

**KNOWLEDGE, ATTITUDE AND PRACTICES RELATING TO THE CHILD'S
RIGHTS ACT AMONG PARENTS IN IBADAN NORTH LOCAL
GOVERNMENT AREA OF OYO STATE**

BY

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Dedication

This research work is dedicated to God Almighty for his abundant grace, mercy and love towards the successful completion of the MPH programme.

It is dedicated to the lovely memory of my late father in-law, Pa Samuel Alabi OGUN who gave me the support and encouragement to go through the programme but passed away when it was nearing completion.

It is also dedicated to my Darling husband Temitope Olutayo Ogun and our lovely children Tinuke and Folulope for their love, patience, and immense tolerance throughout the programme. May God bless you all.

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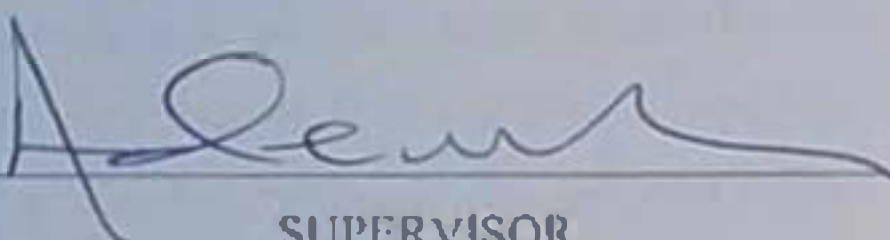
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I return all glory and honour to God almighty.

Millicent Ifechukwude OGUN

Certification

I hereby certify that this study was carried by Millicent Ifechukwude OGUN in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Nigeria.

A handwritten signature in dark ink, appearing to read 'A. Ajuwon', is written over a horizontal line.

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ABSTRACT

Child's Rights are fundamental basic rights which children are entitled to as contained in the International Child Rights Convention (ICRC) and the Nigerian Child Rights Act (NCRA). The components of these rights which have influence on child's health and development include: rights to education, protection from abuse and guidance in decision-making. Parents' knowledge and compliance is paramount to achieving the goal of the Act but this has not been adequately investigated in Nigeria. This study was therefore conducted in Ibadan North Local Government Area (INLGA) to investigate the knowledge, attitude and practice of parents on child's rights.

A five-stage sampling technique was used to select the LGA, wards, community, household and 432 parents of children aged <18 years from inner-core, transitional and peripheral developmental region. A semi-structured questionnaire comprising some of the child's right components were used to assess parent's knowledge, attitude and practice. Knowledge about child's rights was assessed using 12-point scale, scores ≤ 5 and > 5 were grouped as poor, fair and good respectively. Attitude towards child's rights was assessed with a 10-item Likert scale, scores of ≤ 5 and > 5 were categorised as negative and positive respectively. Child's rights practice was assessed on 8-point scale and scores of ≤ 4 and ≥ 4 were considered poor and good respectively. Six Focus Group Discussion (FGDs) sessions were conducted. Quantitative data were analysed using descriptive statistics, Chi-square test at 0.5% level of significance while qualitative data were subjected to thematic analysis.

Respondents' mean age was 44.7 ± 11.6 years, 53.9% were females and 62.7% had at least secondary education. There was better awareness of NCRA (18.3%) than the ICRC (0.9%). Respondents with poor, fair and good knowledge of child's rights were 81.0%, 11.5% and 7.5% respectively. Awareness about the NCRA was significantly associated with gender ($p=0.001$), education ($p=0.000$), and area of residence ($p=0.000$). The opinion of 75.0% respondents was that children should be allowed to exercise their rights only when they become teenagers. Significantly, respondents' area of residence had association their attitude towards the child's right ($p=0.050$). The NCRA practices which promote child's good health included sending them to school (90.0%), limiting the task a

child can do (89.8%) and then guiding in decision-making process (90.3%). Bad governance, poor economic situation, and lack of enforcement of laws were listed by FGD participants as factors limiting the compliance with Child's Rights Act.

The parents although unaware of the Child's Rights Acts but reportedly practiced some of the components of it as their responsibility to the health and development of the child. These positive practices should be reinforced and public enlightenment put in place to further create awareness and improve the knowledge of the Act.

Keywords: Child's Rights Act, Parent's knowledge, attitude, Child's health, Child's development

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Abbreviations used in the text

UNICEF	United Nations International Children's Emergency Fund
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UN	United Nation
CRC	Child Right Convention
CRA	Child Right Act
WHO	World Health organization
UNCRC	United Nation Convention on the Rights of Children
UNHCHR	United Nation High Commissioner for Human Rights
ACRWC	African Charter on the Rights and Welfare of the Child
AU	African Union
CYPA	Children and Young Persons Act
GCEP	Girl Child Education Project
FCT	Federal Capital Territory
FMOH	Federal Ministry Of Health
IMCI	Integrated Management of Childhood Illness
OVC	Orphan and Vulnerable Children
ARV	Anti Retro Viral
ART	Anti Retro Viral Therapy
PLWHA	People living with HIV/ AIDS
NAPTIP	National Agency for the Prohibition of Traffic in person
TCNC	Turkish Community of Northern Cyprus
FGD	Focus Group Discussion

CHAPTER ONE

INTRODUCTION

1.1- Background of the study

The United Nations Children Fund (UNICEF) defined the child as a person within the ages of 0-18 years (UNICEF, 2009). Also a child is defined by the Convention on the Rights of the Child (CRC) as every human being below the age of 18 years unless under the law applicable the child majority is attained earlier. Childhood as a socio-cultural concept is one of the natural and unchangeable links of the chains of life. The meaning ascribed to both childhood life and concept of the child has varied through the ages. For example, because children were considered to be incompetent and completely dependent on adults before the 19th century their lives were not attached importance by the medieval authors (Akengin, 2008).

By the 19th century, factors such as the shift in economy from agriculture to industry, development of the middle-class, change in family structure, and the fact that emotional bond became important in relations between parents and child brought interest to study children as a distinct field of research (Ahearn, Holzer and Andrews, 2007). In the 20th century, children were considered to be the most important human resource that determined the future of the society, and the accumulation of knowledge in social sciences incited the interest in children (Heywood, 2003).

Children are the future and it is the responsibility of the adults to protect them and ensure they get the best footing in life. Unfortunately, this is not the case as children are forced to face with a number of situations including violence through discrimination, poverty, life as refugees, lack of access to education, child neglect, child labour, child prostitution, internet pornography, trafficking and slavery and military use (Olley, 2008, Lalor 2004).

In response to the challenges and threats of childhood development several treaties and conventions were developed in the 20th century to protect the child from the effects of migration, industrialization, and urbanization. The Convention and the Rights of the Child that aims to achieve the "common good" for the children is one of these measures. The Convention on the Rights of the Child was adopted at the General Assembly of the

United Nations on November 20, 1989, and came into force on September 2, 1990 (UNESCO, 2005).

Before the convention was passed in 1989, children's rights were protected by several different conventions depending on the area of the world. As far back as 1919, an industrial minimum age was adopted by the International Child Labour Convention to regulate children participation in the workplace (Akengin et al 2008). With the birth of the United Nations, the Declaration on the Rights of the Child was made in 1959. On 20 November, 1989, the Convention on the Rights of the Child (CRC) was adopted (United Nations, 2009).

United Nations Convention on the Rights of the Child (UNCRC) has provided a new vision of children and childhood. While acknowledging that the child is a vulnerable human being that requires protection and assistance from the family, the society and the state, the child is also envisaged as a subject of rights, who is able to form and express opinions, to participate in decision-making processes and influence solutions, to intervene as a partner in the process of social change and in the building of democracy. In sum, the UNCRC recognizes that it is necessary to work towards solutions together with children from the very beginning of their development (while reasonably considering their level of development and competence) until they reach adulthood (Pavlovic and Leban 2009).

The Convention on the Rights of the Child has become the most rapidly accepted human rights treaty in history. As of end of February 1996, it had been ratified by 187 out of 193 governments (UNICEF, 1996). Built on varied legal systems and traditions, the Convention is a universally agreed set of non-negotiable standards and obligations. The Convention gave birth to regional treaties like African Charter on the Rights and Welfare of the Child, and national laws to protect the rights of the child. The idea of the Convention was to make a set of rules and regulations that applied to all children just like the declaration of human rights applies to everybody. By agreeing to undertake the obligations of the Convention, national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community (UNICEF, 2008).

Nigeria has been a signatory to the Convention on the rights of the child and the African Charter on the Rights and Welfare of the Child since 1991 and 2001 respectively. The Nigerian Child Rights Act (CRA) was drafted in 1993 and signed into law in 2003. Presently, CRA has been promulgated into law in 24 states of the federation (Shittu, 2010). The CRA in its rights-responsibility approach is culturally sensitive, compatible, relevant and above all is in the best interest of the Nigerian child. It is hoped that the stakeholders that have been instrumental to seeing the Act was passed at the National level will work collectively to see that the Act is eventually promulgated into law in all the states of the federation (UNICEF, 2001).

Child rights spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Conventions are non-discrimination, devotion to the best interests of the child, the right to life, survival and development, and respect for the views of the child (Office of the United Nations High Commissioner for Human Rights (UNHCHR), 2010). Every right spelled out in the Convention is inherent to the human dignity and harmonious development of the child. The Convention protects children's rights by setting standards in health care, education, and legal, civil and social services.

Taylor, Smith and Nyam (2001) classified the rights of the child into three main categories of rights: (a) Provision rights—the rights of children to minimum standards of health, education, social security, physical care, family life, play, recreation, culture and leisure. (b) Protection rights—rights to be safe from discrimination, physical and sexual abuse, exploitation, substance abuse, injustice and conflict. (c) Participation rights—civil and political rights such as a child's right to a name and identity, to be consulted and to be taken into account, to physical integrity, to access to information, to freedom of speech and opinion, and to challenge decisions made on their behalf.

From the above named provisions of both the United Nations and the African Charter, it is clear that these two international conventions envisage that the child should be reared, nurtured, guided and monitored primarily by their parents or legal guardians within the

context of the natural and basic unit of the society – the family. Consequently, the family should be seen as the natural habitat of the child, within which his or her rights to life, survival and development are to be preserved and nurtured. It is therefore impossible to talk about the enforcement of the fundamental rights of the Nigerian child without taking cognizance of the importance of the family.

The scope of who is at liberty to enforce the rights of the Nigerian child are limitless. The rights of the child may be enforced by the child personally or by a person who has parental responsibility for the child, by the state government or any other appropriate authority, by concerned citizens, by non-governmental organizations and civil societies, by government at all levels, clubs and societies, neighbourhood societies, educational and religious institutions, by voluntary organizations, and all other stakeholders with concern about the welfare, growth and development of the Nigerian child (Punch Newspaper 10th April 2010).

1.2. Statement of problem

On 20th November 2010, the UN Convention on the Rights of the Child was 21 years old. It is the international human rights instrument that has been most widely ratified in the shortest period of time (UNICEF 2010). At regional level, there are human rights mechanisms fostering and overseeing the implementation of children's rights. Finally, national laws (including often constitutions), courts and other institutional bodies promote and protect the rights of children.

Despite these measures, too many children still see their fundamental rights violated every day. The global statistics are dramatic, and may even be underestimations as 72 million children are not in school, of whom 56% are girls; 218 million children are working; 126 million are trapped in the worst forms of child labour; 25 million children are refugees and displaced; 92 million children die before their fifth birthday; 1.5 million children die every year from poor sanitation and unsafe water; 2.1 million children under 15 live with HIV; 15 million children under 18 are orphaned of one or both parents due to AIDS (Montaldo, 2008).

Every single day, Nigeria loses about 2,300 under-five year olds this makes the country the second largest contributor to the under-five mortality rate in the world. Although analyses of recent trends show that the country is making progress in cutting down infant and under-five mortality rates, the pace still remains too slow to achieve the Millennium Development Goals of reducing child mortality by a third by 2015 (state of the children 2014). Preventable or treatable infectious diseases such as malaria, pneumonia, diarrhoea, measles and HIV/AIDS account for more than 70 per cent of the estimated one million under-five deaths in Nigeria (UNICEF Nigeria 2013).

It is also estimated that one million children under the age five years die every year, six million are under-nourished, 32 million are out of school, the nation loses between 52,000 and 59,000 children to pregnancies and child birth related complications annually and an unfriendly Juvenile Justice system with about 60% in police cells for simple cases of truancy, without legal representation (Shittu, 2010). Child labour and child abuses are still rampant in the country with the presence of street children and beggars (Ezelilo, 2001). This is an unjust and unacceptable situation for millions of children worldwide.

Violations against constitutional rights recently attract the attention of researchers in Nigeria. For example, Jegede (2007) who worked on the knowledge and attitude of household heads about reproductive health rights pointed out that Nigerians have a low understanding of reproductive rights and thus are far unlikely to take advantage of it or be conscious of its violations. Similarly, Egemba (2010) reported a knowledge deficit on reproductive rights among female Post-graduate students of University of Ibadan. However, the literature is sparse on studies focusing on the rights of the child from Nigeria.

When considered in general, there are two sides with respect to children's rights: the children themselves and more importantly their parents (and guardians). Beasley and Adams (2004) confirmed that parents have rights and interests over their children and also determine their radius of action in terms of their social life. Therefore, both the child and the parents need to know the rights and responsibilities respectively, as set out in the Convention on the Rights of the Child and other complementary laws in order for

children to exercise these rights. This understanding has prompted the interest of researchers in the field of Child Rights and Child Right Laws. While most of the available published studies focused on children themselves (Peens and Louw, 2000; Akengin, 2008; Cherney et al., 2008; Mulheron, 2008), few addressed the knowledge of adults about Child Rights (Hillman, 2006). Worse still, the literature is sparse on studies focusing on the parents, especially in Nigeria. Therefore, this study was conducted to document the knowledge and attitude of parents to Childs' Rights in Ibadan North Local Government of Oyo State, Nigeria.

1.3. Justification

This study is justified for four reasons: First, the study provides baseline information on the level of knowledge and attitudes of parents towards Child's Rights in Ibadan North LGA from which future studies on the rights of the child in Oyo State can take a cue. Second, the study findings can be used to design evidence-based interventions aimed at improving parents' knowledge and attitude towards Child's Rights. Third, the study provides insights into the interplays between knowledge, attitude and observance of the Child's Rights and key variables such as age, marital status, religious denominations, family size, employment status and educational status which are useful in designing appropriate Information, Education and Communication messages. Fourth, the findings of this study are useful for policy formulation and implementation aimed at enhancing the rights of children in Nigeria.

1.4 Broad Objective

The broad objective of this study was to assess the knowledge and attitude of parents to child's rights in Ibadan North Local Government Area of Oyo State.

1.4.1. Specific Objectives

The specific objectives of this study were to:

1. Examine socio-demographic characteristics (like sex, marital status, educational status, area of residence and income) of the parents on their knowledge about and attitude towards child's rights.
2. Assess the level of knowledge of parents about the rights of the child.
3. Establish parents' opinions about the rights of the child.

4. Examine parents' attitudes toward the rights of the child.
5. Determine the application of the rights of the child among parents'.
6. Identify factors limiting the implementation of the rights of the child from the perspective of parents.

1.5 Research Questions

The research provided answers to the five questions below. These are:

1. Does socio-demographic characteristics (like sex, marital status, educational status, area of residence and income) of the parents have impact on their knowledge about- and attitude towards child's rights
2. What is the level of knowledge of parents about the rights of the child?
3. What are parents' opinions about child rights laws?
4. What is the attitude of parents towards the rights of the child?
5. To what extent have parents applied some provisions of the child's rights act?
6. What are the factors limiting the implementation of the child rights law from the perspective of parents?

1.6 Hypotheses

Based on the variables to be tested, the following null hypotheses were formulated:

1. There is no association between demographic characteristics (sex, marital status, educational status, area of residence and income) of respondents and their knowledge on the rights of the child.
2. There is no association between demographic characteristics (sex, marital status, educational status, area of residence and income) of respondents and their opinion on the rights of the child.
3. There is no association between demographic characteristics (sex, marital status, educational status, area of residence and income) of respondents and their attitude towards the rights of the child.
4. There is no association between demographic characteristics (sex, marital status, educational status, area of residence and income) of respondents and observance of the rights of the child.

1.7 Scope of the study

This study covered all the parents living in all the wards constituted Ibadan North Local Government area, Oyo State.

1.8 Limitations of the Study

The study focused on very sensitive and personal issues (such as in the area of socio-economic status, number of children, income received, job description etc). At the initial stage the respondents were reluctant giving detailed information for one reason or the other. This problem was tackled by assuring the respondents that all information given by them would be kept confidential and that no name would be written on any questionnaire. The fact that the data was collected from participants in Ibadan North Local Government Area only, faces limitation of generalizing report to a larger population. The sample size used for this study limits generalizing study findings to the entire population in Ibadan, and Oyo State at large. Despite these limitations, it is believed that this report can give valuable baseline information on knowledge about – and attitude towards the rights of Children on which further research can build on.

1.9 Operational definition of terms

Attitude:	Attitude is an enduring response towards persons, objects and ideas. Attitude in this study refers to parents' feelings toward the rights of the child which is influenced by personal experience, access to information and by observing others. Parents' may react positively or negatively to issues relating to the rights of the child.
Child	
Child Protection:	Child protection is a term used to describe the responsibilities and activities undertaken to prevent or to stop children being abused or ill-treated.
Child:	A child is a person under the age of 18 years
Culture:	Is comprised of values, attitudes, norms, ideas, internalised habits and perceptions as well as of the concrete forms or expressions they take in for example, social roles, structures and relationships, codes of behaviour and explanations for behaviour that are to a significant extent shared among a group of people.

Guardian:

A guardian is a person having parental responsibility for example, natural parents, adoptive parents, foster parents or any other person appointed by law.

Health:

Health as defined by WHO is a dynamic state of physical, mental and social well-being and not merely the absence of disease or infirmity.

Knowledge:

Knowledge means parents' understanding about the rights of the child. The knowledge of respondents assessed in this study relates to what they know about conventions on the right of the child, the child's right act as well as its provisions.

Opinion:

Opinion refers to the views and perceptions of parents regarding the rights of the child in terms of the age at which children should be allowed to express their rights, who should be responsible for implementing and enforcing the rights of the child, and the rights children should have.

Parents:

A child's mother, father, or legal guardian

Participation:

Child participation involves children thinking for themselves, expressing their views effectively and interacting in a positive way with other people.

Rights:

Refers to entitlements that every human being has regardless of ~~sex~~, race, religion, nationality, disability or any other difference.

CHAPTER TWO

LITERATURE REVIEW

The literature review is organized under the following sub-headings or sections: United Nations Convention on the Rights of the Child; History of Child Rights in Africa; History of Child's Rights in Nigeria; Basic Provisions of the Child's Right Act; Implementation of the child's Rights Act in Nigeria; Related literature on Child's Rights; Health effects of denying children their Rights; and Empirical studies on the rights of the child. The chapter ends with description of the Ecological Model, which is the framework that was used to guide the study.

2.1 Review of Concepts

2.1.1 Child concept

The concept of childhood differs widely between different cultures, societies and communities. The best and universal approach to understanding childhood has to be scientific approach. The definitions of a child are controversial. It can be determined according to the child's age, physical appearance (for example size and dressing) and also his/her ability to think and reason. The United Nations Conventions on the Rights of the Child (UNCRC) defines a child as one who falls under the age of eighteen years. However, despite the establishment of the legal age, concepts of childhood and children often differ widely (Save the Children, 2007 and Smelser and Bulies, 2001). For example as society changes through different periods of time, so does society's concept of childhood and the perception of children in their communities. In relation to this point, Suchodolski (1979) revealed that, at times, it has been customary to kill children suffering from disability or disease. At other times, society has looked after the children of its poorest citizens. The Roman system of – *Pueri alimentarii* is an example. There have been times when children were kept from the life of the society until the end of their childhood. Sometimes, they have been the object of special care supervised by the society. At other times orphans or homeless children have been totally neglected, at other times homes have been founded for disadvantaged children to live in.

In medieval times, children, once past infancy were regarded as miniature adults; they were not assumed to have needs distinct from any aspects of adult life. Laws generally did not distinguish between adult and child offences. Children did often work and their emotional bond with their guardians was said to be weak (Mackelech, 2007).

According to Save the Children (2007), this different understanding of childhood by different societies at different times led adults to see children through a set of predetermined assumptions that inform both how they were treated and what they were deemed capable of achieving. The tendency was to judge children's competencies against a set of adult standards, rather than to value what children have to offer as children. In supporting this, Aggarwal (2004) argues that, childhood is not merely a preparation for adulthood. Childhood is a value in itself and possesses its own creation. An adult has no right to feel superior and to interfere with the nature of children; rather the adult must first understand the child and then guide him accordingly.

The 20th century has been characterized by the definition of childhood as a special period of the life cycle. It has been recognized as a time for education, recreation, growth and discovery. Regardless, childhood remains a period of hardship for many children. It has become evident that the child is influenced by many factors – people in his immediate social setting (the family), the larger or more remote social systems such as the school, the community, the government, and even the mass media, most notably TV. The scope and rate of recent social changes in demography, the economy, and technology have made nurturance of children difficult. In addition, child abuse became a social problem in the late 20th century (Scourfield 2003). The above statements may show the values given to the child and its position in a society at different times. But, it was during the late 20th century time that state parties, and UN agencies triggered to look into the status of the right of children in a much deeper sense.

In 1989, ten years after work began on its drafting, the nations of the world agreed to adopt the convention on the rights of the child. The convention sets out, amongst other things, children's right to education, health care and economic opportunity, protection from abuse, neglect and sexual and economic exploitation. It also says that decisions that

affect kids should be based on their "best interests" (Mackelech, 2007). Since it was adopted, the convention has become the world's most widely ratified human rights treaty. This puts an important responsibility on the governments of the world to do all they can to promote and protect the rights of children and young people (Bult, 2003).

2.1.2 United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child, often referred to as CRC or UNCRC, is an international convention, setting out the civil, political, economic, social and cultural rights of children. Nations that ratify this international convention are bound to it by international law. The international treaty was adopted in 1989 (Child Right Information Network 2008). The convention defines the child as a person under the age of 18 years except in countries where the age of majority is lower.

The Convention also declares the family to be the natural environment for children and states that in all actions concerning children account should be taken of their best interests. It promulgates the child's right to a name and nationality, to privacy, freedom of association, thought, conscience, and religion. The obligations of others, especially parents and the state are documented. The state, for example, must provide childcare for those with working parents, education, health care, and protection from child sexual exploitation, child abuse and neglect, drug abuse, and child labour. The treaty indicates the special protection required by vulnerable children, such as the victims of armed conflict, handicapped and refugee children, and the children of minorities. It is binding on states which, unfortunately has no mechanism for enforcement (United Nations Convention on the Rights of the Child [UNCRC], 2000).

The gains of child rights includes; that every child has certain basic rights, including the right to life, his or her own name and identity, to be raised by his or her parents within a family or cultural grouping and have a relationship with both parents, even if they are separated. It also allows parents to exercise their parental responsibilities over their children, the right acknowledges that children have the right to express their opinions and to have these from abuse or exploitation, to have their privacy protected and requires that their lives not be subject to excessive interference.

Before the convention was passed in 1989, children's rights were protected by several different conventions depending on the area of the world. As far back as 1919, an industrial minimum age was adopted by the International Child Labor Convention to regulate children participation in the workplace. With the birth of the United Nations, the Declaration of the Rights of the Child was made in 1959. And on 20th November, 1989, the Convention on the Rights of the Child (CRC) was adopted. Built on varied legal systems and cultural traditions, the convention is a universally agreed set of non-negotiable standards and obligations. The convention gave birth to regional treaties like the Africa Charter on the Rights and Welfare of the Child, and national laws like the Child's Rights Act 2003 of Nigeria. The idea of the convention was to make a set of rules and regulation that applied to all children just like the declaration of human rights applies to everybody.

However, children's rights are intimately tied to those of women. Realizing the rights and equality of women is not only a core development goal in itself, but it is also the key to the survival and development of children and to building healthy families, communities and nations. Discrimination against women hurts both women and the next generation of children, boys and girls alike. Starting even before birth, a child's health and development prospects are closely linked with the mother's health and socio-economic status. Women are, moreover, the primary care-givers for children. Resources put in the hands of women are more likely to be used to benefit children (UNICEF, 2010). Healthy, educated and empowered women have healthy, educated and confident daughters and sons. Gender equality will not only empower women to overcome poverty and live full and productive lives, but will better the lives of children, families and countries as well (Anup, 2010).

Despite the almost universal ratification of the Convention on the rights of women (second only to the Convention on the Rights of the Child), a number of countries have still not signed or ratified it. The handfuls of remaining countries are: USA (signed, but not ratified), Iran, Qatar, Cook Islands (a Non-member state of the United Nations), Nauru, Palau, Tonga, Somalia, and Sudan. A report from *Human Rights Watch* also describes how women's rights have not been observed in some countries as expected; in some places claims are made that women's rights will be respected more, yet policies are

sometimes not changed enough or at all thus still undermining the rights of women. Therefore gender equality furthers the cause of child survival and development for all of society, so the importance of women's rights and gender equality should not be underestimated (Anup, 2010).

Childs rights spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child (Office of the United Nations High Commissioner for Human Right (UNHCHR), 2010). Every right spelled out in the Convention is inherent to the human dignity and harmonious development of every child. The Convention protects children's rights by setting standards in health care, education, and legal, civil and social services.

By agreeing to undertake the obligations of the Convention (by ratifying or acceding to it), national governments have committed themselves to protecting and ensuring children's rights and they have agreed to hold themselves accountable for this commitment before the international community. States parties to the Convention are obliged to develop and undertake all actions and policies in the light of the best interests of the child (UNICEF, 2008).

The articles of the Convention may be grouped into four categories of rights and a set of guiding principles. The guiding principles (Articles 1, 2, 3, 6 and 12) of the Convention include non-discrimination; adherence to the best interests of the child; the right to life, survival and development; and the right to participate. They represent the underlying requirements for any and all rights to be realized (UNICEF, 2010 b).

Survival and development rights (Articles 4, 5, 6, 7, 9, 10, 14, 18, 20 to 31 and 42) emphasize the rights to the resources, skills and contributions necessary for the survival and full development of the child. They include rights to adequate food, shelter, clean water, formal education, primary health care, leisure and recreation, cultural

activities and information about their rights. These rights require not only the existence of the means to fulfill the rights but also access to them. Specific articles address the needs of child refugees, children with disabilities and children of minority or indigenous groups.

The protection rights (Articles 4, 11, 19 to 22 and 32) (UNICEF, 2010d) include protection from all forms of child abuse, neglect, exploitation and cruelty, including the right to special protection in times of war and protection from abuse in the criminal justice system. Participation rights emphasize children are entitled to the freedom to express opinions and to have a say in matters affecting their social, economic, religious, cultural and political life. Participation rights (Articles 4 and 12 to 17) (UNICEF, 2010) include the right to express opinions and be heard, the right to information and freedom of association. Engaging these rights as they mature helps children bring about the realization of all their rights and prepares them for an active role in society.

The equality and interconnection of rights are stressed in the Convention. In addition to governments' obligations, children and parents are responsible for respecting the rights of others—particularly each other. Children's understanding of rights will vary depending on age and parents in particular should tailor the issues they discuss, the way in which they answer questions and discipline methods to the age and maturity of the individual child (UNICEF, 2008b).

However, in Article 38, the Convention on the Rights of the Child urges governments to take all feasible measures to ensure that children under 15 have no direct part in hostilities. The Convention also set 15 years as the minimum age at which an individual can be voluntarily recruited into or enlist in the armed forces.

The Convention on the Rights of the Child is the most widely and rapidly ratified human rights treaty in history. Only two countries, Somalia and the United States, have not ratified this celebrated agreement. Somalia is currently unable to proceed to ratification as it has no recognized government. By signing the Convention, the United States has signalled its intention to ratify – but has yet to do so. As in many other nations, the United

States undertake an extensive examination and scrutiny of treaties before proceeding to ratify. This examination, which includes an evaluation of the degree of compliance with existing law and practice in the country at state and federal levels, can take several years – or even longer if the treaty is portrayed as being controversial or if the process is politicized. For example, the Convention on the Prevention and Punishment of the Crime of Genocide took more than 30 years to be ratified in the United States and the Convention on the Elimination of All Forms of Discrimination against Women, which was signed by the United States 17 years ago, still has not been ratified. Moreover, the US Government typically will consider only one human rights treaty at a time. Currently, the Convention on the Elimination of All Forms of Discrimination against Women is cited as the nation's top priority among human rights treaties (UNICEF, (2006b).

2.1.3 History of Child Rights in Africa

The African Charter on the Rights and Welfare of the Child (also called the ACRWC or Children's Charter) was adopted by the Organisation of African Unity (OAU) in 1990 (in 2001, the OAU legally became the African Union) and was entered into force in 1999. Like the United Nations Convention on the Rights of the Child (CRC), the Children's Charter is a comprehensive instrument that sets out rights and defines universal principles and norms for the status of children. The ACRWC and the CRC are the only international and regional human rights treaties that cover the whole spectrum of civil, political, economic, social and cultural rights.

The ACRWC recognizes the child's unique and privileged place in African society and that African children need protection and special care. It also acknowledges that children are entitled to the enjoyment of freedom of expression, association, peaceful assembly, while the Children's Charter originated because the member states of the AU believed that the CRC missed important socio-cultural and economic realities particular to Africa. It emphasizes the need to include African cultural values and experiences when dealing with the rights of the child in such as:

1. Challenging traditional African views which often conflict with children's rights such as child marriage, parental rights and obligations towards their children, and children born out of wedlock.

2. Expressly saying that the Children's Charter is higher than any custom, tradition, cultural or religious practice that doesn't fit with the rights, duties and obligations in the Charter;
3. The Children's Charter has a clearer definition of the child as a person aged under 18 years old;
4. Outright prohibition on the recruitment of children (i.e. under 18 years old) in armed conflict and deals with conscription of children into the armed forces;
5. Prohibiting marriages or betrothals involving children;
6. Prohibiting the use of children as beggars;
7. Granting girls the right to return to school after pregnancy;
8. Promoting affirmative action for girls' education;
9. Tackling specific African issues that affect children. For example it called for the confrontation and abolishment of apartheid and similar systems, and although, apartheid is now over, this provision is still applicable to children living under regimes practicing ethnic, religious or other forms of discrimination;
10. Protecting internally displaced and refugee children;
11. Protecting imprisoned expectant mothers and mothers of infants and young children;
12. Providing a way for children themselves to petition the Children's Charter's Committee of Experts regarding infringements of their rights;
13. Including special reference to care of the child by extended families;
14. Encouraging the state to provide support for parents "in times of need";
15. Protecting handicapped children.

2.1.4 History of Child's Rights in Nigeria

The child rights law in Nigeria emanated from a convention of the United Nations. It was adopted by the Africa Union and domesticated by the National Assembly in 2003. The Child's Rights Act 2003 (CRA, 2003) contains a number of laudable provisions which, if implemented, would go a long way to ensure the protection and welfare of the Nigerian Child (Umekachikelu, 2011).

The Convention on the Rights of the child enjoins that "Member States shall undertake to disseminate the Convention's principles and take all appropriate legislative, administrative and other measures for the implementation of the Rights recognized in the present Convention" (Shittu, 2010).

Against this background, a draft Child's Rights Bill aimed at principally enacting into Law in Nigeria the principles enshrined in the Convention on the Rights of the Child and the African Union (AU) Charter on the Rights and Welfare of the Child was prepared. The Bill was eventually passed into Law by the National Assembly in July 2003. Presently the Child Rights Bill has been passed in about 24 States in Nigeria. It was assented to by the then President of the Federal Republic of Nigeria, Chief Olusegun Obasanjo in September 2003, and promulgated as the Child's Rights Act 2003 (Shittu, 2010).

According to the Child's Right Act, government at all levels must strive to reduce infant and maternal mortality rates, Provide health care service, adequate nutrition and safe drinking water, hygienic and sanitized environment. They must also combat diseases and malnutrition, support and mobilize, through local and community resources, the development of primary health care for children, and provision of accommodation, maintenance, financial support, advice and other service to children and their families (Iyang, 2012).

The structure of the Child's Rights Act 2003 (CRA) has been informed by the mandate to provide a legislation which incorporates all the rights and responsibilities of children, and which consolidates all laws relating to children into one single legislation, as well as specifying the duties and obligations of government, parents and other authorities, organizations and bodies.

2.2 Awareness of child's rights in Nigeria

Okoye (2011) conducted a study to determine the level of awareness of the Nigerian child's rights act and predictors of knowledge of its provisions among 294 residents of Nankla town, Eastern Nigeria. Respondents in the study include 134 (46%) males and

160(54%) females (age range 18 – 75years). Ninety-three (31.6%) of respondents were aware of the existence of Child's Rights Act in Nigeria. This awareness level was significantly associated with respondents' level of education as respondents with high level of education (NCE/OND and BSc and above) had more awareness (62.4%) than those with low level of education (WAEC and below) (37.6%) ($p \leq 0.04$). However, no significant association exist with other variables such as age, marital status and religious affiliation and awareness of the Child's Rights Act. Further, the author reported that respondents who were single were 0.45 times less likely to have knowledge of the provisions of the Child's Rights Act than those who were married. Also, she reported that educational status was statistically significantly associated with knowledge of the provisions of the act as the odds ratio of the distribution showed that respondents with low educational status were 0.49 times less likely to have knowledge of the provisions of the Child's Rights Act. The author concluded that there is need for policy makers to lay emphasis on educating the people so that the aim of enacting the Act will be realized. She suggested that social workers, by virtue of their training, are potential agents for awareness-raising on the rights of the child.

Akengin, et al., (2008) used a semi-structured questionnaire to compare school children's perceptions of the rights of the child. Thirty students (18 boys and 12 girls) from Ihsan Primary Education school in Turkey and 30 students (16 boys and 14 girls) from Canbulat Ozgurluk Secondary school in Turkish Community of Northern Cyprus (TCNC) participated in the study. Sixty percent and 10% of students in Turkey and TCNC have read the Convention on the rights of the child respectively. Sixteen percent of students in Turkey and 40% in the TRNC were of the opinion that the convention on the rights of the child is effective in Turkey. While 90% of the students in Turkey used the expression "I completely agree" and 10% the expression "I agree" for the proposition "children should be able to express their opinions in all matters concerning them" 76.7% of the students in the TRNC used the expression "I completely agree", 16.7% "I agree", and 6.7% "I am indecisive". When asked what they thought about children's rights being overseen by parents, approximately 40% of the students in Turkey and TRNC asserted that the children's rights were overseen by parents. Moreover, 35% vs 56.7% of students

in Turkey and TRNC believed that extension of the primary education to 8 years has secured the children's right to education. Furthermore, respondents (26.7% in Turkey vs 50% in TRNC) agreed that discipline as an important factor of education conforms to the value of the child as a human being and to the rights of the child. The author concluded that students in the TRNC considered themselves in a more favourable position than the students in Turkey in terms of the implementation of the child's rights.

2.3 Provisions of the Child's Right Act

The Act defines a child as one who is below the age of eighteen years. The specific provisions of the Act are summarized under the following sub headings. The basic provisions of the Nigerian Child's Rights Act include the following:

1. Provisions of freedom from discrimination on the grounds of belonging to a particular community or ethnic group, place of origin, sex, religion, the circumstances of birth, disability, deprivation or political opinion; and it is stated categorically that the dignity of the child shall be respected at all times.
2. No Nigerian child shall be subjected to physical, mental or emotional injury, abuse or neglect, maltreatment, torture, inhuman or degrading punishment, attacks on his/her honor or reputation.
3. Every Nigerian child is entitled to rest, leisure and enjoyment of the best attainable state of physical, mental and spiritual health.
4. Every government in Nigeria shall strive to reduce infant mortality rate, provide medical and health care, adequate nutrition and safe drinking water, hygienic and sanitized environments, combat diseases and malnutrition, support and mobilize through local and community resources, the development of primary health care for children.
5. Provisions for children in need of special protection measures (mentally, physically challenged, or street children) they are protected in a manner that would enable them achieve their fullest, possible social integration, and moral development.

6. Expectant and nursing mothers shall be catered for, and every parent or guardian having legal custody of a child under the age of two years shall ensure its immunization against diseases, or face judicial penalties.
7. Betrothal and marriage of children are prohibited.
8. Causing tattoos or marks, and female genital mutilation are made punishable offences under the Act, and so also is the exposure to pornographic materials, trafficking of children, their use of narcotic drugs, or the use of children in any criminal activities, abduction and unlawful removal or transfer from lawful custody, and employment of children as domestic helps outside their own home or family environment.
9. Child abduction and forced exploitative labor (which is not of a light nature) or in an industrial undertaking are also stated to be offences. The exceptions to these provisions are where the child is employed by a family member, in work that is of an agricultural or horticultural or domestic in nature, and if such a child is not required to carry or move anything heavy that is likely to adversely affect its moral, mental, physical spiritual or social development.
10. Buying, selling, hiring or otherwise dealing in children for purpose of begging, hawking, prostitution or for unlawful immoral purposes are made punishable by long terms of imprisonment. Other offences considered grave include sexual abuse, general exploitation which is prejudicial to the welfare of the child, recruitment into the armed forces and the importation/exposure of children to harmful publications. It further preserves the continued application of all criminal law provisions securing the protection of the child whether born or unborn.
11. Child Justice: The Act makes provisions for the establishment of "Family Courts". The courts which will operate at the High Court and Magistrate Court levels have been vested with the jurisdiction to hear all cases in which the existence of a legal right, power, duty, liability, privilege, interest, obligation or claim in respect of a child is in issue, and any criminal proceeding relating thereto.

The Act has provided for Child Justice Administration, to replace the Juvenile Justice Administration, which has been in existence for several decades in

Nigeria. The provisions prohibit the subjection of any child to the criminal justice process, and guarantees that due process be given to any child subjected to the child justice system, at all the stages of investigation, adjudication and disposition of any case against such a child. It has prohibited the use of capital punishment, use of imprisonment and use of corporal punishment for children under 18 years, and further provides for the use of scientific tests in deciding paternity cases. These are all novel provisions, as no such prohibition existed under the previous legislation⁸ guiding children matters (Children and Young Persons Act -CYPA).

The Act frowns at institutionalization for pregnant children/teenagers and expectant mothers. But where institutionalization is desirable or unavoidable, it mandates the establishment of Special Mothers Centre for pregnant mothers/teenagers, while Children Residential Centre and Children Correctional Centre are to be established to replace the present Approved Schools created under the CYPA. Where the court decides against institutionalization, it should utilize such disposition measures as dismissing the charge, placing the child under care, guidance and supervision, which is now a replacement for probation and probation officers.

12. Children living under difficult circumstances: The Act made provision in principle for creation of institutions for servicing the needs and welfare of children living under difficult circumstances like orphans, street children and those physically challenged. Such provisions include the establishment, registration, regulation and monitoring of Community/Children's Homes. It provided for the supervisory functions and responsibilities of the Minister having responsibility for children in relation to the various Children's homes, which includes monitoring, provision of financial support, research and returns of information on activities of these homes.

2.1. Responsibilities of the Children under the Child's Rights Act

Children under the Act, are also given responsibilities which include working towards the cohesion of their families, respecting their parents and elders, placing their physical and intellectual capabilities at the service of the State, contributing to the moral well being of

the society, strengthening social and national solidarity, preserving the independence and integrity of the country, respecting the ideals of freedom, equality, humaneness, and justice for all persons, relating with others in the spirit of tolerance, dialogue and consultation, and contributing to the best of their abilities solidarity with and unity with Africa, and the world at large. To these end, the Act mandates parents, guardians, institutions and authorities in whose care children are placed, to provide the necessary guidance, education and training to enable the children live up to these responsibilities (Kreiman and Noggle (1997).

2.5 Specific types of Child's Rights

2.5.1. Right to Survival

Survival rights cover a child's right to life and the needs that are most basic for existence. These include the right to feeding, proper nutrition, life before and after birth, clothing, descent shelter, health and medical care, safe water and good sanitation. These rights are fundamental in that life is a prerequisite for the realization of any other human rights.

2.5.2. The right to proper feeding and nutrition

Nutritional status of children is measured by the levels of stunting and wasting of children in a population (WHO, 2000; Erika, et al 2004). Save the Children (2002) reported that a big percentage of children in developing countries have nutritional deficiencies. In South Africa, a study by Steyn, et al (2002) indicates that 42.6 percent of the households marshal so small an income that they are in "food poverty", unable to afford regularly even a basic subsistence diet. This has debilitating physical effect on children.

In Burundi, UNICEF (2007) reports that the food crisis has deepened leading to a rise in the death toll and children abandoning school as a result of an unusually harsh dry spell followed by torrents and floods. In one Province alone 908 children are reported to have left school. Reports from six Provinces in February 2007 reveal that children are dying from a variety of causes, which range from being beaten for stealing crops to food poisoning from eating unfamiliar roots and leaves or they are simply starving to death. The report shows that prices for the most affordable protein i.e. beans has almost doubled yet Burundians live on less than one dollar a day. Mothers as primary care givers, have no choice but to sell clothes and other belongings in search for food to keep their children alive. The report further points out that

some families have resorted to selling off land, roofing sheets and even the wooden supports from their homes as firewood to buy food. In such circumstances, the right to food and proper nutrition for children is a nightmare for most families that have no food reserves and eat one meal a day (UNICEF, 2007).

According to UNICEF (2006), a child who is malnourished is much more likely to contract respiratory infections, diarrhea, measles and other preventable diseases. Stunting weakens immunity, impairs learning capacity and work performance and affects overall quality of life. For girls, it presents additional risk: it is associated not only with low adult height but also with small pelvic size, increasing the risk of obstructed labour and thereby maternal mortality (UNICEF, 2006).

2.5.3. The right to life before and after birth

Literature reveals violations of child rights to life before and after birth. Pre-natal sex selection and infanticide prevalent in parts of South and East Asia, show the low value placed on the lives of girls and women and have led to unbalanced populations where men outnumber women (WHO, 2000). A study by Hasanbegovic (2003) show that 60 million female, mostly from Asian countries are 'missing' killed by infanticide, selective abortion, deliberate under-nutrition or lack of access to health care. A study in one clinic in India showed that out of 8,000 (eight thousand) aborted foetuses, 7,997 (seven thousand nine hundred ninety seven) were females. Hence, denying thousands of children a right to life before birth (Sen, 2001).

Hasanhegovic, (2003) further revealed honour killing of girls as young as ten years old as being among those killed on the pretext of their being a Kari- a term used for those having illicit relations during 2002 in Sindh Province, Pakistan. Karo-Kari (honour killing has already claimed more than 382 lives during 2002. Honour killing field research carried out by women activists in Iraqi Kurdistan reveals that over 4,000 female children were killed between 1991 and 2000. Again, thirty-six 'honour' crimes of young children were reported in Lebanon between 1996-1998 mainly in small cities and villages denying the children a right to life after birth. In 2001, 147 children under 18 years old living in the streets were murdered in Guatemala, of which 91 percent were boys and 9 percent were girls (WHO, 2000).

In most developing countries, a complex environment prevails for the child's life before and after birth mainly as a result of poor maternal care, child delivery and early childhood development services. According to Uganda Bureau of Statistics (2006), a rural child has a 60 percent higher chance of dying before the age of 5, and an 80 per cent higher chance of dying between birth and 1 year old. Ninety two percent (92%) of the pregnant women have at least 1 antenatal visit whereas only 42.0 percent of women make four or more visits during a pregnancy. Antenatal care is critical for monitoring the progress of a pregnancy and for identification of problems during pregnancy that can cause complications in delivery and may lead to death of a child.

2.5.4. The right to decent shelter and clothing

UNICEF (2006) reveals that over 2.7 million children i.e. two in every ten children below 18 years of age sleep in an overcrowded room (more than five persons per room). According to Bukokhe (2002) in a study on child poverty in Uganda, children from poor households emphasized sleeping on the floor, and having nothing to cover themselves with at night. They were concerned about overcrowding due to large families and lack of privacy. The home environment with no decent shelter fails to provide stimulation for children. In the study children and adults gave vivid examples of the ill treatment and shame that comes from lack of decent shelter. In a related study by Winter (2002), lack of washing facilities, soap and decent clothing were seen as important for the self-esteem of poor children.

2.5.5. The right to Development

Development rights include what children require in order to reach their fullest potential in life such as the right to education and training, parental love and care, stimulation in early childhood, play and leisure, cultural activities, access to information and a well-structured transition through adolescence to early adulthood.

2.5.6. Right to Education

UNICEF (2007) reported that, despite overall growth in educational enrolment, more than 115 million children of primary school age do not receive an elementary education.

The report shows that four out of every ten primary age children in Sub-Saharan Africa do not go to school. Of those who do go to school, only a small proportion reach a basic level of skills with a few exceptions girls are more likely than boys to be missing from classrooms across the developing world. Girls who enroll in school often drop out when they reach puberty for many reasons. The report finds that pre-primary education is extremely limited in the region, involving only one child in ten. The situation varies greatly from one country to another, with Eastern and Southern Africa accounting for 62.0 percent of these children.

According to UNFSCO (2001), policies specifically targeting girls were responsible for considerable improvements in countries such as Benin, Botswana, the Gambia, Guinea, Lesotho, Mauritania and Namibia. In Benin, for instance, gender gap narrowed from 32 to 22 percent, due to policies such as sensitizing parents through the media and reducing school fees for girls in public primary schools in rural areas.

2.5.7. Right to parental love and care

In most developing countries, especially those affected by HIV/AIDS the burden of parental love and care is rapidly shifting to female and grandparent-headed households. In Zambia, for example, female-headed households are twice as likely to care for double orphans as those headed by men (UNICEF, 2007). As these women grow older or die, the burden passes on to grandparents, who increasingly are becoming surrogate parents to their bereaved grandchildren, often with few resources.

Grandmothers already care for about half of all orphans in Botswana and Thailand, while in Namibia the proportion of double and single orphans living with their grandparents rose from 41.0 percent to 61.0 percent between 1992 and 2000 (UNDP, 2005). In Uganda, the Uganda Bureau of Statistics, (2003) reported that 1.8 million (13%) of all children below 18 years of age had lost at least one of their parents hence deprivation of parental care and love. This is evidenced by the increasing number of child-headed households and the shredding of community safety net systems that exposes many orphans to multiple vulnerabilities without protection.

It is common practice in many communities to place orphaned children in households headed by adults. Once the parents die, orphans are separated and distributed among various relatives, some of whom may live far away from the children's paternal home. In many cases the fostering adults neglect the children's emotional demands of associating with their larger patrilineal kin and hardly allow them to visit their relatives (UNAIDS, 2004).

Looking at parental love and care in the context of children who come in conflict with the law, Save the Children UK and UNICEF (2002) found that 53% of the children in Naguru Remand Home were staying with their parents prior to detention and the rest were staying with members of their extended families. It was further noted that most of their parents/guardians were low-income earners. The study shows that most of these children were charged with theft especially of food and other petty items. This study concluded that most child offenders come from relatively poor economic backgrounds and they end up offending in order to survive a term that has come to be referred to as "survival offending".

2.5.8. Right to play and leisure

Although literature hardly exists on this right, child play and stimulation are essential for brain development and contribute to a child's full potential. The early years of a child's life are critical for the development of the potential of human being, and the first seven years are characterised by the rapid development of the physical, emotional, intellectual, social and moral character of the child.

In Uganda rural areas, children aged less than 5 years have inadequate opportunities for play and stimulation in safe and nurturing environments. At the same time caregivers have inadequate knowledge and skills needed for optimum care that enhance children's growth and development (UNICEF, 2006).

2.5.9. Right to protection

These rights require that children be safeguarded against all forms of abuse, violence, neglect and exploitation. As well as rights to special assistance measures in the case of

those who are affected by conflict, marginalized or deliberately excluded and those who suffer disabilities, or are otherwise especially vulnerable.

2.5.10.

Right to protection against all forms of mistreatment, abuse, neglect and exploitation

Sexual abuse is the most prevalent form of abuse against children. Even though it affects both boys and girls, girls are more vulnerable to this form of abuse. The estimated ratio of sexual abuse by gender is 80:20 female to male (UNICEF, 2006). Abuse occurs in all places such as homes, institutions of learning, children's homes, and religious institutions amongst others. It is estimated that 1 in 10 adults were sexually abused as children. Of those abused, about 56.0 percent often involve non-physical sexual exposure but in erotic ways and 44.0 percent involve actual physical (sexual) contact (UNICEF, 2006).

Hasanbegovic, (2003) reported that almost one million boys and girls in Asia spend each night providing sexual services for adults. Most of these children are coerced, kidnapped or sold into this multi-billion dollar industry. In India, the sexual exploitation of children is increasing at an alarming rate in city slums, according to child rights activists (Sen, 2001). A survey by the Delhi based Joint Women's Programme found that up to 12.0 percent of children living in the shanty towns of India's cities were being exploited (Wakhungu 2008). It found that a vast majority of the children were being tricked into prostitution by contractors, who bring them from villages on the promise of good jobs in the city. The survey found that, although girls were more vulnerable, young boys were also at risk.

A study by Dipak (2004) on violence against children, revealed that 75.8% of the children studied reported having experienced sexual violence such as exposure to pornography, being touched, unwanted attention, being exposed to adults having sex, forced to touch adults in sexual ways and forced to have sex. Of the total number, 32.2 percent of the children said they had experienced it at home, 24.3 percent at school, and 34.2 percent both at home and in school while 9.3 percent violence from the community.

Child trafficking is another form of abuse children suffer. It is a global problem affecting large numbers of children. It is estimated that as many as 1-2 million children are trafficked every year (Wakhungu 2008). There is a demand for trafficked children as cheap labour or for sexual exploitation. Children and their families are often unaware of the dangers of trafficking, believing that better employment and lives lie in other countries.

UNICEF (2007) estimates that 1,000 to 1,500 Guatemalan babies and children are trafficked each year for adoption by couples in North America and Europe. The report further reveals that girls as young as 13 (mainly from Asia and Eastern Europe) are trafficked as "mailorder brides." Large numbers of children are being trafficked in West and Central Africa, mainly for domestic work but also for sexual exploitation and to work in shops or on farms. Nearly 90 percent of these trafficked domestic workers are girls. Children from Togo, Mali, Burkina Faso and Ghana are trafficked to Nigeria, Ivory Coast, Benin, Cameroon and Gabon. Some are sent as far away as the Middle East and Europe (Wakhungu 2008).

Wakhungu (2008) reported that physical abuse in children is a common practice mainly under the pretext of discipline. While discipline remains a desirable aspect of socialization of children, the manner in which it is fostered in children has led to cases of abuse. Adults have failed to separate discipline from punishment. For instance school teachers, especially in rural schools, cane children almost as an end in itself.

Sloth-Nielsen, (2002) reported that South Africa is one of the countries where violence against children in form of physical abuse is still very high even when a number of years have passed since the transition from a police state under apartheid to democracy. According to him, violence has to a large degree come to be seen as a normal phenomenon for resolving conflict, and as the preferred method of disciplining children.

Considering the issue of child exploitation, the CRC states that children have the right to be protected from economic exploitation and from performing any work that is likely to be hazardous or interfere with the child's education or to be harmful to the child's health.

or physical, mental, spiritual, moral or social development (Article, 32). The issue of child exploitation has generated heated debate in recent years. One side of the debate sees child labour as a major obstacle to social and economic progress and looks forward to a world where all children are in school and not in the work force. Others argue that children's work is a vital household response to poverty, and that work can be beneficial as well as harmful. While many children start work below the age of 10, particularly those doing domestic chores or helping with family farms or businesses, the majority of working children are aged 10 to 14 (ILO, 1995).

An estimated 250 million children are engaged in child labour out of which almost three quarters (171million) work in hazardous situations or conditions, such as working in mines, working with chemicals and pesticides in agriculture or working with dangerous machinery (UNICEF, 2007). They are everywhere but invisible, toiling as domestic servants in homes, labouring behind the walls of workshops, and hidden from view in plantations. The vast majority of child labourers i.e. 70.0 percent or more work in agriculture, only about 5.0 percent work in the production of internationally traded goods, such as the trainers and footballs that have attracted so much attention in the West in recent years (UNICEF, 2007).

2.5.11. Right to protection against harmful situations and practices

Female Genital Mutilation Cutting (FGM/C) is one of the harmful practices that children and women face. It is mainly performed on children and adolescents between four (4) to fourteen (14) years of age (WHO 2007). In some countries, however, up to half of FGM/C is performed on infants under one year old, including 43.0 percent in Eritrea and 29.0 percent in Mali (UNICEF, 2007). FGM/C is practiced for a number of reasons including control and reducing female sexuality, initiation for girls into womanhood, social integration and the maintenance of social cohesion, belief that female genitalia are dirty and unsightly, enhancing fertility and child survival and mistaken belief that FGM/C is a religious requirement (USAID, 2006).

It is estimated that over the world, 100 to 130million girls and women have undergone some form of FGM/C. Annually over 3 million girls are at risk of this practice, which

occurs in 28 African countries, a few countries in the Middle East and Asia. The practice is also increasingly found in Europe, USA, Australia and Canada primarily among the immigrants from Africa and South Western Asia (WHO, 2002 and UNICEF, 2007). All over Africa, two million girls are subjected to FGM/C every year. Over 90.0 percent of girls in Northern Sudan (Save the Children (Sweden), 2003b) and 73.0 percent in Ethiopia (Save the Children (Sweden), 2003) undergo FGM/C. This harmful traditional practice has been going on for centuries in these countries despite the health risks and the excruciating pain the children endure.

In Nigeria, the practice of Female Genital Mutilation is widespread among tribes and religious groups where the milder forms are done except in the South-south region where infibulations (the total closing of the vulva) is done but usually after age five (National Population Commission, 2004). It is more prevalent among the poorly educated, low socio-economic and low societal-status groups (Anuforo, 2004).

Removing of girls' breasts is another harmful practice which is common in Cameroon. One quarter of all Cameroonian women are said to be victims of this painful 'breast ironing' as it is known. Ironically, the tradition was a mystery to many in the West African nation until a recent campaign to stop the potentially dangerous practice aimed at delaying a young girl's natural development (Wakhungu, 2008). Geraldine Simi was only nine years when her mother started daily massaging her breasts with blazing hot stone to keep them flat and keep men's hands and eyes off her daughter. After six days of massage with hot pestle, she would switch to another instrument, like a coconut shell which would also be heated over fire (The New Vision, Thursday June 27th 2006).

2.5.12 Right to participation

Participation rights revolve around the rights of freedom of expression, thought, conscience and religion and the right of the children to express their views, especially on matters directly affecting their welfare, while taking into account the child's age and maturity. The CRC obliges all State parties to assure to the child who is capable of forming her or his own views the right to express those views freely in all matters affecting her/him.

2.6. Participation in all matters affecting their lives depending on their age and ability

Responding to this category of rights has proved a special challenge, for it requires the re-orientation of approaches (Wakhungu, 2008). For example, instead of confining children to the role of passive beneficiaries, participation rights stipulates that children should be given the opportunity to become active contributors in activities undertaken on their behalf. The level and degree of participation of children in development is, largely, dependant and determined by two factors. First is the extent to which adults create opportunities and space for children to participate, and second is children's own maturity level, knowledge, skills, exposure, information and experiences (Wakhungu, 2008).

According to Karkara, et al (2004) the term child participation is sometimes used very loosely, as if all assumptions around its meaning and application are commonly shared. It can also be used too narrowly, confining its meaning to inviting children to express their views. In addition child consultations of this latter kind have often been restricted to one off sessions, rather than instituted as an ongoing process.

A number of programs have emerged to increase the participation rights of children in several countries including Bangladesh, Central America, England, India, Nepal, Pakistan, Scotland, Brazil, Tajikistan, Vietnam, Wales, Nigeria, Morocco, Ethiopia and Zimbabwe and Uganda (Wakhungu, 2008). For example, Black (2004) reported an advocacy programme in Andhra Pradesh, India that works with daughters of sex workers and other girls vulnerable to trafficking. In the programme, children aged 12 to 18 years campaign against child trafficking and prevent their entry into sex work. The girls have developed posters and messages, and on a regular basis present their needs to decision makers (Black, 2004).

Similarly, it was the outcome of a policy decision in India that children should be involved in the recruitment of all programme staff. The process always involves children involved in the programmes and brings them in once the shortlist of candidates for posts has been drawn up. They are given an induction into the interviewing process, presented

with the prospective candidate's applications and asked to frame 3-4 questions. They then take part as panel members alongside, and with equal status to the adult members (Save the Children, 2002).

In Ethiopia, children were consulted during the planning of a project that resulted in a change in the focus of the project, from dealing primarily with education to also addressing child labour issues (Save the Children, 2003). In Morocco, disabled children who were involved in a project to improve the quality of an orthopaedic workshop providing equipment for children with physical impairments identified a need for a leaflet to promote information about the use of prostheses and how to use them safely. The children planned the initiative, designed the leaflet and decided how it should be disseminated (Save the Children, 2003).

In Uganda, Kampala, an initiative involving 200 children was introduced to address child abuse in the community. The children were involved in identifying needs, and designing interventions and strategies for implementation. The children, all aged between 10-14 years, created their own structure for implementing the project which involved a project steering committee of 18 children for overall planning, a management committee for handling the implementation of project activities, a child protection committee for investigating, hearing and handling cases of abuse and neglect and an advocacy committee responsible for community sensitization of child rights and child abuse. Members of these committees were all elected by other children in the community (Save the Children, 2002).

2.7. Legislative measures to promote child's rights to basic health and welfare:

Nigeria has developed a number of policies, plans and strategies that provide enabling environment for child survival and development. These include:

- i. National Child Health Policy of May 2005 which provides a long-term direction for protecting and promoting the health of children. It provides a holistic and integrated vision for child health, bringing together in one document all key policy elements to promote child health and development. The document elaborates on core responsibilities of the different tiers of government and major

stakeholders and provides the framework for planning, management, delivery and supervision of services to address critical problems affecting children in the target group.

- ii. National Response Plan of Action on Orphans and Vulnerable Children (OVC), 2006-2010 which was developed with the establishment of an OVC Unit in the Federal Ministry of Works and Social Development. The National Plan of Action on OVC when fully implemented would address the needs of OVC at various locations in the country.
- iii. National ARV Plan: Measures to reduce mother-to-child transmission of HIV include a plan to accelerate access to Anti-Retroviral Therapy (ART) by reaching 250,000 People Living with HIV/AIDS (PLWHA) in need of treatment by the end of year 2006.

Other notable policies, plans and strategies that have been developed include:

1. National Policy on Female Genital Mutilation (2005)
2. National Policy on Malaria Control (2005)
3. National Guidelines on Infant & Young Child Feeding (2005)
4. National Policy on Infant & Young Child Feeding (2005)
5. National Strategic Plan for Implementing Global Strategy on Infant & Young Child Feeding (2006)
6. National Guidelines on Micronutrients Deficiencies control in Nigeria (2005)
7. National Guidelines and Strategies for Malaria Prevention/Control During Pregnancy (2005)
8. National Policy on Adolescent Health and Development (2006)
9. National Maternal, Newborn and Child Health Strategic Document (2007)

2.8. Measures to prevent child trafficking: A number of administrative measures have been undertaken to combat illicit transfer and non-return of children. In September 2001, the Federal Government inaugurated an inter-Ministerial Committee on Human Trafficking, to deal with all issues on human trafficking, including the repatriation and

rehabilitation of trafficked victims. This evolved into the office of the Special Assistant to the President on Human Trafficking and Child Labour.

In 2003, the Government of Nigeria in a systematic effort to fight trafficking set up the National Agency for the Prohibition of Traffic in Persons (NAPTIP) pursuant to the Act vesting it with the responsibility for 'investigation and prosecution of offenders thereof and the counseling and rehabilitation of trafficked persons'.

Cooperation Agreements have been signed between Nigeria and Spain, Italy, Benin Republic and Saudi Arabia. Two coordinating groups and an Anti-Trafficking Network have been set up by the Agency, with the support of the United State Department of State and UNICEF to facilitate synergy and convergence on combating Child Trafficking in Nigeria

The Anti - Trafficking Network has been established in 11 Southern Nigeria trafficking endemic States of Ogun, Lagos, Ondo, Delta, Edo, Akwa Ibom, Cross River, Rivers, Ebonyi, Imo and Abia for sensitization and awareness creation of people at the grassroots to stem the problem of trafficking from source. With the emerging trends, focus has also shifted to identifying the major routes for trafficking situated in the Northern States. Consequently, an assessment of the situation of child trafficking in Borno, Yobe, Jigawa, Adamawa, Taraba and Kano States was conducted to provide an update on the magnitude, sources, transit routes, perpetrators and destinations of children trafficked in these states leading to the expansion of the Network to another 11 States in the North namely Kano, Katsina, Yobe, Borno, Niger, Jigawa, Sokoto, Kebbi, Kwaru and Taraba, bringing the total to 22 states. However, with support of various UNICEF Field offices in the country, four more states (Kogi, Enugu, Anambra, Bayelsa) have been added to the network.

Strong partnerships have been developed both at national and state levels with the Police, Immigration, NGOs and other governmental agencies to address the problem of child trafficking.

The Act has so far been circulated to educate, sensitize and create awareness on the malaise of child trafficking. The Nigeria Immigration Service (NIS) and other border control agencies, including the Nigeria Customs Service (NCS), have intensified operations at the borders to check the illegal movement or transfer of children across the borders. The Immigration Service recently established a specialised Anti-Human Trafficking Department. The Nigeria Police Force also has a unit dealing with internal and external trafficking. Several NGOs have undertaken awareness programmes on the issue of human trafficking, especially of women and children.

The impact of Nigeria's cooperation with countries of destination has resulted in an increase in the level of arrest and prosecution of those involved in women and child trafficking and other forms of sexual exploitation. Development partners and international agencies and NGOs have given materials and technical support to NAP/11p to assist in the rescue, rehabilitation and social reintegration of trafficked persons.

2.9. Health Effects of denying Children their Rights

The articles of the CRC can be grouped into three broad classes of rights: protection, provision and participation. All three are applicable to health and healthcare, and are required to ensure optimal child health outcomes. Examples of health issues that relate to some classes of children's rights are highlighted below:

2.9.1 Protection from Child Labour

Worldwide there are estimated to be 250 million children who contribute to the work force, 171 million of whom are considered to work in hazardous situations (Waterston and Goldhagen, 2007). As these children represent the most marginalised citizens in our societies, they also suffer from the effect of poverty and its associated health burdens. As they do not go to school, they experience opportunity costs in relation to their lost education and subsequent employment opportunities.

2.9.2. Health effect of Child Labour

The harm to the health of working children is marked. They often work in hazardous conditions for long hours. Their growth, development and mental health are harmed by

this environment. They are deprived of adequate nutrition, an education and the benefits of parenting. In Jordan, Hawamdeh and Spencer, (2001) in their study found that boys who work outside the home were stunted, anaemic, and 38% smoked more than five cigarettes a day. The study showed that 15% had started work before the age of 10 years and 86% were working 40 h a week. This is despite the strict laws in Jordan that prohibit child labour.

2.9.3. Solutions suggested

UNICEF (2004) recognizes that child labour might be an economic necessity for some families, and that rapidly ending all child labour is not possible. Raising awareness in the North of the harm being done through child labour is crucial, but outside pressure to end all labour may not be helpful. Working through governments and non-governmental organizations is more likely to be effective, and in particular to work for the ratification of International Labour Organization Convention number 182 to end the worst forms of child labour, ensure that education, even if part time, is provided, and support other key areas of the child's development such as health, nutrition and sanitation (UNICEF, 2004).

Provision: Support Services for Children with Disabilities

According to UNICEF (2006), there are 170 million children in the world with disabilities, and one in ten of them have a serious disability. The vast majority have no access to rehabilitative or support services, and many are unable to acquire a formal education. In many cases, disabled children are simply withdrawn from community life, even if they are not actively shunned or maltreated. They are often left without adequate care. It is estimated that only 2% of disabled children in developing countries have any form of rehabilitation assistance or education (Waterston and Goldhagen, 2006). Violence and abuse is three times more likely to happen to a disabled child. They are segregated and marginalized in special institutions, day centres and schools.

Health effect: The health effect of disability is lifelong. Lack of services may lead to early death and often to malnutrition, mental health problems and chronic pain owing to contractures and sores from unsupported ambulation. The compounding effect of poverty

is often present, and carries with it its own burdens of ill health. Lack of education often leads to lack of achievement and to social isolation.

Solutions suggested: Legislation has been introduced in many countries (e.g., the Disability Discrimination Act in the UK, 1995, and the Americans with Disabilities Act in the USA, 1990) to ensure that there is increased recognition of disability needs and improved awareness and training of professionals and others who come into contact with disabled people. This has come into effect as a result of lobbying and political activism by consumer groups and health professionals. If a high priority is to be given to providing services to children with disabilities, it will be increasingly necessary to engage, train and prepare nongovernment organisations, professionals, parents of disabled children and disabled children themselves to work together to effect change.

2.10. Violence against Children

All violations of children's rights can legitimately be described as harmful practices, based on tradition, culture, religion or superstition. They are perpetrated and actively condoned by the child's parents or significant adults within the child's community. These harmful practices are often perpetrated against children, who clearly lack the capacity to consent or to refuse consent themselves. Assumptions of parental powers or rights over their children allow the perpetration of a wide range of these practices by parents directly, some by other individuals with parents' assumed or actual consent (Joy for children 2007).

Widespread violations of children's rights take place throughout Nigeria. The combination of high poverty levels, environmental degradation and corruption mean that many children do not enjoy their basic rights. These include the rights to food, water, housing, health and education (UNICEF Fact Sheet Nigeria 2012).

The United Nations Secretary-General's Study on Violence Against Children (2006) reported on violence in a number of settings, including:

Home and family - For many children around the world, home is not a safe place because of, harsh physical punishment and treatment, emotional violence including

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The United Nations Secretary-General's Study on Violence Against Children (2006) reported on violence in a number of settings, including:

Home and family - For many children around the world, home is not a safe place because of harsh physical punishment and treatment, emotional violence including

insults, name-calling, threats, isolation and rejection, neglect, sexual violence, early marriage, harmful traditional customs, and witnessing domestic violence.

Schools and educational settings - In many countries, physical punishment and cruel treatment by teachers is a routine part of school life. Girls may be harassed verbally, abused or raped at school or on their way there. Bullying between children can be a serious problem. Global studies found that between 20 and 60 per cent of children reported that they had been bullied at school in the past month.

Orphanages, children's homes and other institutions - There are eight million children around the world who live away from their families. Children in this situation may face neglect and violence from staff and from other children.

Justice systems, prisons and detention centres - In some countries, children who have committed a crime can face physical punishment. Children in prison or detention centres are at risk of violence from staff and from other young people or adults.

Workplace - The International Labour Organisation estimated that, in 2004, 218 million children were involved in child labour. Children who work may be treated violently by employers, staff and clients. More than one million children are used in prostitution every year and others are forced into bonded labour or slavery.

Community - Communities such as villages, neighbourhoods, streets or groups should be places where children feel protected and supported. However, often they can be places where young people face risks from trafficking and kidnapping, violence from other children, violence from boyfriends or girlfriends and sexual violence. Children may also be exposed to violence through the media and the internet.

2.11 Interventions to prevent or violation of Child's Right

Protecting children against these forms of violence and abuse, and promoting better living conditions for the most vulnerable are fundamental principles for the international community. The United Nations Convention, and its Committee, on the Rights of the

Child should recognise the need for specific legislative provisions to protect children" (Foreign Minister Giulio Terzi, 2012).

The foremost objectives for prevention of violation of child rights are to reduce risks and vulnerabilities and enhance factors and capacities advantageous to the child, hence the need to have a wholesome, learning environment supportive of quality growth and development.

- International agencies too should make important advances in promoting child rights, in partnership with both non-governmental organizations and national governments. Both electronic and print media should report more about issues specifically affecting children.
- Strengthening laws that make it a crime to use violence against children and sensitizing the public about them. Clear laws, policies and procedures to protect children and policies advocating "children first" to heighten people's awareness on the need to promote child welfare and development. The presence of a legal framework to protect children is thus a must.
- There's need to strengthen reporting mechanism on violence against children at local, national, regional and international levels. Most cases on child rights violation go unreported and it becomes hard to ascertain the magnitude of the problem to help in designing appropriate interventions. (Joy for children 2007)
- Government intervention in policy review, funding of NGOs advocating for child rights and research is needed. The government should put more efforts in advocating for child rights in the country by enacting more policies on prevention of child rights violation and also supporting the upcoming NGOs that intend to enhance this campaign.
- Governments must invest in education as it is the most potent element in the development of citizens and the nation. Education must not just be for children, but for the parents and community as well.
- Abolishment of corporal punishments in schools and homes, there a number of different ways of how children can be disciplined other than beating or burning them for example you can punish a child by denying them what they like most

when they do something wrong like not watching their favorite programs (cartoons) or going out to play.

- A child's own qualities, characteristics and emerging competencies are themselves important protective factors that will prevent their abuse and maltreatment. By teaching them developmentally appropriate ways to stay healthy and safe, children can be empowered to protect themselves.
- The family should be strengthened and supported to provide quality care and education for children, there is also the need to educate families and the communities on the menace and ills of these phenomenon.
- An efficient and effective system of identification, detection, reporting and processing/ managing among the key members of society (government, non-government, business, church, media and the community) on the incidence of child abuse/maltreatment is crucial to preventing, reducing or eliminating this problem. Hence a systematic, standard, integrated and comprehensive approach is therefore required to respond effectively to the prevention of violation child's right Yangco (2010).

Violence is among the greatest problems facing children worldwide and is prevalent in all North and South countries. Violence presents within the family and the community, is perpetrated by the state on children in custody and in public care, and through war. In 2001, the UN established a major international study on violence against children¹³ in collaboration with UNICEF, the UN High Commissioner for Human Rights and the World Health Organization (Paulo, 2005).

2.12. Implementation of the child's Rights Act in Nigeria

According to the Federal Ministry of Justice Report (2008) the following steps have been taken to ensure implementation of the Child's Rights Act in Nigeria.

Eradicating Discrimination against children: Steps taken at all levels of government to eradicate discrimination against children include: Enlightenment campaigns, skills acquisition centres for girls, laws against Female Genital Mutilation in the southern states of the country where the incidence is most prevalent, motivation for school enrolment of the girl-child and automatic scholarships for girls in the states of Zamfara, Bauchi,

Kaduna, Yobe, Sokoto and Borno; Provision of scholarships for girls in twelve states of the country by various NGOs; Girl-Child Education Projects (GEP) across the country; Schools for refugees and displaced children have been established in the border towns of Akwa Ibom, Bayelsa, Bauchi and Ogun States; Establishment of 14 Schools in Leprosy settlements nationwide, 28 schools for physically challenged children in Delta, Rivers, Akwa-Ibom, Bayelsa, Cross- River, Niger, Plateau, Kogi, Sokoto and Kwara States and the FCT; Establishment of five rehabilitation centers for street children in Rivers and Cross River States; Establishment of drop-in-centres by the Federal Government in Sokoto and Ebonyi States and also in Lagos by some NGOs; Establishment of shelters for trafficked Children in Edo, Kano, Akwa Ibom, Sokoto, Lagos and the FCT; Prohibition of childhood marriage in Kebbi and Niger States; Prohibition of withdrawal of girls from schools in Kano, Borno, Gombe and Bauchi States; Provision of free and compulsory primary and secondary education in Ebonyi, Lagos and Oyo States.

Protection from cultural practices: Specific measures taken by the Nigerian Government to combat such harmful cultural practices against the best interest of the child include: Prohibition of Child Trafficking by Trafficking in Persons (Prohibition) Law Enforcement and Administration Act 2003; Edo State Law on Female Genital Mutilation (FGM)—2000 bans the practice of FGM and prescribes the punishment of ₦1000 fine or six months imprisonment for its violation; Bills prohibiting Female Genital Mutilation have been passed in eleven states; The National Policy on Food and Nutrition in Nigeria 2001 addresses among others, cultural nutritional practices that cause deficiencies associated with high rate of infant mortality and morbidity. The Northern States of Zamfara, Sokoto, Kebbi, Kaduna, Kano, Jigawa, Yobe, Bauchi, and Borno, where the Shari'a Legal system is being applied, have witnessed commitment of government to the welfare of the less privileged children, notably orphans and the numerous child beggars prevalent in those states. The Shari'a Legal system does not provide for adoption but allows for fostering and inheritance rights defined by a will (Wasiyyah) for children, thereby guarding against possible discrimination against such children.

Survival of Children: The activities and efforts put in place by the government to secure the survival rights of the Nigerian include the following: Development of the Integrated Maternal, New born and Child Health Strategy in the IMOH launched in March 2007, Formation of Social Mobilization Committees, at national, state and local levels, on immunisation of children against Poliomyelitis and other childhood killer diseases; Regular de-worming exercises for children in primary schools across the country; Free pre- and post-natal medical care for women and children up to the age of five years; Iodine and Vitamin A supplementation exercise; *Roll-back Malaria* project, including the popularization of the use of insecticide-treated mosquito nets; Promotion of exclusive breast-feeding for the first six months of life; Promotion of household and community practices for child survival, such as parent and community education initiatives; Group monitoring for under-five; Oral dehydration therapy for diarrhea diseases; Integrated Management of Childhood Illness (IMCI); and School Feeding Programme in Abia, Benue, Enugu, Imo, Kogi, Nasarawa and Osun States.

Child's right to freedom of expression: Section 39 of the Nigerian Constitution and Section 3 of the CRA 2003 guarantee freedom of expression to all citizens including children. The inauguration of the Nigerian Children's Parliament in December 2000 has provided a forum for children to participate in affairs affecting them and has been institutionalized. A platform for children to dialogue with the President of Nigeria and other leaders on a regular basis is assured.

2.13 Conceptual Framework

The conceptual framework used to guide this study is the Ecological Model.

Ecological Model

The ecological model is a comprehensive health promotion model that is multifaceted, it is concerned with environmental change, behavior and policy that helps individuals to make healthy choices in their daily lives (Parry et al 1996). The model tries to address multiple layers of influence on behavior which provides a comprehensive approach for health promotion. Also, the ecological model offers promising result in preventing many public health problems (Breslow, 1996).

The defining feature of the ecological model is that it takes into account the physical environment and its relationship to people at individual interpersonal, organizational, community, policy levels (McLeroy, et al 1988).

At the intrapersonal level are the characteristics of the individual such as knowledge, attitudes, skill, self-esteem, behaviour and developmental history may affect health choices (McLeroy, et al. 1988). Implicit at the interpersonal level are the assumptions that formal and informal social networks and social network support systems, including family, work group and friendship network affect health choices. At the institutional or organizational level, it is considered that institutional factors, formal or informal rules and regulations for operation affect a health choice or behavior. The model also takes into account certain factors referred to as community factors which entails the relationship among organizations, institution and informal network within defined boundaries. The socio-ecological model recognizes the interwoven relationship that exists between the individual and their environment. While individuals are responsible for instituting and maintaining the lifestyle changes necessary to reduce risk and improve health, individual behavior is determined to a large extent by social environment, e.g. community norms and values, regulations, and policies.

Table 2.1 Showing stages in the Ecological Model

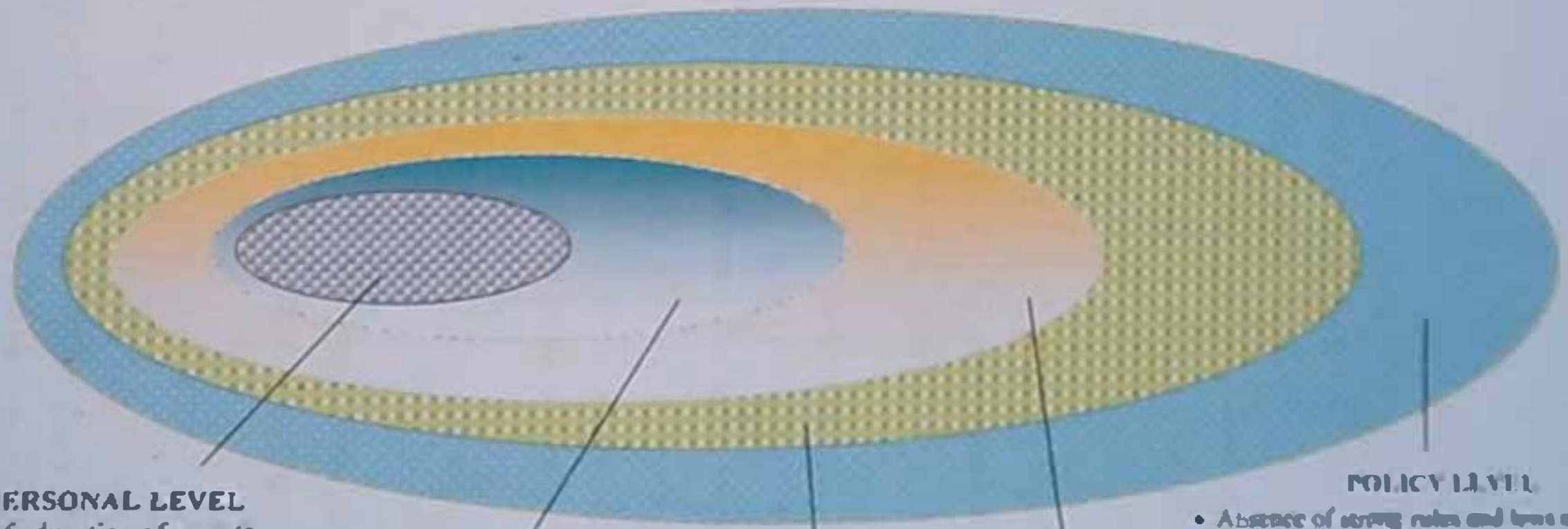
Level	Description
Intrapersonal	Willingness of parents to acknowledge the existence of Child Right laws and help protect the rights of their children.
Interpersonal	Families, peers, neighbors that the children associate with may also help advocating and ensuring that these right are protected.
Institutional	Lack of or inadequate information on child right, inadequate protection of the rights of children, weak policies or no penalty for the offenders.
Community	The cultural norms and beliefs as regarding upkeep of children.

Intervention models are, therefore, dominated by a socio-ecological model which tends to intervene at different levels. The Jane Moore socioecological model has five levels of intervention: the individual level, interpersonal level, the organizational level, the community level and the public policy level (figure 2.1) (Moore, 2010)



Figure 2.1 Socio-ecological model for health intervention

Source: Epidemiology of Adiposity in Childbearing Ghanaian Women (Konan, 2010), Healthy Active Oregon (Moore, 2003)



INTERPERSONAL LEVEL

- Level of education of parents
- Friends and peers' pattern of life.
- Economic factors— poverty state of the parents
- Parents' believe that there's no penalty for whatever action taken against child's right
- Belief that harassers can go unpunished

INTRAPERSONAL LEVEL

- Believing that parents' desire is the right of child
- Parents not having access to legislation document on child's right
- Low knowledge of parents on child's right
- Poor reporting of incidence of child's abuse
- Association with peers that are prone to child's trafficking.

INSTITUTIONAL LEVEL

- Bodies established against child's right not performing to expectation
- Punishment for child's right abusers not well defined
- Not all State Government implemented child's right laws
- No legislation or rule to curb the act of children sexual abuse
- Poor attitude to organization of seminars and workshops to empower or enlighten parents on child's right & punishment attached to its abuse

POLICY LEVEL

- Absence of strong rules and laws against child's abuse
- Poor implementation of the existing laws
- Poor punitive measures against abusers of child's right
- Non-existence of policy against predisposing factors to child's right abuse like child's trafficking, child's lack of help etc

COMMUNITY LEVEL

- Decayed socio-cultural norms in the society
- Non-existence of punitive actions against child's trafficking
- Viewing or conceiving child's trafficking to be part of socialization
- Low awareness of defense mechanism against child's sexual abuse
- Low socio-economic status of many parents

Figure 2.2 Application of ecological model to knowledge and attitude towards child's right
 Source: Adopted from: ecological model of factors associated with perpetration of physical and sexual violence against women by their spouses (Oluwatunmbi, 2011)

METHODOLOGY

This chapter presents the methodology used for the study. The main components of the chapter include: Study design, description of study area, the study population, sample size and sampling procedure, methods and instruments for data collection, validity and reliability, data collection procedure, data management and analysis, ethical consideration and limitations of the study.

3.1. Study Design

The study was a descriptive cross-sectional survey designed to obtain information on knowledge, attitude and practices relating to the rights of children among parents in Ibadan North Local Government Area of Oyo State.

3.2. Description of Study Area

Ibadan North Local Government Area (IBNLGA) is situated in Ibadan metropolis and it was created out of the defunct Ibadan Municipal Government by the Federal Military Government of Nigeria on 27th September, 1991. In the north, the LGA is bounded by Akinyele Local Government. It is bounded by Ibadan North East and Lagelu Local Governments in the east. In the west, it is bounded by Ido Local Government, Ibadan South-West and Ibadan South-East Local Government Area by the south.

Ibadan North LGA is multi-ethnic and is dominated by the Yoruba. The Igbos, Edo, Urhobos, Isekiris, Ijaws, Hausa, Fulanis and some foreigners who are from Europe, America, Asia and other parts of the world are also resident in the LGA.

Ibadan, of which IBNLGA belongs to, is the largest city in West Africa with about 1,225,700 population size (1991 census) 2,118,392 (project figure for 1996 – NPC, 1994), about 2,663,096 was estimated for the entire Ibadan in 2006 (NPC, Ibadan, 2006). In 2009 population census, a total number of about 2,559,853 was estimated as current population of Ibadan land. From the whole 11 local government areas in Ibadan, IBNLGA is the second of the five-top (Ibadan North-East, Ibadan North, Ibadan South-West, Ibadan South-East and Ibadan North-West, respectively) major local government

areas of Ibadan metropolis with the population of about 308,119 of Males are 152,608 and Females are 155,511 (Federal Republic of Nigeria Official Gazette, 2009). There are diverse social facilities like; markets, churches, mosques, offices, financial institutions, filling stations, schools, legal professionals, welfare organizations and health services (both private and public). The city is made up of heterogeneous population of different ethnic groups, culture and ways of life. Ibadan North Local Government area consist of 12 wards, in each ward having a serving Primary Health care centre, with about 150 settlements areas having the whole characteristics embedded in the description given above on Ibadan city (The wards and their classification are shown Table 3.1).

The IBNLGA consists of civil servants, trader, and artisans, whose business activities are buying and selling of different type of goods. These commercial activities occur daily or weekly in the markets. Among such markets are Bodija, Yemisiu, and Mokola.

This IBNLGA is unique because it attracts a large number of Health centers and Clinics in the LGA, the major one being the Adeniyi General Hospital owned by the Oyo State Government. It has a maternity Centre, Dispensary, Environment Health Unit, EPI Unit and Oral Rehydration Therapy (ORT) section. The second and biggest health institution in this area is the University College Hospital (UCH), Orita-Mesa. These two Health Institutions conduct various aspect of the both primary and secondary Health Care Delivery Programme.

Table 3.1 Wards and their constituent communities in Ibadan North Local Government

WARD	COMMUNITIES
1	Beere Kannike, Agbadagbudu, Oke Are, Odo Oye
2	Ode Oolo, Inalende, Oniyannin, Oke Oloro
3	Adeoyo, Yemetu, oke Aremo, Isale Alfa
4	Itutaba, Idi Orno, Oje-Igosun, Kube, Oke Apon, Abenla, Aliwo/Total Garden and NTA Area
5	Bashorun, Oluwo, Ashi, Akingbola, Ikolaba and Gime
6	Sabo
7	Oke Itunu, Cococola and Oremeji Areas
8	Sango, Ijokodo
9	Mokola, Ago Tapa and Premier hotel Areas
10	Bodija, Secretariat, Awolowo, Obasa, Sinusi
11	Samonda, Polytechnic, University of Ibadan
12	Agbowo, Bodija Market, Oju Irin, Barika, iso Patako, Lagos Ibadan Express

3.3. Study Variables

The dependent variables of the study include age, sex, marital status, level of education, religion and area of residence, while the independent variables comprised of parents'/guardians' socio-demographic characteristics such as parents'/guardians' knowledge, attitude and opinion about child's rights.

3.4. Study population

The study consisted men and women of reproductive age residing in Ibadan North Local Government Area as at the time of this study.

3.4.1. Eligibility Criteria

The following inclusion and exclusion criteria were considered for participation in the study:

3.4.2 Inclusion Criteria

The inclusion criteria include:

1. Parents residing in Ibadan North Local Government Area.
2. The parent having a child with age between 0 and 18 years.
3. Participant gave his/her informed consent.

3.4.3 Exclusion Criteria

The exclusion criteria include:

1. Adolescents who had not up to 20 years old
2. Parents who were mentally ill or which his or her health not sound to the extent of not recognizing his or her immediate environment.

3.5. Sample size determination

The sample size for this study was determined with reference to a study on reproductive health rights among heads of households that found that 15% respondents had knowledge of laws and conventions on reproductive rights (Jegede, 2007). A sample size of 432 was obtained using this formular:

$$n = \frac{Z^2 pq}{d^2}$$

where

n = desired sample size

Z = standard normal deviate (1.96) at 95% confidence interval

p = prevalence = 15% = 0.15

q = 1-p = 0.85

d = degree of desired accuracy i.e. 5% = 0.05

using these values in the formular:

$$n = \frac{Z^2 pq}{d^2}$$

$$n = \frac{(1.96)^2 \times 0.85 \times 0.15}{0.05^2}$$

$$n = \frac{3.8416 \times 0.1275}{0.0025}$$

$$n = \frac{0.489804}{0.0025}$$

$$n = 195.9$$

With an estimated attrition of 10%, $n = 195.9 + 10\% = 216$

Equal number of respondents (216) was recruited for male and female parents respectively, thus making a total of 432 respondents that were involved in the study.

3.6. Sampling Technique

A five-stage sampling selection strategy was employed to select respondents for this study. The stages are described below:

Step 1: Ibadan North LGA was stratified into wards based on the level of development. This involved two stages. First, the LGA was stratified into its developmental regions (i.e. inner-core, transitional and peripheral) and then into its constituent wards as shown in table 3.2.

Table 3.2 Developmental areas and their constituent wards in Ibadan North LGA

Developmental areas	Constituent wards
inner-core	1,2,3,4
Transitional	6,7,8,12
Peripheral	5,9,10,11

Step 2: Balloting was done to select two (2) wards from each developmental area making a total of 6 wards that were selected from the LGA.

Based on the expected sample size of 432, seventy-two (72) respondents were selected in each of the six (6) randomly selected wards.

Step 3: Selection of streets: Three (3) landmarks (schools, churches, mosques, hospitals and health facilities, religion) were identified from each ward. Then the researcher spinned a bottle at this landmark to know whether to go right or left as determined by the direction of the head of the bottle. The first street in the direction of the bottle-head was selected. Then a total of six (6) and eighteen (18) streets were selected from each region and the LGA respectively.

Step 4: Selection of respondents: Enumeration was done to know the number of houses that make up a selected street. Then systematic random sampling technique was used to select 24 respondents from each of these streets depending on the number of houses that make up a street. One eligible respondent was selected per house. Selection was done alternatively in which a male was selected first, followed by a female in that order. Balloting was used to select a respondent in any house where there were more than one household. In case an individual who has been selected for the study refuses to give consent, balloting was used to select replacement or the selection procedure was done in the next house in houses where there was only one household.

Step 5: Out of the households, snowball sampling was used to further select 40 men and women respectively who participated in FGDs based on the inclusion criterion stated above

3.7. Instruments for Data Collections

Both quantitative and qualitative data collection instruments were used for the study. The instruments were developed using information available from extensive review of literature and instruments used in previous studies on rights of the child (Akengin, et al., 2008; Mulheron, 2008; Okoye, 2011). The initial proposal for this dissertation along with the instruments was subjected to a series of review by the researcher's supervisor, lecturers and students of the Department of Health Promotion and Education. The instruments include the following

1. **Questionnaire** A semi-structured questionnaire (see appendix 1) was used to obtain information about the rights of the child from respondents; respondents' knowledge, opinion, attitude, extent of application and factors affecting effective implementation of the rights of the child. The questionnaire is divided into six (6) sections. Section A was used to obtain information about respondents demographic. Section B contained questions that were used to elicit information on parents' knowledge about the Rights of the Child. Section C contained questions that were used to document opinion of respondents about the rights of the child. Section D contained questions that were used to determine the attitudes

of respondents toward the Rights of the Child. Section E comprised of questions that were used to determine the extent of application of the Rights of the Child among respondents. Section F was the last section in the questionnaire and it comprised of questions that were used to obtain information on the factors limiting implementation of Child Rights Laws from the perspective of the parents.

2. **Focus Group Discussion (FGD) Guide:** A Focus Group Discussion (FGD) guide (see appendix 2) was developed to explore the knowledge, opinion, attitude and factors influencing effective implementation of the rights of the child among parents comprising of males and females in Ibadan North Local Government Area, Oyo State. The FGD guide consisted of five (5) questions.

3.8. Validity and reliability of the instruments

3.8.1 Validity

A draft of both the FGD guide and questionnaire was constructed by consulting relevant literature. Corrections on the instruments were made before the proposal presentation at the Departmental level where other lecturers made their contributions to ensure the face and content validity of the instrument. The instruments which were originally drawn in English were translated into Yoruba to enable respondents who do not speak English understand the questions. The investigator who is also fluent in Yoruba and English reviewed the Yoruba and English versions for accuracy as well.

3.8.2 Reliability

A number of steps were taken to ensure the reliability of the instruments used for this study.

First, four experienced research assistants were recruited for the survey. A training programme was conducted for the Research Assistants to ensure that they had adequate understanding of the instruments prior to commencement of data collection. The training focused on the objectives and importance of the study, sampling process, how to secure participants' informed consent, basic interviewing skills and how to review questionnaires to ensure completeness.

Second, the instruments were pretested among forty parents in Ibadan North-East LGA. This was done to create opportunity to ascertain the suitability and appropriateness to field situations. It also created opportunity for the removal of irrelevant questions and those that were ambiguous. The pre-test was carried out in three communities that had similar characteristics with the study areas. These communities are Idikan, Ayeye, Orin, Merin in Ibadan North-West Local Government Area.

The questionnaire used in pre-testing were coded and analysed using Cronbach's Alpha correlation coefficient Statistical Package for Social Sciences (SPSS) version 20. Alpha (Cronbach's) is a model of internal consistency, based on the average inter-item correlation. This was done to ascertain the psychometric properties of the instrument. According to this approach, a result showing correlation coefficient equal or greater than 0.05 is said to be reliable. The result of the analysis of the data collected during the pre-test was 0.781 which shows that the instrument is very reliable. Appropriate revisions were also made on the instrument as necessary before it was finally used for data collection for the main study.

In the same vein, The Focus Group Discussion Guide was thoroughly reviewed to ensure quality and consistency. The FGD guide, was pre-tested along with questionnaire version in the same site Ibadan North-West Local Government Area of Oyo State. Two FGD sessions were conducted. The findings of the pre-test were used to make necessary changes for the main study. The changes included removing questions that were ambiguous and gave different interpretations and those that had no direct bearing to the research questions.

Objective opinions of the researcher's supervisors and experts in the Department of Health Promotion and Education were also sought towards ascertaining the validity of the instruments. Translation and back translation of the tool was done to ensure reliability of results that will be obtained from the data collection processes.

3.9. Data Collection Procedure

3.9.1. Administration of the Questionnaire

The draft questionnaire and its Yoruba translation were reviewed for content validity by the researcher's supervisor. The Yoruba version of the questionnaire was later back-translated to English by another Yoruba language expert. Visits were made to all the wards in company of six research assistants to establish rapport with them and to intimate them with the study objectives prior to interview. The administration of questionnaire was done by the trained six (6) research assistants on parents (within the inner core, transitory and peripheral of the IBNLGAs' wards) that consent to research ethics was read to them at the point of interview. While the researcher painstakingly went through the filled and returned questionnaires daily for the purpose of data management (see data management below)

Face-to-face interviews were conducted for the respondents in an ensured confidential location that is void of distraction for the respondents (such as respondents' private rooms, and secluded places e.g. veranda, open space etc.). The data collection process involved the following steps:

1. Identification / visits to each of the wards
2. Paying a courtesy call on the head of each wards to intimate him about the commencement of the study and to seek for permission to conduct interviews
3. Administration of the questionnaires to the study participants
4. The questionnaire was retrieved from the respondents immediately after completion and reviewed for completeness.
5. The questionnaires were administered for two weeks June 20th -27th, 2011

3.9.2. Development of knowledge score on Child's Rights

Respondents' knowledge score on the rights of the child was determined on an 8-point scale. The questions used in determining the knowledge scores comprised questions 12 to 19. Correct answers to each of these questions attracted a maximum of 1 point except for question 13 where respondents with correct knowledge can score 2 points. A summary of the knowledge scale is shown in table 3.3.

Table 3.3: The 8-point Knowledge Scale

Question No	Knowledge items	Maximum Scores in points
Q12	Awareness of International laws, conventions and treaties on the rights of the child	1
Q13	Ability to mention the correct name of conventions and treaties on the rights of the child	1
Q13	Ability to mention the correct year of treaty	1
Q14	Awareness of the Child's Rights Act/Law in Nigeria	1
Q16	Ability to state the correct year that the Child's Rights Act/Law came into existence in Nigeria.	1
Q17	Exposure to the Nigerian Child's Rights Act/Law	1
Q18	Reading of the Nigerian Child's Rights Act/Law	1
Q19	Knowledge of the age at which child is expected to express self	1
Total Score		8

Based on the scores achieved on the 8-point knowledge scale on child's rights described above, the level of knowledge of respondents on child's rights was classified into three including:

Poor knowledge: scores between 0 and 3

High knowledge: scores between 4 and 5

Good knowledge: scores between 6 and 8

3.9.2.1 Computation of Attitudinal score

Attitude towards child's rights was assessed on a 10-item Likert scale. Respondents' views were sought on 10 statements relating to the rights of the child. The 10 statements are represented by items 25 to 34 on the questionnaire. In computing the scores, it was taken into consideration whether or not a statement is 'positive' or 'negative'. Respondents who agree to a positive statement were given a point and those who disagree did not get any. The reverse was done for a negative statement. Also, respondents who

Table 3.3: The 8-point Knowledge Scale

Question No	Knowledge items	Maximum Scores in points
Q12	Awareness of International laws, conventions and treaties on the rights of the child	1
Q13	Ability to mention the correct name of conventions and treaties on the rights of the child	1
Q13	Ability to mention the correct year of treaty	1
Q14	Awareness of the Child's Rights Act/Law in Nigeria	1
Q16	Ability to state the correct year that the Child's Rights Act/Law came into existence in Nigeria.	1
Q17	Exposure to the Nigerian Child's Rights Act/Law.	1
Q18	Reading of the Nigerian Child's Rights Act/Law.	1
Q19	Knowledge of the age at which child is expected to express self	1
	Total Score	8

Based on the scores achieved on the 8-point knowledge scale on child's rights described above, the level of knowledge of respondents on child's rights was classified into three including:

- Poor knowledge: scores between 0 and 3
- Fair knowledge: scores between 4 and 5
- Good knowledge: scores between 6 and 8

3.9.2.1 Computation of Attitudinal score

Attitude towards child's rights was assessed on a 10-item Likert scale. Respondents' views were sought on 10 statements relating to the rights of the child. The 10 statements are represented by items 25 to 34 on the questionnaire. In computing the scores, it was taken into consideration whether or not a statement is 'positive' or 'negative'. Respondents who agree to a positive statement were given a point and those who disagree did not get any. The reverse was done for a negative statement. Also, respondents who

were undecided to any of the statements did not get any point. A summary of the attitudinal scale. Respondents' attitude was classified as positive or negative based on the scores achieved on the 10-point attitudinal scale relating to the child's rights described above. Respondents with a total score between 0 and 5 were classified as having negative attitude while respondents with scores that ranged between 6 and 10 points were classified as having positive attitude.

3.9.2.2. Child's rights practice

Child's rights practice was computed with an 8-point scale. Respondents were asked to indicate 'yes' or 'no' to a list of 8 practices relating to the rights of the child that they have ever applied. The practices are represented in questions 35 to 42. A 'yes' response in each of questions 35, 36, 37, 38, 39, 40 and 41 attracted 1 point while a 'no' response in question 42 attracted 1 point. The scale used in assessing the practice of respondents is shown in table 3.5. Scores of ≤ 4 and ≥ 4 were considered poor and good respectively.

3.9.3. Focus Group Discussion (FGD)

Since FGD were not conducted in the wards where questionnaires were administered, visits were paid to leaders in the chosen community for the study to solicit for their support and for smooth running of the process of data collection. The focus group discussions were conducted by the researcher and four trained (2 males and 2 females) field workers (i.e. two for data taking and two for logistic as well as standing as observers).

A total of six (6) FGDs comprising a male and a female group were conducted in each developmental area in the LGA. Three communities used for the FGDs include Oke Are, Yemetu and Total Garden. The criteria for constituting the FGD groups were parents having children aged 18 years and below and willingness to participate. Participants were identified with the help of the community leaders. The participants were individually invited a day before the discussion. The aims of the study and its benefit the children, parents and community at large were explained to potential participants but the actual questions that would be used to facilitate the discussions were not disclosed. Informed consent was obtained from eligible parents.

The FGDs were conducted in Yoruba, the researcher and three research assistants who had been trained for the purpose, sat in a circle with the discussants in a big sitting room and held the discussions. Each FGD lasted for 48 to 60 minutes. All the 6 FGDs were recorded on audio tapes, with each FGD on a separate tape, labeled on the spot. Only two FGDs were conducted per day. Refreshments were served as the discussion progressed.

3.10. Quantitative (questionnaire) data management and analysis

The investigator checked all the administered questionnaires one by one and edited them for the purpose of completeness and accuracy. Serial number was assigned to each question for easy identification and for correct data entry and analysis. A coding guide was developed to code and enter each question into the computer for analysis. Analysis was done using the Statistical package of SPSS Version 17. The data entered into the computer were subjected to descriptive (i.e. mean and standard deviation) and inferential (chi-square and students t-test) statistical analyses. Finally information obtained were summarized and presented in tables and charts.

3.11. Qualitative (FGD) data Analysis

Qualitative information from FGD interviews were transcribed verbatim from the tape recordings, translated into English and manually analyzed using the analysis approach that involved grouping together similar themes in each transcript and identifying emerging trends and differences found across the transcripts. Qualitative data were presented alongside quantitative interpretations using descriptive and, where possible, verbatim quotes.

3.12. Ethical Considerations

Approval for the study was obtained from the Ethical Review Committee of the Oyo State Ministry of Health, Secretariat, Ibadan (see Appendix III). Community consent was sought and obtained through the leaders in the study communities before data collection started. Before each interview, the study objectives, the voluntary nature of participation, the risks and benefits associated with the study and participants' right to withdraw at any stage of the interview was explained to each participant and informed consent was

obtained before each interview began. Information obtained from participants was kept confidentially by using only identity numbers on the data form.

CHAPTER FOUR

RESULTS

This chapter presents the results on the knowledge and attitude of parents to child's rights in Ibadan North Local Government Area, Oyo State. The results are divided into two sections – results generated through the quantitative survey and those from the qualitative research obtained through Focus Group Discussions (FGDs).

The results from the quantitative survey are organized under seven sub-sections that include socio-demographic characteristics of respondents, awareness and knowledge about child's rights, opinions on child's rights, attitude towards the rights of the child, application of the rights of the child and, factors limiting implementation of the child rights law. The last section provides results on the hypotheses testing for the study.

Findings from the FGDs are organized under three sub-sections that include awareness of Conventions on child's rights, knowledge about child's rights laws in Nigeria and opinion on child's rights.

4.1 Socio-demographic characteristics of respondents

The demographic characteristics of respondents is presented in table 4.1 and figures 4.1, 4.2 and 4.3. The mean age of respondents was 44.72±11.567 years with More (37.7%) of the respondents were in the 40-49 age category. Two hundred and thirty-three (53.9%) were females. Majority (87.2%) were married. More than half were Moslems (56.3%). Most (41.9%) had secondary education. Majority (85.2%) belong to Yoruba ethnic group of which great percentage (80.2%) of the respondents were multi-parous as the number of children reported ranged between 1 and 12 with a mean of 3.99±1.706. Very good percentage (67.8%) reported having between 1 and 2 children that were 18 years old and below. More than half were traders (58.6%) whose monthly income was less than ₦20,000 (46.1%).

Table 4.1: Socio-demographic characteristics of the respondents (N=100)

Variable	Frequency	Percentage (%)
Age (in years)		
Less than 30	36	8.4
30-39	91	21.1
40-49	163	37.7
50-59	93	21.5
60 and above	49	11.3
Mean	44.7±11.6	
Standard deviation (±)		
Marital status		
Married	377	87.2
Divorced	4	0.9
Separated	24	5.6
Widowed	27	6.3
Religion		
Christianity	184	42.6
Muslim	243	56.3
Traditional	5	1.1
Parity		
1-2 children	83	19.2
3-4 children	213	49.3
5-6 children	105	24.3
7 and above	31	7.2
Number of children less than 18 years		
Between 1 and 2	293	67.8
Between 3 and 4	114	26.1
5 and above	25	5.8
Monthly income		
Less than ₦10,000	42	9.8
₦10,000 - ₦19,990	200	46.3
₦20,000 - ₦29,990	63	14.6
₦30,000 - ₦39,990	32	7.4
₦40,000 - ₦49,990	43	10.2
₦50,000 and above	51	11.7
Area of residence		
Inner-core	189	43.8
Transitional	128	29.6
Peripheral	115	26.6

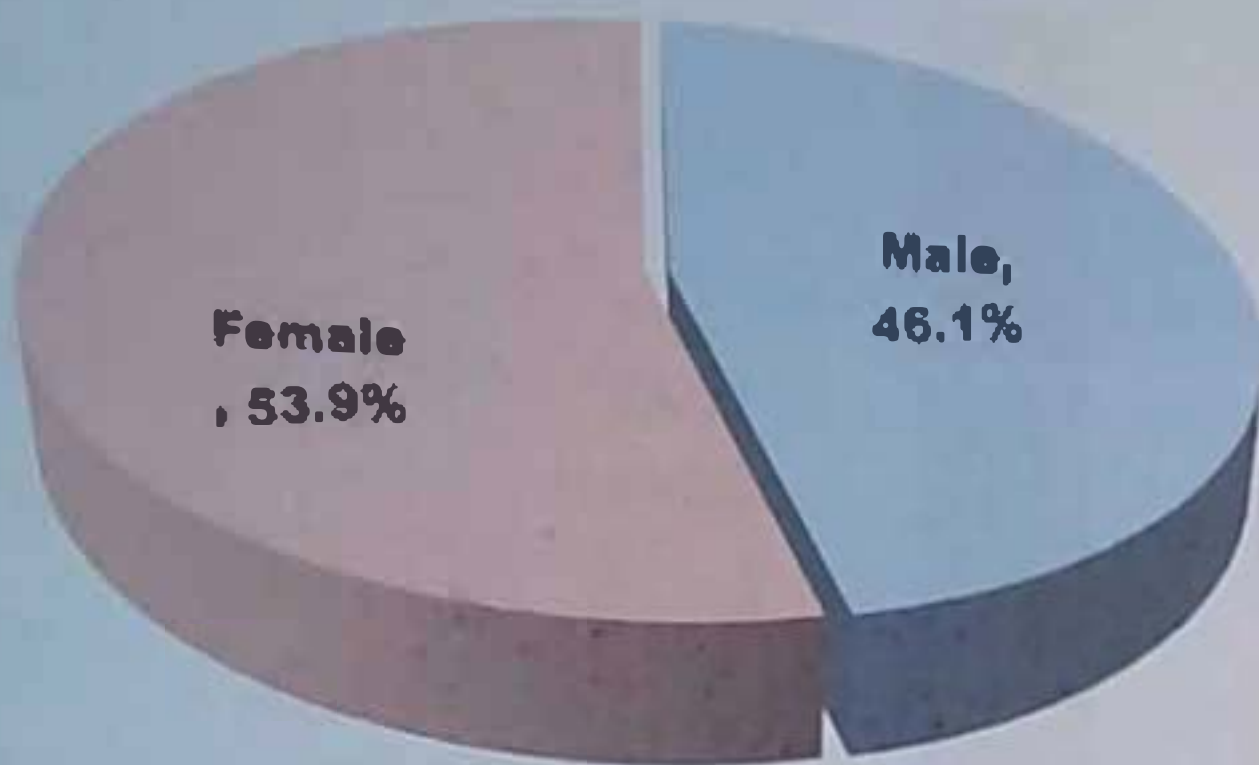


Figure 4.1: Respondents' sex

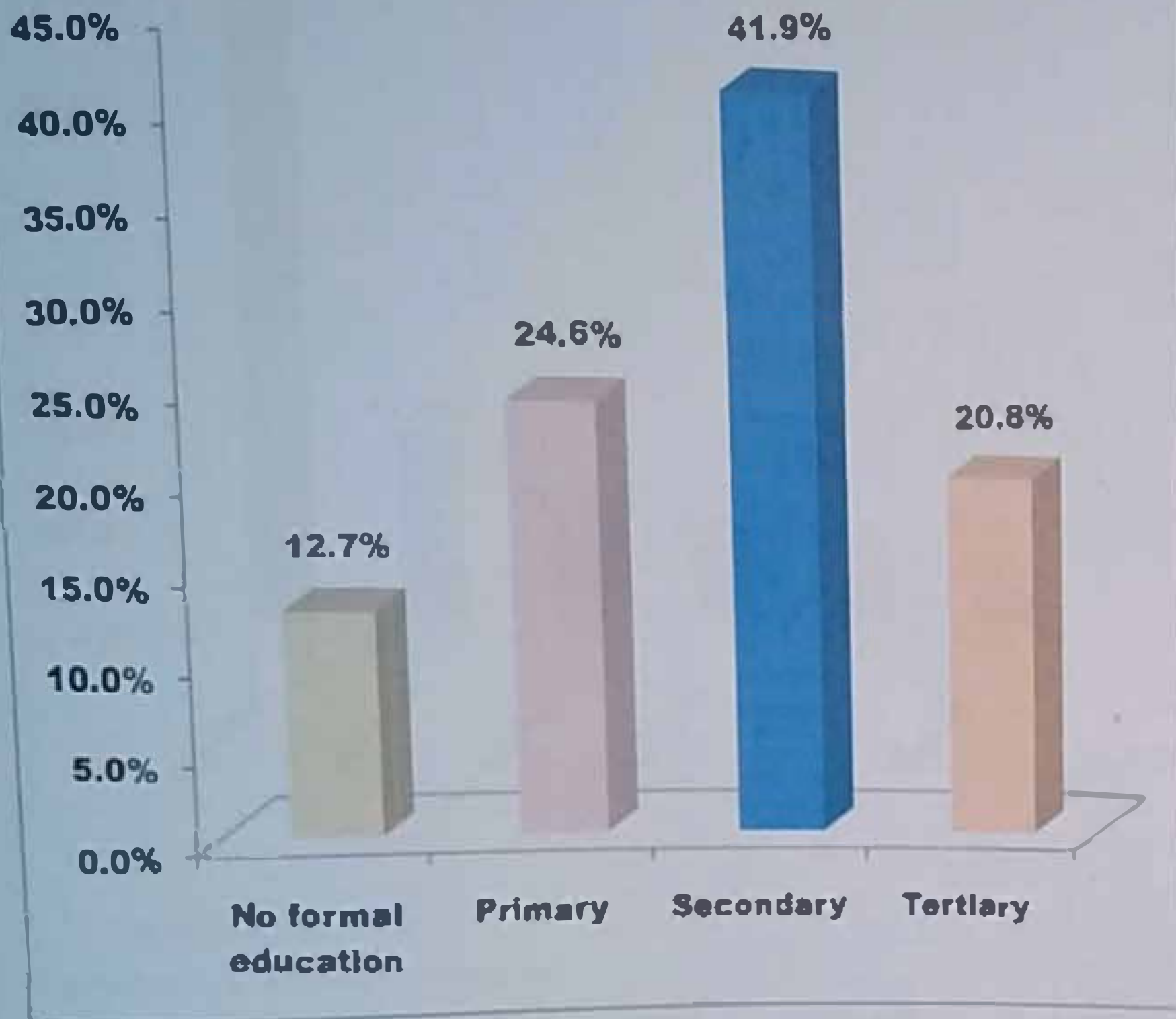
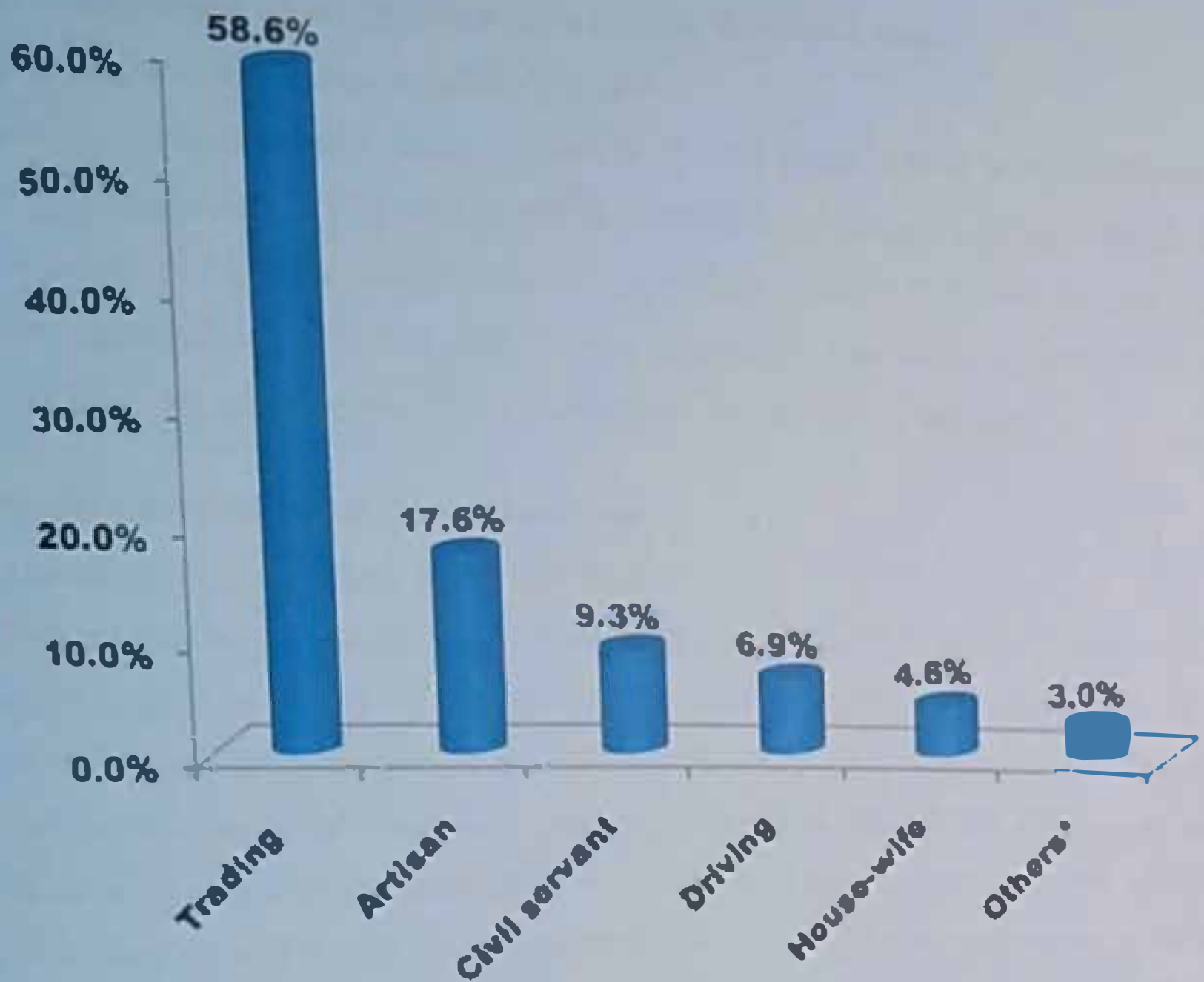


Figure 4.2: Respondents' level of education



- Security, cleric, retiree

Figure 4.3: Respondents' occupation

4.2 Knowledge about Child's Rights Conventions and Laws

Awareness of Conventions on Child's Rights

Findings on the knowledge of conventions on Child's Rights among survey respondents are shown in table 4.2. The table shows that awareness of international conventions and treaties on child's rights was poor among respondents as only 4 (0.9%) have heard about such conventions. Worse still, none (0.0%) respondents was knowledgeable about the year of coming into existence of any conventions on the rights of the child.

Findings from the Focus Group Discussions

Awareness of Conventions on Child's Rights

This result from the quantitative was also reflected in the FGD report as awareness of international conventions on the rights of the child was poor among discussants in the inner-core area as no member of the male and female focus groups have ever heard such conventions. However, almost all discussants in the peripheral and transitional areas claimed awareness of the conventions on the rights of the child mostly in the radio and television. None of this group of discussants had knowledge of the names of conventions on the rights of the child and when they took place.

Knowledge about Child's Rights Laws in Nigeria

Table 4.2 highlights survey findings on the knowledge of laws on the rights of the child in Nigeria. Result shown in table 4.2 revealed about one-fifth (18.3%) claimed awareness of the child's rights law in Nigeria. The year of awareness declared by respondents span three decades between 1960 and 2010. However, 71.0% of them specifically mentioned year of establishment of Child's Rights Laws in Nigeria. The years mostly declared by respondents ranged between 1960 and 2000 (61.8%) of which very few (9.1%) of them mentioned year (2003) correctly. Forty-seven percent out of the 76 respondents who declared their awareness of the child's rights law in Nigeria had seen a copy. Of these, 94.4% and 5.4% had read the copy of the child's rights act wholly and partially respectively (table 4.2).

Table 4.2: Respondents' Knowledge about Child's Rights Laws in Nigeria

Knowledge	Number	%
Awareness		
Yes	79	18.3
No	353	81.7
Total	432	100
Year of awareness		
1960-1969	7	8.7
1970-1979	18	22.8
1980-1989	17	21.5
1990-1999	19	24.1
2000-2010	18	22.8
Total	79	100
Supposed year of establishment of Child's Rights Laws in Nigeria		
Yes	56	71
No	23	29
Total	79	100
Year mentioned correctly		
Yes	5	9.1
No	51	90.9
Total	56	100
Ever seen a copy of law on child's rights		
Yes	36	47.4
No	40	52.6
Total	76	100
Ever read a copy of law on child's rights		
Yes	2	5.6
No	34	94.4
Total	36	100

4.3 Knowledge score on Child's Rights Law in Nigeria

Table 4.3 shows respondents' knowledge score on the Child's Rights Law in Nigeria based on a 12point scale. According to the table, majority (84.7%) of the respondents had poor knowledge, 10.2% fair and 5.1% good knowledge scores. The overall mean knowledge score on child's rights law in Nigeria was 1.33 ± 3.0 (table 4.4).

Table 4.3: Knowledge score on Child's Rights Law in Nigeria

Knowledge score	Knowledge of Child's right by sex		
	Male (%)	Female (%)	Total (%)
Poor (0-4)	162 (80.1)	204 (88.7)	366 (84.7)
Fair (5-8)	26 (12.9)	18 (7.8)	44 (10.2)
Good (9-12)	14 (7.0)	8 (3.5)	22 (5.1)
Total	202 (100.0)	230 (100.0)	432 (100.0)

FGD report

To corroborate the above, is the finding from the FGD where most discussions in all focus groups were aware of the child's right law in Nigeria. However, none of the discussants had correct knowledge of the year the law was promulgated. Two male discussants in the peripheral area who claimed knowing the year the law came into existence mentioned 1999, was not coincides with the year of enactment of the Nigerian constitution.

Table 4.4: Mean knowledge score on Child's Rights Law

Knowledge score	Frequency	%	Mean (\pm)
Poor (0-4)	366	84.7	0.3 \pm 0.8
Fair (5-8)	44	10.2	4.5 \pm 0.5
Good (9-12)	22	5.1	6 \pm 0.0
Total	432	100.0	0.7 \pm 1.5

4.4 Opinion on child's rights

Findings on the opinion of respondents on the rights of the child including age at which children should be allowed to express their rights, who should be responsible for implementing and enforcing the rights of the child, the rights a child should have, extent of implementation of the child's rights and the rights that have been difficult to implement.

Age at which children should be allowed to express their rights

The view of survey respondents about the age at which children should be allowed to express their rights is shown in table 4.5. About two-third (67.8%) opined that the 13-18 years should be the appropriate age group while others mentioned between 1-6 years, 7 and 12 years, 19-24 years and 25-30 years as reported by 11.8%, 8.3%, 10.5% and 2.1% respondents respectively.

Table 4.5: Respondents' opinion about age at which children should be allowed to express their rights

Age	Number	%
1-6 years	51	11.8
7-12 years	36	8.3
13-18 years	293	67.8
19-24 years	43	10.5
25-30 years	9	2.1
Total	432	100.0

FGD report

The focus group discussants were asked for their opinion on the age at which children should be allowed to express their rights. There was consensus in all focus groups discussions that children should be allowed to exercise their rights from birth.

"As soon as a child is born, s/he has automatic rights to breastfeeding, clothing, and shelter from the parents" – Female discussant in the inner-core area

Another female discussant while confirming the need to allow child access to protection rights from birth gave this proverb:

"A ti kekeere ni ari n pa ekan iroko, ti o ba dagba tan ko ni se gbu – suggesting you have to protect your child from negative influences or becoming what you don't want him/her to be right from a very tender age" – Another female discussant in the inner-core area.

However, another stage of life at which a child should be allowed to express his/her rights as identified by a male and female discussants in the inner-core area was the age of 6 years, which corresponds with the age of commencement of primary school.

4.5 Implementing rights of the child in Nigeria

Survey findings on the opinion of respondents about who should be responsible for implementing the rights of the child in Nigeria are shown in table 4.7. Many respondents opined that the government (59.8%) and parents/family (48.1%) should be responsible for the implementation process (table 4.6).

Table 4.6: Respondents' opinion about who should be responsible for implementing the rights of the child in Nigeria (N=132)

Opinion	Number	%
Government	251	59.8
Parents/family	202	48.1
Police	17	4.0
Non-Governmental Organizations	2	0.5
Children	1	0.2
The community	2	0.5

*Multiple Response

4.6 Enforcing rights of the child in Nigeria

Survey findings respondents' opinion on who should be responsible for enforcing the rights of the child in Nigeria is shown in table 4.8. An overwhelming majority (91.6%) of the respondents reported that the government should be responsible for enforcing the rights of the child (table 4.7).

Table 4.7: Respondents opinion about who should be responsible for enforcing child's rights in Nigeria (N=432)

Opinion	Number	%
Government	383	91.6
Parents/family	52	12.4
Police	49	11.7
Non-Governmental Organizations	2	0.5
Children	3	0.5
The community	3	0.7

*Multiple Response

Who should be responsible for implementing rights of the child in Nigeria

It emerged from all the Focus Groups Discussions that the government and the parents were viewed as responsible for implementing the rights of the child. However, the following comments from few discussants suggest that discussants placed more responsibility on the parents:

"Parents are the only ones granting children access to their rights such as education, food, clothing and shelter" - Female discussant in the inner-core area

"Whatever access the child has to his/her rights is what the parents are able to provide in their capacities" - Male discussant in the inner-core area

"The government has failed in its responsibilities in providing basic necessities for the masses. This is equally affecting the access of children to their rights."

There are no good roads, poor supply of pipe-borne water, poor electricity, costly education and health care services” – Male discussant in the transitional area.

“Parents know the child is his/her responsibility and will do everything within his/her capacity to ensure satisfaction of the child” – Female discussant in the transitional area.

“The extent to which a child is able to exercise his/her rights depends on the capacities of the parents. The child has no access to any right if the parent does not have the means” – Male discussant in the peripheral area.

“Eighty percent of the responsibilities fall on the parents. A father who gives birth to a child should be able to adequately meet his/her basic needs. The government can just complement the effort of the parents” – Female discussant in the peripheral area.

In addition, few discussants identified other stakeholders in the implementation of the rights of the child including older adults and the children themselves. For example, a male discussant in the inner-core area while supporting the contribution of older adults made this comment:

“Parents alone cannot adequately meet the needs of their children. In most cases, parents depend on supports from older adults within the family and in the community”

4.7 Opinion on the rights of the child

When survey respondents were asked about the rights a child should have, a total of twenty-two rights emerged (table 4.8). Majority (94.5%) of the respondents were of the opinion that every child should have the right to education. Other frequently mentioned rights of the child include health (42.5%), learn a trade (30.6%), adequate care (25.9%), good food (25.4%), religion (22.3%), freedom of expression (22.3%), monitoring (20.2%). Other rights of the child mentioned by less than one-fifth of the respondents are shown in table 4.8.

Table 4.8: Respondents' opinion on the rights a child should have (N=432)

Rights*	Number	%
Education	398	94.5
Health	179	42.5
Learn a trade	129	30.6
Adequate care	109	25.9
Good food	107	25.4
Religion	94	22.3
Freedom of expression	94	22.3
To be monitored	85	20.2
Home training	79	18.8
Shelter	66	15.7
Clothing	57	13.5
Life	57	13.5
Others*	139	32.9

* Finance, choose, love, vote, Nationality, Protection from sexual abuse, immunization, protection from child labour, freedom, attention, choice of marriage.

* Multiple responses

FGD report

The focus group discussants were asked for their opinion on the rights that children should have. There was agreement among discussants in all group discussions that a child should have access to three basic rights that include education, good food, clothing and shelter. A male discussant in the inner-core area while justifying the importance of child's right to education said:

"A child should have education to any length for him/her to be useful later in life for self, the parents and the community at large"

Apart from the afore-mentioned rights, the discussion groups were divided in mentioning other rights of the child. For example, some discussants in the inner-core and transitional areas placed more emphasis on the child having access to home training according to the following comments:

"A child accorded good home training will not be a problem to the parents in the nearest future. The parents will have peace and rest at the latter phase of their lives" - Male discussant in the inner-core area.

"Good home training will make the child to be wise, responsible and be able to contribute appropriately to issues in the society. This will help in building self-esteem and confidence to cope with life challenges" - Male discussant in the transitional area.

"Home training is very important to prevent the child from joining bad gangs and becoming a nuisance to the society" - Female discussant in transitional area.

"Home training is a major right that the child should have from a very early stage of childhood. The child should be taught how to participate in house cleaning such as sweeping the house early in the morning, kneel down or prostrate to greet the parents every morning, have respect for other older adults in the community, and avoid keeping bad companies" - Female discussant in inner-core area.

Moreover, few discussants in the inner-core area mentioned religion and marriage. Two male discussants in the inner-core area who mentioned religion noted that religion is essential for the child to have the fear of God. One of them who spoke at length said the following:

"Religion is the most paramount right a child should have access to. A child that has the fear of God will be obedient to all – the parent, teachers in school and all adults within and outside the community. In this way the child has fulfilled a commandment of God. This will open the doors that will grant him/her access to other rights."

However, most male and female discussants in the peripheral area mentioned access to other rights including a name, freedom of speech, pipe-borne water supply, personal hygiene and protection from bad friends.

4.8 Opinion on Implementation of Child's Rights in Nigeria

Opinion of respondents about the extent of implementation of the rights of the child in Nigeria is shown in table 4.9. Overall, one-third (33.4%) of the respondents were of the opinion that none of the rights of the child is well implemented. About half (48.5%) of the remaining were of the opinion that education is widely implemented. Rights to health, life, expression and religion were mentioned by 13%, 6%, 2.6% and 1.9% respondents respectively. The rights which respondents perceived to be least implemented include home training, protection, freedom of association, food, employment, care and attention.

Table 4.9: Respondents Opinion on the Extent of implementation of the rights of the child (N=132)

Rights*	Number	%
None	44	33.4
Education	209	48.5
Health	56	13.0
Life	26	6.0
Expression	11	2.6
Religion	8	1.9
Arabic education	7	1.6
Decision to choose	5	1.2
Others*	15	3.6

a. Home training, protection, freedom of association, food, employment, care, attention

* Multiple response

4.9 Opinion on the Rights of the child that have been difficult to implement

Result from table 4.10, revealed that most frequently reported rights are protection-related rights that include protection from sexual exploitation (87.5%); maltreatment and abuse (86.7%); child labour (78.1%); discrimination (75.4%), and early marriage (70.2%). However, based on the high percentages recorded in the no responses, it could be deduced that respondents were of the opinion that some rights of the child were well implemented in Nigeria. These include rights to adequate rest (86.7%), a name and nationality (72.7%), safe drinking water (70.1%); nutritious meal (69.7%) and immunization (66.9%)

Table 4.10: Respondents' Opinion about the Rights of the child that have been difficult to implement (N=432)

Rights*	Number	%
Sexual exploitation	378 (87.5)	54(12.5)
Maltreatment and abuse	375(86.8)	57(13.2)
child labour	377(78.1)	95(21.9)
Life	120(26.8)	312(73.2)
Education	251(59.1)	181(40.9)
Protection from discrimination	318(75.4)	114(24.6)
Protection from maltreatment and abuse	364(86.7)	68(13.3)
Adequate rest	56(13.3)	365(86.7)
Health care	181(40.7)	251(59.3)
Safe drinking water	136(29.9)	296(70.1)
Nutritious meal	138(30.3)	294(69.7)
Name and nationality	26(27.3)	306(72.7)
Prohibition from early marriage	295(70.2)	137(29.8)

4.10 Extent of Implementation of Child's Rights in Nigeria

There was a general consensus in all focus groups discussions that none of the rights of the child is well implemented in Nigeria. This comment from a female discussant in the inner-core area summarized it all:

"None of the rights of the child is well implemented. Such is the convention in Nigeria where the government only pays lip service to the implementation of good programmes and services without putting necessary strategies in place to ensure that they get to the intended beneficiaries. This is the case with the government policy on environmental sanitation which is ineffective as the city is as dirty as it was before the enactment of the law on environmental sanitation. In like manner, children are constantly engaged in labour work and trafficking

However, most discussants in all group discussions placed much emphasis on the fact that children's access to the rights of free education and quality health care are poorly implemented in Nigeria. Some comments justifying this position are represented in the following quotes:

"The much acclaimed free education and health care are not reaching us. Most children are not able to proceed to the University level because the higher you go the more expensive it becomes. This explains why most children drop out at primary and secondary level. These children have to learn a trade to fend for themselves and, in some cases, the family. — Male discussant in inner-core area

"Quality education is beyond the reach of the average Nigerian child. Children are sent home for not bringing chalk to school which is a basic thing that should be supplied by the government. Children are sent home for not bringing broom to school, which should not be so. There are several miscellaneous fees the child is asked to pay that have no basis". — Female discussant in the transitional area

"Scholarship that is aimed at supporting the parents' effort is not getting to all. It is made available to children of the rich" - Male discussant in the transitional area

"The government has failed in its responsibilities in providing basic amenities and infrastructures such as good road, potable water supply, electricity supply, free education and health care services, which is equally affecting the children. Parents are the only ones giving children access to their rights in their capacity" - Female discussant in peripheral area.

"The rights children are having access to depends on the parents' financial capacity and so vary from family to family" - Female discussant in the inner-core area.

4.11 Attitude towards Child's Rights

The study assessed ten (10) attitudinal statements on the rights of the child that comprised of three positive and seven negative statements as shown in table 4.10. Based on the positive statements assessed, it can be deduced from the table that two-thirds (66.7%) believed children's rights should be protected for the future of the society as compared to 32.6% who did not agree with this statement; more than half (59.7%) agreed that upbringing of the children should be determined solely under the guidance of parents while 38.7% disapproved of this statement; a majority (74.3%) agreed that the convention on the rights of the child is far from achieving its goal in real life while 22.5 agreed that the convention is achieving its goal. Very good percentage (68.1%) supposed that children should be allowed to express their rights on all matters that concern them. An excellent percentage (77.8%) of the respondents accepted the view that children should be allowed to know their rights; those who positively view that effective implementation of the child rights will not result in extreme acts such as staying out at night (83.8%); most (91.7%) of the respondents claimed that so far child's right is acceptable in their culture they are also bound to accept it and almost same percentage (90.5%) franked at child's rights law should be abolished. Very significant percentage (92.4%) refuted that child's rights law will lead to moral decadence and that discipline at home and school in Nigeria does not conform to the rights of the child (65.5%) (table 4.11).

The overall attitudinal score on the rights of the child's is shown revealed that, most (94.2%) of the respondents had positive attitudinal disposition to statements relating to the rights of the child. The mean total attitudinal score was 7.2 ± 1.5 .

Table 4.11: Attitude of respondents towards child's rights (N=432)

Statement	Agree Freq.(%)	Disagree Freq.(%)
Children' rights should be protected for the future of the society. (+ve)	288(66.7)	144(33.3)
Children should not be allowed to express their opinions on all matters that concern them. (-ve)	138(31.9)	294(68.1)
The upbringing of the children should be determined solely under the guidance of parent/guidance. (+ve)	258(59.7)	174(40.3)
The convention on the Rights of the child is far from achieving its goal in the real life. (+ve)	111(25.7)	321(74.4)
Children should not be allowed to know their rights. (-ve)	96(22.2)	336(77.8)
Effective implementation of the child rights will result in extreme acts such as staying out at night, making bad friends. (-ve)	70(16.2)	362(83.8)
Child's right is not acceptable in my culture hence I cannot respect it. (-ve)	36(8.3)	396(91.7)
Effective implementation of the child's rights law in Nigeria cannot curb all forms of abuses and maltreatments against the child. (-ve)	41(9.5)	391(90.5)
The child's rights laws should be implemented in Nigeria because it will lead to moral decadence. (-ve)	33(7.6)	399(92.4)
Discipline at home and school in Nigeria does not conform to the rights of children. (-ve)	149(34.5)	283(65.5)

(-ve) Negative statement.

(+ve) Positive statement

Table 4.12: Respondents' attitudinal mean score on child's right laws

Attitudinal score	Frequency	%	Mean (\pm)
Positive Attitude	407	94.2	7.47 \pm 1.08
Negative Attitude	25	5.8	3.04 \pm 1.1
Total	432	100.0	7.22 \pm 1.495

4.12 Application of the Child's Rights

Table 4.12 shows the result on the application of practices that are related to the rights of the child among respondents. The table shows that respondents scored high in the application of eight statements that are related to the rights of the child assessed by this study as: 83.1% reported that their children have a say in most matters; 91.4% apply pressure on their children to succeed; 89.8% restrict their children on what they are allowed to do; 92.6% place limitations on the decisions their children are allowed to make about their lives; 94.9% allow their children to choose the carrier they want to pursue; 96.3% put the best interest of their children into account at all stages whenever decisions are taken which have impact on the child; 90.3% involve children in the decision-making process and; 90.3% allow their children to go to school.

Table 4.13: Application of the Rights of the Child among respondents

Practices	Ever Applied N (%)	Never Applied N (%)	Total N (%)
My children do not have a say in most matters	73(16.9)	359(83.1)	432(100.0)
I always apply pressure on my children to succeed	395(91.4)	37(8.6)	432(100)
I place restrictions on what my children are allowed to do	388(89.8)	44(10.2)	432(100)
There is limitation on the decisions my children are allowed to make	400(92.6)	32(7.4)	432(100)
I allow my children to choose the carriers they want to pursue	410(94.9)	22(5.1)	432(100)
I take the best interest of my children into account at all stages whenever decisions are being taken which have impact on them	416(96.3)	16(3.7)	432(100)
I involve my children in the decision-making process according to their age and maturity	390(90.3)	42(9.7)	432(100)
My children don't go to school	42(9.7)	390(90.3)	432(100)

The overall application score of the rights of the child among respondents is shown in table 4.13. According to the table, majority (92.4%) of the respondents had good score on the application of the rights of the child assessed by this study with the mean application score was 6.5 ± 0.92 .

Table 4.14: Overall Application score

Score	Number	%
Good	399	92.4
Fair	10	2.3
Poor	6	1.4
Total	432	100.0

4.13 Factors limiting effective implementation of the Child's Rights Law among respondents

Factors limiting effective implementation of the child's rights law in Nigeria from the perspective of survey respondents are shown in table 4.15. The factors mentioned in ranking order include economic situation (97.2%), man-made disaster (97.2%), government (92.5%), ethnic conflicts (83.6%), poor enforcement by regulatory agencies (78.2%), lack of knowledge (78.1%), lack of punishment for offenders (75.9%), societal values and norms (71.4%) and religious views of parents (57.2%).

Table 4.15: Factors limiting effective implementation of the Child's Rights Law among respondents

Factors	Number	%
Government	394	92.5
Economic situation	415	97.2
Societal values and norms	304	71.4
Religious views of parents	241	57.2
Poor enforcement by regulatory agencies	334	78.2
Lack of knowledge	332	78.1
Ethnic conflict	356	83.6
Man-made disaster	414	97.2
Lack of punishment for offenders	322	75.9

FGD report

The result from the above was also collaborated with the report gotten from FGD. It emerged from all the discussion groups (except the male peripheral group) that the government is the only factor limiting the effective implementation of the child's rights law in Nigeria. Few comments from discussants in all these groups include the following:

"The government is selfish. All they know is about themselves. Nigeria is the second most corrupt country in the world. For example, we have reliable information that a honourable in the Federal House of

Representatives has squandered the constituency allocation for developmental projects for this area" – Male discussant in the transitional area.

"The government doesn't pay salary regularly. So how will parents be consistent in granting children access to their rights" – Male discussant in the inner-core area.

"The government is responsible for the gap between the rich and the poor, which is reflected in the difference in the quality of education received between children in the private and public schools" – Female discussant in the transitional area.

"The harsh economic situation in the country which is caused by bad governance has forced parents to work almost throughout the day to meet demands at the home-front. As a result, most parents don't have time for proper upbringing of their children. They only meet in the morning and the children might have slept before the parents return late in the night. This is dangerous and is a cause of exposure of children to various forms of abuses" – Female discussant peripheral area.

"The unemployment rate in the country is high. Both parents are not working in some situations which limit the ability to meet the needs of the family" – Female discussant in the inner-core area.

Comments from most discussants in the male peripheral group who opined that the parent is the factor limiting the effective implementation of the rights of the child are summarized in the following quotes:

"Eighty percent of the blame should be placed on parents. A father who gave birth to a child should be able to take care of his basic needs. The government is there to complement the efforts of the parents."

"Government alone cannot do everything. Currently, the government is paying for the examination fees of the Senior Secondary School students, which is laudable".

"The pressure of child care in most homes is placed on the mother alone and there is a limit to the ability of women when it comes to upbringing of the child".

4.14 Hypotheses testing

The results of the hypotheses testing are shown below.

Hypothesis 1: There is no significant association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and knowledge of child's rights.

Association between demographic characteristics of respondents and awareness of Child's Rights Law in Nigeria

The knowledge level of the rights of the child among respondents was tested in three ways including awareness and knowledge of the child's rights law in Nigeria and their mean knowledge score as shown in tables 4.17, 4.18 and 4.19 respectively.

Socio-demographic characteristics: sex, education, location of residence and income level except parity of respondents were statistically significant to awareness of child's rights law in Nigeria in this study as were shown in table 4.16. It can be deduced from the table that more males (24.1%) were aware of the child's rights law in Nigeria as compared to the 13.7% recorded among females ($p=0.004$). Significantly, level of awareness of the respondents with secondary education (27.7%) and above were more better than respondents who had primary education and none (4.3%) ($p=0.000$). Respondents that resided in peripheral of the study site (26.6%) were better aware of the Child's rights law than those who lived in inner-core, (11.6%) and transitional (13.1%) area of residence ($p=0.000$). Awareness of Child's Rights Law was more pronounced among respondents earning higher income (≥20,000 and above) than lower income earners ($p=0.000$) (table 4.16).

Based on this result, hypothesis which says there is no significant association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and knowledge of child's rights is therefore not accepted. However, the null hypothesis was accepted for parity no significant association was detected between this variable and awareness of child's rights law in Nigeria.

Table 4.16: Association between demographic characteristics of respondents and awareness of Child's Rights Law in Nigeria

Variable	Awareness of Child's Rights Law in Nigeria			Chi-square (χ^2) p-value
	Yes N (%)	No N (%)	Total N (%)	
Sex				
Male	48(24.1)	151(75.9)	199(46.7)	$\chi^2 = 8.403$ df = 1 p = 0.003*
Female	31(13.3)	202(86.7)	233(53.3)	
Total	79(18.5)	353(81.5)	432(100)	
Level of education				
Primary or no education	7(1.3)	151(95.7)	161(38.2)	$\chi^2 = 33.372$ df = 1 p = 0.000*
Secondary and above	72(26.6)	190(73.4)	271(61.8)	
Total	79(18.3)	353(81.7)	432(100)	
Parity				
1-2 children	19(22.9)	61(77.1)	83(19.3)	$\chi^2 = 1.990$ df = 1 p = 0.171
3 or more children	57(16.3)	292(83.7)	349(80.7)	
Total	76(18.7)	336(81.3)	432(100)	
Region of residence				
Inner-core	22(11.6)	167(88.4)	189(43.8)	$\chi^2 = 15.386$ df = 2 p = 0.000*
Transitional	23(18.0)	105(82.0)	128(29.6)	
Peripheral	34(29.6)	81(70.4)	115(26.6)	
Total	79(18.3)	353(81.7)	432(100)	
Income level				
Less than ₦20,000	16(6.6)	226(93.3)	242(56.0)	$\chi^2 = 71.443$ df = 1 p = 0.000*
₦20,000 and above	38(20.0)	152(80.0)	190(44.0)	
Total	54(16.3)	277(83.7)	432(100)	

*Significant at 5% level of significance

Association between demographic characteristics of respondents and knowledge of year Child's Rights law came into existence in Nigeria

The results of the findings on test of hypothesis between demographic characteristics (sex, education, parity, area of residence and income level) of respondents and knowledge of child's rights law in Nigeria are shown in table 4.17. The chi-square result revealed that more of males had good knowledge of child's right law (18.2%) than their female counterparts ($p=0.003$). Similarly, respondents with at least secondary education and above (19.2%) were significantly more knowledgeable than those with at most primary education (2.5%) ($p=0.003$). Also, area of residence was significantly associated with knowledge of child's rights law as respondents from peripheral regions (24.3%) were more knowledgeable than those from inner-core (9%) and transitional (8.6%) areas ($p=0.000$). In addition, respondents' income level was significantly associated with knowledge of the child's rights laws as significant difference exist between respondents with monthly of ₦20,000 and above (16.3%) and those earning less than ₦20,000 (6.4%) ($p=0.004$). However there was no significant association between respondents' parity and knowledge of year Child's Rights law came into existence in Nigeria ($p=0.064$).

Based on the chi-square result, the hypothesis which says there is association between demographic characteristics of respondents like (sex, education, area of residence and income level and knowledge of year Child's Rights law came into existence in Nigeria was therefore not accepted while we fail to reject relationship between respondents' parity and knowledge of year Child's Rights law came into existence in Nigeria ($p>0.05$).

Table 4.17: Association between demographic characteristics of respondents and knowledge of year Child's Rights law came into existence in Nigeria

Variable	Respondents had knowledge of year Child's Rights Law came into existence in Nigeria			Chi-square (χ^2)
	Yes N (%)	No N (%)	Total N (%)	P-value
Sex				
Male	36(18.2)	163(81.8)	199(46.1)	$\chi^2 = 8.598$
Female	20(8.8)	213(91.2)	233(53.9)	df = 1
Total	56(100.0)	369(100.0)	432(100.0)	p = 0.003*
Level of education				
Primary or no education	4(2.5)	157(97.5)	161(37.2)	$\chi^2 = 24.976$
Secondary and above	52(19.2)	219(80.8)	271(62.8)	df = 1
Total	56(13.3)	361(86.7)	432(100.0)	p = 0.003*
Parity				
1-2 children	12(14.6)	71(85.4)	83(19.2)	$\chi^2 = 0.360$
3 or more children	42(12.0)	307(88.0)	349(80.8)	df = 1
Total	54(12.5)	378(87.5)	432(100.0)	p = 0.549
Region of residence				
Inner-core	17(9.0)	172(91.0)	189(43.8)	$\chi^2 = 18.015$
Transitional	11(8.6)	117(91.4)	128(29.6)	df = 2
Peripheral	28(24.3)	87(75.7)	115(26.6)	p = 0.000*
Total	56(13.0)	376(87.0)	432(100.0)	
Income level				
Less than ₦20,000	9(6.4)	231(96.3)	242(56.0)	$\chi^2 = 20.101$
₦20,000 and above	31(16.3)	159(83.7)	190(44.0)	df = 1
Total	40(9.3)	392(90.7)	432(100.0)	p = 0.004*

*Significant at 5% level of significance

Hypothesis 2:

H0: There is no significant association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and their opinion about the rights of the child.

Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion on child's right 1 ay

The results of the findings of hypothesis testing between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and their opinion on the age at which children should be allowed to express their rights is shown in table 4.18. According to the table, respondents' socio-demographic characteristics, like sex, education, parity and income level except location of residence were not statistically significant: gender ($p=0.489$), level of education ($p=193$), parity ($p=0.169$), and income level ($p=0.037$) while location of residence ($p=0.037$).

Based on the chi-square result, the hypothesis which says there is no association between demographic characteristics (sex, education, parity and income level) of respondents and opinion on age at which children should be allowed to express their rights was therefore accepted ($p>0.05$) while hypothesis statement relating to association between respondents' location of residence and opinion on child's right was not accepted ($p<0.05$).

Table 4.18: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion on child's right Law

Variable	Age at which children should be allowed to express their rights			Chi-square (χ^2) p-value
	18 years and below N(%)	Above 18 years N(%)	Total N(%)	
Sex				
Male	155(77.9)	44(22.1)	199(46.0)	$\chi^2 = 0.003$
Female	181(77.7)	52(22.3)	233(54.0)	df = 1
Total	336(87.7)	96(12.3)	432(100)	p = 0.959
Level of education				
Primary or no education	135(90.0)	26(16.1)	161(37.3)	$\chi^2 = 6.651$
Secondary and above	198(86.5)	73(26.9)	271(62.7)	df = 1
Total	333(87.9)	99(12.1)	432(100)	p = 0.010*
Parity				
1-2 children	68(91.9)	15(8.1)	83(18.1)	$\chi^2 = 2.957$
More than 2 children	254(87.0)	95(13.0)	349(81.9)	df = 1
Total	322(88.0)	110(12.0)	432(100)	p = 0.086
Region of residence				
Inner-core	161(89.9)	28(14.8)	189(46.1)	$\chi^2 = 8.901$
Transitional	98(81.7)	30(23.4)	128(30.9)	df = 2
Peripheral	82(92.1)	33(28.9)	115(22.9)	p = 0.012*
Total	341(87.9)	91(12.1)	432(100)	
Income level				
Less than ₦20,000	118(48.7)	124(51.2)	242(56.0)	$\chi^2 = 443.19$
₦20,000 and above	152(90.5)	38(9.5)	190(55.8)	df = 1
Total	270(62.5)	162(37.5)	432(100)	p = 0.000

* Significant at 5% level of significance

Association between demographic characteristics (sex, education, parity, area of residence and income level) of respondents and opinion on implementing child's rights laws

The results of the findings of hypothesis testing between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and the opinion of respondents that the government should be responsible for implementing the rights of the child are shown in table 4.19.

The result gathered from the chisquare on the two variables compared revealed that apart from socio-demographic characteristics like education ($p=0.001$), location of residence ($p=0.000$) and income level ($p=0.002$) of the respondents which were statistically significant to respondents' opinion on implementing child's rights laws should be by Government, others, sex ($p=0.180$) and parity ($p=0.332$) were not significant (table 4.20).

Based on these results, the null hypothesis was rejected in respect of the former while accepted in later variables.

Table 4.19: Association between demographic characteristics (sex, education, parity, area of residence and income level) of respondents and opinion on implementing child's rights laws

Variable	Government should be responsible for implementing child's rights law			Chi-square (χ^2)
	Yes N(%)	No N(%)	Total N(%)	P-value
Sex				
Male	107(53.8)	92(46.2)	199(46.1)	$\chi^2 = 2.846$ df = 1 p = 0.180
Female	144(61.8)	89(38.2)	233(53.9)	
Total	251(60.5)	164(39.5)	432(100)	
Level of education				
Primary or no education	110(68.3)	48(29.8)	161(37.3)	$\chi^2 = 14.306$ df = 1 p = 0.001*
Secondary and above	138(50.9)	133(49.1)	271(62.7)	
Total	248(60.2)	164(39.8)	432(100)	
Parity				
1-2 children	54(65.1)	29(34.9)	83(19.2)	$\chi^2 = 2.608$ df = 1 p = 0.332
More than 2 children	193(55.3)	156(44.7)	349(80.8)	
Total	247(62.4)	149(37.6)	432(100)	
Region of residence				
Urban	173(91.0)	16(8.5)	189(44.3)	$\chi^2 = 194.812$ df = 2 p = 0.000*
Suburban	67(54.0)	61(47.6)	128(29.5)	
Transitional	11(10.0)	104(90.0)	115(26.2)	
Peripheral	251(59.8)	181(40.2)	432(100)	
Total				
Income level				
Less than ₦20,000	106(43.8)	136(56.2)	242(56.0)	$\chi^2 = 8.456$ df = 1 p = 0.002*
₦20,000 and above	110(57.9)	80(42.1)	190(44.0)	
Total	216(50.0)	216(50.0)	432(100)	

*Significant at 5% level of significance

Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion that parent should be responsible for implementing child's rights laws

The results of the findings of hypothesis testing between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and the opinion of respondents that parents should be responsible for implementing the laws relating to the rights of the child are shown in table 4.20

The chi-square table shows that significant associations exist between gender (male 54.3%, female 40.5%; $p=0.002$), education (primary or none 39.1%, secondary and above 49.5%; $p=0.008$), area of residence (inner-core, 21.7% transitional, 48.4%, peripheral, 86.1%; $p=0.000$), income (less than ₦20,000 45.3%, ₦20,000 and above 53.7%; $p=0.000$) and attributing the responsibility of implementing child's rights laws to parents. However, there was no significant association between parity and opinion that parents should be responsible for implementing child's rights laws ($p=0.417$).

Based on these results, null hypothesis was therefore rejected in respect of sex, education, location of residence and income level of the respondents ($p<0.05$) but accepted with regard to respondents' parity ($p>0.05$).

Table 4.20: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion that parent should be responsible for implementing child's rights laws

Variable	Parent should be responsible for implementing child's rights law			Chi-square
	Yes N(%)	No N(%)	Total N(%)	
Sex				
Male	108(54.3)	91(45.7)	199(46.1)	$\chi^2 = 11.179$ df = 1 p = 0.002*
Female	89(40.5)	144(61.8)	233(53.9)	
Total	197(45.6)	235(54.4)	432(100)	
Level of education				
Primary or no education	63(39.1)	98(60.9)	161(37.2)	$\chi^2 = 4.333$ df = 1 p = 0.008*
Secondary and above	134(49.5)	137(50.5)	271(62.7)	
Total	197(47.7)	216(52.3)	432(100)	
Parity				
1-2 children	37(44.6)	46(55.4)	83(20.9)	$\chi^2 = 0.068$ df = 1 p = 0.447
More than 2 children	145(46.2)	169(53.8)	349(79.1)	
Total	182(45.6)	215(54.4)	432(100)	
Region of residence				
Inner-city	41(21.7)	148(78.3)	189(44.2)	$\chi^2 = 119.292$ df = 2 p = 0.000*
Transitional	62(48.4)	66(51.6)	128(29.5)	
Peripheral	99(86.1)	16(13.9)	115(26.4)	
Total	202(47.2)	230(52.8)	432(100)	
Income level				
Less than ₦20,000	37(15.3)	302(64.7)	242(43.0)	$\chi^2 = 71.898$ df = 1 p = 0.000*
₦20,000 and above	102(53.7)	88(46.3)	190(57.0)	
Total	139(33.2)	294(67.8)	432(100)	

*Significant at 5% level of significance

Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion that government should be responsible for enforcing child's rights laws

The results of the findings of hypothesis testing between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and the opinion of respondents that government should be responsible for enforcing child's rights laws are shown in table 4.21.

According to the table, there was statistical association between respondents' level of education ($p=0.020$), parity ($p=0.021$) whereas no association between gender ($p=0.258$), area of residence ($p=0.149$), and income level ($p=0.571$) and attributing the responsibility of enforcing rights of the child to the government.

Based on the chi-square result above, the null hypothesis was therefore rejected in respect to result gotten on association between respondents' level of education and parity ($p<0.05$) while it was accepted on the result for gender, area of residence and income level ($p>0.05$).

Table 4.21: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and opinion that government should be responsible for enforcing child's rights laws

Variable	Government should be responsible for enforcing child's rights law			Chi-square (χ^2) P-value
	Yes N(%)	No N(%)	Total N(%)	
Sex				
Male	180(90.5)	19(9.5)	199(17.0)	$\chi^2 = 2.940$ df = 1 p = 0.258
Female	198(85.0)	35(15.0)	233(53.0)	
Total	378(91.1)	37(8.9)	432(100)	
Level of education				
Primary or no education	152(94.4)	9(5.6)	161(38.3)	$\chi^2 = 12.958$ df = 1 p = 0.020*
Secondary and above	223(82.3)	48(17.7)	271(61.7)	
Total	375(86.6)	37(13.4)	432(100)	
Parity				
1-2 children	70(84.3)	13(15.7)	83(21.0)	$\chi^2 = 0.075$ df = 1 p = 0.785
More than 2 children	290(83.1)	59(16.9)	349(79.0)	
Total	360(90.9)	72(9.1)	432(100)	
Region of residence				
Inner-core	175(94.1)	14(2.9)	189(43.8)	$\chi^2 = 5.226$ df = 2 p = 0.073
Transitional	109(87.9)	19(12.1)	128(29.5)	
Peripheral	99(90.0)	16(10.0)	115(26.6)	
Total	383(91.2)	49(8.8)	432(100)	
Income level				
Less than N20,000	129(53.8)	111(46.3)	240(43.2)	$\chi^2 = 63.886$ df = 1 p = 0.000
N20,000 and above	170(89.5)	20(10.5)	190(56.8)	
Total	299(69.2)	134(30.8)	432(100)	

*Significant at 5% level of significance

Hypothesis 3:

There is no significant association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and attitude towards the rights of the child.

Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and their attitude towards Child's rights.

Table 4.22 shows the relationship between demographic characteristics and their attitude towards child's right using some selected demographic variables. The result from the chi-square table revealed that apart from respondents' location ($p=0.050$), other variable tested were not factors that determined the attitudes of the respondents towards child's right ($p>0.05$).

Table 4.22: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and their attitude towards child's right

Variable	Attitudinal score			Chi-square (%) P-value
	Positive attitude N(%)	Negative attitude N(%)	Total N(%)	
Sex				
Male	186(16.3)	13(5.2)	199(16.7)	$\chi^2 = 0.568$ df = 1 p = 0.566
Female	216(53.7)	11(15.8)	227(53.3)	
Total	402(94.4)	24(5.6)	426(100)	
Level of education				
Primary or no education	151(38.7)	7(30.4)	161(38.2)	$\chi^2 = 0.626$ df = 1 p = 0.429
Secondary and above	244(61.3)	16(69.6)	260(61.8)	
Total	398(94.5)	23(5.5)	432(100)	
Parity				
1-2 children	76(19.7)	7(33.3)	83(20.1)	$\chi^2 = 2.278$ df = 1 p = 0.131
More than 2 children	310(80.3)	14(66.7)	324(79.6)	
Total	386(94.8)	21(5.2)	407(100)	
Region of residence				
Inner-core	184(45.2)	5(20.0)	189(43.8)	$\chi^2 = 6.164$ df = 2 p = 0.050
Transitional	118(29.0)	10(40.0)	128(29.6)	
Peripheral	105(25.8)	10(40.0)	115(26.6)	
Total	407(94.2)	25(5.8)	432(100)	
Income level				
Less than ₦20,000	132(41.9)	9(46.3)	141(42.6)	$\chi^2 = 1.278$ df = 1 p = 0.258
₦20,000 and above	183(58.1)	7(43.8)	190(57.4)	
Total	315(95.2)	16(4.8)	331(100)	

H0 4: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and reported application of the child's rights

Table 4.23 shows the relationship between demographic characteristics and their attitude towards child's right using some selected demographic variables. The result from the chi-square table revealed that all the socio-demographic variables tested with reported application of application of the child's rights in this study were not statistically significance ($p > 0.05$).

Table 4.23: Association between demographic characteristics (sex, education, parity, location of residence and income level) of respondents and reported application of the child's rights

Variable	Attitudinal score			Chi-square (χ^2)
	Positive attitude N(%)	Negative attitude N(%)	Total N(%)	P-value
Sex				
Male	4(66.7)	185(45.9)	189(46.2)	$\chi^2 = 1.023$
Female	2(33.3)	218(54.1)	220(53.8)	df = 1
Total	6(1.5)	403(98.5)	426(100)	p = 0.312
Level of education				
Primary or no education	5(31.2)	153(39.2)	158(38.9)	$\chi^2 = 0.411$
Secondary and above	11(68.8)	237(60.8)	248(61.1)	df = 1
Total	16(3.9)	390(96.1)	406(100)	p = 0.522
Parity				
1-2 children	4(26.7)	75(19.9)	79(20.2)	$\chi^2 = 0.410$
More than 2 children	11(73.3)	302(80.1)	313(79.8)	df = 1
Total	15(3.8)	377(96.2)	392(100)	p = 0.522
Region of residence				
Inner-core	6(37.5)	177(41.4)	183(44.1)	$\chi^2 = 3.589$
Transitional	8(50.0)	116(29.1)	124(29.9)	df = 2
Peripheral	2(12.5)	106(26.6)	108(26.0)	p = 0.178
Total	16(3.9)	394(96.1)	415(100)	
Income level				
Less than ₦20,000	4(66.7)	132(41.8)	132(42.2)	$\chi^2 = 1.191$
₦20,000 and above	2(33.3)	184(58.2)	186(57.8)	df = 1
Total	6(95.2)	316(4.8)	322(100)	p = 0.222

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Discussion

5.1 Socio-demographic Characteristics of Respondents

Findings on the age, sex and marital status of respondents are reflective of the inclusion criterion for participation in the study as Research Assistants specifically demanded that eligible participants must have a child defined as 18 years old and below. This criterion was important to avoid "don't know" or "not applicable" responses which may invalidate the study. The age range of respondents represents the fertility period for both men and women. For example, WHO (2001) gave the child-bearing age of women to be 15-49 years, which is represented by 67.2% of respondents in this study. Moreover, the finding that 32.8% of respondents were aged 50 years and above further confirmed men are still potent beyond this age range (Ayranci et al., 2010). All (100%) of the respondents have been married at one time. This is because a man or woman with a child is expected to be married according to the Yoruba culture.

Respondents were mostly Muslims (56.3%) or Christians (42.6%). This is because these are the two major religious groups in Nigeria. Moreover, majority of the respondents are from the South-Western region of the country which is dominated by Yoruba because the study was conducted in South-Western region of the country which is dominated by Yoruba inhabitants. The fact that other tribes including Ibo (11.3%) and Hausa (3.5%) were reported in the study suggest the existence of inter-tribal marriages and migration across the metropolitan zones of the country for economic reasons.

5.1.1 Knowledge about Child's Rights Conventions and Laws

The United Nations Convention on the Rights of the Child acknowledges that the realization of the rights of the child can only be accomplished through care and assistance of adults (Alemika et al., 2005). This report suggests that adults, especially parents, have a significant role in the observance of the rights of the child. However, findings of this study show poor awareness of both the international conventions (0%) and the Nigerian child's right act (18.3%) among respondents. Furthermore, about half of the category of

respondents who had awareness have neither seen (47.4%) nor read (53.2%) a copy of the child's rights act.

Studies focusing on the rights of the child with which findings of this study could be compared are sparse in Nigeria. However, a recent report by Okoye (2011) reported awareness of the child's rights act in about a third (32%) of adults used as respondents in Nsukka town, Enugu. Similar finding has been documented in other human right issues affecting the child. For example, Jegede (2007, unpublished document) who studied knowledge, attitude and opinion of household heads in Ibadan reported a low level of awareness (6%) on reproductive health laws. These findings are worrisome because ability to make decisions or choices will largely depend on level of individual awareness (Rosenberg, Biddlecom and Kaona, 2000). Awareness should begin a continuum of processes (including knowing where and having access to correct information on the child's rights act, ability to correctly interpret such information, availability of resources and an enabling environment) that should be put in place to ensure the observance of the child's rights acts.

The level of awareness on the child's right displayed by respondents in this study has implications on the observance of its provisions among respondents. This opinion might be shared by other scholars who believed that one of the problems why it is difficult to implement the child's right act is because people are not aware of the act nor do they have knowledge of its basic provisions. For example, the Director General of the Legal Aid Council in Nigeria, Mrs. Joy Bob-Manuel explained that the Child's Rights Act has not received sufficient awareness and acceptance since its domestication because of a general but undue apathy as a result of lack of understanding and full appreciation (Osinbajo 2011). This lack of awareness has been attributed to the vulnerability of the Nigerian child to social vices and harmful practices such as child labour, child trafficking, early marriage, female genital mutilation and witchhood practices (Alemika et al., 2004).

Several factors contribute to the increasing reports of low level of awareness of the child's rights acts in Nigeria. First, the incompatibility of certain provisions of the child's

right bill (such as early marriage) with religious and cultural traditions in some parts of the country stalled the first passage into law in 1993 (UNICEF 2002). Second, the child's rights act was recently passed into law in 23 out of the 36 states of the federation as at 2007 (UNICEF, 2007). Third, the Federal Ministry of Justice (2008) summarized some of the key challenges in the effective dissemination of the provisions of the child's acts and include the multi-ethno-religious-cultural character of the Federation, low level of literacy and high percentage of poverty and poor budgetary allocations to main line ministries and agencies. Fourth, Ajayi and Torintoro (2004) reported that apart from delay in passing the bill by the states, one of the major constraints why people do not have knowledge of the Act, is lack of appreciation of the rights of children by the civil populace, a problem according to the report that is largely attributable to the country's customary traditions and religious values.

However, the low level of awareness of the rights of the child is not limited to Nigeria. According to the Society for Children and Youth of British Columbia Canada (2011), knowledge of the UN Conventions on the Rights of the child and children's rights generally is lacking at all levels in most society. Therefore, there is need for public awareness campaign to increase awareness of the child's rights which would serve as the foundation on which understanding and empowerment are built. This is because greater public awareness can lead to increase political will, implementation and monitoring, increased advocacy, positive proactive response to advocacy by adult members of the society, realization of children's rights and improved well being (Society for Children and Youth of British Columbia Canada, 2011).

There have been various suggestions as to how to go about achieving the goals of the Child's Rights Act. Education has been seen by scholars as the key to achieving these goals. According to Covell and Rowe (1999) educating people on the rights of the child is important not only for legal reasons but also for its potential in increasing rights-respecting attitudes and behaviours. Under the United Nations Convention on the Rights of the Child, like all signatories, Nigeria is obligated legally to take measures to increase public awareness of children's rights as described in the Convention. According to Article 42 of the Convention, state parties are to make the principles and provisions of the

Convention widely known, by appropriate and active means, to their citizens. Therefore a key to this means is to make people aware of the child's rights act through education using the media.

5.1.2 Opinion on the rights of the child

The opinion of respondents as assessed in this study refers to their belief, thought, views or understanding with regard to the rights of the child. Findings reveal that the opinions of respondents about basic provisions of the child's right act were favourable to its observance. For example, majority (90.5%) correctly stated that the age in which children should be allowed to express their rights ranged between 1 and 19 years. This age range is in line with the definition of a child as stipulated in the child's rights act (Ajemika et al., 2005). Similarly, most respondents identified the government to be responsible for the implementation (59.8%) and enforcement (91.65%) of the rights of the child. This finding suggests that respondents acknowledge the stewardship roles of the government and supports the suggestions that the implementation of the child's rights is first and foremost the responsibility of the state (Federal Ministry of Women Affairs 2005; Zennatten 2010). It is the ultimate responsibility of the state to create enabling environment with a supportive legal framework to enable child's rights work. For example, UNICEF (2007b) reported that for the purpose of guaranteeing and promoting the rights set forth in the child's rights Convention, States Parties shall render appropriate assistance to parents and legal guardians in the performance of their childrearing responsibilities and shall ensure the development of institutions, facilities and services for the care of children. Similarly, the fact that the parents ranked second among agents in the implementation and enforcement process identified by respondents is in recognition of their primary responsibility for the upbringing and development of the child (UNICEF 2007b). This finding also acknowledges that the realization of the rights for children can only be accomplished through care and assistance of their parents (Goonesekere and Alwis 2005).

Similarly, respondents' perspective regarding what constitutes the rights of the child was impressive with most of the frequently mentioned rights falling under three out of the four classifications of the rights in which children are entitled to including development,

protection, participation and non-discrimination (Okoye, 2011). Education (41.5%) ranked highest of the rights mentioned which was followed by health, (42.5%), adequate care (25.9%), good food (25.4%), religion (22.3%), freedom of expression (22.3%) and monitoring (20.2%) in that order. These rights are mainly developmental, participation and non-discriminatory rights. However, the performance of respondents in mentioning protection rights was poor. For example, 30.6% mentioned the child should have the rights to learn a trade, while insignificant proportion reported protection of the child from labour. This finding reveals a knowledge gap on the rights of the child, with a likelihood of its translation into practice among respondents just as Okoye (2011) posited that a people with low understanding of rights are far less likely to take advantage of it or be conscious of its violation.

Respondents' view of the poor state of protection rights was further emphasized when sexual exploitation (87.6%), maltreatment and abuse (86.7%), child labour (78.1%), discrimination (75.4%), and early marriage (70.2%) were identified as the rights that are poorly implemented in the country. Also disturbing is the opinion by 33.4% of the respondents that none of the rights is widely implemented in the country. Again, this position is supported by Akwara et al., (2010) who believed that the right of the child is being taken for granted in Nigeria.

Several reasons have informed the position of respondents on the protection-related rights of the child. In a study, Lachman et al (2002) found that one of the challenges facing child protection in Africa is poverty. In other words it will be difficult to protect children's rights if there is poverty, because a poor person will use all that is within his/her disposal for survival. Okoye (2011) added that one of the instruments for survival that are usually within the disposal of parents is/are their child/children. Therefore, future awareness-raising campaigns should place more emphasis on parents knowing child protection rights in order to stop confusing violations of those rights with domestic affairs.

5.1.3 Attitude towards Child's Rights

Generally, majority of the respondents displayed positive attitudinal disposition towards rights of the child based on their responses to ten statements assessed in this study. It is

encouraging to notice that negative statements (those denying rights to children) enjoyed very low support while positive statements (those promoting rights of the child) received high support among respondents. This finding indicates that respondents are optimistic about the observance and attainment of goals of the child's rights. Therefore, according to the HBM (Rosenstock 1974) respondents will require little cues in order to adopt the recommended actions.

The finding on respondents' knowledge level and attitude towards the rights of the child is not consistent with literature and contradicts common belief as one would expect a direct relationship between the two variables i.e poor awareness will negatively affect attitude towards the child's rights. This finding suggests that other factors come into play in shaping the attitude of respondents towards some provisions on the rights of the child. For example, research suggests that people are more likely to hear and personalize messages, and may change their attitude and behaviours, if the messenger is a peer and faces the same concerns, and pressure (Milburn, 2012; Sloane and Zimmerman 1993). Hence, it is possible that respondents were accessible to information on the rights of the child from informal sources such as friends, parents, relatives and neighbours.

The finding of the study shows that socio-economic status as measured by income level and area of residence have conflicting influence on the attitude of respondents toward the rights of the child. While income level showed a direct relationship, an inverse relationship was detected with area of residence in which respondents from inner-core regions had higher mean score than those from the peripheral and transitional areas. This finding is intriguing and suggests that some provisions of the child's rights are in line with traditional beliefs considering the fact that inner-core areas of Ibadan comprise mostly trans-generational houses that inhabited by people who have strong holds on culture and tradition.

5.1.4 Application of the Child's Rights

The rating of respondents on the observance of the rights of the child was high as most were affirmative towards the application of ten (10) practices relating to the provisions of the child's rights act. This finding corroborates the attitudinal disposition among

respondents and confirms report by Groenewold, Bruijn and Bils-Borrow (2006) that attitudes and beliefs could influence the behaviour of individuals. However, this finding should be interpreted with caution as there is tendency for respondents to over-report their actual practices. Notwithstanding, this finding is encouraging and is an indication that respondents know their roles in the implementation of the rights of the child provided there is an enabling environment for them to do so.

5.1.5 Factors limiting effective implementation of the Child's Rights Law

The factors limiting effective implementation of the rights of the child from the perspective of the respondents reveal socio-economic and political factors that can be overcome by accountability, transparency and good governance. These factors have been indicated as responsible for preventing effective implementation of issues that will positively impact on the lives of people in Africa (World Bank 2005). The distribution of public goods and resources is unequal and it deprives the excluded groups of the opportunity to access civil, political, and economic mechanisms to improve their status (World Bank, 2005).

A Federal Ministry of Justice Report (2008) reported that poverty constitutes a serious problem to the health of women and children in Nigeria. Poverty explains the numerous cases of nutritional deficiencies leading to different kinds of diseases especially among pregnant women and children. This led to the introduction of the National Food and Nutrition Policy 2001 and the National Guidelines on Micronutrients Deficiencies and Control in Nigeria in 2005.

5.2 Implications for health promotion and education

A major challenge to the implementation of the child's rights is the lack of knowledge about the existence of treaties and laws and their provisions. Health education and promotion strategies can be used to promote understanding of the rights of the child, prevent their violation, improve the extent of their promotion and encourage positive attitudinal change on rights of the child.

Problems relating to the understanding of the child's rights laws, conventions and treaties can be addressed through awareness raising and sensitization programmes. To achieve this, the mass media can be used, namely television, radio, billboards and newspapers. In using the media, emphasis should be placed on what constitutes this body of rights, the relevant laws, conventions and treaties. Target groups would include parents, guardians, other adult and law enforcement agents. Other health education strategies that may be employed include interpersonal and group communication which may entail organizing seminars and discussions for respondents.

The promotion of the rights of the child and the prevention of their violations are issues which require extensive legal and policy reform. Health promotion intervention strategies may involve building alliances with as many people as possible so as to create a movement for policy change. This may be facilitated through meetings and seminars with household heads by working with groups to which they belong. With this, people can be mobilized and public pressure built so that many people will contact decision-makers to formulate and implement policies in favour of the rights of the child. It may also entail the holding of rallies and writing of advocacy letters calling for policy change on child's rights issues.

5.3 Conclusion

This study described the knowledge and attitude of parents towards the rights of the child in Ibadan North Local Government Area of Oyo State. Findings revealed that respondents had inadequate knowledge of the rights of children. The Federal Government should be commended for enacting a law that comprehensively safeguards the rights of children. Today, Child's Right Implementation Committees are being set up across the nation to ensure that these rights are implemented. Likewise, many states are in the process of enacting their own child's right laws. This, though commendable, is not sufficient. To ensure that the child's Rights Act will not be an empty legislation, the following must be done:

5.4 Recommendations

1. Government must ensure the establishment of the Family Court, Child Minding, Day Care Centers and allied homes must be established and provided for under the Act in all the three tiers of Government especially at the grassroots.
2. The above institutions must be well-equipped and their officers trained and adequately remunerated. Government should enlighten the public about the right of children. Specifically, the training should be extended to local leaders to know their roles and responsibilities and to enforce government laws and policies promoting child's rights.
3. Government and NGOs should campaign against harmful cultural practices and abuses perpetrated against children starting from the local government level.
4. It is noteworthy to say that enacting the Act is a necessary condition towards the protection of the child, but is not sufficient. The government needs to consolidate its actions and take all necessary steps needed to make the dreams of the Act a reality in all the three tiers of Government.
5. Information, Education and Communication (IEC) messages on the rights of the child should be developed in local languages and disseminated through banners, billboards and posters in addition to messages in the electronic media. This should be matched with building capacities of people who will inform, educate and provide child's rights related services as well as monitor child protection.
6. At the national level, the government should publicize and encourage debate on the UN ~~committees~~ concluding observations on the report on implementation of the CRC. For this to be effective, the government will need to partner with NGOs, civil society organizations and the media. In addition, the government should use the Federal Ministry of Women Affairs (2006) report on the implementation of the CRC as an opportunity to undertake a real audit of their successes and failure in promoting and fulfilling children's rights.
7. With regard to the right to participation, children should be fully involved in decisions and actions that affect their lives, be recognized as active social actors/partners who must be listened to, supported in expressing their views, their

views taken into account, involved in decision-making process, share power and responsibility for decision-making.

8. The government should strengthen the economic coping capacities of families and communities in order for them to be able to meet the needs of their children by establishing sustainable interventions to respond to household economic needs. These could include elimination of school - related or health care expenses, micro-enterprise or micro-finance programmes, agricultural assistance, special investment funds to address local collective needs, provision of welfare assistance, or building basic infrastructure to support the productive base of the community.

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Section I: Why Conflict Analysis.

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APPENDIX I
QUESTIONNAIRE

KNOWLEDGE AND ATTITUDE OF PARENTS TO CHILD'S RIGHTS IN
IBADAN NORTH LOCAL GOVERNMENT OF OYO STATE.

Dear Respondents,

Good day. I am Ogun Millicent, a student of the Department of Health promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan.

The purpose of this study is to learn from the Parents about their knowledge and attitude on the rights of the children. The findings of this study will help to further advocate for the implementation of the Child's rights by policy makers and enhance the protection of our children's rights.

All information provided will be treated with utmost confidentiality. Please give your honest responses to the questions. Thank you for your cooperation.

Question number-----

DATE-----

Section A: Socio-demographic Characteristics

1. Sex: 1. Male ☐ 2. Female ☐
2. How old are you now? (in years)
3. What religion do you practice?
1. Christianity ☐ 2. Muslim ☐ 3. Traditional ☐
4. Other (specify)
4. What is your marital status?
1. Married ☐ 2. Divorced ☐ 3. Separated ☐ 4. Widowed ☐
5. How many children do you have?
Of these, how many are 18 years of age and below? 1. Yes ☐ 2. No ☐
7. Which ethnic group do you belong?
1. Yoruba ☐ 2. Ibo ☐ 3. Hausa ☐
4. Other (specify)

Level of education:

1. No formal education ☐ 2. Primary ☐ 3. Secondary ☐
4. Tertiary ☐ 5. Other (specify)

What do you do for a living?

How much do you earn per month?

Where do you live?

Section B: Awareness and Knowledge about Child Rights Laws

Are you aware of any international laws, conventions and treaties on the rights of the child? 1. Yes ☐ 2. No ☐

If No, go to Question 14

Kindly mention the treaties you know and the year it came into existence

Name of treaty/convention/law	Year

Are you aware there is a Child Rights Act/Law in Nigeria?

1. Yes ☐ 2. No ☐

If No, go to (Question 20) (year).

How did you become aware of the law?

When did the Child Rights Act/Law come into existence?

Have you seen it before? 1. Yes ☐ 2. No ☐

Have you ever read it? 1. Yes, wholly ☐ 2. Yes, partly ☐ 3. No ☐

At what age do you think children should be allowed to express their rights? (yrs)

Who should be responsible for implementing the rights of the child?

1. Government ☐ 2. Parents/Family ☐ 3. Police ☐
4. Non-governmental organizations (NGOs) ☐ 4. Children ☐
5. The community ☐

21. Who is actually enforcing the rights of the child?

1. Government ☐ 2. Parents/family ☐ 3. Police ☐
 4. Non-governmental Organizations (NGOs) ☐ 4. Children ☐
 5. The community ☐

22. In your own opinion, what should be the rights of the child?

.....

23. Which of these rights is/are widely implemented in Nigeria?

.....

24. Which of these rights is/are least implemented in Nigeria?

Rights	Knowledge of child rights	
	Yes	No
Right to life		
Right to quality education		
Right to protection against discrimination on ground of ethnicity, sex, family background		
Right not to be subjected to maltreatment or abuse		
Right to adequate rest		
Right to health care services		
Right to safe drinking water		
Right to nutritious meals		
Right to a name and nationality		
Right to be prohibited from early marriage		
Right to be immunized		
Right to be protected from child labour		
Right to be protected from sexual abuse and exploitation		

Section D: Attitude towards the rights of the child.

Statement	Agree	Strongly Agree	Undecided	Disagree	Strongly Disagree
25. Children's rights should be protected for the future of the society.					
26. Children should not be allowed to express their opinions on all matters that concern them.					
27. The upbringing of the children should be determined solely under the guidance of parent guidance.					
28. The convention on the Rights of the child is far from achieving its goal in the real life.					
29. Children should not be allowed to know their rights.					
30. Effective implementation of the child rights will result in extreme acts such as staying out at night, making bad friends.					
31. Child's right is not acceptable in my culture hence I cannot respect it.					
32. Effective implementation of the child's rights law in Nigeria cannot curb all forms of abuses and maltreatments against the child.					
33. The child's rights laws should be implemented in Nigeria.					

because it will lead to moral decadence.

34 Discipline at home and school in Nigeria does not conform to the rights of children.

Section 1: Application of the Child Rights

Which of the following practices have you implemented to your children?

Practices	Ever Applied	
	Yes	No
35. My children do not have a say in most matters		
36. I always apply pressure on my children to succeed.		
37. I place restrictions on what my children are allowed to do.		
38. There is limitation on the decisions my children are allowed to make.		
39. I allow my children to choose the careers they want to pursue.		
40. I take the best interest of my children into account at all stages whenever decisions are being taken which have impact on them.		
41. I involve my children in the decision-making process according to their age and maturity.		
42. My children don't go to school.		

Section F: Factors limiting implementation of the Child Rights Law

1) What are the factors limiting effective implementation of the Child Rights Law in Nigeria?

Factors	Without prompting		With prompting	
	Yes	No	Yes	No
Government insensitivity to the plight of the children				
Poverty				
Social values and norms				
Religion				
Poor enforcement by regulatory agencies like the police				
Lack of knowledge about these rights				
Ethnic conflicts				
Natural disasters				
Lack of punishment for offenders				
Foreign culture				

III ATII CRONGBA AWON OBI LORI ETO OMODE NI IJOBA IBILE

IBADAN NORTH LOCAL GOVERNMENT NI IPINLE OYO

Olokopa,

Emi ni Ogun Millicent. Mo je akeko lati eka ti o n se ipolongo nipa eto ilera ti ile iwe ipaunifasiti ti Ibadan. Idi ti a ti n se iwadi yi ni lati ko lati odo awon obi imo aii crongba won nipa ohun ti o je eto awon omode. Awon abajade iwadi yi yoo se iranlowo si nipa eto omode mu le fun idabobo awon omode.

Gbogbo idahun ti e ba fun mi ni yoo je n kan asiri. Maa se ki e dahun gbogbo ibeere mi pelu alito inu, le se fun ifowosopo yin.

OJO

Question number

Section A: Ohun ti o jenio olukopa

1. Eya Okunrin tabi obinrin: 1. Okunrin ☐ 2. Obinrin ☐
2. Imo odun melo ni yin? (ni odun)
3. Esin wo ni e n se?
1. Onigbagba ☐ 2. Musulumi ☐ 3. Esin abalaye ☐
4. Omiran (so ni pato)
1. Ipo nipa igbeyawo:
1. Ni oko tabi aya ☐ 2. Ti pin ya labe ofin ☐ 3. Ko gbe po ☐
4. Opo. ☐
5. Omo melo ni e ni
6. Melo ninu awon onto yin ni ojo ori won ko ti ju mejidinlogun lo?
7. Kini eya yin:
1. Yoruba ☐ 2. Ibo ☐ 3. Hausa ☐
4. Omiran (so ni pato)

8. Ibi ti e ka iwe de:

1. Ile iwe alakobere ☐ 2. Ile iwe girama ☐ 3. Ile iwe giga ☐
 4. Ko lo si ile iwe ☐ 5. Other (specify)

9. Ise wo le n se?

9. Elo ni iye owo ti o n wole fun yin losu?

10. Nibo ni e ngbe?

Section B: Imo nipa ofin ti o ro mo eto Omode

14. Kini eyin ro pe ngbo da je eto omode?

.....

15. Ewo ninu awon ofin yi ni ofi ese mule daradara ni orile ede Nigeria?

.....

16. Ewo ninu awon ofin yi ni ko fi ese mule daradara ni orile ede Nigeria?

.....

Eto	Imo nipa eto omode				() fi ese mule daradara		Ko fi e mule daradara	
					Beni	Beko	Beni	Beko
	Beni	Beko	Beni	Beko				
Eto lati wa ni aye								
Eto si eko to peye								
Eto si abo lawo fifi iyalo si nipa ciyameya, ako tabi abo, etc								
Eto si abo lawo ilokulo								
Eto si nana ti o peye								
Eto si eto dera								
Eto si nana muna ti ko ni ewe								
Eto si nana muna lawo								
Eto si nana muna giga muna muna								
Eto si nana muna giga muna muna								

Do fun abo lowo gbigbe ni									
awo pelu ojo ori kekete									
Eni abere ajesara									
Do si abo lowo fifi omo se ise									
si o pa owo wo le									
Do si abo lowo ibalopo ni ona									
ibere									

17. Nje e mo nipa awon ofin. ajumoso, apejopo tabi apero awon orilede agbaye ti oda lo ri elo omode? 1. Yes ☐ 2. No ☐

ti o ba je beko, ko ja si ibere kokandinlogun

18. E jowo e daruko awon apejopo ti e mo ati odun ti won waye

Oruko apejopo, apero, ofin	Odun

19. Nje e mo wipe ofin ti o ro mo elo omode wa ni orile ede Nigeria?

1. Beni ☐ 2. Beko ☐

ti o ba je beko, lu si ibere kctalelogun

20. Igbawo ni won da ofin ti o ro mo elo omode na sile?

1. Beni ☐ 2. Beko ☐

21. Nje e ti ri iwe ofin naa ri? 1. Beni, gbugbo re ☐ 2. Beni, die nita re ☐

22. Nje e ti ka iwe ofin naa? 1. Beni, gbugbo re ☐

3. Rara ☐

23. Kini orisun ti eti sa ba ma n gbo iroyin nipa eto omode?

1. Ero mohunmaworan ☐

2. Ero asoromagesi ☐

3. Iwe iroyin Newspaper ☐

4. Iwe iroyin Magazine ☐

5. Other (specify):

24. Bi ojo ori wo ni e lero pe o gbodo gba awon omode laye lati se amulo eto won? (ni odun)

2. Tani o ye ki o ru eru mimuse awon eto omode wonyi?

1. Ijoba ☐ 2. Awon obi/cbi ☐ 3. Olopa ☐
 4. Ile ise adani ti ki i se ti ijoba (NGOs) ☐ 4. Awon omode ☐
 5. Ara ilu ☐

3. Tani o wa n mu awon eto yi se lowolowo?

1. Ijoba ☐ 2. Awon obi/cbi ☐ 3. Olopa ☐
 4. Awon ile ise ti ki se ti ijoba ☐ 4. Awon omode ☐
 5. Ara ilu ☐

Section D: Erongba nipa eto omode.

Oro	Fara mo	Fara mo gan	niyemeji	Ko faru mo	Ko faru mo gan
27. Agbodo dabo bo eto omode nitori oyo ola wa.					
28. O ye ki awon omode maa so ero olan won ninu ohun gbogbo ti o je mo won.					
29. Agbalagba lo gbodo so ibi ti omode le se ohunkohun fun rara won de.					
30. Apejoro ti ngbaye lori eto omode ti se asejori lori awon agbekale won.					
31. O se paaki ki awon omode mo eto won.					
32. Mimuse awon eto omode ni Ona ti o je le mu ki awon omode ma wu awon iwa buruku bi riredede oru. kiko ore buruku					
33. Eto omode lodi ni asa wa nitorina n ku le howo luri.					

Section E: Ero nipa ofin ti o ro mo eto omode

Oro	B eni	Beko
1. N jẹ e ro pe ofin ti o ro mo eto omode je eyi ti o mu le ni re wa Nigeria?		
2. N jẹ e ro wipe awon ofin ti o ro mo eto omode ti dekun gbagbo wa ailo si awon omode ni Nigeria?		
3. N jẹ e ro wipe ibawi ni ile ati ile iwe ni Nigeria bawo fun omode gege bi eleran ara. N jẹ ibawi wa ni ilana pelu eto omode?		
4. N jẹ e ro wipe gbagbo igbese ti ijoba gbe lori ati se imuse awon agbekale ti apajapa lori eto omode je eyi ti o peye?		
5. N jẹ e ro wipe a n wu awon iwa ti ko lo kan si awon omode ni Nigeria?		

Section F: Awon ohun ti o n se idena fun imuse ofin ti o ro mo eto omode ni Nigeria?

Ohun ti o n se idena	Larin iranlawa		Pelu iranlawa	
	B eni	Beko	B eni	Beko
39. Kini awon ohun ti o n se idena fun imuse ofin ti o ro mo eto omode ni Nigeria?				
Alkoholara si edun awon omode lati odo ijoba				
Ise				
Asa ati ise ti awujo wu				
Faun				
Akun ojusuwon to lati odo awon igbolin to bi				
olopa				
Ani imo nipa awon eto yi				
Ija elejameya				
Awon ajalu, lumbi				
Ani jeyi fun awon ti o ba se				
Awu okere				

APPENDIX II

FOCUS GROUP DISCUSSION

KNOWLEDGE AND ATTITUDE OF PARENTS TO CHILD'S RIGHTS IN IBADAN NORTH LOCAL GOVERNMENT OF OVO STATE.

Dear Respondents,

Good day. I am Ogun Millicent, a postgraduate student of the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan. I am conducting in this community to generate information on the knowledge and attitude of parents toward the Rights of the Child. I also want to conduct some more open-ended interviews with you to develop a more in-depth understanding of what parents know and think about issues regarding the rights of the child. You have valuable insights on these issues and I want to encourage you to speak as openly and freely as possible. All information provided will be treated with utmost confidentiality. Please give your honest responses to the questions. Thank you for your cooperation.

1. What do you understand by the Rights of the Child? (Probe for: the examples of the Rights a Child should have; the sources of information about the Rights of the Child; the age a child should be allowed to exercise his/her rights; who should be responsible for implementing the Rights of the Child; the rights children are having access to in this community; the rights children are not having access to in this community; the factors that limit the access of Children to their Rights in this community)
2. What do you understand by violation of the Rights of the Child? (Probe for: examples of the violations of the Rights of the Child; which is most common in this community and why; the factors that predispose children to abuse or violation of their rights in this community; the group(s) of children whose rights are mostly violated in this community)
3. Are you aware there were international conferences and treaties on the Rights of the Child? (Probe for: names of international conferences/treaties on Child Rights)

and their years; some of the provisions of these conferences/treaties; the sources of information about the conferences/treaties)

4. Is there a Child Right Law in Nigeria?

If yes,

- i. What is it called and when was made it made into law?
- ii. Who was responsible for promulgating the Law?
- iii. Have you seen/read it before?
- iv. What are your sources of information about the Child Right Law in Nigeria?
- v. To what extent are the provisions of the Child Rights implemented in Nigeria?
- vi. Who should be responsible for implementing the Law in Nigeria?
- vii. What are the barriers to effective implementation of the Law in Nigeria?

5. What is your attitude towards the Rights of the Child?

- i. Should a child be allowed to know his/her rights?
- ii. What effects would the Rights of the Child have on discipline at home?
- iii. What effects would the Rights of the Child have on the future of the child?
- iv. What effects would the effective implementation of the Rights of the Child have on our culture?

FOCUS GROUP DISCUSSION GUIDE

KNOWLEDGE AND ATTITUDE OF PARENTS TO CHILD'S RIGHTS IN IBADAN NORTH LOCAL GOVERNMENT OF OYO STATE.

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6. What do you understand by the Rights of the Child? (Probe for the examples of the Rights a Child should have; the sources of information about the Rights of the Child; the age a child should be allowed to exercise his/her rights; who should be responsible for implementing the Rights of the Child; the rights children are having access to in this community; the rights children are not having access to in this community; the factors that limit the access of Children to their Rights in this community)

7. What do you understand by violation of the Rights of the Child? (Probe for examples of the violations of the Rights of the Child; which is most common in this community and why; the factors that predispose children to abuse or violation of their rights in this community; the group(s) of children whose rights are mostly violated in this community).

8. Are you aware there were international conferences and treaties on the Rights of the Child? (Probe for names of international conferences/treaties on Child Rights and their years; some of the provisions of these conferences/treaties; the sources of information about the conferences/treaties)

9. Is there a Child Right Law in Nigeria?

If yes,

- viii. What is it called and when was made it made into law?
- ix. Who was responsible for promulgating the Law?
- x. Have you seen/read it before?
- xi. What are your sources of information about the Child Right Law in Nigeria?
- xii. To what extent are the provisions of the Child Rights implemented in Nigeria?
- xiii. Who should be responsible for implementing the Law in Nigeria?
- xiv. What are the barriers to effective implementation of the Law in Nigeria?

10. What is your attitude towards the Rights of the Child?

- v. Should a child be allowed to know his/her rights?
- vi. What effects would the Rights of the Child have on discipline at home?
- vii. What effects would the Rights of the Child have on the future of the child?
- viii. What effects would the effective implementation of the Rights of the Child have on our culture?