3.4%	2.4%	4.8%	13.8%	5.1%	16.6%	19.4%	34.5%
Education, Water, Sanitation	2.4%	3.4%	2.7%	12.1%	7.1%	18.3%	15.6%	38.3%


CLARKE ROCHARD GOVERNMENT PRIMARY SCHOOL
congratulates
Open Scholarship (Natural Science) Winner
Sonja Maraj
(past pupil)
* TOP PLACEMENT S.E.A. 2015
*CSEC - 9 DISTINCTIONS
*CAPE - UNITS 1 & 2 - ALL DISTINCT
*REGIONAL: NO. 1 CHEMISTRY (CSEC)
NO. 5 BIOLOGY (CSEC)
4TH BIOLOGY (CAPE UNIT
4TH BIOLOGY (CAPE UNIT 2

Government of the Republic of Trinidad and Tobago
Ministry of the People, Social Development and Family Services

unicef
for every child

© UNICEF/ 2025/LACAILLE

PUBLISHED BY

UNICEF Office for the Eastern Caribbean

1st Floor, UN House Marine Gardens

Christ Church Barbados

BB15156

Office: +1 (246) 467-6177