



Voices of Children on Poverty in Trinidad

Consultation Report on Multidimensional Poverty



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Voices of Children on Poverty in Trinidad: Consultation Report on Multidimensional Poverty

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FOREWORD

The voices of children on their realities and perceptions are central to understanding and addressing issues of concern to them, including poverty. Children account for approximately one quarter of the population of Trinidad and Tobago, a significant proportion and globally, research shows that children usually account for approximately half of the poor.

We no longer measure poverty simply by looking at basic income. The situation is much more nuanced and complex. A wide-ranging and non-monetary gauge of poverty can be even more important than a simple monetary one as it allows for better understanding of the multiple deprivations that many children face.

For children, poverty is not only mirrored in how much money their parents and caregivers have, but also in the quality of their living conditions and access to basic necessities, such as water, sanitation, education, health, information and safety and security. Poverty causes lifelong damage to children's cognitive and physical development, perpetuating the cycle of poverty into adulthood and throughout succeeding generations. Eradication of this ill must, therefore, begin with the protection and realisation of children's human rights.

Investment in boys and girls is the best guarantee for achieving equitable and sustainable human, social and economic development. We need national policies, programmes and interventions that are child-focused, evidence-informed, and backed by adequate, sustainable and equitable public resources and investment. This research provides insight into the perceptions of children on poverty in Trinidad; what they think, how they feel. We need to listen to them including the most vulnerable, hear their voices and ensure that they make a key and essential contribution to how we measure, address and eradicate multi-dimensional poverty and deprivation.

Aloys Kamuragiye,
Representative,
United Nations Children's Fund (UNICEF)

The eradication of poverty is integral to the long-term development of Trinidad and Tobago. This aim is also of profound relevance to the United Nations Development Programme (UNDP), as encapsulated in Sustainable Development Goal 1- No Poverty.

This year marks the 70th anniversary of the proclamation of the Universal Declaration of Human Rights. In commemoration of the International Day for the Eradication of Poverty, we reflect on this year's chosen theme - Coming together with those furthest behind to build an inclusive world of universal respect for human rights and dignity - and we acknowledge our solemn duty to ensure that the rights of all our fellow human beings, including those of children, are respected. Human rights cannot be upheld in an environment where extreme poverty exists. Indisputably, children are the most vulnerable group amongst those who experience poverty. As such, UNDP felt it imperative to include the voices of children when examining perceptions of poverty. The adverse effects of child poverty are long-term and can drastically reduce or even impede a country's economic and social development.

Ultimately, the child's perspective is invaluable to the creation of a robust, comprehensive understanding of multidimensional poverty, as well as the perception of poverty and its impact on the citizenry. The UNDP is especially pleased to have partnered with United Nations Children's Fund (UNICEF) and collaborated with the Ministry of Social Development and Family Services (MSDFS) to develop this report, which amplifies the voices of children and highlights perceptions of poverty from their perspective. As we pursue the 2030 Agenda for Sustainable Development, the UNDP pledges its unwavering support to the Government of the Republic of Trinidad and Tobago in its efforts to ensure that every citizen is valued and has equal opportunities to achieve their fullest potential. Children, in particular, represent the future of a nation's development and prosperity, and so deserve special attention in the country's quest to eliminate persistent deprivation traps.

Sharifa Ali-Abdullah,
Assistant Resident Representative,
United Nations Development Programme (UNDP),
Trinidad and Tobago, Aruba, Curaçao and Sint Maarten

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This report was prepared by a team from the HEU, Centre for Health Economics, The University of the West Indies, which included Karl Theodore, Althea LaFoucade, Vyjanti Beharry, Christine Laptiste, Patricia Edwards-Wescott and Haleema Ali-Sisbane. Thanks are due to other research staff of the HEU namely Charmaine Metivier, Roger McLean Stanley Lalta, Samuel Gabriel and Don Bethelmie. Special thanks are also due to the team of research consultants including Dr. Anton Cumberbatch, Kimoy Worrell, Rani Bhajan, Andy Thomas, Malini Maharaj and Keron Victor.

The HEU team at the University of the West Indies is grateful to the various non-governmental organisations and civil society groups that provided assistance during the field work phase of this project.

The Project team also extends sincere appreciation to the following entities/persons for their kind sponsorship of tokens of appreciation for participants at the focus group sessions:

- The Massy Group;
- Mohammed's Bookstore Associates Ltd.;
- Roopnarine Family Medical Centre;
- Guardian Holdings Ltd.;
- Chase Mart Supermarket;
- Scotia Bank Limited; and
- JT Rapid Ltd.

EXECUTIVE SUMMARY

ES.1 Background

This Report is based on the findings of a study aimed at determining a local definition and meaning of poverty in Trinidad, taking into account its different dimensions. The study was a collaboration between the United Nations Development Programme (UNDP), The United Nations Children's Fund (UNICEF) and the Ministry of Social Development and Family Services (MSDFS), and was conducted by the HEU, Centre for Health Economics, The University of the West Indies (UWI/HEU).

According to UNICEF (2017) capturing the voices of children is a critical step in understanding what child poverty really means. A multidimensional definition of poverty is important because research has shown that children view this phenomenon as more than just being deprived of income or financial resources, but also in terms of deprivation of education, health, nutrition, shelter, safety and security (UNICEF 2017). As such, the study set out to unearth a multidimensional definition of poverty by listening to the voices of children.

The rationale for specifically focusing on how children in Trinidad define poverty stems from the fact that globally, among all age groups, children are the most affected by all levels of poverty (UNICEF and World Bank Group 2016). In addition, the adverse effects of multidimensional child poverty can be long term, both on the individual and the society. UNICEF (2017) notes that children living in poverty are deprived of their rights to enjoy basic needs; have their long term personal development impeded; experience and perpetuate intergenerational cycles of poverty; and reduce potential economic and social development of a country.

In Trinidad, the official data show that 15.4% of the population of Trinidad was poor and 1.2% was indigent; altogether the poor, inclusive of the indigent was 16.6% (SLC¹ 2005). Furthermore, the SLC also provides evidence of the 'youthfulness of poverty' in Trinidad. The prevalence of poverty in the age groups 0-4, 5-9, 10-14 and 15-19 was higher than the respective share of these age groups in the entire population (SLC 2005).

ES.2 Objective of Study

The primary objective of the study was to develop localized multidimensional definitions of *poverty* and *child poverty* for Trinidad, which would ultimately contribute to a framework for developing a poverty measurement methodology for Trinidad. The findings of the study are also expected to contribute to the development of a National Poverty Reduction Strategy (NPRS) for Trinidad and Tobago, highlighting strategic poverty reduction goals and objectives. The study aimed to, from the perspective of children:

1. Obtain perceptions of a "good life" and "poverty" in the communities;
2. Ascertain the difference in perceptions between a poor and non-poor child;
3. Ascertain the difference in perceptions between a poor and non-poor community; and
4. Identify the perceived drivers of poverty.

ES.3 Methodological Overview

Qualitative and quantitative data were captured using both primary and secondary data collection techniques. Focus Group Discussions (FDGs) were conducted with children (ages 10-17 years) across the 14 municipal regions in Trinidad. The FDGs

¹ Survey of Living Conditions

were used to obtain the dimensions of poverty and other related issues in each region based on the perceptions, opinions, and attitudes of people in a 'group-interaction' setting. The FGDs were small structured sessions were conducted with selected participants and were exploratory in nature. A target of 15 child respondents per region (5 children from three communities in the municipal regions) was fixed for the FGDs.

Prior to the start of each FGD, participants and their parents/guardians, were registered and briefed on the nature and purpose of the study, the conduct of the discussion and on issues of confidentiality and anonymity. Consent was then obtained from each parent/guardian of the child participants. Following this, a pre-focus group instrument was administered to participating children. This allowed key demographic and socio-economic information to be captured for each participant and in part, formed the context for the study.

The sessions were led by a moderator and guided by a 'focus group interviewing instrument' with pre-determined open-ended questions. The group

size ranged from 3-14 persons, where each person represented a household.

ES.3.4 Findings

ES.3.4.1 Profile of Participants

A total of 114 children aged 10-17 participated in the FGDs across the 14 regions in Trinidad. The three highest attendance records were registered at Couva/Tabaquite/Talparo, Port of Spain and Princes Town, numbering 14, 13, and 12, respectively. Refer to Figure ES.1.

In terms of the age breakdown of the children, there were 64 child respondents who were between the ages of 10 to 13 years (56% of the total) while 50 child respondents were between the ages of 11 to 17 years (44% of the total child participants). The age distribution by municipality is shown in Figure ES.2.

Most of the children were enrolled in Secondary school (63%), while 37% were enrolled in Primary school. Seventy-six percent (76%) of the children in all regions had the required school resources at the beginning of the school term.

Figure ES.1: Distribution of respondents by region

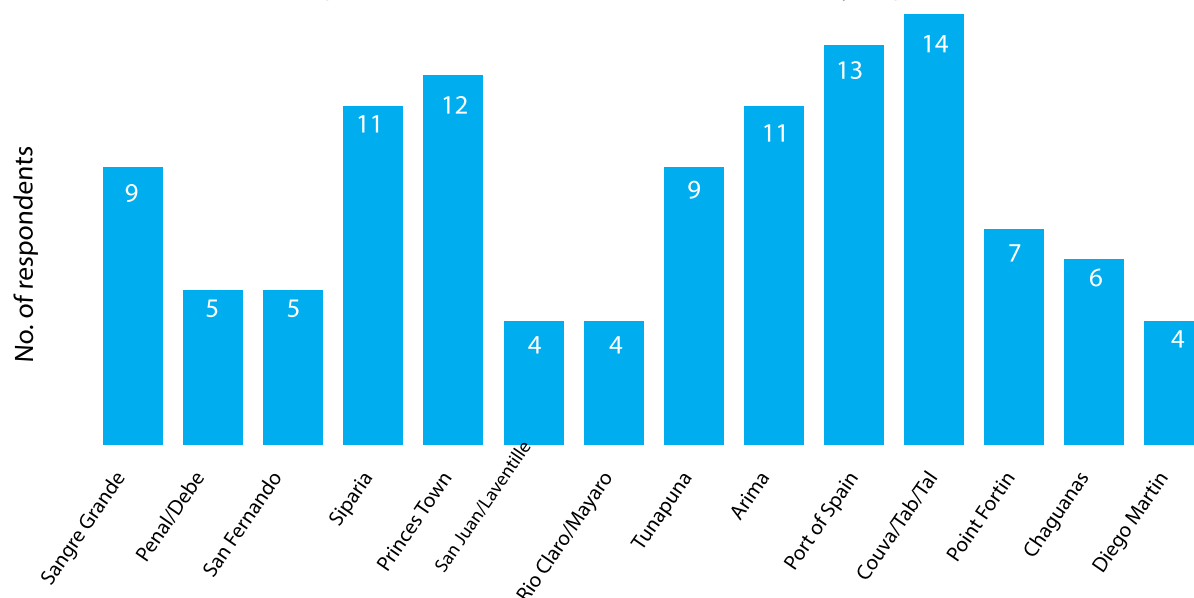
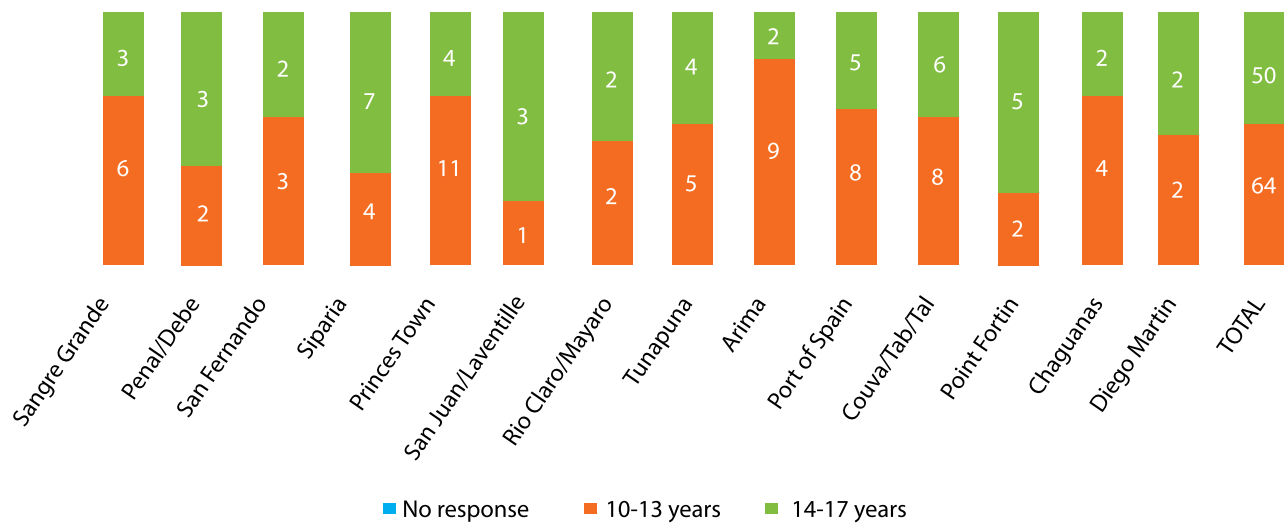


Figure ES.2: Age distribution of respondents



ES.3.4.2 Summary of Findings of the Study

The children identified some aspects of **a good life** as: having money, cars, enjoying a nice home, going on vacation, being happy, having both parents, having a good family, being supported and respected by family and friends and eating well.

A good family was believed to be one where parents don't fight and quarrel. Someone who lived a good life was believed to be happy, proud, had no problems, worries, or stress, had peace of mind and had a good relationship with God. Other views of the good life included having a good job and an education.

Poor persons were perceived to be those who:

- Lived in old, unstable, broken, board houses and unclean environments;
- Had bad health, lived alone and had no family; and
- Lived on the streets, had no access to education and got no help from others.

Participants also believed that poor persons wore the same clothes every day. However, some of the children

held the opinion that a poor person may appear to be clean and well-dressed but may be facing struggles in life. Some children expressed the view that non-poor persons looked healthier than poor persons.

LEVELS OF POVERTY

"Yes, there are different levels of poverty. Some can have a home but no food and then there can be someone living on the streets without anything..."

San Juan/Laventille, Female

"On the first level, having nowhere to sleep, no food to eat, no clothes, being on streets, having to beg people for a dollar everyday... On a next level – a place to stay but not it not fully furnished, you have food but not enough, you have clothes but not what you see other people have..."

Pt. Fortin, Female

"Poor with no clothes, poor with house but not food, have a home but cannot buy nice things for children..."

San Juan/Laventille, Male

Poor households were thought to be unable to send their children to school, planted a kitchen garden for food; and had barrels to store water. Some participants were of the opinion that in poor households, children do not get to experience the world as other children in non-poor households.

A **poor community** was perceived to be one with litter, garbage, people on the streets, broken houses,

bad roads, run down broken buildings and cars.

In contrast, a **non-poor community** was described as one with:

- Nice cars, two-storey buildings, mansions, luxury homes, swimming pools, proper disposals and where people wear good and brand names clothes and shoes; and
- Recreational facilities for children such as play parks and sporting facilities.

VOICES

“Poor people have a bad life, they don’t have enough money to buy books for their children ...”

Diego Martin, Male

“Poor people barely have shelter, barely have water and money to secure their family. Non-poor have everything...”

Tunapuna, Female

“A poor person, their health is in bad shape, you can see all their bones...”

Couva/Tabaquite/Talparo, Male

“Poor people hate life. They can’t afford anything. Not happy. Stressed. Can’t buy anything for themselves...”

Chaguanas, Male

“Rich have more opportunities to become who they want to be, they can do courses etc. Poor has the opposite...”

Tunapuna, Male

VOICES

“The rich would have gotten an education and the poor would not have gotten one...”

Sangre Grande, Female

“The non-poor is better as they are financially stable and can buy stuff as opposed to the poor...”

Port of Spain, Female

“A poor community is where the trash is falling out and people are smoking and drinking and a non-poor community is where people are having a thanksgiving and sharing...”

Arima, Female

“A poor community is one with someone smoking in it and a non-poor community is a place with flowers and a playground with a bigger house than a non-poor community...”

Arima, Female

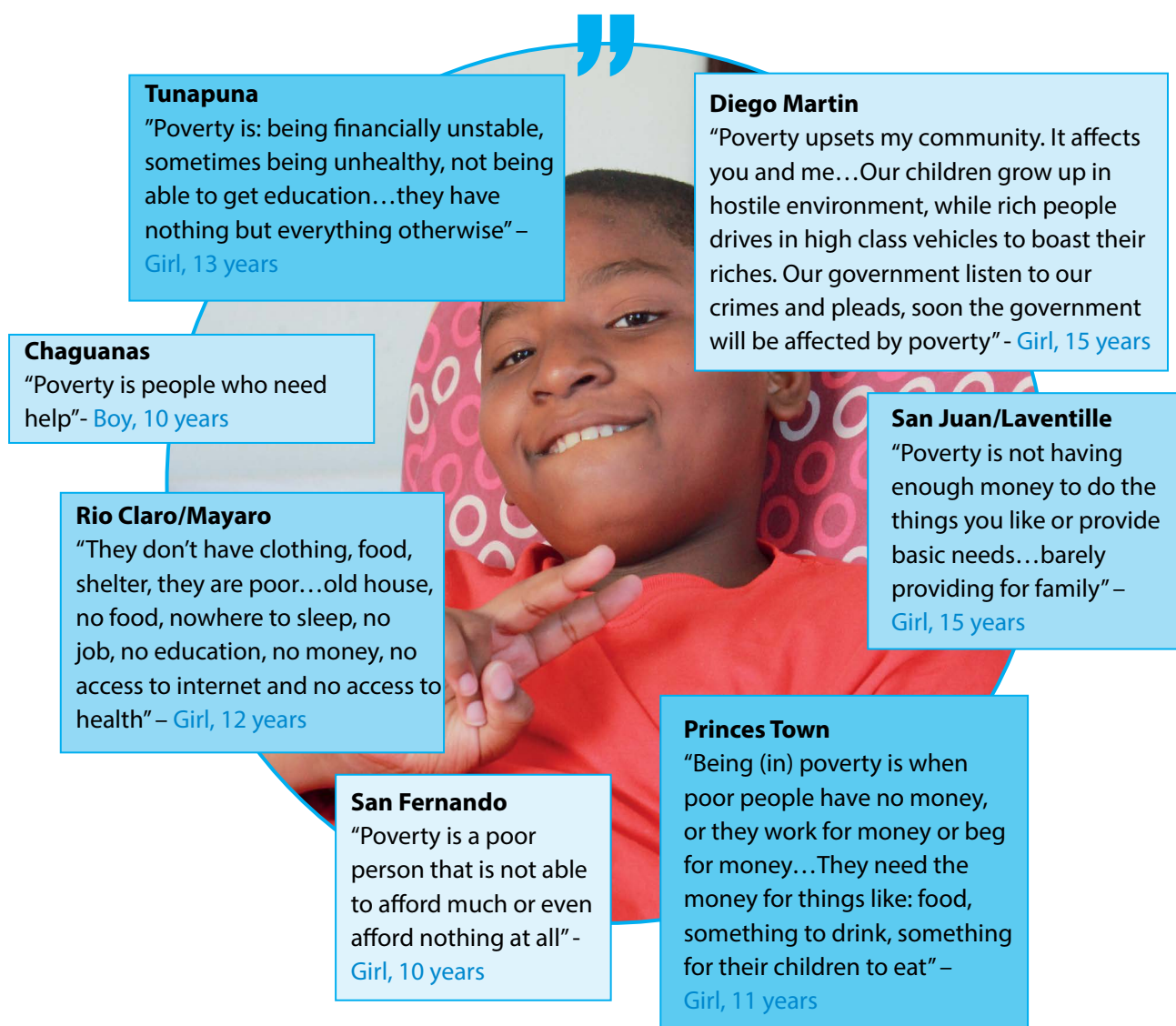
ES.3.5 Definition of Poverty

The children identified various dimensions of poverty, which can be captured across a spectrum starting from circumstances of extreme states of poverty,

(explained as total deprivation of basic needs) to the situation where a person is unable to meet all of his/her basic needs; the latter situation includes the working poor.

Figure ES.3: Definitions of Poverty from Child Participants: Voices of the Children

POVERTY IS...



While there may be some distinct differences in the perceptions of poverty held by the children across the 14 municipal regions in Trinidad, there was considerable harmony in what the children considered to be poverty. The term poverty was generally considered to mean deprivation of food, clothing, proper shelter and a lack of finances to meet one's basic needs namely food, clothing, shelter, healthcare, education and access to key amenities for living (including potable water, sanitation facilities, electricity). Such deprivation was thought to be set within circumstances of household financial constraints, compromised family relationships and constrained social connectedness, possibly

manifesting in, but not limited to, domestic abuse, drug-use, crime, child labour and teenage pregnancy among other social ills and challenges. Figure ES.3 depicts some of the definitions of poverty articulated by the children.

The expressions of the children demonstrate that there is a clear and definite understanding of the various dimensions of poverty among the younger population. Of greater significance perhaps, is that the children were aware of the impacts of poverty on children. Based on the information provided by the children during the FGDs, we propose the following **definition of child poverty**.



“Child Poverty is a condition where a child is deprived of the basic needs namely food, clothing, shelter, healthcare, education and access to key amenities for living (potable water, sanitation facilities, electricity etc.) and where such deprivation may be set within circumstances of household financial constraints, compromised family relationships and constrained social connectedness, possibly manifesting in but not limited to, domestic abuse, drug-use, crime, child labour and teenage pregnancy, among other social ills and challenges.”

Author's Definition

If overlooked, these facets of Child Poverty can reinforce themselves either individually or collectively and affect the continued development of the Child.

This in turn can compromise the Rights of the Child not only in the present, but more so, continuing the vicious cycle of 'Poverty' into the future.

1. INTRODUCTION

1.1 Overview

This Report presents the **VOICES** of children as captured during Focus Group Discussions (FGDs) conducted throughout the fourteen municipal regions in Trinidad. The views of the children on poverty and related dimensions including education, health, healthcare, living conditions and community, provide general insight into the dimensions of poverty.

The rationale for specifically focusing on how children in Trinidad define poverty stems from the fact that globally, among all age groups, children are the most affected by all levels of poverty (UNICEF² and World Bank Group 2016). In addition, the adverse effects of multidimensional child poverty can be long term, both on the individual and the society. UNICEF (2017) notes that children living in poverty are deprived of their rights to enjoy basic needs; have their long term personal development impeded; experience and perpetuate intergenerational cycles of poverty; and reduce potential economic and social development of a country.

Official data from the Survey of Living Conditions (SLC) show that 15.4% of the population of Trinidad was poor and 1.2% was indigent; together accounting for 16.6% of the population (SLC 2005). Furthermore, the SLC also provides evidence of the 'youthfulness of poverty', with the prevalence of poverty in the age groups 0-4, 5-9, 10-14 and 15-19 being higher than the respective share of these age groups in the entire population (SLC 2005).

This over-representation of children among the poor and extremely poor is not unique to Trinidad. Research shows that while children account for approximately

one third of the population of developing countries, they comprise about 50% of persons categorized as extremely poor (UNICEF 2017). Child poverty also exists in industrialized countries where at least 12.5% of children live in poverty. This is a global issue that must be actively addressed if children are to experience improved circumstances that are sustained.

In addition to determining how children are affected by poverty, this study also set out to unearth a multidimensional definition of poverty by listening to the voices of children. According to UNICEF (2017) capturing the voices of children is a critical step in understanding what child poverty really means. It is particularly important to obtain a multidimensional definition of poverty since research has shown that children view this phenomenon as more than just being deprived of income or financial resources, but also in terms of deprivation of education, health, nutrition, shelter, safety and security (UNICEF 2017).

Moreover, the United Nations' (UN) Sustainable Development Goal 1 (SDG 1) of eradicating poverty, makes specific mention in its targets and indicators, the need for the national measurement of child poverty. This measurement should encapsulate poverty in all its dimensions, with explicit commitment by all countries to measure child poverty and strengthen policies and programmes to achieve the goal of no poverty. Further, these measurements should be guided by dimensions and variables that reflect the reality of poverty as experienced by persons located throughout the country (UNICEF 2017).

Towards this end, the United Nations Development Programme (UNDP) in collaboration with United Nations Children's Fund (UNICEF) and the Ministry of Social Development and Family Services (MSDFS),

² The United Nations Children's Fund

contracted the HEU, Centre for Health Economics (HEU-UWI), to undertake a study geared towards a definition and the meaning of poverty in Trinidad, taking into account its different dimensions.

1.2 Objective of the Study

The primary objective of the study was to develop a localized multidimensional definition of child poverty for Trinidad, which would ultimately contribute to a framework for developing a poverty measurement methodology for Trinidad. The findings of the study are also expected to contribute to the development of a National Poverty Reduction Strategy (NPRS) for Trinidad and Tobago, highlighting strategic poverty reduction goals and objectives. The study aimed to, from the perspective of children:

1. Obtain perceptions of a “good life” and “poverty” in the communities;
2. Ascertain the difference in perceptions between a poor and non-poor child;

3. Ascertain the difference in perceptions between a poor and non-poor community; and
4. Identify the perceived drivers of poverty.

1.3 Methodology

Qualitative and quantitative data were captured using both primary and secondary data collection techniques. Key informant interviews and Focus Groups Discussions (FDGs) were conducted with children (ages 10-17 years) across the 14 municipal regions in Trinidad. Table 1.1 provides a list of dimensions and indicators that were used as benchmarks for identifying poverty in each region, as well as for a developing localized multidimensional definition of child poverty in Trinidad. These indicators were used by the HEU-UWI along with the existing literature on poverty in Trinidad and Tobago, to create an appropriate list of questions that was used to guide the FDGs with the children.

Table 1.1: The Dimensions, Indicators and Deprivation Cut offs of the MPI

Dimensions of poverty	Indicator	Deprived if...
Education	Years of Schooling	No household member has completed five years of schooling.
	Child School Attendance	Any school-aged child is not attending school up to class 8.
Health	Child Mortality	Any child has died in the family.
	Nutrition	Any adult or child for whom there is nutritional information is malnourished.
Living Standard	Electricity	The household has no electricity.
	Improved Sanitation	The household's sanitation facility is not improved (according to MDG guidelines), or it is improved but shared with other households.
	Improved Drinking Water	The household does not have access to improved drinking water (according to MDG guidelines) or safe drinking water is more than a 30-minute walk from home, round trip.
	Flooring	The household has a dirt, sand or dung floor.
	Cooking Fuel	The household cooks with dung, wood or charcoal.
	Assets ownership	The household does not own more than one radio, TV, telephone, bike, motorbike or refrigerator and does not own a car or truck.

Source: Alkire Sabina, Adriana Conconi and Suman Seth. 2014. Multidimensional Poverty Index 2014: Brief Methodological Note and Results. Oxford Department of International Development, University of Oxford

1.3.1 Selection of Respondents for the FGDs

A target of 15 child respondents per municipal region (5 children from each of the three selected communities) was fixed for the FGDs. The following approach was used to select those respondents. Enumeration Maps for each of the selected communities were sourced from the Central Statistical Office (CSO). These maps provided a graphical representation of the building structures in each community. Taking into account possible refusals, a listing of 20 randomly selected buildings from each of the selected communities was generated. From this listing, 20 households (one from each of the selected buildings) were selected to take part in the focus groups session. A threshold of one child per household was set—bearing in mind the target number of child respondents per community.

1.3.2 Recruitment of Respondents

Non-Governmental Organizations (NGOs) and community groups were contracted to recruit the respondents for the FGDs. This engagement with the NGOs and community groups was instrumental as they had working knowledge of the selected communities and their associated dynamics. The recruiters were provided with instructions to visit each of the randomly selected building structures and recruit a household to participate in the FGD. In cases where the randomly selected building was a non-household structure, the recruiters were instructed to visit the building structure to the right of the randomly selected building to recruit a household. Additionally, the recruiters were required to brief the households on the study and gauge their willingness to participate in the FGDs. They were also required to collect basic contact information (community, name, telephone contact, age and gender) from the households willing to participate for confirmation of attendance purposes.

1.3.3 Logistics

FGDs were conducted on a scheduled day in each municipal region. An appropriate venue was selected to allow for convenience, comfort and safety of the respondents as well as the research team. A schedule was developed to reflect this arrangement and was communicated to the focal points in each region/municipality. Given feedback from key stakeholders and to maximise participation of the child participants, the FGDs were conducted from 5-7 pm on the scheduled days. Tokens of appreciation for the participants were sponsored by the members of the business community in Trinidad. Appendix 1 provides details on the dates, venues and number of participants for each of the FGDs.

1.3.4 Pre-Focus Group Discussions Procedures

(i) Confidentiality and Anonymity

Prior to the start of each session, all participants were registered and briefed on the nature and purpose of the study, the conduct of the FGDs. The oaths of confidentiality and anonymity taken by the researchers prior to the start of the FGDs with the children were made within the scope of the Convention on the Rights of the Child and in the best interest of the child. Researchers however, were aware of the need to report cases of child abuse or child labour to the relevant authorities if during the session information shared by a child indicated that the child was in immediate risk and danger. The confidentiality and anonymity oath taken by the researchers in this study prior to the commencement of the FGDs did not undermine this ethical responsibility in any way, as the oath was taken with specific reference being made to:

1. the rights of the child; and
2. in the best interest of the child.

(ii) Consent

Consent was then obtained from each parent/guardian of the child participants as well as the children. Following this, a pre-focus group instrument

was administered to child participants (Appendix 2). This allowed key demographic and socio-economic information to be captured for each participant and in part, formed the context for the study.

1.3.5 Protocols for the Focus Group Discussions with the Children

The following protocols, which were informed by the work of Graham et al. (2013) on ethical research involving children, the International Charter for Ethical Research Involving Children, and the relevant national legal framework of Trinidad and Tobago particularly the Children's Authority Act 2000, the Children Act 2012 and the Sexual Offences Act 1986, were adopted.

1. Parents/Guardians of the child respondents were informed about the nature and purpose of the research, as well as the oath by the researchers to uphold confidentiality and anonymity as far as possible in accordance with the Convention Rights of the Child and in the best interest of the child.
2. Oral consent to participate in the FGD, was obtained from each child and his/her parent/guardian. Additionally, on-going oral consent was obtained from each child in accordance with 'Commitment 6 - Researcher must always obtain children's informed and on-going consent' as outlined in the International Charter for Ethical Research Involving Children – (Graham et al 2013, pg.23).
3. The FGDs with the children were conducted in a separate space from their parents, who were informed that these sessions were tailored to capture the voices of the children only.
4. At the start of each session, the children in each focus group were briefed on the purpose of the study and their role in the research. These sessions were conducted in accordance with 'Commitment 2 - Respecting the dignity of

children is core to ethical research, Commitment 3- Research involving children must be just and equitable and Commitment 4 - Ethical research benefits children' as outlined in the International Charter for Ethical Research Involving Children (Graham et al. 2013, pg. 23).

5. At the end of the session, appreciation tokens were given to children to acknowledge their contribution to the research and to thank them. The children and their parents were unaware of the appreciation tokens until after the data collection was completed so as to minimise bias participation and/or responses.

1.3.6 Focus Group Discussions

These small structured sessions were conducted with selected participants and were exploratory in nature. The sessions were led by a moderator. The purpose of the FGDs was to obtain the dimensions of poverty and other related issues in each region based on the perceptions, opinions, and attitudes of people in a 'group-interaction' setting. The sessions were guided by a 'focus group interviewing instrument' with pre-determined open-ended questions (Appendix 3). The group size ranged from 3-14 persons, where each person represented a household. The length of each session alternated between 1.5 to 2 hours. These are generally accepted guidelines in the literature on social sciences research (Litosseliti 2007).

The full methodology plan is provided in Appendix 4.

2. PROFILE OF THE CHILD PARTICIPANTS

This section provides a snapshot of the profile of the children who participated in the FGDs across the 14 municipal regions in Trinidad. It includes a distribution of respondents by age and region, school enrolment and readiness for the school term, meals during

school hours, transportation to and from school, computer use and access to the Internet, work for pay and healthcare. The pre-focus group instrument used to collect this data is provided in Appendix 2.

DISTRIBUTION OF RESPONDENTS

A total of 114 children aged 10-17 participated in the FGDs across the 14 regions in Trinidad.

The top three attendance rates for the FGDs were in Couva/Tabaquite/Talparo, Port of Spain and Princes Town. Refer to Figure 2.1.

In terms of the age breakdown of the children, there were 64 who were between the ages of 10 to 13 years (56% of the total child participants) while 50 were between the ages of 11 to 17 years (44% of the total child participants). Refer to Figure 2.2.

Figure 2.1: Distribution of respondents by region

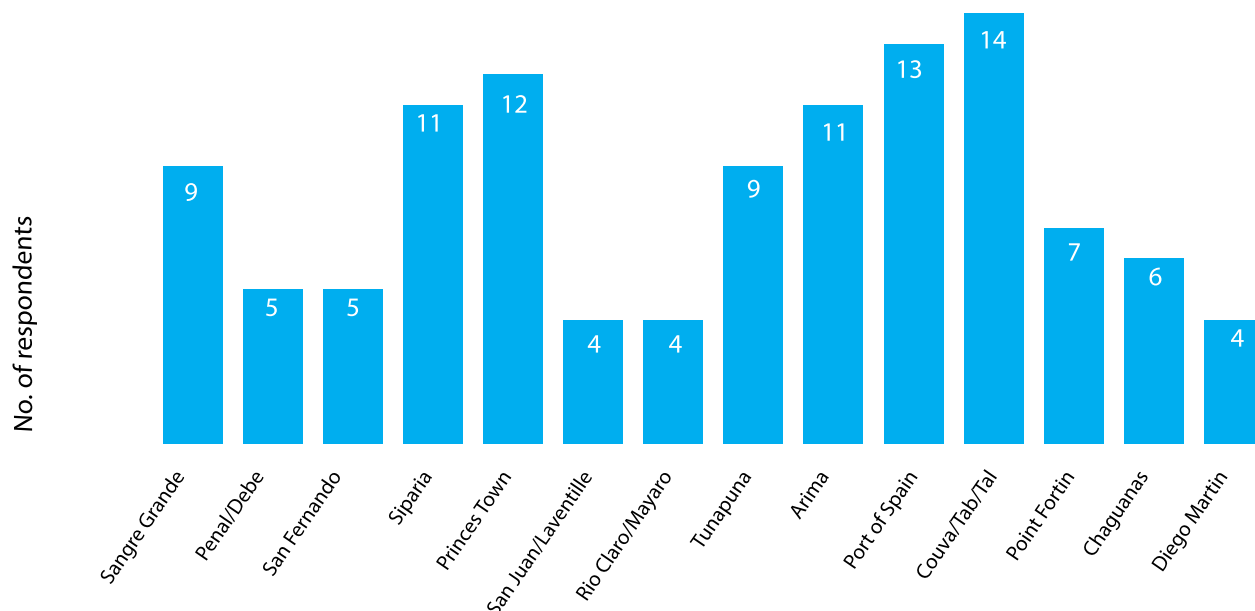
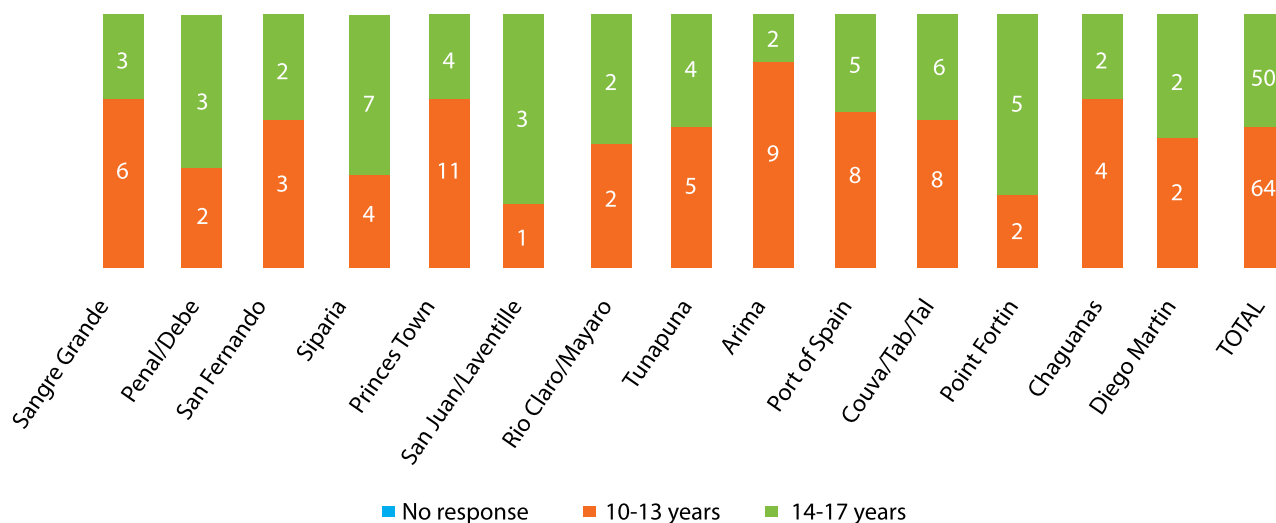


Figure 2.2: Age distribution of respondents



SCHOOL ENROLMENT AND READINESS FOR THE SCHOOL TERM

Most of the children were enrolled in Secondary school (63%), while 37% were enrolled in Primary school. The regions of Rio Claro/Mayaro, Siparia and Diego Martin had the highest percentage of respondents reporting being enrolled in Secondary school. Refer to Figure 2.3.

Overall, 76% of the children in all regions had school resources at the beginning of the school term. In Diego Martin and Point Fortin however, 50% and 43% of the respondents, respectively, did not have resources at the beginning of the school term. Refer to Figure 2.4.

Figure 2.3: School enrolment

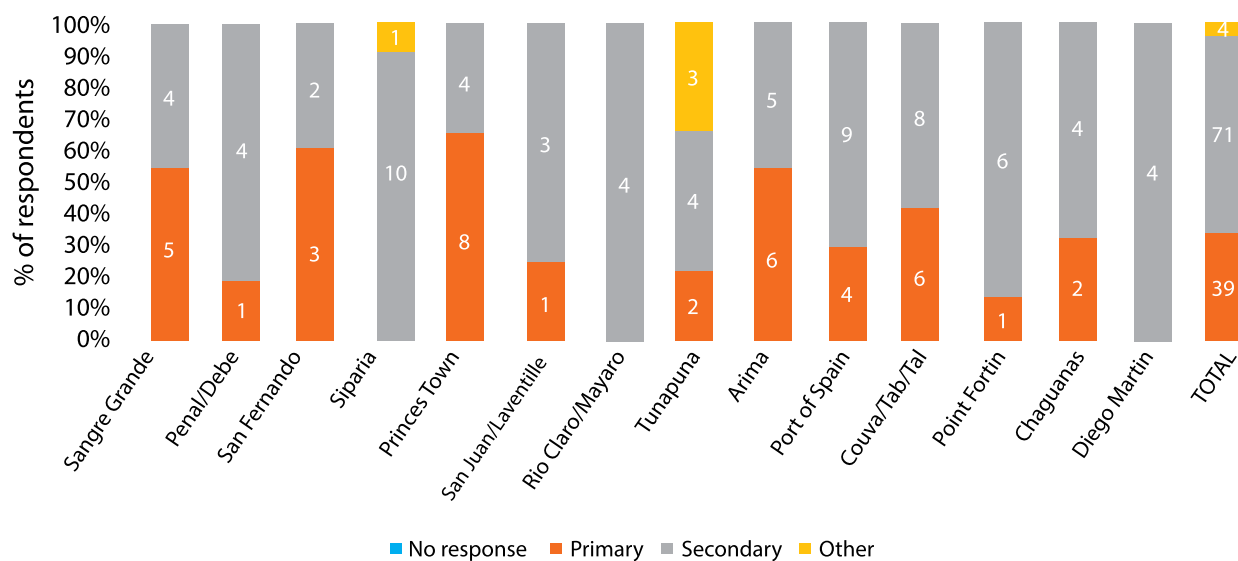
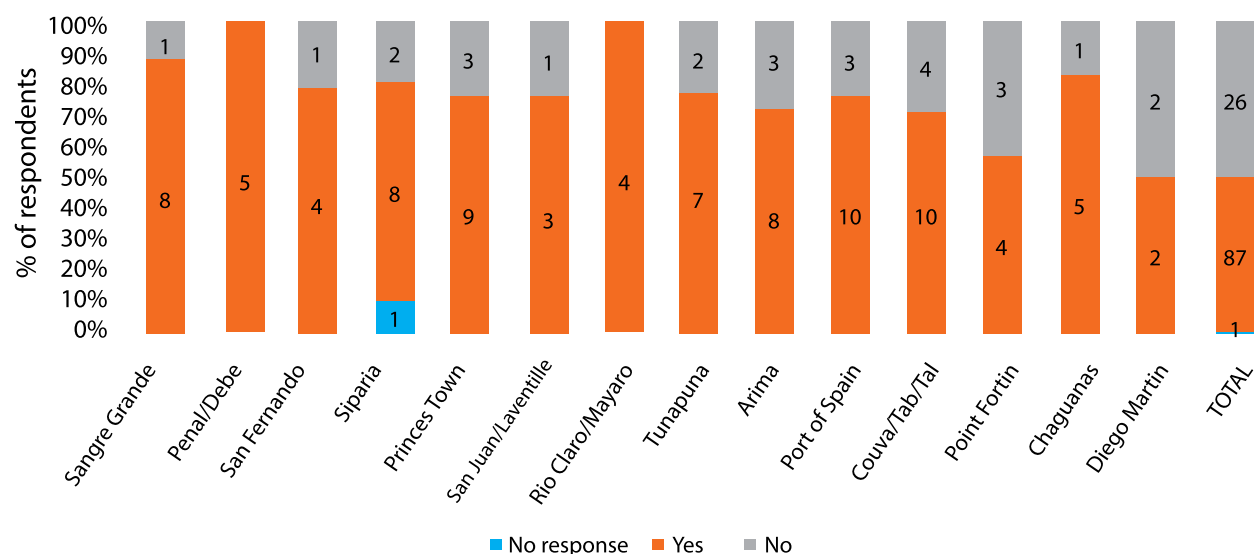


Figure 2.4: Availability of resources for school



MEALS DURING SCHOOL HOURS AND TRANSPORTATION TO AND FROM SCHOOL

School Meals during School Hours

Percentage of Respondents by Source of School Meals:

Home - More than 50%

School Cafeteria – 40%

School Feeding Programme – 38%

A greater share of respondents in San Fernando and Penal/Debe sourced meals from home when compared with the other regions. Children in Sangre Grande, Princes Town, Arima and Point Fortin had the greatest reliance on the school feeding programme. Refer to Figure 2.5.

Transportation To and From School

Main means of transport to and from school

40% of the children used private cars

30% of the children used taxis

13% of the children used public bus

11% walked

Most of the children who walked were from the Princes Town, Tunapuna and Port of Spain regions. Refer to Figure 2.6.

Note that for the indicators above, participants were able to choose more than one response from the respective questions. This resulted in the total number of responses exceeding 114 and the total percentage of responses 100%.

Figure 2.5: Source of meals during school hours

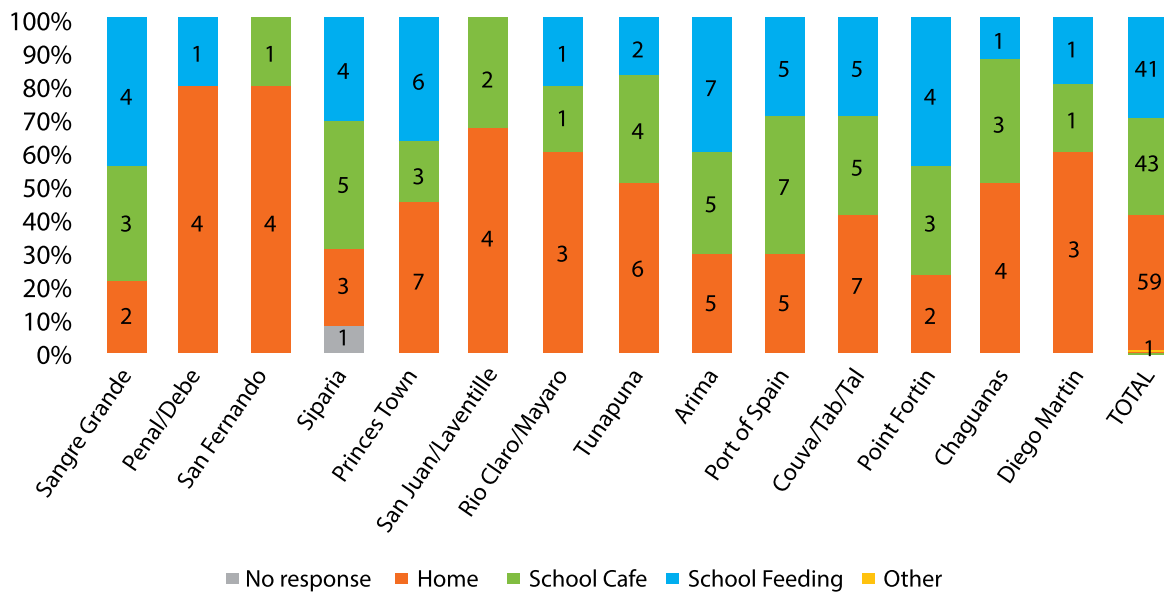
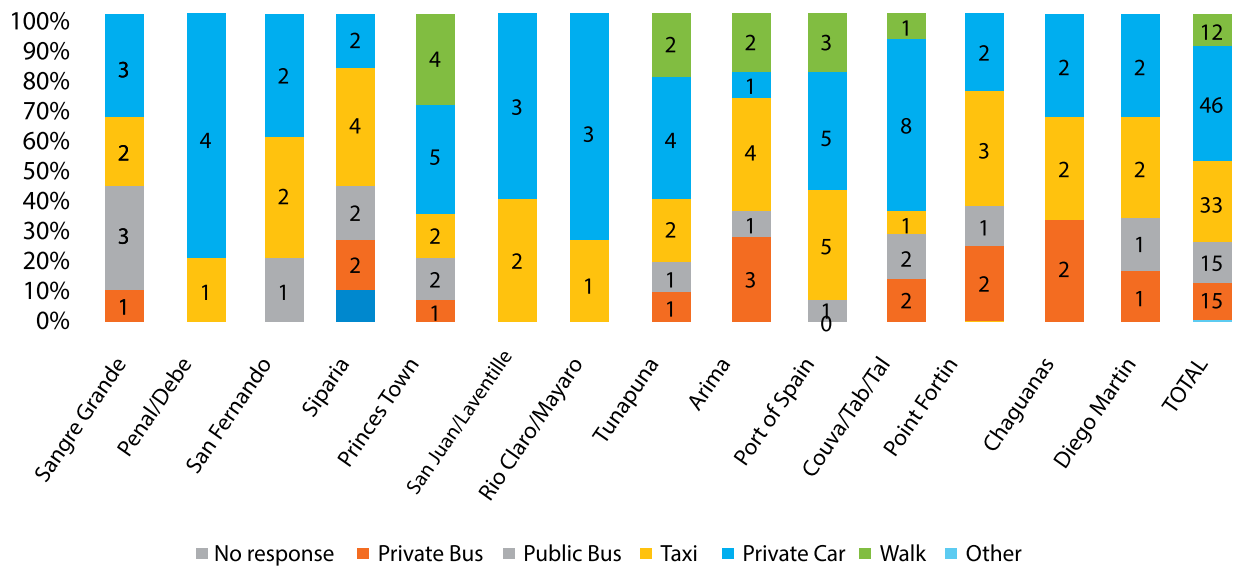


Figure 2.6: Modes of transport to and from school



For the following indicators, participants were able to choose more than one response from the respective questions. This resulted in the total number and percentage of responses exceeding 114 and 100% respectively.

Computer Use

68% of the children used computers.

79% of them indicated that they needed computers.

All respondents from the regions of Diego Martin and San Juan/Laventille needed computers for school whilst more respondents from the region of Penal/Debe reported having no need for computers. Refer to Figure 2.7.

Access to Computers

At home - 48% of respondents

At school - 21% of respondents

Refer to Figure 2.8.

Internet Access

At home - 66% of the respondents stated they accessed internet from their homes.

Other locations - 19% of the respondents - neighbours and internet cafes, others from multiple sources.

Refer to Figure 2.9.

Figure 2.7: Computer needs by region

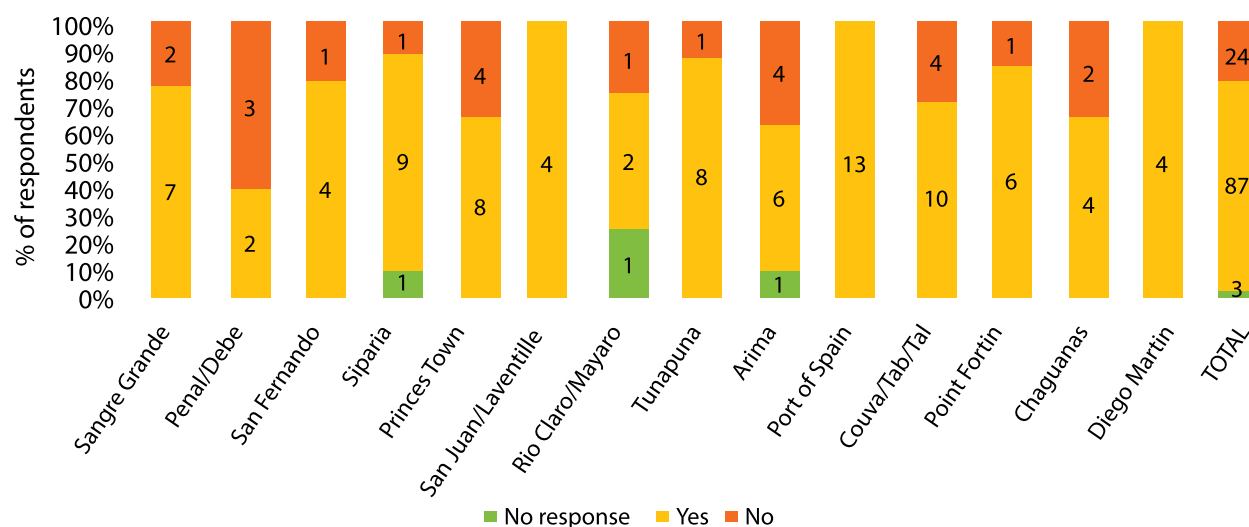


Figure 2.8: Access to computer

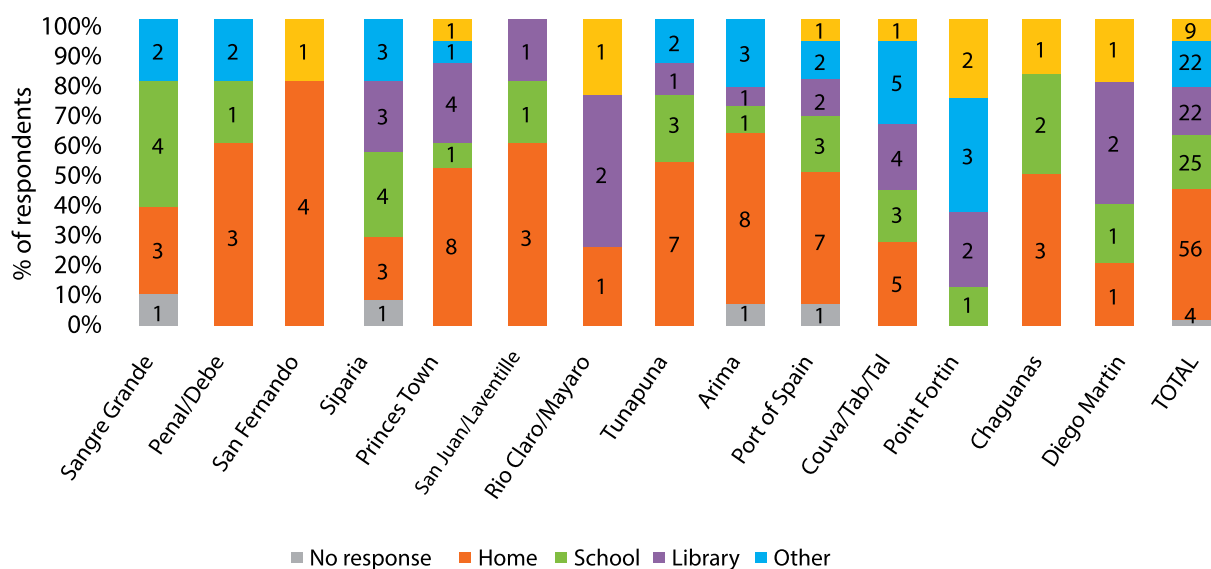
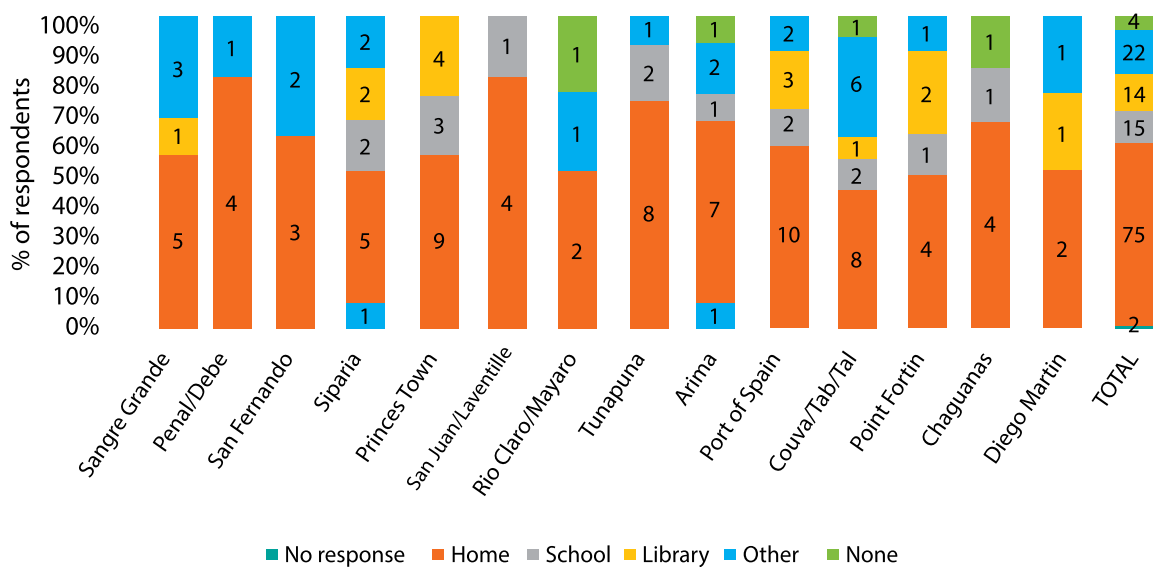


Figure 2.9: Access to the Internet



WORK FOR PAY

A total of 8 children did indicate working for money on weekends and/or school vacations mostly for fun or additional allowance. These respondents were from San Fernando, Siparia, Tunapuna, Arima and Chaguanas.

PLACE OF ACCESSING HEALTHCARE

63% of the respondents stated they accessed care at a health centres when ill

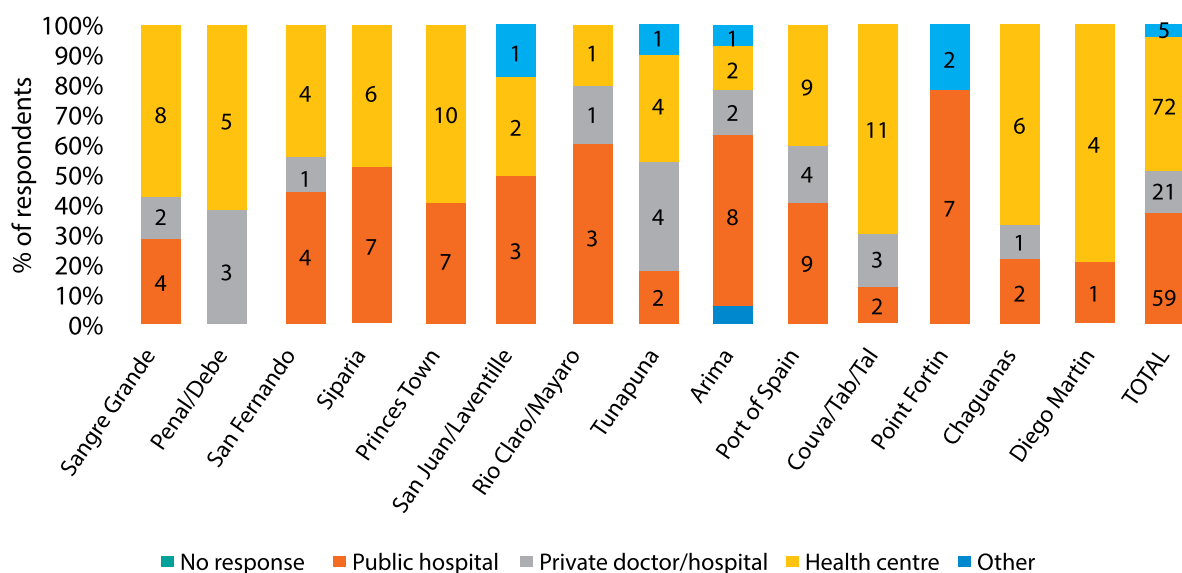
52% said they were taken to the hospital

18% reported being taken to private doctors

Some respondents reported being taken to different types of health facilities

More respondents from Point Fortin reported using the public hospital than those reporting otherwise. Notably, no respondents from the Siparia and Princes Town regions reported being taken to a private doctor in the first instance. Refer to Figure 2.10.

Figure 2.10: Place of accessing healthcare



3. VOICES OF THE CHILDREN

3.1 Overview

The Voices of the Children are categorized in accordance with the themes under which the FGDs were conducted. These themes include the following:

- a. Perceptions of Poverty, with the sub-themes of Good Life and Poverty.** The research objectives of this area included:
 - i. To obtain perceptions of a “good life” and “poverty” in the communities.
 - ii. To ascertain the difference in perceptions between a poor and non-poor household and poor and non-poor community.
 - iii. To identify the perceived drivers of poverty.
 - iv. To identify the drivers of poverty as well as its effects and impacts.
 - v. To identify opportunities for improving quality of life.
- b. Education,** with the research objective to gauge educational attainment and identify any possible links between poverty and education.

- c. Health, Healthcare and Nutrition** with the research objectives:

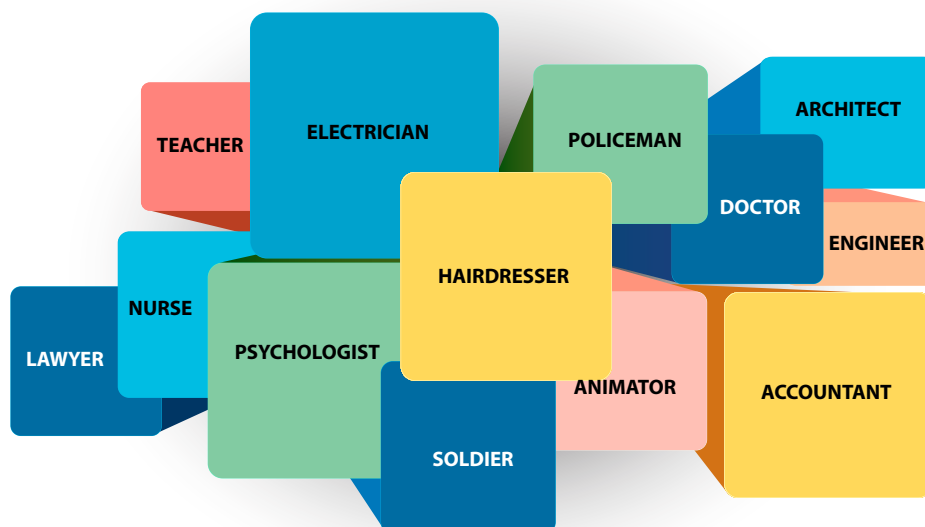
- vi. To obtain perceptions of the term healthcare and identify possible barriers of accessing healthcare.
- vii. To understand nutrition habits and perceive health status.

- d. Living Conditions and Community,** with the research objective to obtain perceptions of living standards at the individual and community levels.

3.2 Career Aspirations

Prior to the start of each FGD, an ice-breaker activity was conducted during which the children were asked about their career aspirations. The depiction below presents a snapshot of some of the career aspirations voiced by of the children across the 14 municipal regions.

Figure 3.1: Career aspirations of the children



3.3 A Good Life

The children gave varying responses on what they perceived a **good life** to be. These ranged from the satisfaction of needs such as food, clothing, shelter and wants, to the quality of relationships. Some of the aspects of a good life identified by the children were: having money, cars, enjoying a nice home, going on vacation, being happy, having both parents, having

a good family, being supported and respected by family and friends and eating well.

A good family was believed to be one where parents don't fight and quarrel. Someone who lived a good life was believed to be happy, proud, had no problems, worries, or stress, had peace of mind and had a good relationship with God. Other views of the good life included having a good job and an education.

A GOOD LIFE



VOICES

A GOOD LIFE...

"You have access to needs and wants. As a person, as a child, there are things that we need like shelter, food, clothes, things that we want will be other secondary priorities that are not as necessary as our needs..."

Penal/Debe, Male

"When you have a stress-free life, when you don't have to worry about stuff like money..."

San Fernando, Female

"Having both parents and enough money to provide for your needs and some of your wants..."

San Juan/Laventille, Female

"Somebody who have a good job, house, lots of money, family, friends and meeting their wants..."

Pt. Fortin, Male

"Knowledge, understanding of what you are doing in life..."

Siparia, Female

"No one has anything bad to say..."

Arima, Female

"My best friend lives with her family and has everything she wants, she is happy..."

Couva/Tabaquite/Talparo, Female

"Having a good job-meaning that it pays enough not just to get by but where there is money for entertainment..."

Arima, Female

"Doing good to other people, have respect so people will respect you. Having a family that encourages you in doing good things example, not treating your neighbours bad, showing people a good legacy to live for..."

Tunapuna, Female

"Just having your family. Once you have someone that is there for you who you could talk to, help you out when you in a tough situation..."

Pt. Fortin, Female

"No war in country. All people in the country having a good life example no homeless people, no starving, helping others..."

Tunapuna, Female

"Have enough money to do what you want, nice cars, homes, things that less fortunate people would not have..."

San Juan/Laventille, Male

"Doing anything you want to do and without persons saying what to do..."

Port of Spain, Male

3.4 Definition and Perceptions of Poverty

Poverty was generally held to be a lack of food, clothing, proper shelter and a lack of finances to meet one's needs. An extended interpretation of poverty among some of the children included the following: a lack of healthcare resulting in poor health, malnutrition and a lack of amenities such as water and electricity.

In general, the children were able to identify different levels of poverty.

- The most extreme state of poverty was explained as total deprivation – i.e. a state of being homeless, having nothing, living on the streets or having to beg.
- The children described another level of poverty where persons are able to meet some of their basic needs but still face some degree of deprivation or struggles. To this end, the children noted that working people may also be classified as poor if they are unable to meet all their needs.

VOICES

POVERTY IS...

"Not having enough money to provide for basic needs such shelter, food and education..."

Princes Town, Female

"Having no food, malnutrition, can't bathe, poor health care and no homes..."

San Juan/Laventille, Male

"When you do not have a good job and not financially stable. They struggle to get food..."

Arima, Female

"Living on the road and not having a comfortable place to sleep..."

Port of Spain, Male

"Not having enough money to support family, can't provide in the home...send kids to school, provide books and school bags..."

Sangre Grande, Female

"Having to beg for things you need like food and other things to live you have to be begging because you don't have the money to afford it..."

Pt. Fortin, Female

LEVELS OF POVERTY

"Yes, there are different levels of poverty. Some can have a home but no food and then there can be someone living on the streets without anything..."

San Juan/Laventille, Female

"On the first level, having nowhere to sleep, no food to eat, no clothes, being on streets, having to beg people for a dollar everyday...On a next level – a place to stay but not it not fully furnished, you have food but not enough, you have clothes but not what you see other people have..."

Pt. Fortin, Female

"Poverty is like a pelau...plenty different things come together to cause it..."

Siparia, Male

"Poor with no clothes, poor with house but not food, have a home but cannot buy nice things for children..."

San Juan/Laventille, Male

Poor persons were perceived to be those who:

- Lived in old, unstable, broken, board houses and unclean environments;
- Had bad health, lived alone and had no family; and
- Lived on the streets, had no access to education and got no help from others.

Poor persons were also thought to wear the same clothes every day. However, some of the children held the opinion that a poor person may appear be clean and well-dressed but may be facing struggles in

life. Another view was that non-poor persons looked healthier than poor persons.

Poor households were considered to be unable to send their children to school, planted a kitchen garden for food; and had barrels to store water. Some participants were of the opinion that in poor households, children do not get to experience the world as other children.

A **poor community** was perceived to be one with litter, garbage, people on the streets, broken houses, bad roads, run down broken buildings and cars.

VOICES

"Poor people have a bad life, they don't have enough money to buy books for their children ..."

Diego Martin, Male

"Poor people barely have shelter, barely have water and money to secure their family. Non-poor have everything..."

Tunapuna, Female

"A poor person, their health is in bad shape, you can see all their bones..."

Couva/Tabaquite/Talparo, Male

"Poor people hate life. They can't afford anything. Not happy. Stressed. Can't buy anything for themselves..."

Chaguanas, Male

"Rich have more opportunities to become who they want to be, they can do courses etc. Poor has the opposite..."

Tunapuna, Male

"The rich would have gotten an education and the poor would not have gotten one..."

Sangre Grande, Female

"The non-poor is better as they are financially stable and can buy stuff as opposed to the poor..."

Port of Spain, Female

"A poor community is where the trash is falling out and people are smoking and drinking and a non-poor community is where people are having a thanksgiving and sharing..."

Arima, Female

"A poor community is one with someone smoking in it and a non-poor community is a place with flowers and a playground with a bigger house than a non-poor community..."

Arima, Female

In contrast, a **non-poor community** was described as one with:

- Nice cars, two-storey buildings, mansions, luxury homes, swimming pools, proper disposals and where people wear good and brand names clothes and shoes; and
- Recreational facilities for children such as play parks and sporting facilities.

A **poor person** was described as **feeling** left out, ashamed, depressed, sad, stressed, suicidal and lonely. These **feelings** were thought to lead a poor person to harm himself/herself or others, drink poison, steal from others, sell drugs, abuse children or get angry and jealous.

Moreover, **poor children** were thought to feel unwanted, frightened because they are alone and have no friends, angry and want to fight, ashamed and unhappy.

Non-poor children were perceived to take things for granted, laughed at **poor children** in terms of what they ate, how they dressed and bullied poor children at school. Non-poor children were also believed to have new books and clothes in time for school while poor children had none or used second-hand books and clothes.

The lack of education, crime, drug-use, alcohol-abuse, unemployment, a low-salaried job, the lack of family and family support, teenage pregnancy, bad choices, laziness and inherited poverty were viewed as the main **causes of poverty**.

VOICES

"Poor people because they can't cope they would turn to drugs and stealing and illegal stuff... Poverty can cause people to get fed up and want to kill themselves..."

San Fernando, Female

"Non-poor and poor attitude and respect for people will be different. Rich would not have enough respect to tell someone good morning and the poor would actually come up to you and talk to you..."

Penal/Debe, Female

"Poverty can lead people to kill one another... become a criminal, stealing from other persons, may join a gang..."

San Juan/Laventille, Male

"People are poor because they did not have an education to get a good job so they remain poor as compared to others who have an education.

Arima, Female

"Sometimes before they turn poor they are financially stable but peer pressure lead them to drugs and eventually they become poor..."

Tunapuna, Female

"Some people are poor because they don't have a proper education and jobs..."

San Juan/Laventille, Female

"Some poor people don't pick themselves up. They don't do outside jobs, they view it as too much work, they give up and have no hope..."

Tunapuna, Female

"Some people are poor because they never did good deed..."

Sangre Grande, Male

"Some people poor because they didn't have a family, you was an orphan, didn't get a good job..."

Couva/Tabaquite/Talparo, Female

"People poor because people influence them to go the wrong way..."

Port of Spain, Male

3.5 Education

The children believed that education was the key to life and success and to achieve one's goals in life.



Most children perceived that both boys and girls had the same access to education and had an equal chance in life.

Education was described as being 'free' to all students. However, the mindset of children was noted as being important, namely, the desire to want to do well at school. The **cost of schooling** was identified as a barrier to children attending school.

In general, the children stated that they attended school every day.

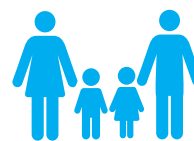


The main reasons for being absent from school included:

- Illness;
- bad weather conditions;
- problems at the school; and
- special events.

The reasons given for peers being absent from school were:

- bullying;
- dislike for teachers;
- teachers' attitude;
- abuse from parents;
- teenage pregnancy;
- baby-sitting siblings at home;
- peer pressure;
- financial problems in the household;
- transport constraints;
- work; and
- family problems - for example, the use of alcohol and drugs by parents.



The role of **parents and guardians** was believed to be important for a child to achieve his or her goals. The **love, support and motivation** from parents and guardians were cited as essential in attaining success in school. The use of **extra lessons** was also held to be important for excelling at school. To this end, it was perceived that poor children were disadvantaged since they can afford extra lessons.

Family problems such as, abuse, drug-use and fighting in the home were identified as problems that can affect a child's performance at school. It was believed that family problems can cause children to get depressed and become violent towards themselves and others.



Bullying was also identified as a serious issue that can affect a child's performance at school. Some of the children indicated that there was bullying at their schools and it has affected children mentally and physically, with some children **staying away from school** due to fear of being harmed or bullied. The children noted that bullying can also cause a child to have **suicidal thoughts**.

The children identified other factors that can affect a child's performance at school such as, **peer pressure** and **excessive use of technology or social media**. Teachers, deans, parents and friends were identified as persons who can assist students resolve some of their problems such as bullying.

3.6 Health, Health Care and Nutrition

The children believed that **non-poor persons had better access to health care** since they could afford private, quality health care. Poor persons were believed to access health in the public health system, particularly the health centre and hospital and also utilized alternative options when ill, such as seeking advice from a pharmacist or using traditional medicine.

The important characteristics for a child to be healthy were identified as **exercise, nutrition, family support and love from your family.**

Good health was thought to be a combination of good nutrition, good hygiene, a clean environment and exercise. Having a balanced diet inclusive of proteins, vitamins and minerals were perceived to be important for good health. A healthy person was viewed as being fit, strong, looked good, had good eating habits, had good teeth and was free from illness.

VOICES

"Children like fast food and junk food Girl...Children don't eat healthy foods..."

Diego Martin, Female

"Children need healthy food to give them the energy they need to do their work during the day..."

San Juan/Laventille, Female

"Non-poor have a choice in what they eat and have. The poor will eat whatever they have or find, they don't have a choice..."

Chaguanas, Female

"Rich might have money to buy all the fast food products and the poor might be planting stuff like fruits and vegetables and they might be healthier than the rich..."

Penal/Debe, Female

"Poor people eat unhealthy foods. However, some eat healthy foods as they go in a shop with vegetables..."

Arima, Male

"Poor people eat healthier because people with money eat fast food..."

Port of Spain, Male

"Yes poor people healthy because they eat things that they grow like dasheen..."

Sangre Grande, Male

"For the rich person, all the things they may be consuming, all the fancy foods, they can get diabetes, obesity, and lifestyle diseases. The poor might get ill because of their surroundings, all kind of mosquito, dengue because of not having a proper diet their immune systems might not be as strong as the average human which might cause them to become ill..."

Penal/Debe, Male

"Parents don't have enough money to buy things to cook..."

San Fernando, Male

"If mommy has to go to work early, you wouldn't have your lunch for school..."

San Fernando, Male

The children were able to recognize the importance of having at least three (3) meals per day. **Financial problems** in the household and the **busy schedules of parents** were identified as the reasons why children may not have at least 3 meals per day. They also noted that it was important for children to have good nutrition for the following reasons—to **develop properly, to function better, to be healthy, prevent illnesses and to go to school**. While breakfast was thought to be very important for a child, some children admitted to skipping breakfast or had a light breakfast.

The children had mixed views on the relationship between **poverty and health**:

- Poverty can affect a person's health since it means not being able to afford sufficient food and proper nutrition, which can lead to illnesses;
- Poverty may not affect a person's health since poor persons may plant their own food and so may not be affected by illnesses. Consequently, some children thought that poor persons ate healthier than non-poor persons since non-poor persons can afford to purchase some fast foods, which poor persons cannot afford and which the children considered to be expensive and unhealthy;
- Both poor and non-poor persons ate unhealthy foods as some poor persons were thought to also consume unhealthy fast foods as these were considered cheaper than healthy foods; and
- Both non-poor and poor persons ate healthy.

The children indicated that they generally sourced food from home but also admitted to purchasing food from the food cafeteria, accessing meals through the school feeding programme and purchasing food from fast food outlets.

The children indicated that their **breakfast options** included pancakes, cereals, bread, cheese, butter, doubles, fried chicken, pizza, gyros, coconut bake, roti,

cornflakes, tea, and milk. **Lunch options** included burgers, stew fish, yard fowl, doubles, buss-up-shot, dhalpuri, chicken and fries and meals from the school feeding programme. **Dinner options** included gyros, fries, barbeque lamb and chicken, dumpling and bhagi, chocolate tea, dhalpuri and duck, crackers and coffee and cheese and bread.

The participants indicated some children had a **preference for unhealthy foods**. Additionally, they felt that some parents encouraged children to consume unhealthy foods by buying whatever their children wanted or by giving them the money to purchase whatever they desired. This was thought to occur often in households where parents did not have the time to prepare meals for children because of work and other commitments. Some parents however, were believed to encourage their children to eat healthy by giving them healthy meals at home and for school.



3.7 Living Conditions and Community

The children recognized that **living conditions** in poor homes and communities differed from conditions in non-poor homes and communities. They perceived a **poor person's house** to be small, broken, made from wood, galvanized or dirt, unpainted, dilapidated, and old. Poor person's houses were also believed to be located in unkept environments and lacked key amenities such as water, electricity and utilized outdoor sanitation facilities, namely, pit latrines.

A **non-poor person's house** was thought to be big, made from concrete, well-built, clean, and spacious, had many bedrooms, luxurious and was fully-furnished. Non-poor person's houses were perceived to be situated in a clean, well maintained environment.

A **poor community** was described as one that is unclean, contained garbage, had poor housing development, bushes and stray dogs. Some of the children stated that there was more crime and social problems in poor communities than non-poor communities. Poor communities were also believed to face stigma and discrimination from others. A **non-poor community** was thought to be gated, clean, contained big concrete houses, nice cars, swimming pools, trained dogs, good roads and proper street lighting.

In contrast, a few participants believed that poor communities had positive characteristics that non-poor communities did not have. For example, it was believed that in poor communities, people socialized more, and children played outdoors together. This was thought to be different from non-poor communities where it was thought that most people stayed indoors

and kept to themselves. Moreover, poor households were believed to have love; something that not all non-poor households had.

There was a general belief that **poor persons** wore torn, old, used clothing while **non-poor** persons wore expensive, new, branded clothing. Some participants were of the view that poor people also wore expensive clothing, since they used all the money available to buy these items even if they remained hungry.

The participants believed that doing chores was essential to help children develop independence. Doing household chores like washing dishes, cleaning the house, helping upkeep the environment around one's home and taking care of the pets were viewed as normal for children. While both boys and girls were thought to do chores, girls were believed to have more chores to do than their male counterparts.

Most children described their community as mixed, that is, having both poor and non-poor households. While the majority of the children expressed comfort with their living conditions at home, some children cited issues such as crime, poor infrastructural development in their communities and domestic situations as problems that currently affect them. A few children indicated that their living conditions could be improved, for example, having separate bedrooms.

A **perfect community** was described as one with respect and understanding amongst neighbours, free from crime, with recreation and opportunities for children, less traffic congestion, community groups, good houses and quiet and clean.

VOICES

"A good community has to do with people living in the area, you could be able to go to your neighbour and ask for help..."

San Fernando, Female

"That happening to me right now, like as soon as I go outside, there are men standing outside just watching inside my house, doing drugs or marking things inside every time the police come, they watching inside my yard to make sure it have nothing that they plant, cause they do that. I just don't like it, I can't go outside in a vest or a tights or anything like that..."

Pt. Fortin, Female

"Drainage need to improve, when rain fall it does real flood, I live next to a ravine when rain fall it flood and can't go to school..."

Diego Martin, Female

"Because of the environment in my community people say you would grow up to be a gangster. They look at grandparents and say they use to be disrespectful and be gangster, so they expect youths to turn out the same..."

Port of Spain, Male

"Poor people have one bed to sleep on, sharing bed, they have to share certain things, may be like clothes, shoes; wooden house...looking dilapidated..."

San Juan/Laventille, Female

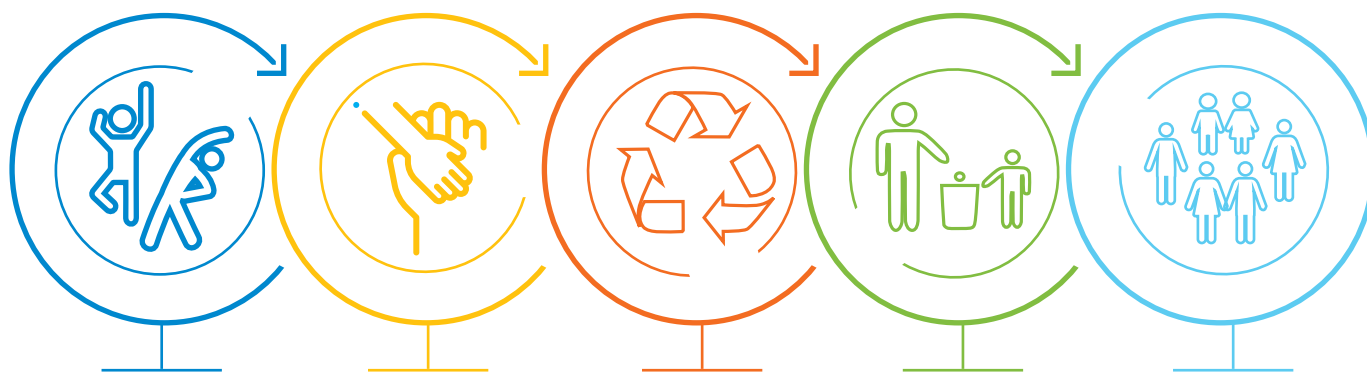
"The poor would have no shoes to wear and they look dirty. The poor may have cheap things and the non-poor more expensive things and dresses properly with their hair combed..."

Arima, Female

"In my community it have smokers, drinkers, shooters, in the middle of the night they playing music and cussing and fighting and shooting each other... it have gangs in the area and youths following their rules..."

San Fernando, Male

WHAT CAN I DO TO IMPROVE MY COMMUNITY?



"Helping others, we can use centres for extra activities" –

Tunapuna,
Female

"Help people that need help, give them some advice"

– Couva/Tabaquite/
Talparo, Female

"Recycling, donating things to charity, selling stuff like food"

– Port of Spain, Male

"Have youth groups for community and have activities so they can have environment more clean" –

Sangre Grande,
Female

"As a child, as I get older and get better I know I can come back to the community and help it get better" –

San Juan/Laventille,
Male

4. ACTIVITY - DEFINING AND DEPICTING POVERTY

Figures 4.1 and 4.2 provide interpretations of poverty from the children.

Figure 4.1: Definitions of Poverty (1)

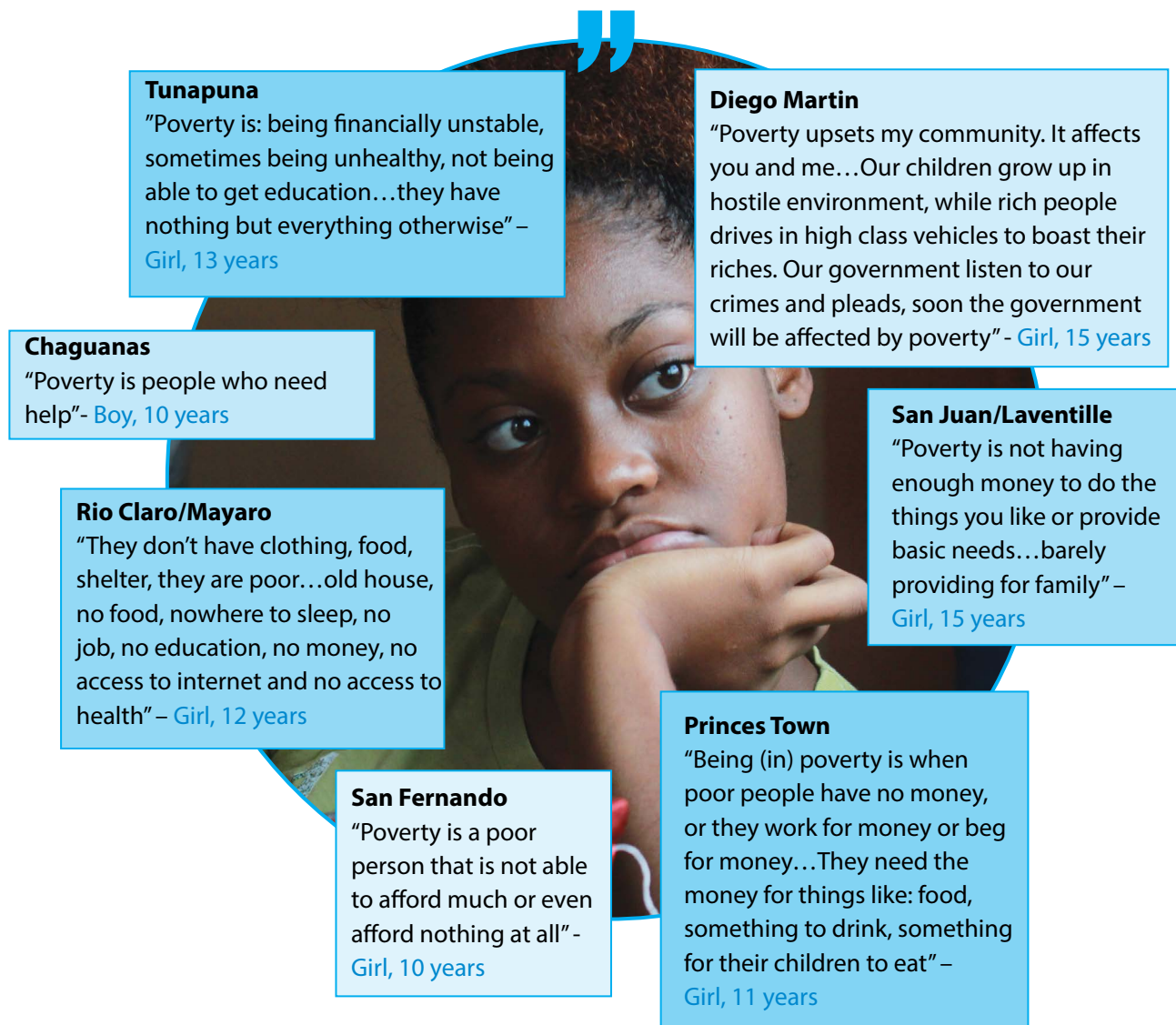
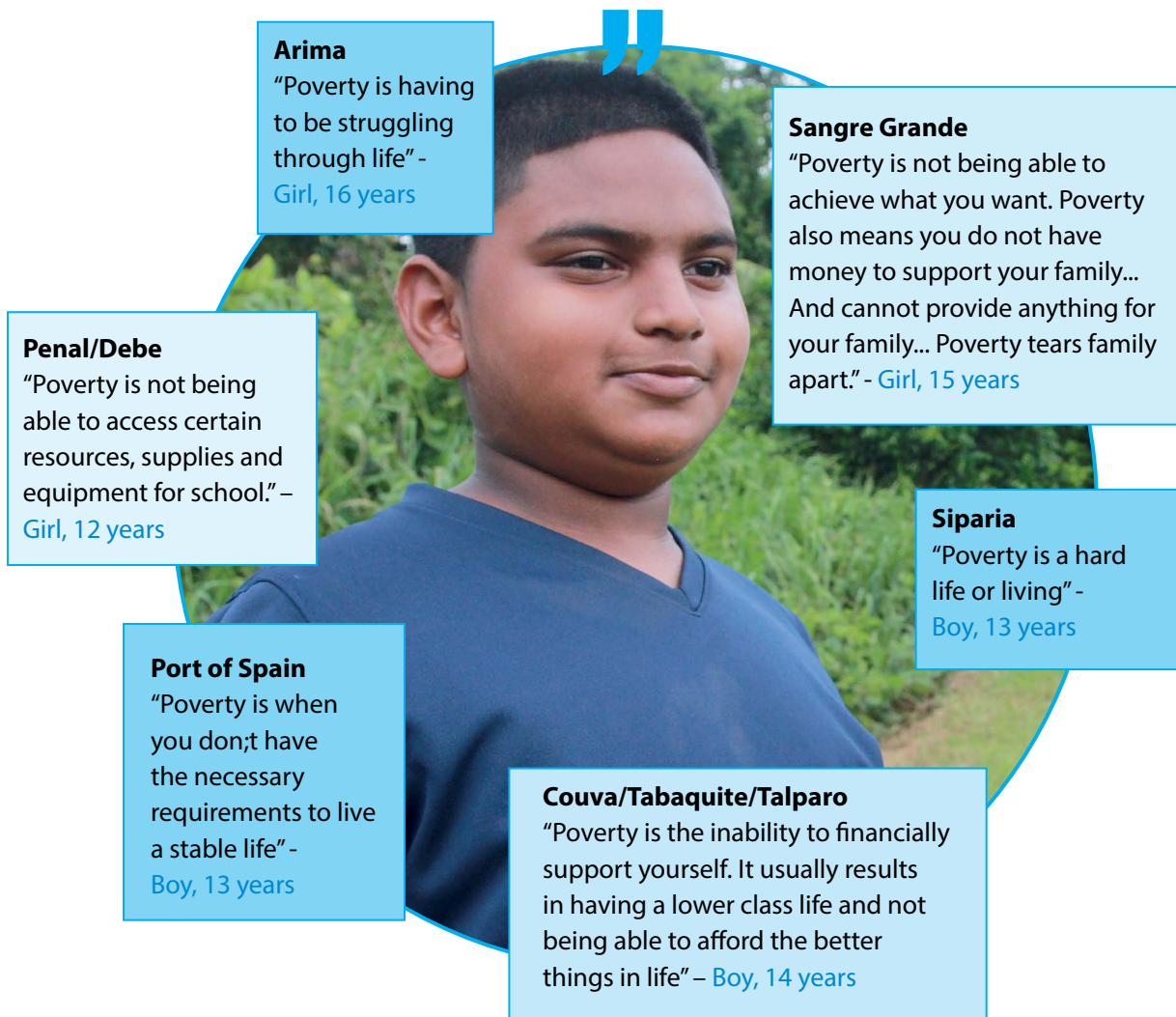


Figure 4.2: Definitions of Poverty (2)



5. DEPICTIONS OF POVERTY USING THE DRAWINGS OF THE CHILDREN

The depictions that follow, were captured during a segment of the FDGs, where the children were asked to draw what they believed to be 'poverty'.

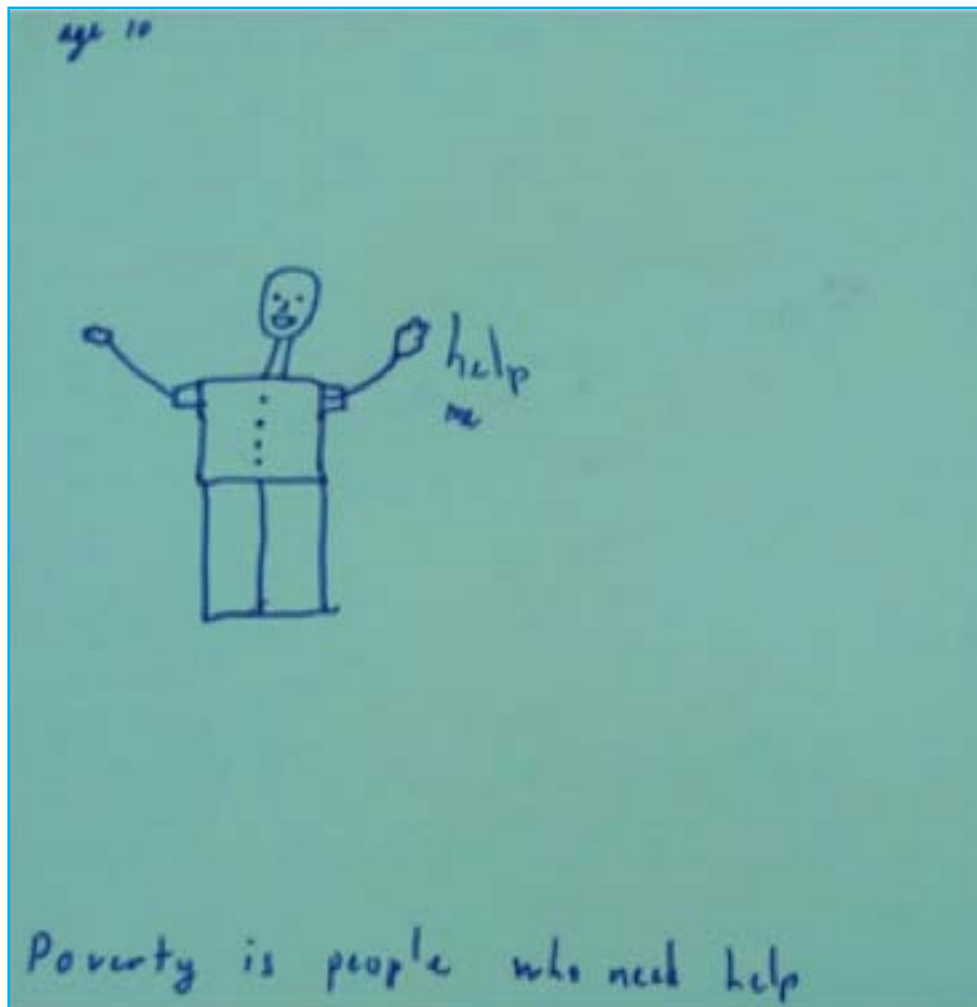
Figure 5.1: Depictions of Poverty (1)



The child compared a poor house and a non-poor house. House 1 was identified as the non-poor house which had a garbage bin for litter. House 2 was identified as a poor house with persons outside smoking and using drugs and there was garbage on the ground.

Tunapuna/Piarco - Female, 11

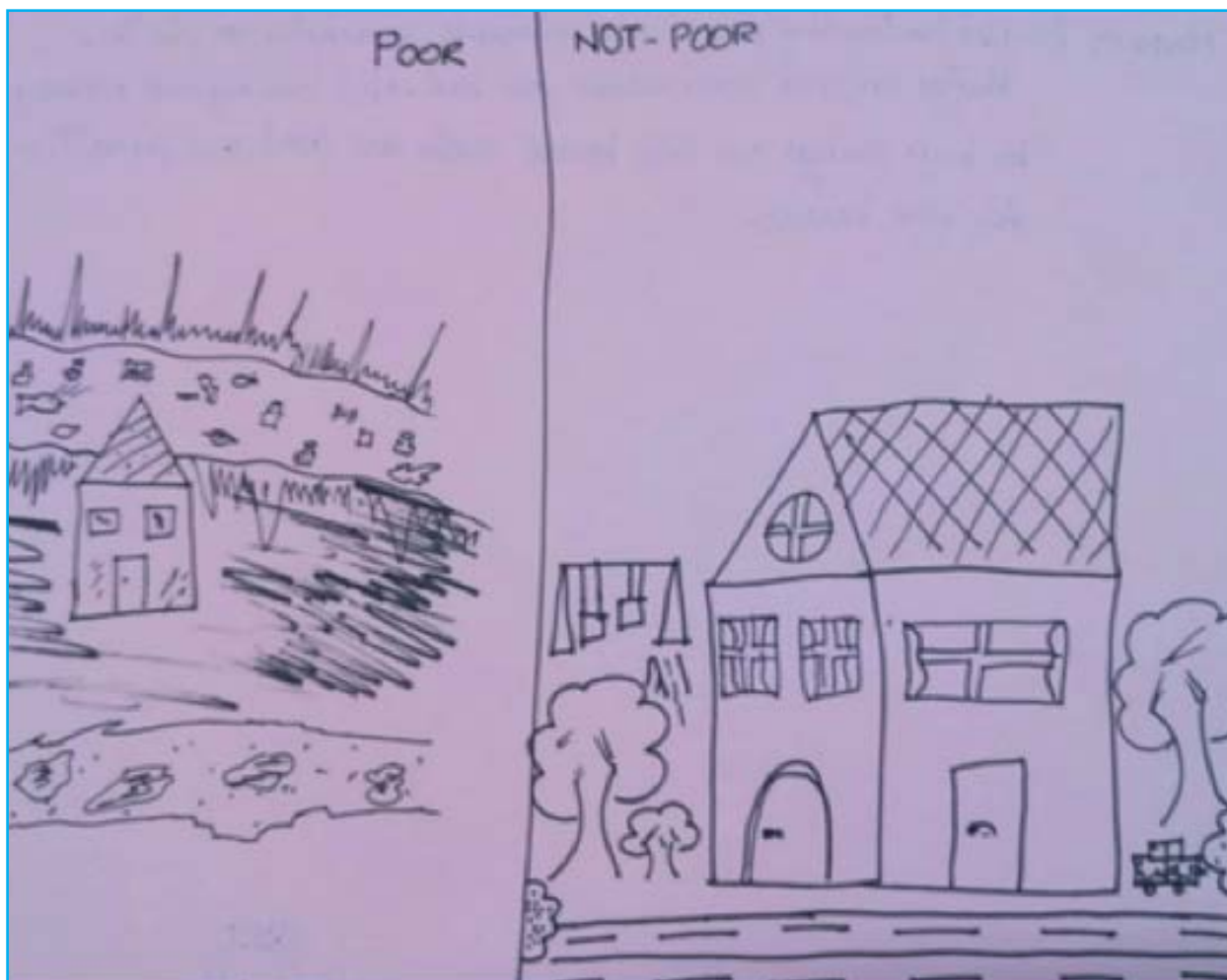
Figure 5.2: Depictions of Poverty (2)



The child identified a poor person as needing help.

Chaguanas - Male, 10 years

Figure 5.3: Depictions of Poverty (3)



The child compared poor circumstances to non-poor circumstances. A poor house was identified as being surrounded by garbage and water. A non-poor house was identified as one with nice surroundings including trees and a play area for children.

[Sangre Grande - Female, 17 years](#)

Figure 5.4: Depictions of Poverty (4)



The child compared poor circumstances to non-poor circumstances. A poor person was identified as sleeping on the ground and had nothing while a non-poor person had a big house and good amenities for living.

San Juan/Laventille - Female, 10 years

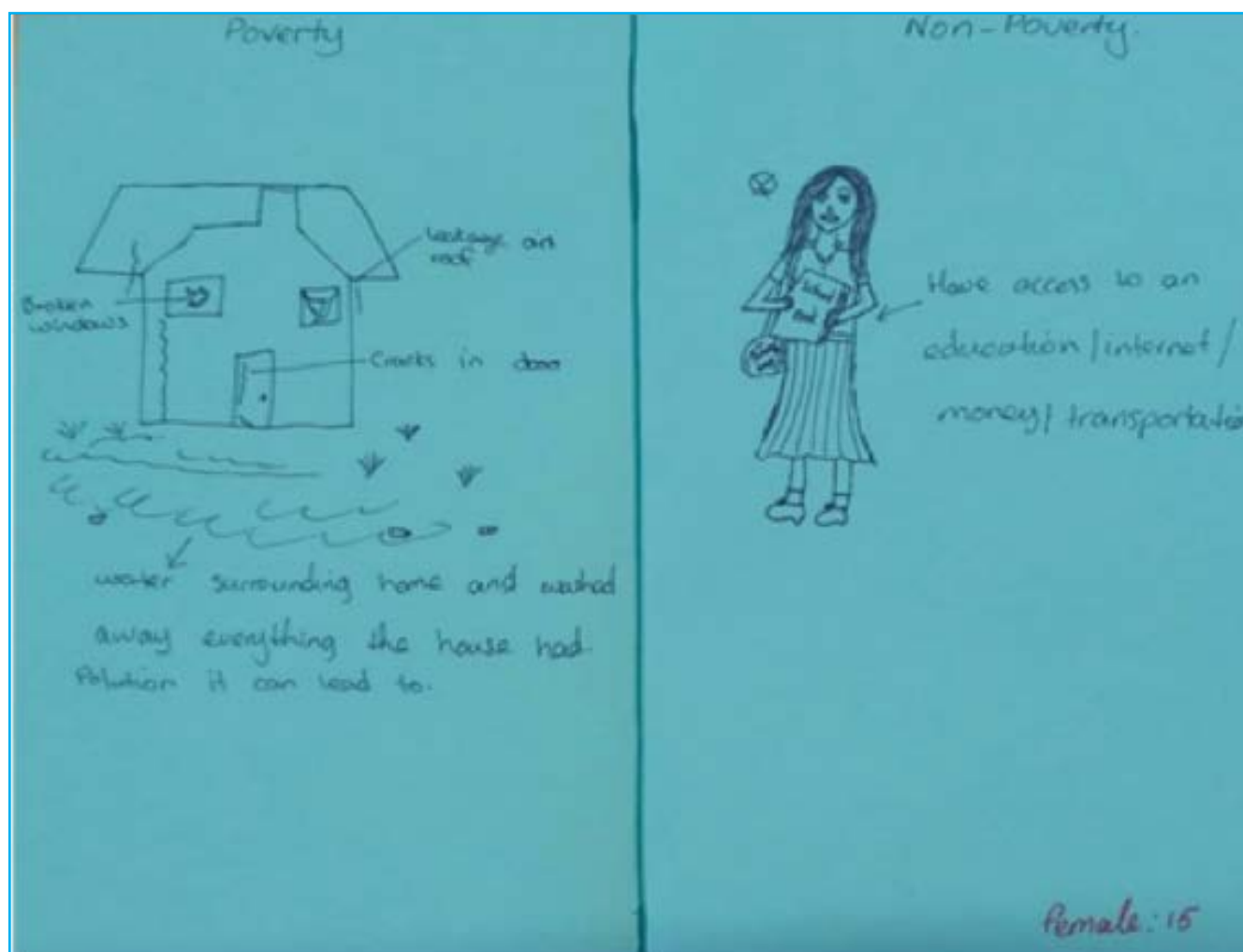
Figure 5.5: Depictions of Poverty (5)



The child identified poverty as not having the best or enough money but went on to depict a girl who was thought to be poor but 'had a heart of gold'.

Region - Male, 17 years

Figure 5.6: Depictions of Poverty (6)



The child compared poor circumstances to non-poor circumstances. A poor house was identified as being broken and surrounded by water. A non-poor person was identified as someone who had access to an education and other amenities.

Mayaro/Rio Claro - Female, 15 years

6. DEFINITION OF POVERTY AND CONCLUDING STATEMENT

The voices of the children presented in this report mirror the depth of the notion of poverty and some of its drivers and impacts. The children identified various dimensions of poverty, which can be captured across a spectrum, starting from circumstances of total deprivation to circumstances of the working poor. While there may be some distinct differences in the perceptions of poverty held by the children across the 14 municipal regions in Trinidad, there was considerable harmony in what the children considered to be poverty.

The term poverty was generally taken to mean the deprivation of the basic needs namely food, clothing, shelter, healthcare, education and access to key amenities for living (including potable water,

sanitation facilities, electricity). Such deprivation was thought to be set within circumstances of household financial constraints, compromised family relationships and constrained social connectedness, possibly manifesting in, but not limited to, domestic abuse, drug-use, crime, child labour and teenage pregnancy among other social ills and challenges.

The expressions of the children demonstrate that there is a clear and definite understanding of the various dimensions of poverty among the younger population. Of greater significance perhaps, is that the children were aware of the impacts of poverty on children. Based on the information provided by the children during the FGDs, we propose the following **definition of child poverty**.

Figure 6.1: Local Multidimensional Definition of Child Poverty



“Child Poverty is a condition where a child is deprived of the basic needs namely food, clothing, shelter, healthcare, education and access to key amenities for living (potable water, sanitation facilities, electricity etc.) and where such deprivation may be set within circumstances of household financial constraints, compromised family relationships and constrained social connectedness, possibly manifesting in but not limited to, domestic abuse, drug-use, crime, child labour and teenage pregnancy, among other social ills and challenges.”

Author's Definition

If overlooked, these determinants of Child Poverty can reinforce themselves either individually or collectively and affect the continued development of the Child. This in turn can compromise the Rights of the Child not only in the present, but more so, continuing the vicious cycle of 'Poverty' into the future. Policy-makers, whose focus is on improving the lives of

those in poor circumstances, including children, will do well to capitalize on the awareness and general understanding of the dimensions of poverty among the younger population, since this can lend itself to the behaviour change necessary to complement economic and social policy geared towards alleviating poverty.

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APPENDICES

APPENDIX 1: DATE, VENUE AND NUMBER OF CHILD PARTICIPANTS FOR FGDs

REGION	DATE	VENUE	NO. OF PARTICIPANTS
SIPARIA		Total	11
Gonzales	October 4th	Vessigny Secondary School	6
Fullerton	October 30th	Cedros Community Centre	5
Vessigny			
PENAL/DEBE	October 5th	Penal Rock Road 4 Mile Mark Community Centre	5
San Francique			0
Mendez Village	November 11	Social Services Complex	4
Scott Road Village			1
SANGRE GRANDE	October 6th	Sangre Grande Civic Centre	9
Guatapajaro			1
Cunaripo			2
Plum Mitan			6
POINT FORTIN	October 7th	Point Fortin Borough Corporation	7
Hollywood			2
Fanny Village			5
Cochrane			0
ARIMA	October 8th	Arima Town Hall	11
Maturita	November 3rd	Arima Government Secondary School	8
Tumpuna Road			3
Calvary Hill			0
TUNAPUNA/PIARCO	October 11th	Upper El Dorado Community Centre	9
Champ Fleurs			1
Caura			7
Maturita		Arima Government Secondary School	1
CHAGUANAS	October 12th	Chaguanas Borough Corporation	6
Homeland Gardens,			1
Jerningham Junction			0
Petersfield			5
PORT OF SPAIN	October 16th	POS City Hall	13
St. James			2
Port of Spain Proper			3
East Port of Spain			8

REGION	DATE	VENUE	NO. OF PARTICIPANTS
PRINCES TOWN	October 20th	Ste. Madeleine Regional Complex	12
Petit Morne			0
Jordan Village			1
Usine Ste. Madeleine			11
COUVA/TABAQUITE/ TALAPARO	October 23rd	Preysal High School	14
Gasparillo			2
Dow Village			1
Carlsen Field			11
SAN JUAN/ LAVENTILLE	October 25th	Laventille Regional Complex	4
St. Anns			0
El Socorro	November 8th	Barataria North Secondary School	3
Romain Lands			1
DIEGO MARTIN	October 27th	Diego Martin Central Community Centre	4
La Seiva			2
Beau Pres			1
Diego Martin Industrial Estate			1
SAN FERNANDO	November 1st	Mon Repos Regional Complex	5
St. Joseph Village			1
Cocoyea Village			2
Tarouba			2
RIO CLARO/ MAYARO	November 4th	Boos Community Centre	4
Nave Village			2
Mayaro			2
Radix			0

APPENDIX 2: PRE-FOCUS GROUP INSTRUMENT

“The Definition and Meaning of Poverty in Trinidad” Pre-Focus Group Instrument – Child

Community: ----- Respondent:

Profile of Respondent	
Respondent's Age	
School attending	
Class	
Community	
Do you have your books and uniform in time for the start of the new school year?	
Do you receive meals at school as part of the School Feeding Programme?	
How do you get to and from school?	Private Bus Public Bus Taxi Private Car Walk
Do you make use of a computer?	
Do you need a computer for school?	
Can you readily access a computer for your school assignments? If so specify where.	Home School Library Other

Can you readily access the internet for your school assignments? If so specify where.	Home School Library Other
Do you engage in work for money?	
Do you work outside your home? If yes please indicate when	After school weekends During school vacations During the school week
How often do you work?	
Please indicate why you work?	Give Options here: help parents with their work; to earn the money; for fun
Generally, where do you go first to get health care when you are ill?	<input type="checkbox"/> Public Hospital <input type="checkbox"/> Private doctor/hospital <input type="checkbox"/> Health Centre <input type="checkbox"/> Other
Do you go elsewhere too?	
Where?	
Household Characteristics	
Whom do you live with? Parent(s), Guardian(s)	
Number of adults in household	
Number of children in household	
Number of bedrooms in home	

APPENDIX 3: FOCUS GROUP INTERVIEWING INSTRUMENT

“The Definition and Meaning of Poverty in Trinidad” Focus Group Interview Instrument – Child

INTRODUCTION

- Welcome participants and explain the purpose of the study. Thank participants for their willingness to participate.
- Inform participants of their right to express their opinions and to be heard.
- Take oral consent from each participant and inform them of their right to discontinue participation at any time.
- Ground rules: no cellphone use, respect people’s opinions etc.

NOTE: Moderator will use questions similar to those outlined in the secondary questions section to probe and engage participants in discussion based on responses from the primary questions. This strategy allows for the issues to emerge in an organic way and prevents bias in the way participants respond. It should be noted also that the moderator may utilize questions that are not outlined in the secondary questions section to ascertain key issues identified in the primary questions section if the need arises. The instrument caters for this flexibility.

The use of the key activities is essential to promote effective participation from the children and also to vary the form of responses obtained—verbal, depiction etc.

ICEBREAKER ACTIVITY: Ask participants to introduce themselves: name, class and what they would like to be after completing school.

DEFINITION AND PERCEPTION OF POVERTY

Research Objectives:

1. To obtain perceptions of a “good life” and “poverty” in the communities.
2. To ascertain the difference in perceptions between a poor and non-poor child.
3. To ascertain the difference in perceptions between a poor and non-poor community.
4. To identify the perceived drivers of poverty.

Primary Questions	Secondary Questions (These are probing questions based on responses from primary questions)
What do you believe “a good life” is?	How would someone with a “good life” live, what are some of the things they may have or experience? Who are some of the people you think have a good life?
When you think of being “poor or living in poverty” what are some of the things that come to your mind?	How does a poor person live?
ACTIVITY (20 MINS): Using a sheet of paper draw a picture that shows a life of poverty and one without poverty. - Explain your drawing.	
Now thinking about what you drew can you explain the difference between a poor child/teen and one who is not poor?	
What would you say are the main differences between a poor community and one that is not poor?	How would you describe your community? Poor or non-poor? Why?
Why do you think some people are poor?	What are some of things people do because they are poor?

EDUCATION

Research Objectives:

1. To ascertain school attendance.
2. To obtain educational aspirations.

Primary Questions	Secondary Questions (These are probing questions based on responses from primary questions)
1. How many days per week on average do you attend school?	How important do you see education in achieving your career goals?
2. What are the main reasons for being absent from school?	How important is the role of parents and guardians in helping you achieve your goals?
3. Remembering what you said you wanted to be earlier, what are some of the things that can help you to achieve that goal? What are some of the things that can prevent you from achieving that goal?	How can support of your parent/guardian/family help you to achieve your goals? (Look out for issues such as household chores, neglect, abuse, secular work etc.)
4. What are some of the issues do you think could affect a child’s performance in schools?	

HEALTH/NUTRITION

Research Objective:

1. To understand nutrition habits and perceive health status.

Primary Questions	Secondary Questions (These are probing questions based on responses from primary questions)
What meals do you normally have for- Breakfast, Lunch, Dinner?	What are some of the things that could affect the type of food people eat?
What are your favourite foods and drinks?	
Give us some examples of healthy foods?	
Unhealthy foods?	
What do you consider a healthy person to be? What are some the things they do to be healthy?	Do you do any of these things? If not, why?
Do you think poor people eat healthy foods? Do you think people who are not poor eat more healthy foods than poor people?	
How do you think a poor person feels?	What can these feelings cause a person to do? (depression, suicide, domestic abuse)

LIVING STANDARDS

Research Objective:

1. To obtain perceptions of living standards at the individual and community level.

Primary Questions	Secondary Questions (These are probing questions based on responses from primary questions)
What does a non-poor house look like? What does a poor house look like?	Sanitation facilities/ pipe borne water/ bedroom
Can you tell the difference between a poor and non-poor person? Explain	Clothing/ personal hygiene/ assets e.g. car, phone
Identify the differences between a poor and non-poor community How would you describe your community?	
What are some of the things that you are unhappy with in your community? How do these things affect the children and youths in your community?	
Does your community have activities for children? Do you participate in these activities? Explain	What are some of the things that will affect children's participation in these activities (look out for security and safety concerns)
Are you comfortable with the living conditions in your home? What would you like to change?	
How do you think these things can be changed or improved? Describe in your own words a perfect neighbourhood or community? Do you think you can help your community to become like this?	

APPENDIX 4: METHODOLOGICAL PLAN FOR CAPTURING DATA FOR THE STUDY “THE DEFINITION AND MEANING OF POVERTY IN TRINIDAD”

A.1 Introduction

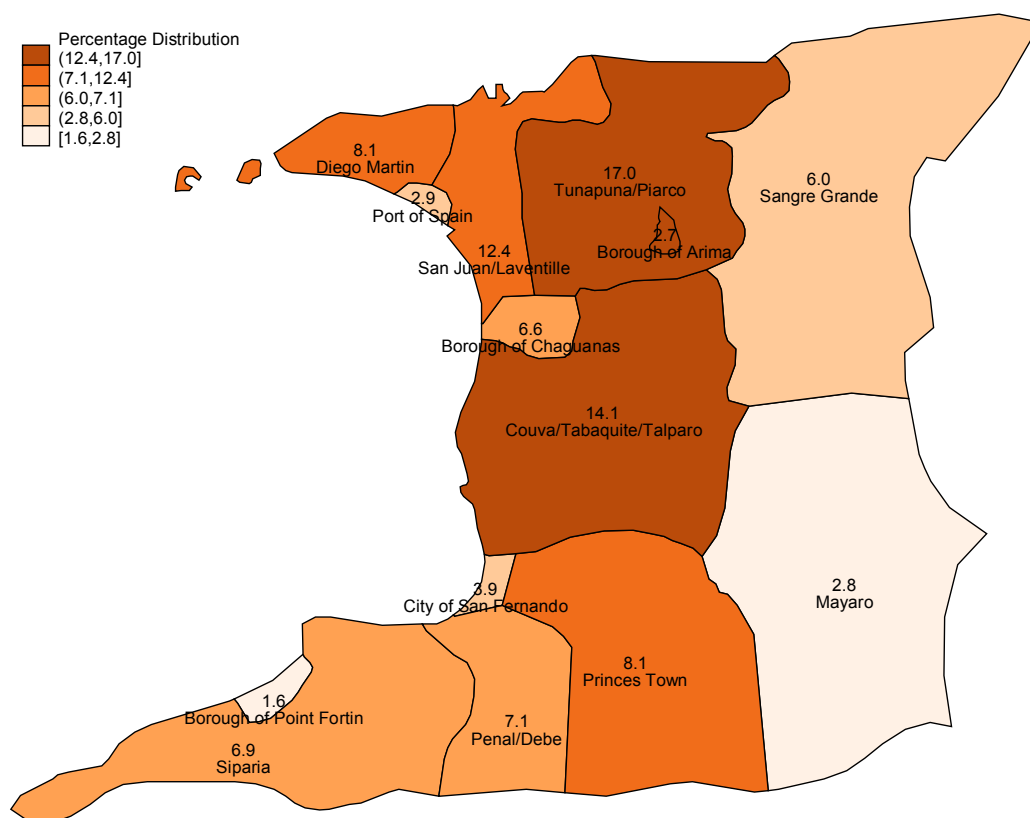
Given the nature of the study, a mixed methods research approach was utilized. This involved collecting and analyzing both qualitative and quantitative data and integrating the two forms of data concurrently. This approach allowed for the integration of theoretical perspectives alongside rigorous exploration and interpretation of primary data.

Guided by the research objectives of the study, a Convergent Parallel Mixed Method Approach (CPMMA) utilizing an exploratory sequential method was adopted for this study. This Approach involved the sequential combining of quantitative and qualitative data to provide a comprehensive analysis of the research problem. This necessitated that both sets of data be collected simultaneously and then integrated to generate the results. However, at any particular point in the research, one form of data may have been given priority over the other. In other words, the CPMMA aided in developing a more complete understanding of the research problem by obtaining different but complementary data and lending itself to the validation process (Crewswell 2014; Crewswell and Clark 2011).

Both primary and secondary data collection techniques were used to acquire the qualitative and quantitative data for this study. The primary purpose of the research was to develop a localized definition of poverty and of child poverty for Trinidad with the ultimate aim of developing a poverty measurement methodology for Trinidad, guided by multi-dimensional deprivations of poverty. In this context, the CPMMA allowed for the combining of perceptions of poverty across each region in Trinidad, captured through primary data collection specifically focus group discussions, with available datasets on poverty and/or poverty related data to achieve the primary purpose of the research.

The perceptions of poverty across each of the 14 regions are captured in this study. The 14 regions/ municipalities are, *Port of Spain (POS)*, *San Fernando*, *Chaguanas*, *Arima (AR)*, *Point Fortin*, *Couva/Tabaquite/Talparo (C/T/T)*, *Diego Martin (DM)*, *Penal/Debe (P/D)*, *Princes Town (PT)*, *Rio Claro/Mayaro (M/RC)*, *San Juan/Laventille (SJ/L)*, *Sangre Grande (SG)*, *Siparia (SP)*, and *Tunapuna/Piarco (T/P)*. Figure A.1, is a map of Trinidad that presents a graphical representation of the breakdown of the population in region/municipality, based on the most recent (2011) census data.

Figure A1: Map of Trinidad showing the Distribution of the Population by Region



Source: Author's depiction based data from the 2011 Population and Housing Census.

A.2 Secondary Data Collection

As part of the secondary data collection process a review of previously collected data in the area of interest was conducted. These included relevant documents from agencies, Ministries, Regional Corporations and publications that provided further in-sights into the regions/municipalities to be engaged. An in-depth literature review on multidimensional poverty was also conducted. This provided a benchmark against the proposed multidimensional interpretation of poverty for Trinidad can be compared. The following is the description of the MPI that was utilized by the HEU/UWI for this study:

"The MPI is a measure of acute global poverty developed by the Oxford Poverty and Human Development Initiative (OPHI) with the United Nations Development Programme's Human Development

Report (see for details, Alkire and Santos 2010, 2014; Alkire et al. 7 2011, 2013; UNDP 2010). The index belongs to the family of measures developed by Alkire and Foster (2007, 2011). In particular, it is an application of the adjusted headcount ratio. This methodology requires determining the unit of analysis (i.e. household), identifying the set of indicators in which they are deprived at the same time and summarizing their poverty profile in a weighted deprivation score. They are identified as multidimensionally poor if their deprivation score exceeds a cross-dimensional poverty cut-off. The number of poor people and their deprivation score (i.e. the 'intensity' of poverty or percentage of simultaneous deprivations they experience) become part of the final poverty measure" (Multidimensional Poverty Index 2014: Brief Methodological Note and Results).

Table A.1 provides a list of dimensions and indicators that were used as the benchmark for identifying missing dimensions of poverty in each region as well

as, for developing localized definitions of poverty across the 14 regions in Trinidad.

Table A1: The Dimensions, Indicators and Deprivation Cut offs of the MPI

Dimensions of poverty	Indicator	Deprived if...
Education	Years of Schooling	No household member has completed five years of schooling.
	Child School Attendance	Any school-aged child is not attending school up to class 8.
Health	Child Mortality	Any child has died in the family.
	Nutrition	Any adult or child for whom there is nutritional information is malnourished.
Living Standard	Electricity	The household has no electricity.
	Improved Sanitation	The household's sanitation facility is not improved (according to MDG guidelines), or it is improved but shared with other households.
	Improved Drinking Water	The household does not have access to improved drinking water (according to MDG guidelines) or safe drinking water is more than a 30-minute walk from home, round trip.
	Flooring	The household has a dirt, sand or dung floor.
	Cooking Fuel	The household cooks with dung, wood or charcoal.
	Assets ownership	The household does not own more than one radio, TV, telephone, bike, motorbike or refrigerator and does not own a car or truck.

Source: Alkire Sabina, Adriana Conconi and Suman Seth. 2014. Multidimensional Poverty Index 2014: Brief Methodological Note and Results. Oxford Department of International Development, University of Oxford

These indicators were used by the HEU/UWI along with the existing literature on poverty in Trinidad and Tobago, to create an appropriate list of questions that was used to guide the initial stakeholder engagement. In depth interviews were conducted with specialists and other professionals in the areas of poverty, gender issues and child development to gather different perspectives which in part influenced the development of the focus group instruments. These interviews were quite valuable as they provided among other things, useful insight into the conduct of research in the areas identified above as well as,

the different approaches adopted when studying subjects such as children.

A.3 Primary Data Collection

Primary data is collected specifically from the subjects of a study, through instruments and techniques that are designed with the research problem in mind, and which are tailored to the research needs. This study utilized focus groups sessions as the main form of primary data collection.

The identification of potential respondents for the focus group discussions was guided by social and demographic benchmarks in order to ensure that as far as possible, a representative cross-section of the community is included in each of the focus groups. Also, given that the study sought to capture perceptions of poverty across the 14 municipal regions in Trinidad, it was important to include persons from different social and economic backgrounds in the focus groups, to get a better representation of the range of perceptions. To this end, the process adopted for selecting respondents of the study is detailed in the following sections.

A.3.1 Selection of Communities

Given the scope of the study and more importantly time and resource constraints it was not feasible to conduct interviews with persons from every community in each of the 14 regions. In light of this and the absolute need to include persons from various social and economic settings, for each region, communities were selected to participate in the study. As such, for each region data for the percentage of households with one or more unmet needs by community, from the 2011 Population and Housing Census, formed the sampling frame for the selection of communities for this study.

Based on the estimates provided for the percentage of households with unmet needs by community, a stratification factor was employed to group the communities into low, medium and high percentiles where:

1. Communities at and above the 75th percentile were classified as having a high percentage of households with unmet needs;
2. Communities at or below the 25th percentile were classified as having a low percentage of households with unmet needs; and
3. Communities falling between the 25th and the 75th percentile were classified as having medium or average percentage of households with unmet needs.

From this percentile ranking, one community from each percentile (low, medium and high) was randomly selected to participate in the study. This resulted in three communities being identified for each of the 14 regions and formed the cohort of communities from which persons were selected. A total of 42 communities across Trinidad were identified to take part in the study.

A.3.2 Selection of Respondents

A target of 15 child respondents per region (5 children from each of three selected communities) were fixed for the FGDs.

In order to select respondents for the study, the following approach was used. Enumeration Maps for each of the selected communities were sourced from the CSO which provided a graphical representation of the building structures in each community. Taking into account possible refusals, a listing of 20 randomly selected buildings from each of the selected communities was generated. From this listing, 20 households (one from each of the selected buildings) were selected to take part in the focus groups session. A threshold of one child per household was set – bearing in mind the target number of child respondents per community.

A.3.3 Recruitment of Respondents

Non-Governmental Organizations (NGOs) and community groups were engaged to provide contractual services as it relates to the recruitment of respondents for the FGDs. This engagement with the NGOs and community groups was instrumental as they had working knowledge of the selected communities and the associated dynamics. The NGOs and community groups (recruiters) were contracted to visit each of the randomly selected building structures and recruit a household to participate in the focus group session. In cases where the randomly selected building was a non-household structure, the recruiters were instructed to visit the building structure to the

right of the randomly selected building to recruit a household. The recruiters were required to brief the households on the study and gauge their willingness to participate in the FGDs. They were also required to collect basic contact information from the households willing to participate for confirmation of attendance purposes - community, name, telephone contact, age and gender.

Although the threshold of 15 children was met in recruiting participants for the FGDs, low response rates were recorded at the first two in the regions of Siparia and Penal/Debe. Although persons would have expressed interest in participating and were subsequently recruited for the FGDs, they could not confirm their attendance at the sessions when contacted. Additionally, some persons who confirmed their attendance did not attend the session.

In light of this and given time and logistics constraints, a complementary approach to recruiting participants had to be adopted – ‘purposive recruitment’ (Bowen et al. 2010). This approach allowed the NGOs and community groups to recruit other persons who were from the selected communities and were willing to participate (‘demographic purposive recruitment’). Recruiters were instructed to select these additional households randomly by identifying the households on the enumeration maps that were provided by the CSO. They were also reminded to maintain the criteria for selecting these additional participants which included the following:

1. Participants must be selected from the communities identified;
2. One child participant between the age of 10 to 17 per household;

A.3.4 Logistics

FGDs were conducted on a scheduled day in each region/municipality. An appropriate venue was selected to allow for convenience, comfort and safety of the respondents as well as the research team. A

schedule was developed to reflect this arrangement and was communicated to the focal points in each region/municipality. Given feedback from key stakeholders and to maximise participation of the child participants, the FGDs were conducted from 5-7 pm on the scheduled days. Tokens of appreciation for the child participants were sponsored by the members of the business community in Trinidad and Tobago.

A.3.5 Conduct of the Focus Group Discussions

Prior to the start of each session, all participants were registered where they were briefed on the nature and purpose of the study, the conduct of the FGDs and on issues such as confidentiality and anonymity. Consent was then obtained from each parent/guardian of the child participants to take part in the FGDs. Following this, a pre-focus group instrument was administered to the child participants. This allowed key demographic and socio-economic information to be captured for each participant and in part formed the context for the study.

The FGDs for the children were conducted in a separate space from their parents, who were informed that these sessions were tailored to capture the voices of children only. Both parents/guardians and children were made aware that they were free to leave or terminate their participation in the focus group discussion at any time, even though they had originally consented to participate.

Using the focus group interviewing instrument, which contained open-ended questions as a guide for the sessions, a moderator engaged participants in a discussion. The sessions were audio recorded for data quality purposes. The FGDs were small structured sessions explored the perceptions, opinions, and attitudes of people in a ‘group-interaction’ setting towards the dimensions of poverty and other related issues in each region. The group size ranged from 3-14 persons, where each person represented a household.

The length of each session alternated between 1.5 to 2 hours. These are generally accepted guidelines in the literature on social sciences research (Litosseliti 2007).

Notes were captured by rapporteurs and the information collected from each focus group was combined with that of other sessions within each municipality. This data and information were then analysed at the municipality level and used to produce the localized definitions of poverty for Trinidad.

A.3.6 Protocols for the Focus Group Discussions with the Children

In capturing data from the children, the following protocols, which were informed by the work of Graham et al. (2013) on ethical research involving children, the International Charter for Ethical Research involving Children and the relevant national legal framework of Trinidad and Tobago particularly the Children's Authority Act 2000, the Children Act 2012 and the Sexual Offences Act 1986, were adopted.

1. Parents/Guardians of the child respondents were sensitized as to the nature and purpose of the research as well as, the oath by the researchers to uphold confidentiality and anonymity as far as possible in accordance with the Convention Rights of the Child and in the best interest of the child.
2. Oral consent was obtained from each child and his/her parent/guardian to participate in the focus group session. Additionally, on-going oral consent was obtained from each child in accordance with '*Commitment 6 - Researcher must always obtain children's informed and on-going consent*' as outlined in the International Charter for Ethical Research Involving Children.
3. The FGDs with the children were conducted in a separate space from their parents who

were informed that these sessions are tailored to capture only the voices of the children.

4. At the start of each session, the children in each focus group were briefed on the purpose of the study and their role in the research. These sessions were conducted in accordance with '*Commitment 2 - Respecting the dignity of children is core to ethical research, Commitment 3- Research involving children must be just and equitable and Commitment 4 - Ethical research benefits children*' as outlined in the International Charter for Ethical Research Involving Children (Graham et al. (2013), pg. 23).
5. At the end of the session, appreciation tokens were given to children after their participation to acknowledge their contribution to the research and to thank them. The children and their parents were unaware of the appreciation tokens until after the data collection was completed so as to have unbiased participation and/or responses.

A.3.7 Confidentiality and Anonymity

The oaths of confidentiality and anonymity taken by the researchers prior to the start of the FGDs with the children were made within the scope of the Convention on the Rights of the Child and in the best interest of the child. Researchers however were aware of the need to report cases of child abuse or child labour to the relevant authorities if during the session information shared by the child indicated that the child was in immediate risk and danger. The confidentiality and anonymity oath taken by the researchers in this study prior to the commencement of the FGDs did not undermine this ethical responsibility in any way as the oath was taken with specific reference being made to:

1. the rights of the child, and
2. in the best interest of the child.

Graham et al. (2013) stated that,

“Children may reveal harm or safety issues, including child abuse or neglect, during participation in research activity, or researchers may suspect that children or others are at risk and in need of protection. This requires an immediate and sensitive response from the researcher and follow-up support or referral to appropriate services.

Local consultation is critically important and researchers need to have a sound understanding of the legal requirements, suitable referral sources and alternative resources within the area in which the research is being conducted prior to commencing it” [Graham et al. (2013), pgs. 34 and 46].

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