

**PRIMARY SCHOOL TEACHERS' KNOWLEDGE, SKILLS FOR
IDENTIFYING CHILD ABUSE AND THEIR REACTIONS TO ITS
OCCURRENCE IN OLUYOLE LOCAL GOVERNMENT AREA,
OYO STATE, NIGERIA**

BY

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**A DISSERTATION IN THE DEPARTMENT OF HEALTH
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ABSTRACT

Child Abuse (CA) is a global public health phenomenon and teachers can play vital roles in its identification and prevention. Although previous studies have shown its magnitude, causes and control in community settings, the role of primary school teachers in preventing CA have not been adequately investigated in Nigeria. This study therefore assessed teachers' knowledge, skills in identifying CA and reactions in Oluyole Local Government Area, Oyo State.

This was a descriptive cross-sectional study involving a four-stage sampling technique which included proportionate and simple random techniques used to select 422 consented teachers. A validated, interviewer-administered semi-structured questionnaire was used to elicit information relating to socio-demographic characteristics, knowledge, skills for identifying CA and action taken on CA. Respondents' knowledge of CA was measured on a 43-point scale, skill for identification on 24-point and self efficacy on 18-point scales. Knowledge scores of ≤ 20 , $>20-30$ and >30 were categorized as poor, fair and good respectively. Skills for identifying CA scores ≤ 12 and >12 were rated inadequate and adequate, also self efficacy scores ≤ 10 and >10 were rated inadequate and adequate. Data were analysed using descriptive statistics, t-test, Chi-square at 5% level of significance.

Respondents' age was 47.1 ± 5.9 years, 82.0% were females, and 70.9% had National Certificate of Education. Knowledge of CA was 16.4%, 50.0% and 33.6% for poor, fair and good respectively. The score for skills in identifying signs of CA was 59.7% and 40.3% for inadequate and adequate respectively. Also, 97.2% had adequate self efficacy score. Religion, age group and years of experience were significantly related to knowledge of CA. The score for skills was not significantly related to knowledge of CA. A large majority (73.5%) had observed children with unexplained bruises, overly withdrawn (59.7%) and pregnant (57.5%). Over half of the respondents (51.4%) did nothing after they encountered children that gave conflicting explanation on how he/she got injuries, engage in street hawking (58.8%), and involved in scavenging (58.0%). Majority of those that took action reported to the parent after they observed children that were extremely not active (58.1%), had information on sexual matters which are beyond their age (55.3%) and became pregnant while in school (53.5%).

Respondents had fair knowledge but inadequate skills in identifying child abuse. Actions taken were focused on the parent. Child protection training that focuses on improvement of knowledge of child abuse, the skills for identifying child abuse and appropriate action is therefore recommended.

KEYWORDS: Child abuse, Knowledge, Skills, Responses, Teachers, Public and private schools.

WORD COUNT: 477

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DEDICATION

I dedicate this effort to GOD almighty that is faithful to His words, which brought me this far and can take me further and to every abused child I had met in classrooms.

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CERTIFICATION

I certify that this project was carried out by IDOWU, Adeyinka Gbemisola in the Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan, Ibadan, Nigeria

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OPERATIONAL DEFINITION OF TERMS

Child: According to the Child Rights Act (2003), a child is a person who has not attained the age of 18 years.

Child Abuse: Child abuse is any act or acts of omission or commission capable of causing harm or potential harm to a child physically, emotionally and sexually. It includes neglect and exploitation.

Child Neglect: Failure to look after a child in terms of basic needs: - basic education, food, health, shelter, clothing.

Sexual Abuse: Involvement in penetrative, contact or non-contact sexual activities by a child/adolescent who cannot understand and give consent to sexual matters, through the use of threats, coercion, bribery or intimidation by a person in a position of trust, authority or influence.

Emotional Abuse: Any act verbal or attitude that may cause psychological harm to a child such as ignoring or abusing a child.

Teachers: Primary school teachers

Pupils: Primary School children

Actions taken by the teachers: The outward expression of the teachers aroused by a situation surrounding child abuse.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Child maltreatment refers to the physical and emotional mistreatment, sexual abuse, neglect and negligent treatment of children, as well as to their commercial or other exploitation (WHO and ISPCAN, 2006). For a long time, child abuse has been recorded in literature, art and science in many parts of the world. Reports of infanticide, mutilation, abandonment and other forms of violence against children date back to ancient civilization (Ten Bensel, Rheinberger and Radbill, 1997). The challenge has become increasingly dire and is a social problem and public health challenge (Kirk, Jones and Ann, 1994) with extensive short- and long-term health consequences that requires immediate attention (Japanese Society of School Health 2010). Maltreatment of children is a sinister and destructive behavior pattern (Gail and Marilyn, 2008) which is unfortunately too common in families from all walks of life, and across all socioeconomic, religious, and ethnic groups (Kirsten 2010). Child abuse and neglect are widespread problems even in developed country like United Kingdom and many others. Official statistics from the UK, USA, Canada and Australia show that between 1 and 1.5 per cent of all children are annually reported to child protection agencies for all forms of abuse (Gilbert, Spatz-wisdom, Browne, Fergusson, Webb, and Janson, 2009b). However, it is likely that these figures are just the 'tip of the iceberg' (Sedlak, 2001). According to data from the National Child Abuse and Neglect Data System (NCANDS), 50 States reported a total of 1,537 fatalities in United States. based on these data, a nationally estimated 1,560 children died from abuse and neglect in 2010, which translates to a rate of 2.07 children per 100,000 children in the general population and an average of four children dying every day from abuse, or neglect. NCANDS defines "child fatality" as the death of a child caused by an injury resulting from abuse or neglect or where abuse or neglect was a contributing factor (Child Welfare Information Gateway, 2012).

The African Charter on the Rights and Welfare of the Child recognizes that the child in any African setting occupies a unique and privileged position and that the child should grow up in a complete state of wellbeing to be provided by the family for full and harmonious development of his personality. The requirements embedded for a complete state of wellbeing are basic amenities, parental responsibilities in all dimensions, freedom to belong, adequate shelter, personal growth, autonomy, purpose in life, environmental mastery, and positive relations with others (Owuamanam, Owuamanam, Akinleye & Odu, 2008). Many African children are deprived of these. Rather, evidence has shown that child trafficking practices, specifically for house helps is a global problem (Libreville, 2002).

Child abuse is a common phenomenon in Nigeria. parent often turns their children to hawkers of sachet water, foodstuffs, polythene bags, galu, second-wares among several others. On the part of non-parent, they too take undue advantage of the children with them by influencing them to become bus conductor, mechanics, drug peddlers and prostitutes (Owolabi, 2012). Some hawk on the highways and busy roads. Some engage in laborious jobs in homes and farms. An active trade in children both within and outside the country is a current trend. Parents in the rural areas hand over their children to urban dwellers who most often fail to put them into school, but will rather use them as unpaid servants or street hawkers (Mbakogu, 2004). Ebigbo and Abaga (1990) opined that in Enugu, the rate of child abuse and child hawking has assumed a worrisome and alarming proportion, they noted that in Ibadan, Ondo and Abeokuta metropolis, it is a daily occurrence to see children below 14 years hawking on the street. Olawale and Adeniyi (2011) identified other aspects of child abuse as child labour, child trafficking, child prostitution, shrine-begging and ritual killing.

Intervention may be necessary to protect the child from further abuse or neglect, and to enhance the child's prospects of recovery from abuse already incurred (Louise, 2004). Any intervention into family life on behalf of children must be guided by Federal and State laws, sound professional standards for practice, and strong philosophical underpinnings. The right of Nigeria children to protection is upheld by some laws which exist under various statutes, such as the Penal Code, Criminal Code and the child and Young Persons law (1958). The Nigerian constitution (1979), protects and respects the fundamental rights of all citizens, adult and

children; alike. Furthermore, the Nigerian Labour Act of 1990 protects the child from exploitation; while the Cinematography Act, also of 1990 protects the child from exposure to indecent materials. Moreover Tobacco and alcohol Advertisement Decree, forbids the use children in the advertisement of cigarette and alcohol beverages. Nigeria ratified the United Nations Convention on the Right of the Child in March 1991 and followed the ratification with Children's Decree on Child Rights in 1992 (NCRIC, 1995). For example, the rights of citizens in chapters 4 section 30, 40 of the 1997 constitution of the Federal Republic of Nigeria guarantee every citizen's basic and fundamental human rights. Here, the constitution does not make any distinction between the rights of adults and children. Thus, children are expected to enjoy these rights (Nseabasi & Abiodun, 2010). Finally the Child Right Acts 2003 also spells out the right of Nigeria children which include right to dignity of child, right to leisure, recreation and cultural activities, right to health and health services, right to parental care, protection and maintenance, right to free compulsory and universal primary education among others.

However, without detection, reporting and intervention a child may die as a result of severe abuse. Part V (Sections 50-52) of the Child Right Act empowers a child development or police officer or any other authorised person to bring a child in need of care and protection before a court for a corrective order, if he has reasonable grounds for believing that the child is an orphan or is deserted by his relatives, neglected, ill-treated or battered by his parent or guardian or custodian, or found destitute, wandering, homeless, or surviving parent undergoing imprisonment, mentally disordered, or otherwise severely handicapped; or found begging for alms, in company of a reputed/common thief or prostitute, or otherwise beyond parental control or exposed to moral or physical danger.

In Nigeria, an average school teacher today has on his hands consequential effects of child abuse from parent's abandonment of their responsibilities (Alokan, 2010). There are cases of dirty and tattered uniformed students stealing or begging for food, students not coming to school regularly and students sleeping during lessons almost all the time. Some of them are affected with anxiety, depression and passive or withdrawal behaviour. Some of the students engage in aggressive, disruptive, inappropriate acts or delinquent behaviour. Some seek inappropriate affection from

other students. All these types of negative behaviour usually affect students' academic performance (Alokan, 2010)

This study therefore focused on the primary school teachers' knowledge and skills for identifying child abuse and action taken on its occurrence in Oluyole local government area, Ibadan.

1.2 Statement of problem

Child abuse is a complex issue with no solution. The Nigerian adults (policy makers, parents, guardians, care-takers, foster parents, teachers and trainers) still trample upon the rights of the child at home, in the school and in the community (Amuchie and Ogbonnaya, 2006). Child abuse manifests in several forms, including child labour, sex trade, early and forced marriages (Atere, Akinwale and Owoade, 2005). Olawale et al (2011) observed that the Nigerian child is ravaged by poverty, encumbered by corruption, terrified by insecurity, ethnic militias, armed robbers and political thugs, and sabotaged by erratic social amenities, human trafficking and child labour. For all these, the Nigerian children have had to bear the brunt of oppression, enslavement, maltreatment, abuse and neglect all along. Ebigbo (2006) citing the 2003 United Nations Children Emergency Fund (UNICEF).

Report on child abuse revealed that in Nigeria, over six million children (37% of boys and 43% 57 of girls) are not in school; fifteen million children (7.8 million boys and 7.2 million girls) are working, the resulting implication of this is that most of the children who fall within this category have been abused (Federal Ministry of Education, 2006). Some of them have been thrown into prostitution, bus conducting, and other forms of abuse discussed above. A study conducted to describe the pattern of child abuse among children in a secondary school setting and associated factors revealed the prevalence of child abuse in the secondary schools studied, physical abuse was 44.8 %, emotional abuse was 16.8 %, and sexual abuse was 10.2 %. This gives very lucid evidence that child abuse occurs among children in Nigeria.

Researches in Nigeria have highlighted prevalence and forms of child abuse (Momoh, Aigbomian and Longe, 2008), correlates (Elegbeleye & Olatupo, 2011), causes (Alokan, 2010), effects (Ojo, 2013, Owolabi, 2012) and dimensions (Ikechebule, udigwe, Ezechukwu, Ndinechi and Joe-ikechebule, 2008). Little attention has been focused on teachers who are in a unique position to identify and take action on child abuse because of their daily contact with pupils. They can play important role in counseling children and their families and in protecting pupils from abuse (Tower, 2003). The available studies on teachers' role were conducted in developed countries. Hence, it is therefore necessary to document teachers' knowledge, skills for identifying child abuse and action taken on the occurrence of child abuse in schools.

1.3 Justification of the study

This work was justifiable because of the significant importance that is derived from the data.

There are three potential benefits from this study:

The information from this study provides base line data on which intervention strategies could be developed by government, non-government organizations and related stake-holders to formulate policies to combat the problems of child abuse.

The work provides further information on the knowledge of the teachers, skills for identifying child abuse and their attitude to occurrence which is useful to yield baseline information needed to enhance the capabilities of teachers to be involved in the prevention of child abuse.

Though there are already existing legislations on child abuse the study helps to re-enforce the need for appropriate enforcement mechanisms to safeguard the violence against children.

Lastly, it will serve as evidence for interventions on child abuse among teachers and also add to existing knowledge and increase volume of literature on child abuse.

1.4 Research questions

This study provided answers to the following questions

1. What do teachers know to be child abuse?
2. Do teachers have the skills to identify child abuse?
3. What are the child abuse related experiences observed and actions taken by the teachers?

1.5 Broad objective

The broad objective of this study was to investigate primary school teachers' knowledge and skills for identifying child abuse and action taken on its occurrence.

1.6 Specific objectives

The specific objectives were to:

1. assess the level of the teachers knowledge on child abuse
2. describe teachers skills in identifying child abuse
3. describe teachers' child abuse related experiences observed and actions taken

1.7 Research hypotheses

The following hypotheses were tested in this study:

1. There is no significant relationship between age of teachers and their knowledge of child abuse.
2. There is no significant relationship between the educational level of teachers and their knowledge of child abuse.
3. There is no significant relationship year of teaching experience of teachers and their knowledge of child abuse.
4. There is no significant relationship between knowledge of child abuse and respondents skills for identifying child abuse by the teachers

CHAPTER TWO

LITERATURE REVIEW

2.1 Definition of child abuse

The understanding of what constitutes abuse varies with the child's age, culture and context. More precise definitions of child abuse and neglect are somewhat controversial, as they are necessarily historically and socially determined. Some practices that were considered acceptable 100 years ago are now understood as abusive. Certain contemporary non-Western customs may be normative in one society, but not considered acceptable in the other like United States (Leo, 2003). For example, hawking and beating are considered legitimate ways of training a child before now. However, the experience of significant harm and suffering appears to be at the core of most definitions. Child abuse is defined as, 'the non accidental commission of any act by a caretaker upon a child under the age of 18 years which causes or creates a substantial risk of serious physical or emotional injury, or which constitutes a sexual offence such as rape or molestation (Subramanian, Subhagya, Muthu and Sivakummr, 2005).

The World Health Organisation (WHO, 2006) defines child abuse as: "all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power". Centre for Disease Control also defines child maltreatment as: "any act or series of acts of commission or omission by a parent or other caregiver that results in harm, potential for harm, or threat of harm to a child (Leeb, Paulozzi, Melanson, Simon, & Arias, 2008). Acts of omission include physical abuse, sexual abuse, and psychological abuse, and acts of commission include neglect (physical, emotional, medical/dental, or educational) and failure to supervise". Categories of child abuse traditionally recognized are physical abuse, sexual abuse, emotional abuse, neglect and child exploitation (WHO, 2006).

According to the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN, 1991), child abuse and neglect comprise, "any act of omission and commission by adult capable of causing the child physical and emotional trauma".

Forms of child abuse

Physical abuse is generally defined as those acts of commission by a caregiver that cause actual physical harm or have the potential for harm (Khattri, 2004). It involves the use of physical force against a child, which includes a range of violent behaviours such as hitting, beating, kicking, shaking, biting, strangling, scalding, burning, poisoning and suffocating. It is also child abuse if a caregiver fabricates the symptoms of, or deliberately induces illness in a child (Schreier, 2002).

Emotional abuse is, "the persistent emotional maltreatment of a child that may severely impair the child's psychological development, such as: devaluing the child – making him/her feel worthless, unwanted or unloved, valuing the child only in so far that he or she fulfils the needs of others, placing unrealistic or age-inappropriate expectations upon the child, overprotecting and/or isolating the child from others, allowing the child to see or hear the maltreatment of others, including domestic violence between parents, seriously intimidating or bullying the child, causing him/her to feel frightened or endangered" (National Society for the Prevention of Cruelty to Children, 2010). Emotional abuse is typically involved in all types of maltreatment, although it also frequently occurs on its own (Glaser, 2002). It includes the failure of a caregiver to provide an appropriate and supportive environment, and also acts that have an adverse effect on the emotional health and development of a child. Such acts include restricting a child's movements, denigration, ridicule, threats and intimidation, discrimination, rejection and other nonphysical forms of hostile treatment (Khattri, 2004).

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities (including prostitution), whether or not he or she is aware that the activity is abusive. It includes physical (including penetrative acts such as rape, anal or oral sex) and non-physical acts, such as exposing one's sexual parts to a child (flashing), forcing children to look at sexual images (e.g. pornography) or encouraging a child to behave in other sexually inappropriate ways (DfH, 2006). Child Abuse Prevention and Treatment Act (CAPTA) sees it as the employment, use of

persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct. It is the rape, and in cases of caretaker or interfamilial relationships, statutory rape, molestation, prostitution, or other forms of sexual exploitation of children or incest with children (Khattri, 2004). As a result of the secrecy that characterizes these cases, sexual abuse is the most often under-reported form of child maltreatment. Sexually abuse have been associated with feelings of shame, self blame, fear, guilt about sex and inability to refuse unwanted sexual advances (Worku & Addisie, 2002). The seven forms of sexual abuse include: sexual activity completed (oral, vaginal, or anal sexual activities), sexual activity attempted (include attempts to have oral, vaginal, or anal sex), touching/fondling genitals (sexual activity involved touching/fondling genitals), adult exposing genitals to child (sexual activity consisted of exposure of genitals to children), sexual exploitation (prostitution or pornography), sexual harassment (proposition, encouragement, or suggestion of a sexual nature) voyeurism (include activities in which a child was encouraged to exhibit himself/herself for the sexual gratification of the alleged perpetrator) (Trocmé & Wolfe, 2001).

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs in a manner that is likely to seriously impair his or her health or development. There are many ways in which children can be neglected, including, failure to provide adequate food, clothing or shelter, failure to protect children from potential harm or danger, inadequate supervision, inadequate medical attention, inadequate emotional support and attention (Kirsten, 2010). Koralek (1992) emphasizes four types of neglect: physical neglect (inadequate or unsafe supervision of children), medical neglect (failure to seek needed medical attention for a child and withholding of medically indicated treatment for disabled infants with life-threatening conditions), educational neglect (failure to abide by state laws regarding children's education), emotional neglect (ignoring developmental needs of children).

Child Welfare Information Gateway (2006) identifies child neglect as the most common type of child maltreatment. Unfortunately, like sexual abuse neglect frequently goes unreported and historically has not been acknowledged or publicized as greatly as visible child abuse. However the effects of neglect can be just as detrimental. In fact some studies have shown that neglect may be more detrimental to children's early brain development than physical or sexual abuse (Garbarino, 1999).

Child Exploitation often referred to as child labour or child trafficking is a systematic process of using children to work with little or no compensation and consideration for their health and safety (Newton, 2001). It involves the use of a child in work or other activities for the benefit of others. Children are used to do hard works in the farms that are above their ages and some are made to hawk wares for long hours without food. Such children rarely benefit from education and many eventually drop out of school. By the time these children reach adulthood, they are often physically, emotionally, morally and intellectually damaged.

2.2 Nature and extent of child abuse globally

It is evident that child abuse is a serious universal dilemma that is deeply rooted in cultural, economic and social practices and occurs in a variety of ways and places. It has been found in all countries (Fergusson & Mullen, 1999). Estimates of child maltreatment indicate that nearly a quarter of adults (22.6 percent) worldwide suffered physical abuse as a child, 36.3 percent experienced emotional abuse and 16.3 percent experienced physical neglect (WHO, UNODC and UNDP, 2014).

In Australia, in 2012 the most common category of identified maltreatment is emotional abuse (36% of cases) then neglect (31%). Physical abuse accounts for 21% cases and sexual abuse for 12% (Australian Institute of Health and Welfare, 2013). In 2012, the child protection service (CPS) estimated that 686,000 children were victims of abuse, of the child victims, 78% were victims of neglect, 18% of physical abuse, 9% of sexual abuse, and 11% were victims of other types of abuse, including emotional (USDHHS 2012).

Another population-based study in the USA, Australia and the UK suggest that annual rates range from 4 to 16% for physical abuse; from 1 to 15% for neglect; and from 10 to 20% for the witnessing of domestic violence (Gilbert et al, 2009b). Annual rates of sexual abuse are somewhat lower, but data collected on lifetime rates suggest that approximately 10% of all girls and 5% of all boys experience some form of sexual abuse before they reach the age of 18 (Gilbert et al, 2009b; WHO, 2006). See evidence of prevalence of child abuse in different countries in appendix ii

Child Physical Abuse

A review of the research literatures on the prevalence of physical abuse showed a range of different results. A review on child abuse across the East Asia and Pacific region in 2012 revealed overall prevalence rates of physical abuse range from 10% (from a study of parents in China) to 30.3% (from a study of grade six students in Thailand) (UNICEF, 2012). According to National Child and Neglect Data System in 2005, in USA an estimated 3.7 million referrals of child abuse or neglect were received by public social service or CPS agencies. Of these referrals, 899,000 children were confirmed to be victims of abuse or neglect (U.S. Department of Health and Human Services, 2007). That means about 12 out of every 1,000 children up to age 18 in the United States were found to be victims of maltreatment in 2005 (USDHHS, 2007).

A national prevalence study of child maltreatment in Romanian families reported that of 711 female and 581 male adolescents aged 13–14 years, 84% had experienced corporal punishment and 2.1% physical abuse (Browne K et al, 2000). A national survey of child abuse in Romania revealed that 37% of children aged 7–18 years reported being victims of severe physical punishment or beatings (WHO, 2007). In Republic of Korea, parents were questioned about their behaviour towards their children. Two-thirds of the parents reported whipping their children and 45% confirmed that they had hit, kicked or beaten them (Hahn and Guterman, 2001). Report from the World Studies of Abuse in the Family Environment (WorldSAFE) project, a cross-national collaborative study reported severe physical punishment in Chile 4%, Egypt 26%, India 36%, Philippines 21% and USA 4% (Munter, 2000). In Italy severe violence was 8% (Bardi and Boigognini-Tan, 2001).

Child Sexual Abuse

Estimates of the prevalence of sexual abuse vary greatly depending on the definitions used and the way the information has been collected. In 2007 in the United States, a prevalence rate of 7.6% was estimated (U.S. Department of Health and Human Services, 2009) and by the 2009, the prevalence rate of sexually abused children had increased to 9.5% of all cases of maltreatment (U.S. Department of Health and Human Services, 2010). A total of 13,075 offenders were convicted of sex crimes against children in the state of California for the year 2001, for a rate of 141 sexual abuse convictions per 100,000 children (Children now, 2001). The UN World Report on Violence Against Children reports a World Health Organization (WHO),

2006) estimate that 150 million girls and 73 million boys under 18 suffered forced sexual intercourse or other forms of sexual violence during 2002 (Ezzati et al., 2004, cited in Pinheiro, 2006).

Child Neglect

Neglect is another form of child abuse. In Nigeria the Criminal Code (1990: section 301) provides that failure to supply the necessities of life without lawful excuse for those to whom one owes such a duty is a felony punishable with a term of imprisonment where the life of that other is thus endangered. Where child abandonment results in death, a murder (at least) infanticide has been committed (Criminal Code, 2004: section 222(6)).

A study of parents of three-to-six year olds conducted in 25 cities across 13 provinces in China found that 28% of parents reported neglectful behaviour, mostly in the areas of physical, emotional and safety neglect (UNICEF, 2012). Another study in the Philippines examined adverse childhood experiences among a population-based sample of adults and found that 22.5% reported experiencing child physical neglect, which included not having enough to eat and wearing dirty clothes. A much higher percentage, 43.6%, reported experiencing psychological neglect, which included not feeling loved, parents who wished they hadn't been born and the feeling that someone in the family hated them (Ramiro, Madrid & Brown, 2010). Still in Philippines, a survey among grade six students found that 40% reported being neglected in the form of not being provided with appropriate care and food and frequently being left home alone (Isaranwug, Niliral, Chaoyong and Wongarsa, 2001).

Emotional Abuse

Some studies utilise the Parent-Child Conflict Tactics Scale, which includes questions on psychological aggression. These studies revealed prevalence of emotional abuse ranges from 31.3% in the Republic of Korea (Kim, Park & Emery, 2009) to 68.5% in China (Chen, 2010) for probability studies and up to 81.1% in China from a convenience sample (Zhang, Hiao, & Zhang, 2009). The earlier year prevalence ranges from 61.2% in China (Chen, 2010) to 78.3% also in China (Leung, Wong, Chen & Tang, 2008) suggesting a very high prevalence of emotional abuse. Across Australia the types of abuse most commonly substantiated were emotional abuse 36% and child neglect 31%. Emotionally abusive behaviours included verbally abusing,

terrorising, scape-goating, isolating, rejecting and ignoring. Children who see domestic violence are also typically categorised as having experienced emotional abuse (Australian Institute of Health and Welfare, 2013).

Child Exploitation

A review of some studies on the exploitation of children in the East Asia and Pacific region revealed the prevalence of child labour ranges from 6.5% of children aged 6-17 in Viet Nam (ILO, 2009 as cited in UNICEF, 2010) to 56% of children in a fishing area in Cambodia (Centre for Advanced Study, 2001b). The UNICEF Multiple Indicator Cluster Surveys (MICS) provide data on the percentage of children working in several countries in the East Asia and Pacific region. The prevalence child exploitation ranges from 5.4% in Indonesia to 32.4% in the Lao People's Democratic Republic (UNICEF, 2010).

2.3 Child Abuse in Sub Sahara Africa

Concern for victims of child abuse in Africa was expressed by the African Network of the International Society for the Prevention of Child Abuse and Neglect (ISPACAN, 1986) which gave five main forms of child abuse: child labour, street wandering, sexual abuse, child battering and abandonment (Famuyiwa, 1997). A national survey in 2010 in Kenya on Violence against Children Study (VACS) found that violence against children is a serious problem in Kenya, in the study, levels of abuse prior to age 18 as reported by 18 to 24 year olds indicated that during childhood, 32% of females and 18% of males experience sexual violence, 66% of females and 73% of males experienced physical violence and 26% of females and 32% of males experience any violence as a child. 13% of females and 9% of males experienced all three types of violence during childhood. Violence reported by 13 to 17 year olds indicated that 11% of females and 4% of males experienced sexual violence and 49% of females and 48% of males experienced physical violence (UNICEF, CDC and Kenya National Bureau of Statistics, 2012).

A retrospective study conducted by African Child Policy Forum on Violence against girls in Burkina Faso, Cameroon, Democratic Republic of Congo, Nigeria and Senegal in (2010) reported beating as the most common physical violence in Nigeria 90%, Senegal 83% and Cameroon (79%). The most devastating form of sexual violence in form of forced sexual

intercourse/rape was most highly reported in Burkina Faso and Nigeria (40%) followed by Cameroon (30%), DRC (27%) and Senegal (17%). Child abuse is on the rapid increase in South Africa, with a child being raped every three minutes (Solidarity, 2009).

2.4 Child Abuse in Nigeria

The existence of child abuse in Nigeria is indisputable. Olawale and Adeniyi (2011) established that child abuse and neglect is a reality in Nigeria in this 21st century. The most pathetic aspects are child labour, child trafficking, child prostitution, alms-begging and ritual killing. In Edo State, a study reported that physical abuse and child neglect occurred most frequently in the area (Momoh, 2008). In a study on opinion and attitude of parents in Ilorin, towards child abuse and neglect, Nuhu and Nuhu (2010) posited that as many as 52% of the respondents in the study employed physical beating, many of them admitted that sometimes they lost control when beating their children. It was also revealed that 10% of the parents have sent (or can send) their children to work as housemaids or houseboys and 2.7% parents reported that their children have been sexually abused. The rate of child abuse has assumed a worrisome and alarming proportion. Momoh (2008) reported that child abuse was more prevalent in rural areas (63%) than urban areas (37%). Street hawking is a form of child abuse that is very common in most cities in Nigeria, where the incomes are low and have proved not enough to provide for a whole family (Isanah, & Okunola, 2002). According to ILO – IPEC (2000) report, an estimated 60 percent of sex workers in Italy are from Nigeria. Anos (2013) posited that street hawking is not restricted to a particular sex. Children are made to hawk along the busy streets and major highways in order to complement the family income. Parents often make their children hawk sachet water, foodstuffs, polythene bags, gala, second-wares among several others. On the part of non-parents, they take undue advantage of the children with them by influencing them to become bus conductor, mechanics, drug peddlers, prostitutes (Owolabi, 2012). For example, Nuhu and Nuhu, (2010) reported that about 30% of the parents send their children to hawk goods. This cut across major cities in Nigeria, including Lagos, Ibadan, Sokoto, Port Harcourt, Enugu, Jos, Benin (Obikere, 1986).

Ebigbo and Abaga, 1990 noted that in Ibadan, Ondo and Ogun metropolises, it is a daily occurrence to see children below 14 years hawking on the street. Some engage in laborious jobs

in homes and farms. Some studies of motor garages in some major cities, especially Lagos, showed the growing use of children as bus conductors these children, who are mostly of tender age, are recruited into these activities with or without the consent of their parents, to generate income, either for their families or for themselves (Onuikwe, 1998). In some cases, these children may combine bus conducting with education or may be out of school entirely. If they are combine bus conducting with education, they may be working part-time to generate income to assist their impoverished family and pay their school fees. in which case they may be working full-time during the weekends (Onuikwe, 1998).

In Nigeria, there are two main kinds of street children; those who live and work on the street, were called children of the street and those who merely work on the streets full or part-time but who retire daily to their homes at night were called children in the street (Olaleye and Oladaji, 2010)

The dynamism of child exploitation will be incomplete without stressing the issues of child trafficking in Nigeria. In the 2000 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (known as the Palermo Protocol), article 3(a) defines trafficking in persons as: *"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, or fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs"* (ILO, 2009)

In the last two decades there has been an increase in the internal trafficking of Nigerian women and children. An increased number of people are trafficked from rural communities (Oyo, Osun and Ogun States in the South-West; Akwa-Ibom, Cross River, Bayelsa States in the South-South; Ebonyi and Imo in the South East; Benue, Niger, and Kwara States in the Middle Belt) to cities such as Lagos, Abeokuta, Ibadan, Kano, Kaduna, Calabar and Port Harcourt. Common European destinations for trafficked women and children from Nigeria are Italy, Belgium, Spain, the

Netherlands, Germany and the United Kingdom. There is a noticeable and growing trend in the trafficking of Nigerian women and young girls to the United Kingdom to work as domestic servants (UNESCO 2006). An average of 10 children daily passes through the Nigeria boundaries, especially children originating from fostering and extended family systems (Mbakogu, 2004).

As proof of the above, in January 2002, the Cote D'Ivoire authorities deported a number of 10-year-old girls from Abidjan to Lagos State (AFROL Gender Profile-Nigeria, 2002). Further, a trade route used by traffickers of child labourers which went through Katsina and Sokoto to the Middle East and East Africa was uncovered. Dutch officials intercepted what may have been an organised smuggling of about 12 children within a 5-month period from November 1998 to March 2002 (AFROL Gender Profile-Nigeria, 2002).

A study revealed in Nigeria that 55% of adolescents had been sexually abused (Oiley, 2008). Another study also in Nigeria on sexual abuse on juvenile female street hawkers reported 69.9% had been sexually abused with 17.2% having had penetrative sexual intercourse, 28.1% were forced and 56.3% submitted willingly while hawking. Majority (59.4%) of the sexual partners were adults (Ikechebelu, Udigwe, Ezechukwu, Ndinechi, Joe-Ikechebelu, 2007). See appendix ii for further evidence of child sexual abuse in Nigeria.

2.5 Causes of child abuse

2.5.1 Poverty

Poverty is the biggest cause of child abuse in Nigeria. This is indisputable in the sense that various studies conducted by international bodies such as the UNDP, UNICEF, UNAIDS, etc, reveal that an average Nigerian lives on less than \$2 per day. This leads to the predictable consequence of parents having to look for an alternate route to make up for the poverty in the family. And expectedly, their children are made to hawk on the street while their colleagues are in the school, and having to do some other menial jobs which culminate into abuse (Owolabi, 2012). Child abuse in our society especially Nigeria in particular has been ascribed to some number of factors which include poverty, religion, culture, government, parents/guardians, polygamy uncontrolled birth (Benjamin & Hassan, 2010).

Research suggests that it is unlikely that a single risk factor causes maltreatment, as its occurrence is more often associated with the presence of multiple risk factors (Rutter, 2000). Sidebotham and Heron (2006) observed that a wide range of factors are associated with child maltreatment, with the strongest risks coming from socio-economic deprivation and parental background, including poor mental health. At the community-level variables that are consistently linked to child maltreatment include lack of social support (including the availability of childcare), neighbourhood poverty and the accessibility of alcohol (Korbin, Coulton, Chard, Platt-Houston and Su, 1998). Societal factors, such as beliefs about using physical punishment to discipline children and the portrayal of violence and sex in the media may additionally contribute to abusive behaviour towards children (Sirius and Mathur, 1996). Douglas (2006) opined that though it is difficult to investigate the precise extent to which cultural values influence rates of abuse, recent research suggests that attitudes towards violence are significantly associated with approval rates of physical punishment, which have, in turn, been linked to increases in child physical abuse (Crouch and Behl, 2001).

In Nigeria, Obidigbo (1999) recognized that out of 120 teachers used for his study, 82.5 percent reported that street hawking leads to child abuse and neglect, 79.16 percent agreed that breeding many children causes child abuse, 91.66 percent subscribed to the factor of low economic status while the same 91.66 percent also reported that broken home was a trademark of child abuse.

Meanwhile Child Care Health Advocates (CCHAs) (2006) reported that there is a strong association between being abused as a child and abusing one's own child which is defined as "intergenerational transmission of abuse". The populations of children most at risk for abuse are those in low-income, single parent families (Sedlak & Broadhurst, 1996). Childhood abuse is associated with low educational attainment and poor physical and mental health in adulthood (Gilbert *et al.*, 2009b; Tyler, 2002).

A variety of theories and models have been developed to explain the occurrence of abuse within families. The most widely adopted explanatory model as applied to child abuse and neglect is the ecological model which considers a number of factors, including the characteristics of the

individual child and his or her family, those of the caregiver or perpetrator, the nature of the local community, and the social, economic and cultural environment (Garbarino, 1978).

2.5.2 Age

Exposure to child abuse whether physical, sexual or neglect depends in part on a child's age (Youssef, Altia, Kannel, 1998; Dubowitz et al., 2000). Research shows that fatal cases of physical abuse are found largely among young infants (Kirschner, 2001; Wilson, 2001; Adinkar, 2000). For example, in reviews of infant deaths in Fiji, Finland, Germany and Senegal, the majority of victims were less than 2 years of age (Adinkar, 2000). Young children are also at risk for non-fatal physical abuse, for example, rates of non-fatal physical abuse peak for children at 3-6 years of age in China, at 6-11 years of age in India and between 6 and 12 years of age in the United States (Hunter et al. 2000). Meanwhile sexual abuse rates, tend to rise after the onset of puberty, with the highest rates occurring during adolescence (Madu and Peltzer, 2000).

2.5.3 Sex

In most countries, girls are more vulnerable than boys to infanticide, sexual abuse, educational and nutritional neglect, and forced prostitution. Findings from several international studies show rates of sexual abuse to be 1.5-3 times higher among girls than boys. In some countries, girls are either not allowed to receive schooling or else are kept at home to help look after their siblings or to assist the family economically by working. Male children appear to be at greater risk of harsh physical punishment in many countries (Shumba, 2001; Hadi, 2000).

2.5.4 Special characteristics

It is believed that low birth weight, prematurity, illness, or physical or mental handicaps in the infant or child interfere with attachment and bonding and may make the child more vulnerable to abuse. However, these characteristics do not appear to be major risk factors for abuse when other factors are considered, such as parental and societal variables (Finkelhor, 1994).

2.5.5 Caregiver and family characteristics

Several family characteristics are associated with child abuse, some life situations such as marital problem, domestic violence, single parenthood, unemployment and financial stress, can increase

the likelihood that child abuse and neglect will occur (Diane, 2006). In a study of Palestinian families, lack of money for the child's needs was one of the primary reasons given by parents for psychologically abusing their children (Khamis, 2000). The size of the family can also increase the risk for abuse. Data from a range of countries indicated that household overcrowding increases the risk of child abuse (Kim et.al, 2000; Dubowitz and Black, 2000; Isaranurug 2001). Unstable family, in which the composition of the household frequently changes as family members and others move in and out, are a feature particularly noted in cases of chronic neglect (Dubowitz and Black, 2000).

A number of personality and behavioural characteristics like low self-esteem, poor control of their impulses, mental health problems, and display of antisocial behaviour have been linked, in many studies, to child abuse and neglect (Klevens and Bayon, 2000; Lindell and Svedin, 2001). Abusive parents may also be uninformed and have unrealistic expectations about child development (Klevens and Bayon, 2000). Research has found that abusive parents show greater irritation and annoyance in response to their children's moods and behaviour, that they are less supportive, affectionate, playful and responsive to their children, and that they are more controlling and hostile (Bardi and Borgogini-Tari, 2001).

Intimate partner violence has been found to be related to child abuse. Data from studies in countries as geographically and culturally distinct as China, Colombia, Egypt, India, Mexico, the Philippines, South Africa and the United States have all found a strong relationship between these two forms of violence (Madu and Peltzer, 2000; Hunter et.al, 2000). In a study in India, the occurrence of domestic violence in the home doubled the risk of child abuse (Hunter et al, 2000). Among known victims of child abuse, 40% or more have also reported domestic violence in the home (United State Department of Health & Human Service, 1999).

2.5.6 Community factors

A number of characteristics of communities and societies may increase the risk of child maltreatment. These include gender and social inequality, lack of adequate housing or services to support families and institutions, high levels of unemployment or poverty, the easy availability of alcohol and drugs, inadequate policies and programmes to prevent child maltreatment, child

pornography), child prostitution and child labour, social and cultural norms that promote or glorify violence towards others, support the use of corporal punishment, demand rigid gender roles, or diminish the status of the child in parent-child relationships, social, economic, health and education policies that lead to poor living standards, or to socioeconomic inequality or instability (WHO, 2014).

2.5.7 Societal factors

A variety of factors in the society are considered to have important influences on the well-being of children and families. These factors include: cultural norms surrounding gender roles, parent-child relationships and the privacy of the family, child and family policies – such as those related to parental leave, maternal employment and child care arrangements, the nature and extent of preventive health care for infants and children, as an aid in identifying cases of abuse in children, the strength of the social welfare system – that is, the sources of support that provide a safety net for children and families, the nature and extent of social protection and the responsiveness of the criminal justice system, larger social conflicts and war (Pinheiro, 2006).

2.6 Consequences of child abuse

Child abuse has devastating consequences for the sufferers and their family. Depending on its form(s), duration and severity, abuse may impact on every aspect of a child's life; it may have effects that are psychological, physical, behavioural, academic, sexual, interpersonal, self-perceptual or spiritual (Department of Justice Canada, 2005).

Abused children are also at increased risk for adverse health effects and certain chronic diseases as adults, including heart disease, cancer, chronic lung disease, liver disease, obesity, high blood pressure, high cholesterol, and high levels of C-reactive protein (Danese, Moffitt, Harrington, Milne, Polanczyk & Pianta, 2009).

Undermining the penalty of child abuse can result in serious problems to the entire communities and the security of the state. "Individually child abuse can lead to rape, physical assault, psychological trauma, serious disease, health risk such as sexually transmitted diseases, pelvic inflammatory diseases, hepatitis, tuberculosis and other communicable diseases. It may also result in unwanted pregnancies, forced abortion and abortion-related complications, mental and

emotional problems including nightmares, insomnia and suicidal tendencies". Community penalty include the rise of criminal organisation and other criminal activities, corruption and problems of national security (Garbarino *et al.*, 1992).

A child who is compelled by the nation's socioeconomic condition to work as a domestic servant, bus conductor, street hawker, and sex worker could grow up to become a burden, rather than an asset, to himself/herself and the nation because the child will lack basic survival skills and knowledge that will benefit him/her and the nation, in the long run (Okpukpara and Odurukwe, 2003).

Physical Consequences

The physical impacts of abuse are considerable resulting in a number of injuries that cause pain, suffering, medical problems (such as 'shaken baby syndrome') and, in the most extreme cases, death (Perry, 2002). These problems can carry on into a child's adult life, especially when such abuse can leave physical and mental scarring, sometimes including brain damage (Youth Justice Board, 2008).

Emotional Consequences

Abused children often experience a number of emotional disturbances. Low self-esteem and depression are common, as well as emotions of anger, hostility, fear, humiliation, and an inability to express feelings – all of which impact on children and young people's mental health (Youth Justice Board, 2008). In UK, a study of young people with mental health difficulties, the majority of whom were also young offenders admitted to a medium secure adolescent psychiatric inpatient unit, found that of 34 patients (19 male and 15 female) on the programme between 1998 and 2003, 59% had experienced sexual abuse, 44% had experienced physical abuse, 82% emotional abuse and 88% two or more types of abuse (Mutale, 2005). Research has found that child abuse can have an equally detrimental long-term effect on mental health for both men and women. For example, Dube *et al* (2005) found that a history of suicide attempt was more than twice as likely for both men and women who had experienced childhood sexual abuse compared to a group that had not.

Behavioural Consequences

Victims of child abuse adopt dysfunctional behaviours as the coping mechanisms to overcome the trauma or past experiences. Increased aggression, abusive behaviour (including to family), increased likelihood of alcohol and substance misuse and teenage pregnancy are all made more likely, subsequently increasing the risky behaviours (as young people and adults) and custody (National Clearinghouse on Child Abuse and Neglect Information, 2006). Sappington (2000) reviewed evidence regarding the behaviour of abused children and found that physical, sexual, emotional abuse and the witnessing of domestic abuse between parents were all found to be associated with an increased tendency for subsequent violence and psychopathology.

Educational consequences

Most people who work with school-age children know that what happens to a child at home has a profound and lasting impact on how she or he will function at school (Mills, 2004). Children who have experienced abuse and neglect are not likely to achieve well at school and are more likely to leave school at an earlier age, without the experience they need for future participation in society (CREATE Foundation, 2001). Street hawking has negative effect on the academic performance of students (Faraula, 2013). It contributes to students' moral laxity, laziness poor attendance and truant behavior (Udoh, & Joseph, 2012) capable of negatively influencing their academic performance. See further evidence of consequences of child abuse in appendix iv.

2.7 Interventions to prevent and mitigate Impact of child abuse

Intervention may be necessary to protect the child from further abuse or neglect, and to enhance the child's prospects of recovery from abuse already incurred (Tower, 2003). Any intervention in the family life on behalf of children must be guided by Federal and State laws, sound professional standards for practice, and strong philosophical underpinnings (Tower, 2003). The right of Nigeria children to protection is upheld by some laws which exist under various statutes, such as the Penal Code, Criminal Code and the child and Young Persons law (1958). The Nigerian constitution (1979), protects and respects the fundamental rights of all citizens, adult and children; alike. Furthermore, the Nigerian Labour Act of 1990 protects the child from exploitation, while the Cinematography Act, also of 1990 protects the child from exposure to indecent materials.

According to WHO 2007 interventions to prevent child maltreatment are typically classified on three levels: Primary prevention (universal services aimed at the whole population); Secondary prevention (targeted services for families with risk factors, identified as being in need of further support); and tertiary prevention (specialist services offered once child maltreatment has been detected, and aimed at preventing re-victimization). Teachers are most likely to be involved with the first level (primary prevention), but may also refer children and families for secondary prevention services or tertiary interventions.

2.8 Role of teachers in prevention of child abuse

Child abuse needs to be addressed if children are to be given the right to education and freedom. Teachers are key professionals who are particularly well-placed to identify and report child abuse and neglect, to respond specifically to the needs of child victims, and to teach prevention strategies to children. They have the potential to intervene with children at risk of experiencing abuse and neglect. They have regular contact with children's families and can assist with referral and access to support services. Teachers and other school personnel are among the most common sources of child protection notifications (Kerryann, Ann, Robert and Bridgette, 2005). The teachers have a vital role in identifying, reporting, and preventing child abuse. They are a valuable resource in protecting the children from all sorts of maltreatment.

Various studies have engaged different aspects of teachers' roles in prevention of child abuse, a survey on the knowledge of teachers on child abuse in British Columbia reported that The Carnegie Foundation (1988) estimated that 89% of teachers see abused and neglected children in their classrooms but less than 20% of them filed reports of suspected child abuse come from school personnel (Broadhurst 1978; Camblin and Prout 1983; Volpe, 1981; Zgliczynski and Rodolfo, 1980). McIntyre (1987) found that of 440 responding teachers in Illinois, only 33% reported knowing the existence of their state law; similarly, Baxter and Beer (1990) reported that 16% of teachers were unaware there is a law regarding child abuse reporting—their study also found that less than one-fourth of school personnel had read the Kansas state law regarding child abuse, and only 28% of respondents know that all school personnel were required to report suspected abuse. In another study, Levin (1983) found that 61% of teachers said they did not know the legal consequences of failing to report suspected child abuse, and 40% did not know the proper reporting procedure.

According to studies carried out on education on child abuse, Hazzard (1984), found that 68% of elementary and junior high school teachers surveyed reported three or fewer hours of education about child abuse, and 62% reported no prior professional experience with child abuse cases. Similarly, McIntyre (1987) found that 81% of teachers received no child abuse training during their college career, and 61% had not received information on child abuse or neglect during in-service training sessions. Bavoie's (1983) study of school personnel in Wisconsin found that 56% of respondents had never received any training about child abuse and neglect. On a larger scale, the National Committee for Prevention of Child Abuse (NCPCA) in the United States conducted a nationwide survey of teachers' knowledge, attitudes, and beliefs about child abuse and its prevention (Abraham, Casey, and Daro, 1992). The sample consisted of 568 (34% response rate) teachers in 40 school districts across the country. The survey found two-thirds of teachers indicated that their schools are not sufficiently educating them on identifying, reporting, and preventing child abuse and neglect.

Ninety percent of teachers who suspected child abuse reported the case, but only 23% reported directly to child protective services. Kenny (2001) found out that only 34% of the teachers reported that child abuse was covered in their pre-service training (training that they received

while in college) from the study sample. However, of this 34%, 23% felt it was adequately addressed, while 43% felt it was minimally addressed, and 35% felt the training was inadequate (Kenny, 2001). Training at the professional level was rated inadequate by 37%, 49% as minimal, and 14% as inadequate. He concluded that almost two-thirds of the teachers reported having received no training during their preservice in child abuse, and they have not been educated on the job either.

Teachers have expertise in child development and they have the potential to detect changes in appearance, behavior and progress, and to observe unusual or uncharacteristic behavior that may be warning signs of abuse or neglect (Briggs and Heinrich, 1985; Crenshaw et al, 1995). Teachers are also likely to become confidants to children (McGrath, Cappelli, Wiseman, Khalil and Allan, 1987). Due to their lack of adequate training, many teachers are unaware of the important symptoms of child abuse. Thus, child maltreatment may go unrecognized and unreported by many school personnel. In McIntyre's (1987) study, only 30% of the teachers said they were very aware of the symptoms of neglect, 21% of the symptoms of physical abuse, 19% of the signs of emotional abuse, and 4% of the symptoms of sexual abuse. These findings mirror Levin's (1983) study, where teachers perceived themselves as having most knowledge in detecting the symptoms of physical abuse and neglect, and least of sexual abuse. Also Kenny reported teachers' inadequacies in their ability to detect and identify all types of child abuse among their students, even when they had training. Lack of familiarity with the signs and symptoms of maltreatment, makes it extremely difficult to report suspected abuse (Payne, 1991).

Educators can be involved in the detection, treatment, and prevention of child abuse. In schools, children are seen on a daily basis and can be observed for signs of abuse or neglect (National Center on Child Abuse and Neglect, 1992). Teachers in many states in America have been given a significant role in protecting children by being required to report suspected child abuse. US Department of Health and Human Services 2003 reported that nearly 3 million allegations of child maltreatment were made to child protective services in the US in 2001, with educational personnel one of the most commonly identified reporters of child maltreatment. Nationally, educators constitute 16% of all reports (US Department of Health and Human Services, 2003).

with rates varying in different states. An earlier American data suggest that only 10% to 15% of all filed reports to Child Protection Services (CPS) come from school personnel, and further, that teachers tend to report fewer than one-quarter of suspicious cases they encounter (Abrahams, Fossey, and Daro, 1992).

Despite legal mandates to report, many teachers are not compliant with the law and often fail to report child abuse (Hanson and Fossey, 2000; Kenny, 2001b). The findings of Abrahams and her colleagues suggests majority of teachers were reluctant to intrude on family privacy (Abrahams et al., 1992), so they ignore cases of abuse. As reported by Payne and Payne (1991), many school principals prefer to resolve child abuse quietly within the school community, while others personally investigate cases of suspected abuse brought to them by staff before making a report. Many indicated that they could conceive of a case when they would not report suspected child abuse, particularly when reporting could cause more harm than good for the child (Kirk, 1994). Kenny observed in his study that only few teachers believed child abuse was a grave problem and that some are teachers are not pleased with their role as mandated reporters, which in turn, may affect their response (Kenny, 2001).

Various reasons are offered to explain hindering factors teachers' to responses to suspected child abuse. Research findings, however, suggest that teachers fail to report child abuse for reasons other than lack of awareness or inadequate training. For example, some teachers are hesitant to report because they believe that the child's punishment is legitimate parental discipline (Levin, 1983; Turbett and O'Toole, 1983), whereas other teachers are concerned about interfering with family privacy (Abrahams et al., 1992). Baxter and Beer (1990) reported that many teachers were apprehensive about reporting for fear of parental retaliation. Other studies have found that teachers fail to report because they fear legal ramifications for making false allegations (Abrahams et al., 1992; Baxter & Beer, 1990; Wurtele and Schroit, 1992).

Investigating the potential barriers to child abuse reporting, Abrahams et al (1992) concluded that 52% of responding teachers were concerned about potential damage to the parent-teacher and teacher-child relationships, and that a lack of support from the school in making a report was a significant reason for failing to report. Ravolet (1983) found that the most frequent reason for school personnel failing to report child abuse was the fear of getting involved (40%), further.

almost one fifth of school personnel felt that a report would not make a difference. "Most teachers believe that they should not be mandated to report child abuse and neglect (Kenny, 2001a). Kenny (2001b) found that physicians and teachers feared they could be sued by families for making a false or inaccurate report of abuse. Professionals often complain that Child Protection Service caseworkers often put abused children at risk for further harm due to delays in their investigations of child maltreatment (Kenny, 2001a). Principals, teachers (Payne and Payne, 1991), and school counselors (Kenny and McEachern, 2002) have cited lack of faith in Child Protection Service due to poor responses of their caseworkers in the investigative and follow-up processes.

2.9 CONCEPTUAL FRAMEWORK

Developed by Green, Kreuter, and associates in (1999) PRECEDE-PROCEED provide a road map for designing health education and health promotion programs. It guides planners through a process that starts with desired outcomes and works backwards to identify a mix of strategies for achieving objectives. This model was used in this study to describe and assess the teachers' knowledge, skills in identifying and action taken to occurrence of child abuse. The acronym PRECEDE means predisposing, reinforcement and enabling constructs in educational/environmental diagnosis evaluation.

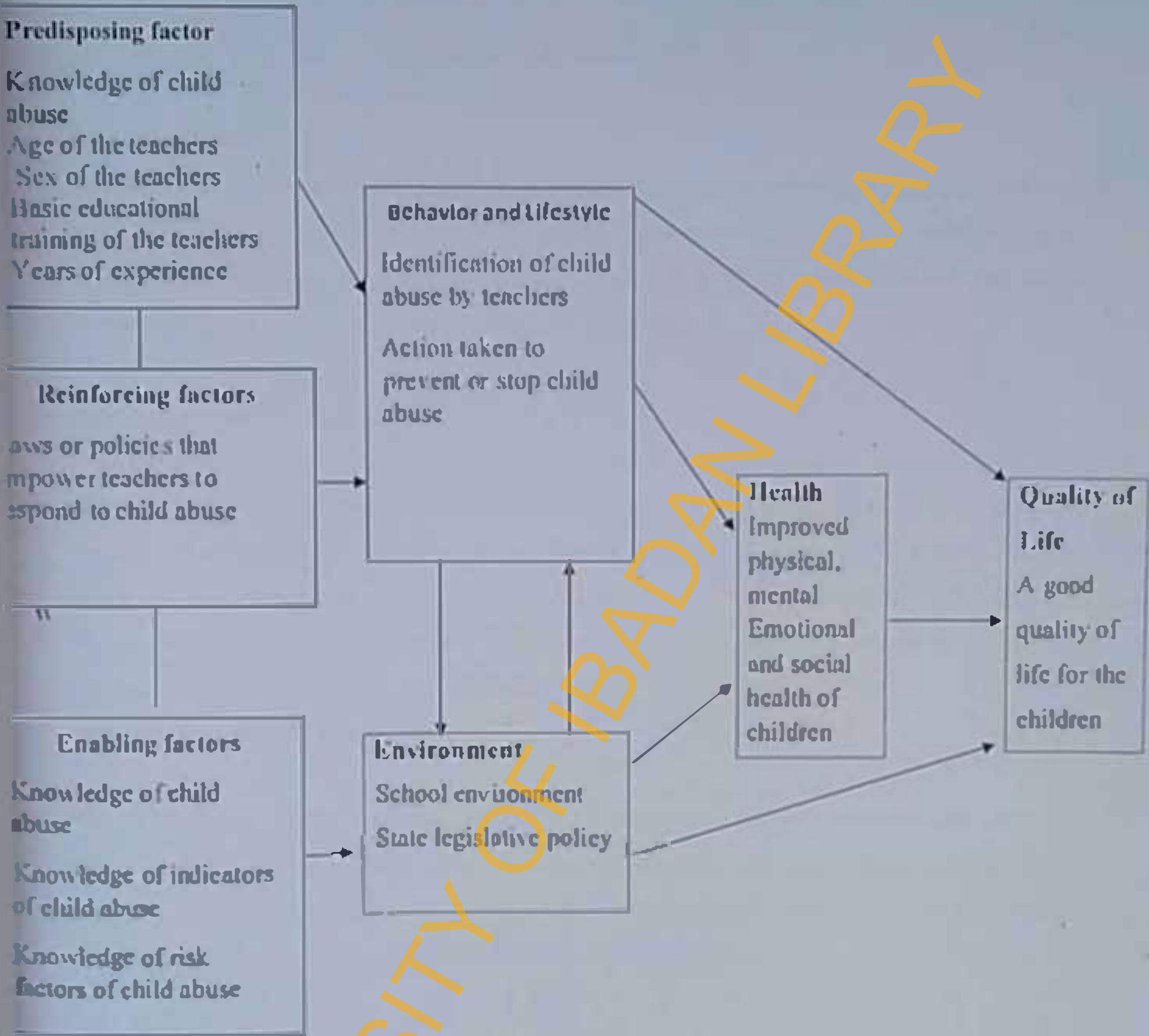
Based on the fact that every behaviour is caused. An attempt to solve any behavioral problem necessitates finding out the antecedent factors which are categorized in the model as follows:

Predisposing factors: Predisposing factors are any characteristics of a person or population that motivates behavior or practice prior to or during the occurrence of that behavior/practice. This study will seek to identify how the following predisposing factors: age of the teachers, sex of the teachers and their years of experience in service, can influence teachers to identify and respond to child abuse among their pupils in schools. Predisposing factors in this study were assessed using item 1-8 in the questionnaire (see appendix).

Enabling factors: Enabling factors are those characteristics that facilitate action and any skill require in attaining specific behavior. Some factors such as the teachers' knowledge of child abuse, teachers' knowledge of indicators of child abuse, knowledge of risk factors, skills of for identifying and managing instances of child abuse and self efficacy relating to management of child abuse enable the teachers to identify and take action to occurrence of these problems. Enabling factors in this study were assessed using item 9-21.

Reinforcing factors: Reinforcing factors are rewards anticipated as a consequence of initiated behavior. They serve to strengthen the motivation for repetition or persistence behaviour.

Figure 2:1 Application of the Precede-Proceed Model framework to study



(PRECEDE Model concept adapted from Brieger 2002).

CHAPTER THREE

METHODOLOGY

3.1 Study Design

The study was descriptive cross sectional in design. It was cross sectional because it gives a snapshot of the situation at a given time in a group of primary school teachers in the study area. It was meant to determine teachers' knowledge, skills in identifying child abuse and action taken on its occurrence in Oluyole Local Government Area, Ibadan.

3.2 Description of study area

This study was carried out in Oluyole Local Government Area in Ibadan, the largest city in sub-Saharan Africa. The headquarter of the LGA is in Idi-Ayọmare. The local government shares boundaries with four local governments viz: Ibadan South West, Ibadan South East, Ona Ara and Ido Local Government all within Ibadan metropolis. It also shares boundaries with Ogun State through Obafemi Owode Odeda, and Ijebu North Local Government. It has an area of 629 km and an estimated population of 275,706 by 2014. It is predominantly inhabited by the Yoruba, the main ethnic group in South Western Nigeria.

The residents are mainly farmers, traders and artisans. Some residents are civil servants. There are also businesses such as one man business entities large corporate organisations as well as public and private institutions. At the time study was conducted, the local government had 101 public primary schools with a population of 793 teachers in the schools.

3.3 Study population

The population were teachers in public primary school in the local government. They were selected for this research because they spend a good number of hours with a large number of children on daily basis except on weekends.

3.4 Research Variables

3.4.1 Independent variables: The independent variables were the socio-demographic characteristics of the respondents such as sex, age, marital status, level of education, years of experiences of teaching, highest qualification, class mostly taught.

3.4.2 Dependent Variables: The dependent variables were knowledge of child abuse, skills in identification of child abuse, child abuse related experiences observed and actions taken.

3.5 Inclusion and Exclusion Criteria

The inclusion criteria for respondents to participate in this study were that they have to be;

- Classroom teachers
- Consent to participate

Exclusion Criteria

- Undergraduates undergoing teaching practice were excluded
- National Youth Service Corps Members who are teaching in schools.

3.6 Sample size determination

The sample size of this was determined using Leslie Kish formular where,

$$n = \frac{z^2 pq}{d^2} \quad (\text{Cochran, 1977})$$

Where n = minimum sample size required

Z = 95% confidence limit for avoiding type I error

p = proportion of child abuse = 40% (African Child Policy Forum, 2010)

$$q = 1.0 - p$$

d = absolute deviation from the true value = 5%

$$n = \frac{1.96^2 \times 0.40 \times 0.60}{(0.05)^2} = 363.80$$

Hence, the minimum sample size was 367. The calculated sample size was however increased to 420 in order to cater for non-response.

3.7 Sampling procedure

In view of the calculated sample size, a four stage sampling method was used in selecting the study respondents. The procedure was as follows:

Stage 1: Simple random sampling technique (balloting) was used to select half (5) wards from the ten wards in the Local Government.

Stage 2: Proportionate sampling method was used to determine the number of teachers from each of the five wards (See Appendix IV and V for names of schools selected).

$$\text{Ward 2} = \frac{\text{Number of teachers in ward 2 (99)}}{\text{Total numbers of teachers in the wards selected (549)}} \times \frac{(422)}{1} = 76$$

$$\text{Ward 3} = \frac{\text{Number of teachers in ward 3 (125)}}{\text{Total numbers of teachers in the wards selected (549)}} \times \frac{(422)}{1} = 96$$

$$\text{Ward 4} = \frac{\text{Number of teachers in ward 4 (91)}}{\text{Total numbers of teachers in the wards selected (549)}} \times \frac{(422)}{1} = 70$$

$$\text{Ward 7} = \frac{\text{Number of teachers in ward 7 (173)}}{\text{Total numbers of teachers in the wards selected (549)}} \times \frac{(422)}{1} = 133$$

$$\text{Ward 9} = \frac{\text{Number of teachers in ward 9 (61)}}{\text{Total numbers of teachers in the wards selected (549)}} \times \frac{(422)}{1} = 47$$

Stage 3: Proportionate sampling method was used to determine the number of respondents from each of the school in the wards selected (See Table 3.1).

$$\frac{\text{Number of teachers in each school}}{\text{Total numbers of teachers in the ward}} \times \frac{\text{Numbers of teachers selected from the ward}}{1}$$

Stage 4: A study participant was recruited for each school. Simple balloting procedure was used to select each participant.

3.8 Instrument of data collection

Data for the study was collected using a quantitative method (see Appendix 1). A validated semi-structured, interviewer administered questionnaire with five sections was administered to each participant in the study. The questionnaire was designed by reviewing literatures extensively with reference to pertinent variables relating to knowledge, teachers' skills in identifying child

abuse and child abuse related experiences observed and actions taken on occurrence of child abuse. It addressed each of the previously stated specific objectives such as:

- Socio demographic data
- Knowledge of teachers about child abuse
- Teachers' skills in identifying child abuse
- Child abuse related experiences observed and actions taken

3.9 Training of Research Assistants

Four research assistants (RA) were recruited for the study. Educational qualification of the assistants was at least Ordinary National Diploma (OND). They were all fluent in English. The researcher trained the assistants for two days. A time table was drawn for this period, it took 3 hours 9 a.m-12 noon daily. The training commenced with introduction of the researcher and trainees, followed by the background of the study and objectives. Contents of the training focused on interview techniques, basic facts on sampling procedure as well as a review of the instruments item by item in order to ensure adequate understanding of the instruments, appropriate recording of responses, interpersonal and communication skills. In addition, ethical issues such as obtaining informed consent, respect for privacy and confidentiality of information were explained to the research assistants. Demonstrations were used to transfer skills after which the trainees were equipped with a copy of the instrument each to be taken home and read over for better understanding with aim of answering any question that may result the following day.

3.10 Validity of the study instrument

Several measures were taken to ensure that the instrument was valid. The validity of the content was achieved through consultation of relevant literature and previous research works to develop relevant questions. Also, the questionnaire was reviewed several times by the supervisor some experienced researchers who had a wealth of the experience on this field for content and structure validity and finally, the questionnaire was pre-tested.

3.11 Reliability

The reliability of the instrument was calculated using the internal consistency technique and Cronbach Alpha model technique reliability coefficient. The instrument was pre-tested to ascertain suitability and appropriateness to field situations, determine whether the questions were clear and simple enough for participants comprehension and determine the trend in the response of participants and the amount of time it took to administer the questionnaire. Forty-two (42) teachers were interviewed with the questionnaire representing 10% of the actual sample size for the study in Egbeda LGA. The pretest questions were also analyzed using the SPSS version 15. The reliability was calculated using the Alpha Cronbach's reliability test. The result showing 0.9 was accepted as reliable. Thereafter the final version of the questionnaire was made.

3.12 Data collection procedure

The questionnaires were administered during the school hours when it was easier to get the participants by the research assistants. Under the supervision of the researcher, consent of the participants were obtained before distribution of the questionnaire by explaining to them the purpose of the research, the research assistants gave the questionnaire to those who consented. The administration began between 10 am to 1.30 pm for a period of three weeks. The questionnaires were retrieved from the respondents after completion and cross-checked for completion and incompleteness. The schools were on strike for few days during the collection of the data but it was completed immediately after the resumption.

3.13 Data management and analysis

The questionnaires were serially numbered for control and recall purposes. It was checked for completeness and accuracy on a daily basis. It was also sorted, edited and coded manually by the investigator with use of coding guide. The data generated from the questionnaires were carefully imputed into the computer and analysed using the Statistical Package for Social Sciences (SPSS). The data entered were subjected to descriptive and inferential (chi Square, and logistic regression) statistical analysis. The results were represented in an appropriate graphical illustration, diagram and tables.

The independent variables were the socio-demographic characteristics of the respondents such as sex, age, marital status, level of education, years of experiences of teaching, highest qualification, class mostly taught.

The dependent variables were knowledge of child abuse, skills in identification of child abuse, self efficacy relating to management of child abuse, child abuse related experiences observed and actions taken

Respondents' knowledge was assessed and scored. A positive response earns one mark for every correct answer to a question, a wrong answer and "don't know" do not earn any mark. Knowledge relating to the concept of child abuse was 11 point scale where 0-4 points represented poor knowledge, 5-7 points represented fair knowledge while 8-11 represented good knowledge. Knowledge relating to the indicators of child abuse was measured on 20 point scale where 0-9 points represented poor knowledge, 10-14 points represented fair knowledge while 15-20 represented good knowledge. Also, knowledge scores relating to family related concepts or factors that can lead to child abuse was measured on 12 point scale where 0-5 points represented poor knowledge, 6-8 points represented fair knowledge while 9-12 represented good knowledge. Moreover, overall knowledge category of the respondents was classified based on those who had mean scores of 0-20 (poor knowledge); 21-30 (fair knowledge) and 31-43 (good knowledge).

In describing teachers' skills in identifying child abuse, the researcher gave three stories adapted from Child Abuse and Neglect users manual series (Tower, 2003) describing incidents involving children and the respondents were asked to identify the types of child abuse in each scenario given. The skills of respondents were determined using a 24-point scale where 0-12 points were rated as inadequate skills and 13-24 were rated as adequate skills.

Self efficacy relating to management of child abuse was determined using a 18-point scale where 0-10 points were rated as inadequate self-efficacy and 11-18 were rated as adequate self-efficacy.

All analyses were carried out at the 5% level of significance.

3.14 Ethical Considerations

Ethical approval was obtained from Oyo State Ethical Review Committee before the commencement of data collection (see Appendix VI). A letter introducing the researcher and the purpose of the research work was obtained from the Department of Health Promotion and Education and presented when required, for all official contacts throughout the period of fieldwork. The purpose of this was to ensure that this protocol conform to the generally accepted scientific principle and national ethical guideline relating to protection of safety of human study participants.

Participant completed an informed consent form which provided information on research purpose, justification for doing the study and as well as the benefits that was derived from the end of the study. Participation was voluntary and participants were given the choice to withdraw their consent freely if they choose to anytime. There were no criticism of few respondents who refused to participate. Confidentiality of each participant response was maintained during and after the collection of data and no identifiers like name or address were written on the questionnaires so as to keep the information given by each respondent as confidential as possible.

Serial number were assigned to each questionnaire, the registration number was just to facilitate data entry and do not have any link with the identity of the respondent. Each participant was compensated with a hand washing soap.

CHAPTER FOUR

RESULTS

4.1 Socio-demographic details of respondents

Majority (70.9%) of respondents had NCE level of education while few (28.0%) respondents had B.Ed level of education. Majority (82.0%) of the respondents were females; more (21.8%) respondents were teaching the primary 5 class currently, 19.4% were teaching the primary 6 class while 18.7% were teaching the primary 4 class.

A little over half (52.8%) had 11-20 years of experience while 33.4% of the respondents had 21-30 years of experience. The mean years of experience among respondents was 18.6±6.4 years with the median year of experience being 18 years. The minimum years of experience was 2 years while the maximum was 36 years.

Majority (89.6%) were married and 66.4% were of the Christian faith. More than half (56.9%) of the respondents fell in to the group that were 41-50 years old while 28.4% were ≥51 years old. The mean age was 47.1±5.9 with the median age being 48 years. The minimum age was 26 years while the maximum age was 59 years. Almost all (99.3%) stated that they were parents.

4.1 Socio-demographic details of respondents (N=422)

Demographics	N	%
Level of education		
Grade 2	2	0.5
NCE	299	70.9
BED	118	28.0
PDGE	3	0.7
Sex		
Male	76	18.0
Female	346	82.0
Class currently taught		
pry 1	60	14.2
pry 2	57	13.5
pry 3	52	12.3
pry 4	79	18.7
pry 5	92	21.8
pry 6	82	19.4
Years of experience*		
1-10	38	9.0
11-20	223	52.8
21-30	141	33.4
>31	20	4.7
Marital Status		
Single	4	0.9
Married	378	89.6
Divorced	12	2.8
Widowed	25	5.9
Separated	3	0.7
Religion		
Christianity	280	66.4
Muslim	142	33.6
Age**		
<40	62	14.7
41-50	240	56.9
>51	120	28.4
Whether respondent is a Parent		
Yes	419	99.3
No	3	0.7

*Mean = 18.6±6.4 years, Median = 18.0 years, Range = 2-36 years. **Mean = 47.1±5.9 years, Median = 48.0 years, Range = 26-59 years.

4.1 Sociodemographic details of respondents (N=422)

Demographics	N	%
Level of education		
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pry 3	52	12.3
pry 4	79	18.7
pry 5	92	21.8
pry 6	82	19.4
Years of experience*		
1-10	38	9.0
11-20	223	52.8
21-30	141	33.4
>=31	20	4.7
Marital Status		
Single	4	0.9
Married	378	89.6
Divorced	12	2.8
Widowed	25	5.9
Separated	3	0.7
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Christianity	280	66.4
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Whether respondent is a Parent		
Yes	419	99.3
No	3	0.7

*Mean = 18.6±6.4 years, Median = 18.0 years, Range = 2-36 years. **Mean = 47.1±5.9 years, Median = 48.0 years, Range = 26-59 years.

4.2 Respondents knowledge relating to child abuse

Table 4.2 shows the knowledge of respondents relating to the concept of child abuse. Majority of respondents stated as true the following statements relating to the concept of child abuse, "Inflicting harm on a child" (84.4%), "Any deliberate acts by parents/guardian/caregiver that results into physical injury on a child" (79.4%), "The act of using or attempts to use a child for sexual gratification" (81.0%), "Any acts that endanger the educational interest of a child" (85.8%), "Any acts that affect a child's sexual needs or health" (78.0%) and "Any acts that affect a child educational development" (80.1%). However, 47.4% of the respondents stated that any disciplinary action taken against a child is not child abuse.

The Knowledge relating to indicators of child abuse is presented in table 4.3. Majority (69.9%) of the respondents reported that beating, (hitting or flogging) a child every now and then is an indicator of child abuse. Similarly, respondents also reported the following statements as indicators of child abuse; "a child that gets pregnant while in school" (69.9%), "When a child is in possession of sex related materials such as sex video or pictures (pornography)" (69.9%), "When a child engaged in street hawking" (77.5%) and "Indulgence in scavenging by a child (i.e picking items on the street to sell)" (76.5%). Slightly less than half (49.3%) reported inability of a child to sit comfortably as an indicator of child abuse.

More than half of the respondents reported that the following statements were not indicators of child abuse: "Inability of a child to walk well" (55.2%), "When a child is habitually restless when sitting or standing" (50.5%) and "When a child habitually twist her hair" (50.5%). Majority (63.0%) reported as false the notion that when a child habitually sucks the fingers is an indicator for child abuse. "When a child is constantly underweight" (48.3%) and "Spanking that does not live an injury on a child" (49.5%) were also reported as false indicators of child abuse by respondents.

Table 4.4 shows the respondents' knowledge on family related concepts or factors that can lead to child abuse. Majority (64.5) stated as true the notion that child living in a polygamous family is a factor that can lead to child abuse; majority of the respondents also reported as true the notion that "child living with step parents" (74.4%), "loss of job by a child caregiver/parent" (77.7%) and "overcrowded household" (68.7%) were factors that could lead to child abuse. Majority (67.1%) however opposed the view that child living in nuclear family is a factor that

could lead to child abuse. This was also similar for 60.4% of the respondents who stated as false that small family size is a factor that could lead to child abuse.

Table 4.2: Respondents knowledge relating to concept of child abuse (N=422)

Concept of Child abuse	True (%)	False (%)
Inflicting harm on a child	356(84.4)*	66(15.6)
Failing to prevent a child from harm.	300(71.1)*	122(28.9)
Any deliberate acts by parents/guardian/caregiver that results into physical injury on a child	335(79.4)*	87(20.6)
Any disciplinary action taken against a child	222(52.6)	200(47.4)*
The act of using or attempts to use a child for sexual gratification	342(81.0)*	80(19.0)
Any acts that endanger the educational interest of a child	362(85.8)*	60(14.2)
Inability to provide a child with his/her basic needs	302(71.6)*	120(28.4)
Any acts that affect a child's sexual needs or health	329(78.0)*	93(22.0)
Any acts that affect a child educational development	338(80.1)*	84(19.9)
Involving a child in tasks meant for adults	309(73.2)*	113(26.8)
Any acts that hurts a child feelings	313(74.2)*	109(25.8)

*Correct response

Table 4.3: Respondents' knowledge relating to indicators of child abuse (N=422)

Indicators of Child Abuse	True (%)	False (%)	Don't know (%)
Beating, (hitting or flogging) a child every now and then	295(69.9)*	119(28.2)	8(1.9)
When a child gives conflicting explanation as to how he/she got injuries in his/her body	215(50.9)*	179(42.4)	28(6.6)
When a child always cry when it is time to go home after school hours	232(55.0)*	175(41.5)	15(3.6)
When a child habitually sucks the fingers	143(33.9)*	266(63.0)	13(3.1)
Being fearful when approached by a person known to the child	245(58.1)*	155(36.7)	22(5.2)
Inability of a child to sit comfortably	208(49.3)*	184(43.6)	30(7.1)
When a child is very knowledgeable about sexual matters which is beyond his or her age	254(60.2)*	136(32.2)	32(7.6)
A child that gets pregnant while in school	295(69.9)*	113(26.8)	14(3.3)
When a child deliberately exposes his/her genitals to others to see	253(60.0)*	145(34.4)	24(5.7)
When a child is constantly underweight	191(45.3)*	204(48.3)	27(6.4)
When a child engaged in street hawking	327(77.5)*	88(20.9)	7(1.7)
Indulgence in scavenging by a child (i.e picking items on the street to sell)	323(76.5)*	86(20.4)	13(3.1)
When a child unusually gets frightened when he/she sees his/her parents	250(59.2)*	145(34.4)	27(6.4)
Spanking that does not live an injury on a child	192(45.5)	209(49.5)*	21(5.0)
Lack of interest in child's problem	279(66.1)*	120(28.4)	23(5.5)
When a child habitually twist her hair	154(36.5)*	213(50.5)	55(13.0)
When a child is habitually unsteady when sitting or standing	148(35.1)*	212(50.2)	62(14.7)
Inability of a child to walk well	148(35.1)	233(55.2)*	41(9.7)
When a child deliberately looks at other people Genitals	216(51.2)*	146(34.6)	60(14.2)

*Correct response

Table 4.1: Respondents' knowledge relating to family related factors that can lead to child abuse (N=422)

Family Related Factors	True (%)	False (%)
Child living in a polygamous family (i.e a family with a father having more than one wife)	272(64.5)*	150(35.5)
Child living in nuclear family (i.e a family of a father, mother and children)	139(32.9)	283(67.1)*
Child living with single parent by a child	233(55.2)*	189(44.8)
Living with both parent by a child	179(42.4)	243(57.6)*
Child living with step parents	311(74.4)*	108(25.6)
Loss of job by a child caregiver/parent	328(77.7)*	94(22.3)
Parents/guardians of a child with low socio-economic status	283(67.1)*	139(32.9)
Parents/guardians of a child with high socio-economic status	213(50.5)	209(49.5)*
Children with serious health condition	221(52.4)*	201(47.6)
Large family size	247(58.5)*	175(41.5)
Small family size	167(39.6)	255(60.4)*
Overcrowded household	290(68.7)*	132(31.3)

* Correct response

4.2.1 Categorisation of knowledge scores relating to the concept of child abuse obtained by respondents

The categorisation of knowledge relating to the concept of child abuse is presented in table 4.5. 0-4 points represented poor knowledge, 5-7 points represented fair knowledge while 8-11 represented good knowledge. The mean knowledge score was 8.3 ± 2.1 and the median knowledge score was 9 points. The least knowledge score by respondents was 0 point while 11 point was the highest knowledge score. Majority (65.8%) of the respondents who were males had good knowledge (65.8%) and this was similar for the female respondents (76.9%).

Table 4.6 shows the categorisation of knowledge relating to the indicators of child abuse. 0-9 points represented poor knowledge, 10-14 points represented fair knowledge while 15-20 represented good knowledge. The mean knowledge score was 11.3 ± 4.1 and the median knowledge score was 11 points, range was from 1-17. The least knowledge score by respondents was 1 point while 18 points was the highest knowledge score obtained. More than half (47.1%) of the male respondents had fair knowledge and less than half (18.0%) of the female respondents had fair knowledge as well.

The categorisation of knowledge scores relating to family related concepts or factors that can lead to child abuse is presented in table 4.7. Scores ranging from 0-5 points represented poor knowledge, 6-8 points represented fair knowledge while 9-12 represented good knowledge. The mean knowledge score was 7.5 ± 2.1 and the median knowledge score was 8 points. The lowest knowledge score by respondents was 2 points while 12 points was the highest knowledge score. Less than half (43.1%) of the male respondents had fair knowledge while 41.0% of the female respondents had good knowledge.

Table 4.8 shows the categorisation of overall knowledge scores relating to child abuse. Scores of 0-20 points represented poor knowledge, 21-30 points represented fair knowledge while 31-43 represented good knowledge. The overall mean knowledge score was 27.1 ± 6.1 and the median knowledge score was 28 points. The least knowledge score by respondents was 6 points while 39 points was the highest knowledge score. Half (50.0) of the respondents had fair knowledge, 33.6% had good knowledge and 16.4% had poor knowledge.

Table 4.5 Respondents' of knowledge scores relating to concept of child abuse by gender

Sex	Knowledge Categories			Total
	Poor (%)	Fair (%)	Good (%)	
Male	12(15.8)	14(18.4)	50(65.8)	76(100.0)
Female	23(6.6)	57(16.5)	266(76.9)	346(100.0)
Total	35(8.3)	71(16.8)	316(74.9)	422(100.0)

*Mean= 8.3±2.4, Median=9, Range 0-11

Table 4.6: Respondents' of knowledge scores relating to indicators of child abuse by gender

Sex	Knowledge Categories			Total
	Poor (%)	Fair (%)	Good (%)	
Male	23(30.3)	41(53.9)	12(15.8)	76(100.0)
Female	125(36.1)	166(48.0)	55(15.9)	346(100.0)
Total	148(35.1)	207(49.1)	67(15.9)	422(100.0)

*Mean = 10.6±3.8, Median = 11.0, Range = 1-17

Table 4.7: Respondents' of knowledge scores relating to family related concepts or factors that can lead to child abuse by gender

Sex	Knowledge Categories			Total
	Poor (%)	Fair (%)	Good (%)	
Male	20(26.3)	33(43.4)	23(30.3)	76(100.0)
Female	78(22.5)	126(36.4)	142(41.0)	346(100.0)
Total	98(23.2)	159(37.7)	165(39.1)	422(100.0)

*Mean = 7.5±2.4, Median=8.0, Range 2-12

Table 4.8: Categorisation of overall knowledge scores relating to child abuse

Knowledge score (in points)	Categorisation of Knowledge	No (%)
0-20	Poor	76(18.0)
21-30	Fair	236(55.9)
31-38	Good	110(26.1)
Total		422(100.0)

*Mean = 26.4±6.2, Median =27.0, Range=6-38

4.2.2 Association between respondents' knowledge of child abuse and selected socio-demographic variables

Table 4.9 shows the distribution of knowledge level of respondents by religion. More than half (53.2%) of the respondents who were Christians had fair knowledge while 31.8% of respondents in this category had good knowledge. Majority (61.3%) of respondents who were of the Islamic faith had fair knowledge while 14.8% in the same category had poor knowledge. The chi-square test showed that there was a significant association between knowledge of respondents and their religion.

The distribution of knowledge level of respondents by sex is presented in table 4.10. Less than half (44.7%) of the respondents who were males had fair knowledge while 29.0% of respondents in this category had good knowledge. More than half (58.4%) of the female respondents had fair knowledge while 25.4% in the same category had good knowledge. The chi-square test showed that there was no significant association between knowledge of respondents and their sex.

Table 4.11 shows the knowledge level of respondents by age. More than half (61.2%) of the respondents who were <40 years had fair knowledge, more than half (53.7%) of respondents who were 41-50 years also had fair knowledge while 56.7% of respondents who were >51 years had fair knowledge as well. The chi-square test showed that there was a significant association between knowledge of respondents and their age.

Distribution of knowledge level of respondents by level of education is presented in table 4.12. More than half (55.5%) of respondents who were NCE holders had fair knowledge. Similarly, above half (56.0%) of respondents who were B.Ed holders had fair knowledge as well. Fisher's exact test showed that there was no significant relationship between knowledge and level of education.

Table 4.13 shows the distribution of knowledge level of respondents by year of experience. Majority (60.5%) of respondents who had 1-10 years of experience, 45.2% of respondents who had 11-20 years of experience and 61.7% of respondents who had 21-30 years of experience all had fair knowledge. Less than half (45.0%) of respondents who had ≥31 years of experience had good knowledge. Fisher's exact test showed that there was a significant relationship between knowledge and years of experience.

Table 4.9: Association between respondents overall knowledge and religion

Religion	Level of Knowledge			Total	χ^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Christianity	42(15.0)	149(53.2)	89(31.8)	280(66.4)	15.720	2	<0.001*
Islam	34(23.9)	87(61.3)	21(14.8)	142(33.6)			
Total	76(18.0)	236(56.0)	110(26.0)	422(100.0)			

*Significant (P<0.05)

Table 4.10: Association between respondents overall knowledge and sex

Sex	Level of Knowledge			Total	X ²	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Male	20(26.3)	34(44.7)	22(29.0)	76(18.0)	5.921	2	0.052*
Female	56(16.2)	202(58.4)	88(25.4)	346(82.0)			
Total	76(18.0)	236(56.0)	110(26.1)	422(100.0)			

*Not Significant (P>0.05)

Table 4.11: Association between respondents overall knowledge and Age

Age group	Level of Knowledge			Total	χ^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
<40	12(19.3)	39(63.0)	11(17.7)	62(14.7)	11.635	4	0.020*
41-50	35(14.6)	129(53.7)	76(31.7)	240(56.9)			
>51	29(24.2)	68(56.7)	23(19.1)	120(28.4)			
Total	76(18.0)	236(56.0)	110(26.0)	422(100.0)			

* Significant ($P < 0.05$)

Table 4.12: Association between respondents overall knowledge and level of education

Level of Education	Level of Knowledge			Total	χ^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
Grade 2	0(0.0)	2(100.0)	0(0.0)	2(0.5)	5.703	6	0.465*
NCE	59(19.7)	166(55.5)	74(24.7)	299(70.9)			
BED	16(13.5)	66(56.0)	36(30.5)	118(27.9)			
PDGE	1(33.3)	2(66.7)	0(0.0)	3(0.7)			
Total	76(18.0)	236(56.0)	110(26.0)	422(100.0)			

*Not Significant ($P>0.05$)

**Fisher's Exact test was used

Table 4.13 Association between respondents overall knowledge and year of experience

Years of Experience	Level of Knowledge			Total	χ^2	df	P-value
	Poor (%)	Fair (%)	Good (%)				
1-10	10(26.3)	23(60.5)	5(13.2)	38(9.0)	20.873	6	0.001*
11-20	39(17.5)	123(45.2)	61(27.4)	223(52.8)			
21-30	19(13.5)	87(61.7)	35(24.8)	141(33.4)			
>=31	8(40.0)	3(15.0)	9(45.0)	20(4.8)			
Total	76(18.0)	236(56.0)	110(26.0)	422(100.0)			

*Significant (P<0.05)

**Fisher's exact test was used

4.3 Skills of For Identifying and Managing Instances of Child Abuse

Table 4.14 shows the identification of types of abuse with reasons from first scenario provided for respondents. Only 4.5% of the respondents identified correctly the type of Sope's abuse as physical abuse. Majority (64.9%) reported the type of Sope's abuse as child abuse. On the reasons given for their answers, 37.0% of the respondents stated that it was because her father did not treat her well while 15.6% stated that it was because Sope was treated in a bad way. Very few (10.2%) however stated correctly that it was because Sope was injured by her father.

Alternative ways to prevent Sope's abuse was presented in table 4.15. Few proportions of the respondents stated that "sympathising with Sope" (26.3%) and "confronting Sope's abuser" (32.0%) were wrong ways to prevent Sope's abuse. Majority stated correctly that "counselling Sope" (92.4%), "reporting to school authority" (80.8%) and "inviting Sope's parents to come to school for advice" (87.9%) were all correct ways of preventing Sope's abuse.

Table 4.16 shows the identification of types of abuse with reasons from the second scenario provided for respondents. Only 3.8% of the respondents identified correctly the type of Sam's abuse as emotional abuse. More than half (56.6%) of the respondents reported the type of Sam's abuse as child abuse. On the reasons given for their answers, 28.4% of the respondents stated that it was because his mother sent him to live with his brother while 14.5% stated that it was because no one care about him. Very few (8.8%) however stated correctly that it was because Sam was called names and his self-image damaged.

Alternative ways to prevent Sam's abuse was presented in table 4.17. Few proportions of the respondents stated that "sympathising with Sam" (24.6%) and "confronting Sam's abuser" (31.0%) were wrong ways to prevent Sam's abuse. Most (91.5%) of the respondents stated correctly that "counselling Sam" is a correct way of preventing Sam's abuse. Similarly, majority reported that "reporting to school authority" (75.4%) and "inviting Sam's parents to come to school for advice" (83.1%) were all correct ways of preventing Sam's abuse.

Table 4.18 shows the identification of types of abuse with reasons from third scenario provided for respondents. Few (30.1%) of the respondents identified correctly the type of Odun's abuse as sexual abuse while 39.8% of the respondents reported the type of Odun's abuse as child abuse. On the reasons given for their answers, 27.5% of the respondents stated correctly that it was

because her uncle had sex with her and impregnated her at that age while 23.9% stated that it was because her mother sent her to opposite sex.

Alternative ways to prevent Odun's abuse was presented in table 4.19. Few proportions of the respondents stated that "sympathising with Odun" (22.0%) and "confronting Odun's abuser" (27.7%) were wrong ways to prevent Sam's abuse. Majority of the respondents stated correctly that "counselling Sam" (87.4%) is a correct way of preventing Sam's abuse. Similarly, respondents stated correctly that "reporting to school authority" (73.0%) and "inviting Sam's parents to come to school for advice" (82.0%) were all correct ways of preventing Sam's abuse.

Table 4.14: Respondents' knowledge relating to the type of abuse experienced by the child in scenario 1 (N=422)

Variable	N	%
Types of abuse		
Physical abuse*	19	4.5
Child abuse	274	64.9
Don't know	129	30.6
<i>Reasons given by respondents for answers.</i>		
She was injured by her father*	43	10.2
Her father did not treat her well	156	37.0
Sope was treated in a bad way	66	15.6
The parents expectation on a child of 8 years is too much for her age	19	4.5
The man is aggressive	39	9.2
Don't know	99	10.2
*Correct response		

Table 4.15: Alternative ways suggested by respondents for preventing Sope's abuse

Alternative ways of prevention of abuse	Correct (%)	Wrong (%)
Sympathising with Sope	311(73.7)	111(26.3)*
Counseling Sope	390 (92.4)*	32(7.6)
Reporting to police authority	179(42.4)*	243(57.6)
Confronting Sope's abuser	287(68.0)	135(32.0)*
Reporting to school authority	341(80.8)*	81(19.2)
Inviting Sope parents to come to school for advice	371(87.9)*	51(12.1)

*Correct response

Table 4.16: Respondents' knowledge relating to the type of abuse experienced by the child in scenario 2 (N=422)

Variable	N	%
Types of abuse		
Emotional abuse*	16	3.8
Child abuse	239	56.6
Don't know	167	39.6
Reasons given by respondents for answers		
Sam was called names and is self-image damaged*	37	8.8
His mother sent him to live with his brother	120	28.4
He was stressed by the sister in law which probably affected him	4	0.9
No one care about him	61	14.5
Lack of understanding	45	10.7
Sam was called names and is self-image damaged	37	8.8
Don't know	155	36.7
*Correct response		

Table 4.17: Alternative ways suggested by respondents for preventing Sam's abuse

Alternative ways of prevention of abuse	Correct (%)	Wrong (%)
Sympathising with Sam	318(75.4)	104(24.6)*
Counseling Sam	386(91.5)*	36(8.5)
Reporting to police authority	118(28.0)*	301(72.0)
Confronting Sam's abuser	291(69.0)	131(31.0)*
Reporting to school authority	318(75.4)*	104(24.6)
Inviting Sam's parents to come to school for advice	352(83.4)*	70(16.6)

*Correct response

Table 4.18: Respondents' knowledge relating to the type of abuse experienced by the child in scenario 3 (N=422)

Variable	N	%
Types of abuse		
Sexual abuse*	127	30.1
Child abuse	168	39.8
Don't know	127	30.1
<i>Reasons given by respondents for answers</i>		
Her uncle had sex with her and impregnated her at that age*	116	27.5
Her mother sent her to opposite sex	101	23.9
The disciplinary action against her is an abuse	26	6.2
Negligence on the part of the mother	44	10.4
Don't know	135	32.0

*Correct response

Table 4.19: Alternative ways suggested by respondents for preventing Odun's abuse

Alternative ways of prevention of abuse	Correct (%)	Wrong (%)
Sympathising with Odun	329(78.0)	93(22.0)*
Counselling Odun	369(87.1)*	53(12.6)
Reporting to police authority	242(57.3)*	180(42.7)
Confronting Odun's abuser	305(72.3)	117(27.7)*
Reporting to school authority	308(73.0)*	114(27.0)
Inviting Odun parents to come to school for advice	346(82.0)*	76(18.0)

*Correct response

4.3.1 Categorisation of scores relating to skills for identifying and managing instances of child abuse

Categorisation of scores relating to skills for identifying and managing instances of child abuse is presented in table 4.20. The skills of respondents were determined using a 24-point scale where 0-12 points were rated as inadequate skills and 13 to 24 were rated as adequate skills. The mean skill score was 12.0 ± 2.3 points, median was 12.0 points while the minimum and maximum scores were 6 points and 19 points respectively. More than half (59.7%) had inadequate skills for identifying and managing instances of child abuse while 40.3% had adequate skills

Table 4.20: Categorisation of respondents scores relating to skills for recognising and managing child abuse

Score (in points)	Categorisation of Skills	No (%)
0-12	Inadequate Skills	252 (59.7)
13-24	Adequate Skills	170 (40.3)
Total		422(100.0)

*Mean = 12.0±2.3, Median=12.0, Range = 6-19

4.3.2 Respondents' skills relating to management of child abuse by selected socio-demographic characteristics

Table 4.21 shows the distribution of skills by religion. More than half (56.4%) of the respondents who were Christians had good skills while 66.2% of respondents who were of the Islamic faith had inadequate skills relating to management of child abuse. The chi-square test showed that there was no significant association between skills relating to the management of child abuse among respondents and their religion.

The distribution of skills relating to management of child abuse by sex is presented in table 4.22. Majority (60.5%) of the respondents who were males had inadequate skills while 59.5% of respondents who were of the females also had inadequate skills. The chi-square test showed that there was no significant association between skills relating to the management child abuse among respondents and their sex.

Table 4.23 shows the distribution of skills relating to management of child abuse by age. Majority (67.7%) of the respondents who were <40 years had inadequate skills for the management of child abuse. More than half (58.0%) of respondents who were 41-50 years also and 59.2% of respondents who were >51 years had inadequate skills as well. The chi-square test showed that there was no significant association between skills relating to the management child abuse among respondents and their age.

Distribution of skills relating to management of child abuse by level of education is presented in table 4.24. More than half (58.0%) of respondents who were NCE holders and 50.0% of respondents who were B.Ed holders had inadequate skills. Fisher's exact test showed that there was no significant relationship between skills relating to the management child abuse among respondents and level of education.

Table 4.25 shows the distribution of skills relating to management of child abuse by year of experience. Majority (79.0%) of respondents who had 1-10 years of experience, 59.2% of respondents who had 11-20 years of experience and 56.7% of respondents who had 21-30 years of experience all had inadequate skills. Similarly, half (50.0%) of respondents who had ≥31 years of experience had inadequate skills. Chi-square test showed that there was no significant

relationship between skills relating to the management child abuse among respondents and years of experience.

Table 4.26 shows the distribution of skills relating to management of child abuse by knowledge. More than half (55.4%) of respondents who had inadequate skills had fair knowledge while 57.7% of respondents who had adequate skills had fair knowledge as well. Chi-square test showed that there was no significant relationship between skills relating to management of child abuse and knowledge of respondents.

Table 4.21: Association between skills relating to management of child abuse and religion

Religion	Skills		Total	X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Christianity	158(56.4)	122(43.6)	280(66.4)	3.737	1	0.053*
Islam	94(66.2)	48(33.8)	142(33.6)			
Total	252(59.7)	170(40.3)	422(100.0)			

*Not significant (P>0.05)

Table 4.22: Association between respondents' skills relating to management of child abuse and sex

Sex	Categories of skills		Total	X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Male	46(60.5)	30(39.5)	76(18.0)	0.025	1	0.874*
Female	206(59.5)	140(40.5)	346(82.0)			
Total	252(59.7)	170(40.3)	422(100.0)			

*Not Significant (P>0.05)

Table 4.23: Association between respondents' skills relating to management of child abuse and Age

Age	Categories of skills		Total	χ^2	df	P-value
	Inadequate (%)	Adequate (%)				
<40	42(67.7)	20(32.3)	62(14.7)	1.998	2	0.368*
41-50	139(58.0)	101(42.1)	240(56.9)			
>51	71(59.2)	49(40.8)	120(28.4)			
Total	252(59.7)	170(40.3)	422(100.0)			

* Not significant ($P>0.05$)

Table 4.23: Association between respondents' skills relating to management of child abuse and Age

Age	Categories of skills		Total	χ^2	df	P-value
	Inadequate (%)	Adequate (%)				
<40	42(67.7)	20(32.3)	62(11.7)	1.998	2	0.368*
41-50	139(58.0)	101(42.1)	240(56.9)			
>51	71(59.2)	49(40.8)	120(28.4)			
Total	252(59.7)	170(40.3)	422(100.0)			

* Not significant (P>0.05)

Table 4.24: Association between respondents' skills relating to management of child abuse and level of education

Level of education	Skills		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Grade 2	0(0.0)	2(100.0)	2(0.5)	9.810	3	0.009*
NCE	191(58.0)	108(42.1)	299(70.8)			
B.Ed	59(50.0)	59(50.0)	118(28.0)			
PGDE	2(66.7)	1(33.3)	3(0.7)			
Total	252(59.7)	170(40.3)	422(100.0)			

* Significant (P<0.05)
 **Fisher's Exact test was used

Table 4.25: Association between respondents' skills relating to management of child abuse and year of experience

Years of experience	Skills		Total	X ²	df	P-value
	Inadequate (%)	Adequate (%)				
1-10	30(79.0)	8(21.0)	38(9.0)	7.172	3	0.067*
11-20	132(59.2)	91(40.8)	223(52.8)			
21-30	80(56.7)	61(43.3)	141(33.4)			
>=31	10(50.0)	10(50.0)	20(4.8)			
Total	252(59.7)	170(40.3)	422(100.0)			

*Not significant (P>0.05)

Table 4.26: Association between skills relating to management of child abuse and knowledge

Skills	Knowledge			Total	X ²	df	P-value
	Poor	Fair	Good				
Inadequate	51(20.2)	138(54.8)	63(25.0)	252(100.0)	2.119	2	0.341*
Adequate	25(14.7)	98(57.7)	47(27.6)	170(100.0)			
Total	76(18.0)	236(55.9)	110(26.1)	422(100.0)			

*Not Significant (P>0.05)

4.3.3 Respondents' self-efficacy relating to management of child abuse

Self-efficacy relating to management of child abuse is presented in table 4.27. Majority of respondents' response to the following self-efficacy statements was that they can do it very confidently. these are: "helping a child that discloses that he/she is being abused" (80.8%), "counselling an abused child" (83.9%), "Counselling a mother who abuse her own child" (88.2%), "Counselling a mother who abuse her own child" (85.1%) "Mobilising parents of children in your school" (78.2%) and "campaign against child abuse" (78.2%). More (42.4%) reported that they cannot report a child abuse case to law enforcement agencies at all while 30.3% of the respondents stated that they mobilise the community to prevent cases of child abuse with little confidence.

Table 1.27: Respondents' self-efficacy relating to management of child abuse

Self-efficacy Statements	I can do it very confidently (%)	Can do it with little confidence (%)	Cannot do it at all (%)
Helping a child that discloses that he/she is being abused	311(80.8)	72(17.1)	9(2.1)
Counseling an abused child	351(83.9)	51(12.1)	17(4.0)
Reporting a child abuse case to law enforcement agencies	76(18.0)	167(39.6)	179(42.4)
Counseling a mother who abuse his own child	372(88.2)	37(8.8)	13(3.1)
Counseling a father who abuse his own child	359(85.1)	56(13.3)	7(1.7)
Mobilising the community to prevent cases of child abuse	261(62.6)	128(30.3)	30(7.1)
Mobilising parents of children in your school through PTA to take actions against child abuse	330(78.2)	74(17.5)	18(4.3)
Counseling a guardian who abuse his child	370(87.7)	46(10.9)	6(1.4)
Campaign against child abuse	330(78.2)	71(16.8)	21(5.0)

4.3.4 Categorisation of Self-efficacy

Categorisation of scores relating to self-efficacy relating to management of child abuse is presented in table 4.28. The self-efficacy of respondents was determined using a 18-point scale where 0-10 points were rated as inadequate self-efficacy and 11 to 18 were rated as adequate self-efficacy. The mean skill score was 14.9 ± 2.0 points, median was 16.0 points while the minimum and maximum scores were 6 points and 18 points respectively. Very few (2.8%) had inadequate self-efficacy relating to management of child abuse by respondents while 97.2% had adequate self-efficacy.

Table 4.28: Categorisation of self-efficacy scores relating to management of child abuse by respondents

Score(in points)	Categorisation of Self-efficacy	No (%)
0-10	Inadequate	12 (2.8)
11-18	Adequate	410 (97.2)
Total		422(100.0)

*Mean = 14.9±2.0, Median=16.0, Range = 6-18

Table 4.28: Categorisation of self-efficacy scores relating to management of child abuse by respondents

Score(in points)	Categorisation of Self-efficacy	No (%)
0-10	Inadequate	12 (2.8)
11-18	Adequate	410 (97.2)
Total		422(100.0)

*Mean = 14.9±2.0, Median=16.0, Range = 6-18

4.3.5 Association between self-efficacy of respondents and selected socio-demographic characteristics

Table 4.29 shows the distribution of self-efficacy relating to management of child abuse of respondents by religion. Most (98.6%) of the respondents who were Christians and 91.4% of respondents who were of the Islamic faith had adequate skills. The fisher's exact test showed that there was a significant association between self-efficacy relating to management of child abuse by respondents and their religion.

The distribution of self-efficacy relating to management of child abuse of respondents by sex is presented in table 4.30. Almost (96.0%) all of the respondents who were males had adequate self-efficacy while 97.4% of respondents who were of the females also had adequate self-efficacy. The fisher's exact test showed that there was no significant association between self-efficacy relating to management of child abuse by respondents and their sex.

Table 4.31 shows the distribution of self-efficacy relating to management of child abuse of respondents by age. Most (93.6%) of the respondents who were <40 years had adequate self-efficacy relating to management of child abuse. Similarly, 97.9% of respondents who were 41-50 years also and 97.5% of respondents who were >51 years had adequate self-efficacy as well. The fisher's test showed that there was no significant association between self-efficacy relating to management of child abuse by respondents and their age.

Distribution of self-efficacy relating to management of child abuse of respondents by level of education is presented in table 4.32. Most (96.7%) of respondents who were NCE holders and 98.3% of respondents who were B Ed holders had adequate self-efficacy. Fisher's exact test showed that there was no significant relationship between self-efficacy relating to management of child abuse by respondents and level of education.

Table 4.33 shows the distribution of self-efficacy relating to management of child abuse of respondents by year of experience. Majority (89.5%) of respondents who had 1-10 years of experience, 97.8% of respondents who had 11-20 years of experience and 97.9% of respondents who had 21-30 years of experience all had adequate self-efficacy. Fisher's exact test showed that there was no significant relationship between self-efficacy relating to management of child abuse by respondents and years of experience.

Table 4.34 shows the distribution of self-efficacy by knowledge. Majority (75.0%) of respondents who had inadequate self-efficacy had fair knowledge while more than half (55.4%) of respondents who had adequate self-efficacy had fair knowledge as well. Fisher's exact test showed that there was no significant relationship between self-efficacy and knowledge of respondents.

Table 4.29: Association between self-efficacy relating to management of child abuse of respondents and religion

Religion	Self-efficacy		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Christianity	4(1.4)	276(98.6)	280(66.4)	6.031	1	0.025*
Islam	8(5.6)	134(94.4)	142(33.6)			
Total	12(2.8)	410(97.2)	422(100.0)			

*Significant (P<0.05)

**Fisher's exact was used

Table 4.30: Association between self-efficacy relating to management of child abuse by respondents and sex

Sex	Self-efficacy		Total	χ^2	df	P-value
	Inadequate (%)	Adequate (%)				
Male	3(4.0)	73(96.0)	76(18.0)	0.109	1	0.460*
Female	9(2.6)	337(97.4)	346(82.0)			
Total	12(2.8)	410(97.2)	422(100.0)			

*Not Significant ($P > 0.05$)

**Fisher's exact test was used

Table 4.31 : Association between self-efficacy relating to management of child abuse by respondents and Age

Age	Self-efficacy		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
<40	4(6.6)	58(93.6)	62(14.7)	3.475	2	0.185*
41-50	5(2.1)	235(97.9)	240(56.9)			
>51	3(2.5)	117(97.5)	120(28.4)			
Total	12(2.8)	410(97.2)	422(100.0)			

* Not significant ($P>0.05$)

**Fisher's exact test was used

Table 4.31: Association between self-efficacy relating to management of child abuse by respondents and Age

Age	Self-efficacy		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
<40	4(6.6)	58(93.6)	62(14.7)	3.475	2	0.185*
41-50	5(2.1)	235(97.9)	240(56.9)			
>51	3(2.5)	117(97.5)	120(28.4)			
Total	12(2.8)	410(97.2)	422(100.0)			

* Not significant (P>0.05)

**Fisher's exact test was used

Table 4.32: Association between self-efficacy relating to management of child abuse of respondents and level of education

Level of education	Self-efficacy		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Grade 2	0(0.0)	2(100.0)	2(0.5)	0.981	3	0.587*
NCE	10(3.3)	289(96.7)	299(70.8)			
B.Ed	2(1.7)	116(98.3)	118(28.0)			
PGDE	0(0.0)	3(100.0)	3(0.7)			
Total	12(2.8)	410(97.2)	422(100.0)			

*Not Significant (P>0.05)

**Fisher's Exact test was used

Table 4.33: Association between self-efficacy relating to management of child abuse of respondents and year of experience

Year of experience	Self-efficacy		Total	**X ²	df	P-value
	Inadequate (%)	Adequate (%)				
1-10	4(10.5)	34(89.5)	38(9.0)	9.257	3	0.070*
11-20	5(2.2)	218(97.8)	223(52.8)			
21-30	3(2.1)	138(97.9)	141(33.4)			
>=31	0(0.0)	20(100.0)	20(4.8)			
Total	12(2.8)	410(97.2)	422(100.0)			

*Not significant (P>0.05)

**Fisher's exact was used

Table 1.34: Self-efficacy by Knowledge of child abuse

Knowledge	Self-efficacy		Total	••X ²	df	P-value
	Inadequate (%)	Adequate (%)				
Poor	3(25.0)	73(17.8)	76(18.0)	1.358	2	0.074*
Fair	9(75.0)	227(55.4)	236(55.9)			
Good	0(0.0)	110(26.8)	110(26.1)			
Total	12(2.8)	410(97.8)	422(100.0)			

*Not significant (P>0.05)

••Fisher's exact test was used

4.4 Child Abuse Related Experiences Observed and Actions Taken

Child Abuse Related Experiences Observed by respondents are presented in table 4.35. majority of the respondents stated that they have encountered the following instances of child abuse: "a child that has unexplained bruises, marks or injuries in any part of his/her body" (73.2%), "a child that gave a conflicting explanation on how he/she got injuries on his/her body" (68.5%) and "child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements)" (62.6%). More than half of the respondents also stated that they have encountered the following instances of child abuse: "a child that is not active (usually withdrawn)" (59.7%), "a child that is less than 18 years who is pregnant while in school" (57.5%) and "a child that is aggressive" (57.7%).

Majority (64.6%) however stated that they have not encountered a child that is involved in scavenging (i.e. picking items on the street/refuse/dustbins to sell). Less than half of the respondents also stated that they have not encountered the following instances of child abuse: "a child that is engaged in street hawking instead of being in school" (48.8%) and "a child that exhibit sexual knowledge or has information on sexual matters which are beyond her age" (44.3%).

Table 4.36 shows the actions taken by respondents on child abuse related experiences encountered by respondents. More than half of the respondents stated that they did nothing after they encountered the following instances of child abuse: "a child that gave a conflicting explanation on how he/she got injuries on his/her body" (51.4%), "a child that is aggressive" (52.9%), "a child that is engaged in street hawking instead of being in school" (58.8%) and "a child that is involved in scavenging (i.e. picking items on the street/refuse/dustbins to sell)" (58.3%).

More than half of the respondents stated that they made a report to the parents on the following instances of child abuse: "a child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements)" (57.5%), "a child that is extremely not active" (58.4%), "A child that exhibit sexual knowledge or has information on sexual matters which are beyond her age" (55.3%) and "a child that less than 18 years who is pregnant while in school" (53.5%).

Table 4.35: Child Abuse Related Experiences Observed by respondents

Instances of child abuse ever encountered	Ever encountered	
	Yes(%)	No(%)
A child that has unexplained bruises, marks or injuries in any part of his/her body (N=422)	309(73.2)	113(26.8)
A child that gave a conflicting explanation on how he/she got injuries on his/her body (N=422)	289(68.5)	133(31.5)
A child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements) (N=422)	264(62.6)	158(37.4)
A child that is extremely not active (unusually withdrawn) (N=422)	252(59.7)	170(40.3)
A child that exhibit sexual knowledge or has information on sexual matters which are beyond her age (N=422)	235(55.7)	187(44.3)
A child that less than 18 years who is pregnant while in school (N=419)	241(57.5)	178(42.4)
A child that is aggressive (N=418)	241(57.7)	177(42.3)
A child that is engaged in street hawking instead of being in school (N=413)	207(49.1)	206(48.8)
A child that is involved in scavenging (i.e. picking items on the street/refuse/dustbins to sell) (N=404)	143(35.4)	261(64.6)

Table 4.36 Actions taken by respondents on Child Abuse cases ever experienced

Instances of child abuse ever encountered	Action initiated			
	Nothing (%)	Reports to parents (%)	Refer the case (to who) (%)	Others please specify (%)
A child that has unexplained bruises, marks or injuries in any part of his/her body (N=309)	148(17.9)	141(16.6)	15(4.9)	2(0.6)
A child that gave a conflicting explanation on how he/she got injuries on his/her body (N=289)	148(51.2)	126(43.6)	15(5.2)	0(0.0)
A child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements) (N=264)	100(37.8)	153(58.0)	9(3.1)	2(0.8)
A child that is extremely not active (unusually withdrawn) (N=252)	87(34.5)	156(61.9)	9(3.6)	0(0.0)
A child that exhibit sexual knowledge or has information on sexual matters which are beyond her age (N=235)	89(37.9)	135(57.4)	11(4.7)	0(0.0)
A child that less than 18 years who is pregnant while in school (N=211)	103(42.7)	130(53.9)	4(1.7)	4(1.7)
A child that is aggressive (N=211)	113(46.9)	122(50.6)	6(2.5)	0(0.0)
A child that is engaged in street hawking instead of being in school (N=207)	120(58.0)	68(32.9)	10(4.8)	9(4.3)
A child that is involved in scavenging (i.e picking items on the street/refuse/dustbins to sell) (N=143)	83(58.0)	53(37.1)	7(4.9)	0(0.0)

4.5 Test of hypothesis

The following variables such as age, level of education, years of teaching experience, and respondents' skills for identifying child abuse were compared with the knowledge of child abuse (See tables 4.11, 4.12, 4.13, 4.23 for details).

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CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

This chapter is organised into seven sub-sections as follows: primary school teachers' socio-demographic characteristics, knowledge of child abuse, primary school teachers' skills in identifying child abuse and child abuse related experiences observed and actions taken. Implications of the findings for health education, conclusion and recommendation were also presented in the chapter too.

5.1 Socio-demographic characteristics of primary school teachers

A key feature the socio-demographic characteristics of the respondents is that majority were female. This shows a preponderance of female population in the teaching profession. It was reported in the Evening Standard (2006) in London that in teaching profession, women outnumbered men in the classrooms as much as thirteen to one. The finding is similar to that of Lang, Woolfolk and Foja (1988); who reported that more than eighty percent of teachers from their area of study were female, this finding is further corroborated by Kenny (2001) in his study on child abuse reporting: Teachers' perceived deterrents, where he reported that majority of the teachers sampled were female. This can be explained by the fact that many female while at their youth age aspire to have a good job, a home and family that they can well run without interfering into their career. Most of the respondents were over forty years of age, this indicates that most of the teachers are in their productive age which is expected, and a large majority of workforce of any organization should be in the productive age. Majority of the respondents had more than eleven numbers of years of teaching; this can be explained by the fact that the teachers were highly experienced in teaching profession.

5.2 Knowledge of Child Abuse

Knowledge tends to affect behavior, good knowledge affects behavior positively but where there is inadequate or poor knowledge on a subject it will affect behavior negatively. It is important for teachers to be knowledgeable about child abuse in order for them to be successful in their prevention efforts. Educators play an important role in child protection services (Goldman et al., 2003). They serve as a source of knowledge to parents and students on preventive abuse

measures. In doing this, they have to be knowledgeable and aware of variables that put families at an increased risk of experiencing abuse, know how to recognize symptoms of abuse, and know how to respond to suspected cases of abuse (Lisa, 2004).

Findings from this study show that teachers had inadequate overall knowledge of child abuse; this is similar to the findings of Jibo and Muhammed (2011) that 61% of teachers in their study in Kano State in Nigeria had fair knowledge of child abuse. Although Jibo et. al. (2011) showed that only 33.3% had good knowledge of child abuse, in this study, 74.9% of the respondents had good knowledge of the concept of child abuse. The results reveal that majority of the respondents correctly indicated that the following are concept relating to child abuse: inflicting harm on a child, any deliberate acts by parents/guardian/caregiver that results into physical injury on a child, the act of using or attempts to use a child for sexual gratification, any acts that endanger the educational interest of a child, any acts that affect a child's sexual needs or health and any acts that affect a child educational development. This reflects findings from a previous study conducted in Guyana which showed that teachers had an understanding of child abuse and what it is citing flogging and mistreatment of children by an adult, denying them access to health, education and freedom of expression (Sharon & Donell, 2008).

On knowledge relating to indicators of child abuse. There was a general understanding on the part of respondents as to what to look for in order to ascertain whether or not a child is in an abusive situation – Majority of the teachers in this study correctly indicated that beating, (hitting or flogging) a child every now and then, a child that gets pregnant while in school, when a child is in possession of sex related materials such as sex video or pictures (pornography), a child that is engaged in street hawking and scavenging (i.e picking items on the street to sell) are indicator of child abuse. This suggests that teachers have knowledge of indicators of child abuse. These findings are in line with the study Guyana by Sharon & Donell (2008) in which teachers indicated that physical marks (20%), withdrawal (13%), and inappropriate sexual behaviour are signs of child abuse. The findings also reflect the findings of a study conducted among other Professional (dentist) in Saudi Arabia in which the most respondents reported skin burns (86.1%), child poor health (77.0), child poor general hygiene (80.3%) and overt sexually

suggestive behaviour (77.9%) as child abuse indicators (Al-Dabaan, Newton & Asimakopoulou, 2014).

The knowledge of family related factors associated with child abuse is vital to have a comprehensive understanding of the various aspects of child protection (Al-Dabaan, et al., 2014). In a study conducted in Saudi Arabia among the dentist, majority of the respondents surveyed (75.4%) reported that child abuse occurred mostly in polygamous families, 73% and 66.4% of the respondents also reported that loss of job and overcrowded household were risk factors for child abuse (Al-Dabaan, et al., 2014). Correspondingly, (64.5%) of the primary school teacher in current study agreed that a child living in a polygamous family is could predispose to child abuse; majority of the respondents also reported as true the notion that children living with step parents, loss of job by a child caregiver/parent and overcrowded household were factors that could predispose to child abuse. Majority however opposed the view that a child living in nuclear family and small family size are factors that could lead to child abuse.

A significant difference was observed when the overall level of knowledge was compared with the religion and years of teaching experience of the respondents. This is similar to what other author have reported that job experience is a main factor associated with the diagnosis of child abuse (McIntyre, 1990). In contrast, Jibo et al., 2011 reported no significant association between level of knowledge and religion, job experience, sex, and age of the respondents. This may be due to the large percentage of respondents in the this study and that more of the respondents are Christian which is not so in the latter study.

5.3 Skills in Identifying Child Abuse

Teachers are important partners in identifying and preventing child abuse. This is because of their close and consistent contact with students and their families; they are in a unique and critical position to help deal with these issues. Teachers are in excellent position to notice behaviour or physical indicators. As trained observers, they are sensitive to the range of behaviour exhibited by a child at various stages, and they are quick to notice behaviour that fall outside this range. Teachers can also talk with a child to understand any observed challenging behaviour or signs of child abuse (Tower, 2003).

Teachers need to recognize signs and symptoms of child abuse and be able to properly handle situations involving suspected abuse (Liss, 2004). In this study, respondents were presented with scenario describing physical abuse, only 45% correctly identified the scenario that is the type of Sope's abuse as physical abuse and very few (10.2%) could state correctly the reason for the answer. This may indicate that the respondents cannot identify the symptoms of physical abuse. The respondents were asked to suggest alternative ways to prevent Sope's abuse, more of the respondents wrongly stated that sympathising with Sope (73.7%) and confronting Sope's abuser (68.0%) were ways to prevent Sope's abuse. This is consistent with a study conducted in Guyana in which (61%) said they would feel sympathetic towards a child that is abused, in contrary to this study only (5%) said they would confront the abuser (Sharon & Donell, 2008). Majority of the respondents in this study rightly suggested that counseling Sope, reporting to school authority and inviting Sope's parents to come to school for advice were all correct ways of preventing Sope's abuse.

On the identification of types of child abuse based on the second scenario provided for respondents. Very few of the respondents identified correctly the type of Sam's abuse as emotional abuse and could state correctly that the reason for their answer was because Sam was called names and is self-image damaged which means the respondents do not have adequate knowledge of emotional abuse this can affect their identification of an abused child among their pupils. The respondents were asked to suggest alternative ways to prevent Sam's abuse. Most of the respondents stated correctly that counseling Sam, reporting to school authority and inviting Sam's parents to come to school for advice were all correct ways of preventing Sam's abuse. This implies that majority of the teachers would report cases of emotional abuse to the school authority and also advice the parent of the abused child.

On the identification of types of child abuse from third scenario provided for respondents, like the previous scenario discussed above few (30.1%) of the respondents identified correctly the type of Odun's abuse as sexual abuse. There was no doubt that respondents had inadequate knowledge of types of child abuse described in the scenarios (physical, verbal and sexual abuse). Also, Majority of the respondents stated correctly that counseling Odun, reporting to school authority and inviting Odun's parents to come to school for advice were all correct ways of

preventing Odun's abuse. It ought to be noted that more of the respondents do not agree that reporting physical abuse (57.6%) and emotional abuse (72.0%) to police authority are correct ways of preventing child abuse. Though in case of sexual abuse more than half suggested reporting to the police is a correct way. This implies that teachers would only report sexual abuse to the police authority.

Findings revealed that more than half of the respondents (59.7%) had inadequate skills for identifying and managing instances of child abuse. It is obvious from this findings that majority of the respondents cannot clearly identify the forms of child abuse and may not have clearly understood the signs of each forms of abuse. This may hinder the respondents from effectively identifying and intervening in the lives of the abused children. Observation from the relationship between the socio demographic characteristics and teachers' Skills in Identifying Child Abuse revealed that religion, sex, age, level of education and years of teaching experience are not related to their skills.

Dealing with child abuse and neglect is, a collaborative effort. As leaders in their communities, teachers are often in an ideal position to initiate such effort (Tower, 2003). Findings from this study reveal the respondents self-efficacy relating to management of child abuse. Majority of the teachers reported that they can do the following very confidently; helping a child that discloses that he/she is being abused, counseling an abused child, counseling a mother who abuse his own child, counseling a mother who abuse his own child, mobilising parents of children in their school, mobilizing the community in preventing child abuse and campaign against child abuse. These findings may indicate that respondents can offer support for the abused child and their families, they may work with the community to address the aftereffect of child abuse. Moreover, (42.4%) reported that they cannot report a child abuse case to law enforcement agencies at all. This may result from not wanting to engage in court proceedings or feelings of ineffectiveness of police interventions. It should be stressed that this is only a self-report, so the results may be treated as inflated in comparison to the actual behavior.

5.4 Child Abuse Related Experiences Observed and Actions Taken

Teachers are witnesses to child abuse, but their actions towards abuse are quite ambiguous. Teachers need to know how to respond to suspected cases of CSA (Lisa, 2004). Majority of the

preventing Odun's abuse. It ought to be noted that more of the respondents do not agree that reporting physical abuse (57.6%) and emotional abuse (72.0%) to police authority are correct ways of preventing child abuse. Though in case of sexual abuse more than half suggested reporting to the police is a correct way. This implies that teachers would only report sexual abuse to the police authority.

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teachers had identified child abuse in the past. More of the respondents stated that they have encountered the following instances of child abuse; a child that has unexplained bruises, marks or injuries in any part of his/her body, a child that gave a conflicting explanation on how he/she got injuries on his/her body, and child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements), a child that is extremely not active (unusually withdrawn), a child that less than 18 years who is pregnant while in school and a child that is aggressive. The finding is quite discouraging as it may reflect high prevalence of physical abuse (unexplained bruises, marks or injuries in any part of the body, conflicting explanation on how a child got injuries on his/her body), emotional abuse (thumb sucking, hair twisting, unusually withdrawn and unsteady movements), and sexual abuse. Moreover, the teachers were most likely to deal with physical abuse, emotional abuse and sexual abuse than child exploitation (scavenging, street hawking).

Findings from the study on the actions taken on child abuse related experiences encountered by the respondents revealed that more than 50% of the respondents did nothing despite knowing that a child was a victim of child abuse after they encountered instances of child abuse such as, a child that gave a conflicting explanation on how he/she got injuries on his/her body, a child that is aggressive, a child that is engaged in street hawking instead of being in school and a child that is involved in scavenging (i.e. picking items on the street/refuse/dustbins to sell). These findings are in line with a study conducted among teachers in USA which shows that 73% stated that they had never made a report of cases of child abuse (Kenny, 2001). This is in line with findings from National Center for Child Abuse Prevention (2009).

The findings from this study revealed that majority of the teachers talked to the parent when they encountered instances of child abuse such as a child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements), that is extremely not active, that exhibit sexual knowledge or has information on sexual matters which are beyond her age and pregnant while in school. This is similar to the report from (National Center for Child Abuse Prevention, 2009) survey that talking to the parent about incidents of child abuse is the only one truly common among the teachers. Few of the respondents from this study inform the schools authority, this is in line with findings by Kenny, (2001). The results of this study demonstrated that only few respondents, referred child abuse to official institutions like police, health service

and social workers which corroborated the report from the National Center for Child Abuse Prevention, 2009. Also, a related study in Nigeria Jibo et al., (2011) reported that less than half of the teachers (35.1%) were shown to have a good score of appropriate action to be taken when faced with a case of child abuse. This may have implication for their confidence in the child protection systems.

3.5 Implications for Health Education

Findings from this study have implications for health promotion and education. Health education is a combination of learning experience designed to facilitate voluntary adaption of behavior conducive to health (Green, Kreuter, Deed and Partridge 1980). Health education involves changing knowledge and behavior of people through effective communication of factual information so as to ensure optimum well being. Educating people can bridge the gap between health information and health practices.

Multiple strategies such as planning, implementation and evaluation of school policy, workplace educational training, curriculum development and peer education can be use to tackle the phenomenon. The findings of this study have revealed the knowledge, skills and action taken by primary school teachers on the occurrence of child abuse. School policy that would spell out the role of teachers in prevention of child abuse should be used to tackle the phenomenon; this policy should identify what is required of the teacher and how that obligation is to be fulfilled. Workplace educational programmes that would modify teachers' skills in identifying and managing instances child abuse and also boost their confidence in taking proper action on the incidence of child abuse would be a good forum to equip the teachers with information.

Governmental agencies such as State Universal Basic Educational Board, non governmental agencies and related stake holders can use the findings from this study as training needs assessment for the design and development of training curriculum for upgrading the knowledge and skills of the primary schools teachers in the study area and Nigeria at large. Such training curriculum should comprise knowledge of indicators of child abuse, knowledge of factors that can lead to child abuse and skills in identifying and managing instances child abuse. Peer

education could provide education on interventions that are expected from the teachers when they encounter child abuse among their pupils.

5.6 Conclusion

Child abuse is a public health problem worldwide. It is a common phenomenon with worrisome and alarming proportion Ebigbo and Abaga (1990). There is therefore need for improved knowledge and skills for teachers who by virtue of their profession are always in contact with children and can protect the child from further abuse and can also enhance the recovery of the child from abuse already incurred.

This study has confirmed that teachers in primary schools encountered child abuse as they practiced their work. However the knowledge, skill and action taken by these teachers in Oluyole Local Government of Oyo State are not adequate enough to enable them detect child abuse among their pupils properly. The findings of this study reveal that the majority of the teachers had fair knowledge of child abuse. The findings showed that majority of the teachers cannot identify the specific forms of child abuse and their signs. It was also observed that actions taken are mostly limited to the schools. It can thus be recommended that health education training that may assist teachers to develop a more extensive knowledge base, improve their skills and action taken on child abuse should be regularly organized for them.

5.7 Recommendations

The increasing prevalence of child abuse has made it important to approach its prevention in diverse ways. The major ways are the primary school teachers who are exposed to the children right from their early stage of development.

1. Awareness seminars should be organized to develop the knowledge of the primary school teachers on child abuse. Such seminars should be detailed encompassing the teacher's role in prevention of child abuse, knowledge of child abuse indicators and also boost their confidence to fulfill their roles.
2. Both pre-service and continual in-service training should be part of the teachers' professional development. Such training should include, identification of child abuse.

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2. Both pre-service and continual in-service training should be part of the teachers' professional development. Such training should include, identification of child abuse,

reactions to incidents of child abuse, teaching the children prevention strategies and working with other agencies to support children.

3. Child protection trainings should form a prerequisite to employment into teaching profession.
4. Child protection officers should be assigned to schools to assist teachers with the tasks of accurate reaction after identification of child abuse victims.
5. Teachers should be provided with accurate information about their legal obligation with respect to reporting child abuse.
6. Workplace education programme organized by the child protection agency can boost the teachers' knowledge and skills of identifying child abuse.
7. Peer education can help spread factual information on the roles of teachers in protecting child abused victims.

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APPENDIX I

QUESTIONNAIRE

PRIMARY SCHOOLS TEACHERS' KNOWLEDGE, SKILLS FOR IDENTIFYING CHILD ABUSE AND ACTION TAKEN TO OCCURRENCE IN OLUYOLE LOCAL GOVERNMENT

Dear Respondent,

I am a post graduate student of the Department of Health Promotion and Education (Population and Reproductive Health Education), Faculty of Public Health, College of Medicine, University of Ibadan. The purpose of this study is to investigate the primary schools teachers' knowledge, skills for identifying child abuse and action taken to occurrence. The findings from this study will help in the design and implementation of programmes aimed at preventing child abuse. Your identity, response and opinion will be kept strictly confidential and will be used for the purpose of this research only, please note that you do not have to write your name on the questionnaire. I kindly seek your assistance to answer the questions below as accurately as possible to make the research a success. However your participation is voluntary and you may request to withdraw at any time. Please note that a child in this context is a person who has not attained the age of 18 years.

(2) NO ☐

Can we commence please? (1) YES ☐

Thank you very much.

Reference number.....

INSTRUCTION: Please do not write your name and answer all the entire questions

SECTION A

SOCIO DEMOGRAPHIC CHARACTERISTICS

Instruction: In this section please fill or tick (✓) in boxes provided as appropriate

1. What is your highest level of education?

1. Grade 2 ☐

2. N.C.E. ☐

3. B.ED ☐

4. PGDE ☐

2. Sex: 1. Male ☐

2. Female ☐

3. Class currently taught:

1. Primary 1 ☐

4. Primary 4 ☐

2. Primary 2 ☐

5. Primary 5 ☐

3. Primary 3 ☐

6. Primary 6 ☐

4. Years of teaching experience.....

5. Marital status: 1. Single ☐ 2. Married ☐ 3. Divorced ☐
 4. Widowed ☐ 5. Separated ☐ 6. Co-habiting ☐
6. Religion: 1. Christianity ☐ 2. Muslim ☐ 3. Traditional ☐ 4. Others (Specify)
7. Age at last birthday (in years)
8. Are you a parent: 1. Yes ☐ 2. No ☐

SECTION B KNOWLEDGE OF CHILD ABUSE

9. Table 1 contains a list of statements. For each tick (✓) whether it could be True or false concerning child abuse

SN	Statements	Tick (✓)	
		True	False
	Child abuse is:		
9.1	Inflicting harm on a child		
9.2	Failing to prevent a child from harm.		
9.3	Any deliberate acts by parents/guardian/caregiver that results into physical injury on a child		
9.4	Any disciplinary action taken against a child		
9.5	The act of using or attempts to use a child for sexual gratification		
9.6	Any acts that endanger the educational interest of a child		
9.7	Inability to provide a child with his/her basic needs		
9.8	Any acts that affect a child's sexual needs or health		
9.9	Any acts that affect a child educational development		
9.10	Involving a child in tasks meant for adults		
9.11	Any acts that hurts a child feelings		

10. Table 2 contains a list of indicators. For each tick (✓) True if it could be an indicator of child abuse or False if it cannot not; If not sure tick (✓) Don't know

No	Statements	For each of the statements please tick (✓) one		
		True	False	Don't know
10.1	Beating, (hitting or flogging) a child every now and then			
10.2	When a child gives conflicting explanation as to how he/she got injuries in his/her body			
10.3	When a child always cry when it is time to go home after school hours			
10.4	When a child habitually sucks the fingers			
10.5	Being fearful when approached by a person known to the child			
10.6	Inability of a child to sit comfortably			
10.7	When a child is very knowledgeable about sexual matters which is beyond his or her age.			
10.8	A child that gets pregnant while in school			

10.9	When a child is in possession of sex related materials such as sex video or pictures (pornography)		
10.10	When a child deliberately exposes his/her genitals to others to see		
10.11	When a child is constantly underweight		
10.12	When a child engaged in street hawking		
10.13	Indulgence in scavenging by a child (i.e picking items on the street to sell)		
10.14	When a child unusually gets frightened when he/she sees his/her parents		
10.15	Spanking that does not live an injury on a child		
10.16	Lack of interest in child's problem		
10.17	When a child habitually twist her hair		
10.18	When a child is habitually unsteady when sitting or standing		
10.19	Inability of a child to walk well		
10.20	When a child deliberately looks at other people's genitals		

11. Table 3 contains a list of family related concepts or factors. For each tick (✓) True if it can cause or lead to child abuse or False if not

S/N	Statements	Tick (✓)	
		True	False
11.1	Child living in a polygamous family (i.e a family with a father having more than one wife)		
11.2	Child living in nuclear family (i.e a family of a father, mother and children)		
11.3	Child living with single parent		
11.4	Living with both parent by a child		
11.5	Child living with step parents		
11.6	Loss of job by a child caregiver/parent		
11.7	Parents/guardians of a child with low socio-economic status		
11.8	Parents/guardians of a child with high socio-economic status		
11.9	Children with serious health condition		
11.10	Large family size		
11.11	Small family size		
11.12	Over crowded household		

SECTION C 1: SKILLS OF FOR IDENTIFYING AND MANAGING INSTANCES OF CHILD ABUSE

Please, read the following and answer the questions below:

Sope is 8 years old, she was extremely shy and withdrawn and often took a great deal of time to grasp ideas, despite the fact that the teacher had brought her to sit in the front of the class so that she could hear and see very well. Her mother is a professional artist who had chosen to stay home with her four children. Her father, an accountant, has concerns about Sope's slowness in

learning. As the teacher increased her homework, she became more withdrawn. The teacher suggested she ask for help at home, especially with Mathematics.

At first Sope began coming to school with peculiar marks on her arms. One particular day she arrived with a burn mark covering a good part of her hand. It had not been treated and had become infected. On asking Sope about her injuries, the teacher learned that Sope was being abused by her father. After several drinks, he would "help her" with her homework, become angered by her slowness, and thrust her with his lit cigarette. The latest burn was a result of Sope's hand being pressed on an iron when her father had taken over her mother's efforts to teach her how to "iron properly."

12. Kindly identify the type of abuse in Sope's story?

13. Give reasons for your answer?

14. Table 4 contains suggested alternative ways to prevent Sope's abuse. For each tick (✓) whether it is appropriate (i.e. correct way) or inappropriate (wrong way)

Table 4

S/N	Statements	Tick (✓)	
		Correct way	Wrong way
1	Sympathising with Sope		
2	Counseling Sope		
3	Reporting to police authority		
4	Confronting Sope's abuser		
5	Reporting to school authority		
6	Inviting Sope parents to come to school for advice		
7	Do not know the appropriate step to take		

At age 11, Sam spent much of his free time moving back and forth on a spot. He did not seem to be aware of this behavior. He also had been observed sucking his thumb. When Sam was 6 his father died, and his mother sent him to live with his older brother's wife. Soon after, Sam developed a tendency to stammer when he felt a great deal of stress. His sister-in-law was a penny trader who often "calls him names" describing Sam as worthless and a person who has to be whipped so as to be useful. This situation has seriously damaged Sam's self-esteem.

15. What type of abuse is involved in Sam's story above?

16. Give reasons for your answer?

17. Table 5 contains suggested alternative ways to prevent Sam's abuse. For each tick (✓) whether it is appropriate (i.e correct way) or inappropriate (wrong way)

Table 5

S/N	Statements	Tick (✓)	
		Correct way	Wrong way
1	Sympathising with Sam		
2	Counseling Sam		
3	Reporting to police authority		
4	Confronting Sam abuser		
5	Reporting to school authority		
6	Inviting Sam parents to come to school for advice		
7	Do not know the appropriate step to take		

Odun is 11 years old; she suddenly began to grow thin. Her teachers observed that she never ate lunch, and when they mentioned it to her, she passed it off by saying there was never anything she liked. When she fainted in the class one day, and was taken to the health centre nearby, it was discovered she was pregnant. She explained to the teacher that her uncle had been having sex with her whenever her mother sent her to him to punish her anytime she offended her mother. However, when her mother was invited and informed, she seems to be angrier that the relationship between her and his only brother will be destroyed than her daughter was impregnated the uncle (mother's brother).

18. Identify the type of child abuse Odun experienced?

19. Give reasons for your answer?

20. Table 6 contains suggested alternative ways to prevent Odun's abuse. For each tick (✓) whether it is appropriate (i.e. correct way) or inappropriate (wrong way)

S/N	Statements	Tick (✓)	
		Correct way	Wrong way
1	Sympathising with Odun		
2	Counseling Odun		

3	Reporting to police authority		
4	Confronting Odun abuser		
5	Reporting to school authority		
6	Inviting Odun parents to come to school for advice		
7	Do not Know the appropriate step to take		

21. SECTION C II: SELF EFFICACY relating to management of child abuse: Table 7. Can you please rate your confidence in doing the following? Tick (✓) the appropriate response to the statements

		Table 7		
	Statements	Please tick (✓) only one of the response as it apply to you		
		I can do it very confidently	Can do it little confidence	Cannot do it at all
21.1	Helping a child that discloses that he/she is being abused			
21.2	Counseling an abused child			
21.3	Reporting a child abuse case to law enforcement agencies			
21.4	Counseling a mother who abuse his own child			
21.5	Counseling a father who abuse his own child			
21.6	Mobilising the community to prevent cases of child abuse			
21.7	Mobilising parents of children in your school through PTA to take actions against child abuse			
21.8	Counseling a guardian who abuse his child			
21.9	Campaign against child abuse			

SECTION D: CHILD ABUSE RELATED EXPERIENCES OBSERVED AND ACTIONS TAKEN

22. Table 8 contain instances of child abuse which a child experienced. For each indicate the one you have ever encountered by ticking either Yes or No. Should you tick yes concerning any of the statements, then tick the action you took or initiated (you can tick more than one if it applies to what you did).

Table 8

S/N	Instances of child abuse ever encountered	Ever encountered		What did you do? (please tick)			
		Yes	No	Nothing	Reports to parents	Refer the case (to who)	Others (please specify)
22.1	A child that has unexplained bruises, marks or injuries in any part of his/her body						
22.2	A child that gave a conflicting explanation on how he/she got injuries on his/her body						
22.3	A child that displays abnormal behaviours (such as thumb sucking, hair twisting and unsteady movements)						
22.4	A child that is extremely not active (unusually withdrawn)						
22.5	A child that exhibit sexual knowledge or has information on sexual matters which are beyond her age						
22.6	A child that less than 18 years who is pregnant while in school						
22.7	A child that is aggressive						
22.8	A child that is engaged in street hawking instead of being in school						
22.9	A child that is involved in scavenging (i.e. picking items on the street/refuse/dustbins to sell)						
22.10	A child that is aggressive						

APPENDIX II

Prevalence studies of child abuse in different countries

Country	Authors	Year	Population	Nature and extent of abuse
United Kingdom	May-Chahal & Cavson	2005	18-25 years old (A retrospective study)	Total abused (16%). Physical abuse (7%), Sexual abuse (11%), Emotional abuse (6%), Emotional Neglect (6%), absence of care (6%), absence of supervision (5%).
Canada	Nico Trocmé, David Wolfe.	2001	Under 19 years old	Neglect (40%), Physical abuse (31%), Emotional abuse (19%), Sexual abuse (10%).
Canada	MacMillan, Fleming, Trocme, Boyle, Wong, Racine.	1997	15 years and older	Physical abuse (31.2% of males & 21.1% of females), Severe physical abuse (10.7% of males & 9.2% of females), Sexual abuse (4.3% of males and 12.8% of females).
Saudi Arabia	Majid, Fadia, Mohammed, Hassan, Desmond, Maha.	2014	15-18 years	Psychological abuse (74.9%), physical abuse (57.5%), exposure to violence (50.7%), Neglect (50.2%), Sexual abuse (14%).
Nigeria	Momoh, Aigbomian, Longe	2008	School children	Street hawking (33%), Physical abuse (24%), Neglect (16%), Home helps (11%), Sexual abuse (6.1%), Work for family (5.2%), Child prostitution (4.4%).
Nigeria	Federal Ministry of Education & UNICEF	2007	Primary 1-6 pupils & JSS students	Physical violence (85%), Psychological violence (50%), Gender based violence (5%), Sexual abuse (4%), Health related violence (1%).

APPENDIX III

Evidence of child sexual abuse from selected studies in Nigeria

Author	Population	Setting	Major findings
Nzewi (1988)	Girls below age 12	Kaduna. Enugu Ibadan	60% of girls have experienced sexual abuse, including genital stimulation, voyeurism and genital seduction
Oloro & Osawemen (2005)	Out of school teenagers (13-16 years)	Benin	83% of all females had experienced one form of sexual harassment. More females (83%) experienced verbal assaults, unwanted touch of various parts of the body (71%), attempted unsuccessful sexual activity (58%) and actual forced sexual intercourse (19%).
Ikechebelu, et al (2008)	Female hawkers (girls below 16 years)	Anambra	69.9% had been sexually abused with 17.2% having had penetrative sexual intercourse (28.1% were forced and 56.3% submitted willingly) while hawking.
Adenito (2010)	Adolescents (10-18 years)	Ibadan	75% of girls who had engaged in sex intercourse were sexually abused.
Abdulkadir et al (2011)	Adult females & (3-18) years	Niger state	95.1% (77 cases) of girls aged 3-18 years have experienced a form of sexual abuse.

APPENDIX IVa

Consequences of child maltreatment

	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Exploitation
Mental health outcomes	<ul style="list-style-type: none"> - Increased paranoid Inaction - Impairment of mental health - Depression - Onset of mental disorders - Anxiety - Self blame - Suicide Ideation - Self harm - Attempted suicide 	<ul style="list-style-type: none"> - Feeling sad or hopeless - Depression - Passive coping - Impairment of mental health - Intermittent explosive Disorder - Mood disorder - Obsessive-compulsive - Loss of memory - Attention impairment - Shame - Dissociation - Suicide ideation - Suicide attempt 	<ul style="list-style-type: none"> - Anxiety - Depression - Anger-hostility - Low self-esteem - Common mental disorder - Anger - Fear - Hopelessness - Suicidal ideation - Attempted suicide - Self harm - Runaway impulse 	<ul style="list-style-type: none"> - Onset of mental disorders - Suicide ideation - Attempted suicide 	<ul style="list-style-type: none"> - PTSD - Depression - Low self-esteem - Stigma
Physical health outcomes	<ul style="list-style-type: none"> - Eating disorders - Irritable bowel Syndrome - Shortness of breath - Pain disorder - Dizziness - Psychosomatic Disorder - Injuries - Problem drinking - Early smoking initiation - Abuse of medication - Use of psychoactive drugs - Illicit drug use - Lifetime prevalence of sexual IPV 	<ul style="list-style-type: none"> - Genital-urinary symptoms - Shortness of breath - Chest pain - Dizziness - I had ever been drunk - Problem drinking - Vomit or take laxatives - Weight > 170lbs - Fear of being harassed - Concurrent partners - Sex to please partner - Premarital sex 	<ul style="list-style-type: none"> - Psychosomatic disorder 	<ul style="list-style-type: none"> - Current alcohol use - Problem drinking 	<ul style="list-style-type: none"> - Have ever drunk alcohol - Have ever smoked tobacco - STDs - HIV/AIDS - Unwanted pregnancy - Abortion

APPENDIX VB

Consequences of child maltreatment

	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Exploitation
Violence Outcomes		<ul style="list-style-type: none"> - Carrying a weapon - Delinquency - Lifetime prevalence of physical IPV - IPV in the last year - Hit hard by partner - Past year has been threatened or injured with a weapon at school - Physical sexual harassment - Verbal sexual harassment 		<ul style="list-style-type: none"> - IPV perpetration - Physically assaulting partner 	<ul style="list-style-type: none"> - Slapped or beaten - Abused with harsh words
Impacts on education					<ul style="list-style-type: none"> - Non-school attendance - Dropping out of school
Employment					<ul style="list-style-type: none"> - Debt bondage - Unpaid wages - Long hours

Source: WHO (2007)

APPENDIX V

OLUYOLE LOCAL GOVERNMENT UNIVERSAL EDUCATIONAL AUTHORITY

LIST OF PUBLIC PRIMARY SCHOOL IN THE LOCAL

	NAME OF SCHOOLS	TOTAL
	WARD ONE	
1.	O.L.G.C PRY. SCHOOL.A YEGUN	15
2	METHODIST PRY.SCHOOL.AJOTA	2
3.	ST. PATRICK PRY SCH..INU ODI OKITI	3
4.	METHODIST PRY.SCH..ANAYE	2
5.	METHODIST PRY.SCH.,LAWANDE	3
6.	ST.ANDREWS PRY. SCH.,ABA IGE	3
7.	O.L.G.C PRY. SCHOOL, OBA ADU	3
8.	O.L.G.C. PRY. SCH.,ABIPO	3
	WARD TWO	
9	UNION OF RATIBI 2, IDI IROKO	6
10.	METHODIST PRY.SCH., IDI IROKO	6
11.	O.L.G.C, PRY. SCH., OKEONA IKEREKU	20
12.	C.P.S. OYALAMI	10
13.	N.C.P.S. IDI OYA, OLEYO	13
14.	C.P.S., KOLOMI	17
15	O.L.G.C PRY. SCH., OLUGBEMI	6
16	C.P.S. ABA-ODAN	6
17	O.L.G.C PRY. SCH. 2, OKE IKEREKU	15
	WARD THREE	
18	IFELODUN C.P.S. 1 ODINJO	20
19	IREWOLE C.P.S. 1, OKE OGDEKE	21
20.	C.P.S. 2, ABA-ALFA	122
21.	TEMIDIRE C.P.S. 1, AGBAMU	19

22.	IFELODUN C.P.S, 2 ODINJO	18
23.	C.P.S. 1, ABA-ALI A	15
24.	TEMIDIRE C.P.S. 2, AGBAMU	16
25.	IREWOLE C.P.S. 2, OKE OGBERE	4
	WARD FOUR	
22.	IFELODUN C.P.S. 2, ODINJO	8
24.	IFELODUN C.P.S. 3, ODINJO	16
25.	IFELODUN C.P.S. 4, ODINJO	9
26.	IFELODUN C.P.S. 5, ODINJO	12
27.	IFELODUN C.P.S. 6, ODINJO	8
28.	IFESOWAPO C.P.S. 2, SANYO	13
29.	IFESOWAPO C.P.S. 1 SANYO	13
30.	METHODIST PRY SCH., EGBEDA	4
31.	METHODIST PRY. SCH., OLOMIYEYE	1
32.	UNION OF R ATIBI 2, IDI- IROKO 4	7
	WARD FIVE	
33.	ST MATHIAS PRY. SCH. BUSUGBORO	2
34.	CRN STAFF SCH. 1 IDI AYUNRE	5
35.	ST. JOHNS PRY. SCH. ALATA	1
36.	ST. MICHAEL PRY. SCH. ODO-ONA NIA	3
37.	ST. JAMES PRY. SCH. FARUKU	6
38.	O.L.G.C. PRY. SCH., ODO-ONA KEKERE	8
39.	ST. MARTINS CATHOLIC PRY. SCH. ORILE- ODO	10
40.	CR INSTANT SCHOOL 2, IDI AYUNRE	7
41.	O. L. G. C PRY. SCH. ILENIA	1
	WARD SIX	
42.	O. L. G. C. PRY. SCH. OLUKINDI	20
43.	O. L. G. C PRY. SCHOOL OLUKINDI	1

44.	ST. PAUL PRY. SCHOOL, OLOODE	1
45.	ST. SAVIOUR PRY. SCHOOL OLOJU ORO	2
46.	ST JAMES PRY. SCHOOL, FALANSA	1
47.	ST. ANDREW'S PRY. SCH., AGBEJA	2
48.	ST. PETER PRY. SCHOOL, ALI PAANU	1
49.	METHODIST PRY. SCH., PAPA	2
50.	ST. PAUL PRY. SCHOOL, IATUNDE	2
51.	ST. PETER PRY. SCHOOL, AKINRINOLA	1
52.	ST. JOHN PRY. SCHOOL, OKESE	2
53.	ST. MATTHEWS PRY SCHOOL, AYEGBAYO	2
54.	ST JAMES PRY. SCHOOL OKANYINDE	1
55.	CHRIST CHURCH PRY SCHOOL, OWOADE	2
56.	ST. STEPHEN PRY. SCH., ABOYAWO	4
57.	ST. JOHN APADI	3
58.	ST. JOHN PRY. SCHOOL, MOLEKE	2
59.	O.L.G.C. PRY. SCH., ABIPO 1	3
	WARD SEVEN	
60.	COMMUNITY PRY. SCH. 1, OLOMI	20
61.	C.P.S. 4, OLOMI	16
62.	C.P.S. 5, OLOMI	19
63.	C.P.S. 3 OLOMI	15
64.	KOLAJO C.P.S. 4 AGRIC OLOMI	15
65.	C.P.S. 2, OLOMI	14
66.	KOLAJO C.P.S. 1. AGRIC	14
67.	C.P.S. 1, ADA-ALFA	15
68.	C.P.S. 6, OLOMI	19
69.	TEMIDIRE C.P.S. 2, AGBANI	13
70.	O.L.G.C. PRY. SCH., 2 OLURINDI	13

	WARD EIGHT	
71	ST. MATTHEWS PRY SCH. ABA NLA	12
72	ST. ANDREWS PRY. SCH. IKIJA SELERU	3
73	H. I. A PRY. SCH. BALOGUN	2
74	ST. PETERS PRY SCH. ALAHO	4
78	O. L. G. C. PRY. SCH. OMI-FATOKUN	2
79	CHRIST CHURCH SCH. OLOKUTA	2
80.	O. L. G. C. PRY. SCH. OLONDI	16
81	ST JOHNS PRY. SCH. ABODERIN	3
82.	EBEENEZER AFRICAN CHURCH, ANILA	3
83	METHODIST PRY. SCH. ABA AGBO	3
84.	ST. PAUL PRY. SCH. DADA	2
85.	O. L. G. C. PRY. SCH. SEKO	4
86	C. P. S. MOKORE	2
	WARD NINE	
87	ST. ANDREWS PRY. SCH. DALLEY	6
88	ST. DAVID PRY. SCH. OLUBI	5
89	METHODIST PRY. SCH. SANUSI	3
90.	METHODIST PRY. SCH. LAGUNJU	3
91.	O. L. G. C. PRY. SCH. LAMOLO	4
92.	ALL SAINTS PRY. SCH. ONIPE	6
93.	ST. THOMAS PRY. SCH. FASUNI	3
94	O. L. G. C. PRY. SCH. GBAI EASUN	3
95.	A. U. D. PRY. SCH. ONIGANBARI	4
96	ST. PAUL PRY. SCH. ONIGANBARI	4
97	ST. PETERS PRY. SCH. KARANGBADA	4
98.	ST. THOMAS PRY. SCH. LONGE	4
99.	ST. STEPHEN PRY. SCH. APOYAWO	2
100	ST. PAUL PRY. SCHOOL. BALALOLA	

	WARD TEN	
101	EBENEZER AFRICAN CHURCH SCH. ORISUMBARE	4
102	METHODIST PRY. SCH., EWEBIYI	3
103	ST. JAMES PRY. SCH., ODI-KEREDO	1
104	N. U. D PRY. SCH. AJIBODU	1
105	ST. ANDREWS PRY. SCH. OMI-GBOPA	2
106	ST. THOMAS PRY. SCH. MAKINDE	1
107	C. P. S. ONIYANGI	-
108	ST. DAVID PRY. SCH., OLORISA	2
109	O. L. G. C. PRY. SCH., OBEBE	2
110	ST. ANDREWS PRY. SCH. ARA-OJE	7
111	ST. JAMES PRY. SCH.,	13
112	O. L. G. C. PRY. SCH., A YEGUNLE	4
113	AWAWU BALOGUN C P S AGO	9
	TOTAL	793

APPENDIX VI

The list of the selected Wards and Public Primary Schools in Oluyole Local Government Area

SN	NAME OF SCHOOLS PUBLIC SCHOOLS	TOTAL
	WARD TWO	
1.	UNION OF RATIBI 2, IDI IROKO	6
2.	METHODIST PRY. SCH., IDI-IROKO	6
3.	O.L.G.C. PRY. SCH., OKE-ONA IKEKEKU	20
4.	C.P.S. OYALAMI	10
5.	N.C.P.S. IDI OYA, OLEYO	13
6.	C.P.S., KOLOMI	17
7.	O.L.G.C. PRY. SCH., OLUGBEMI	6
8.	C.P.S. ABA- ODAN	6
9.	O.L.G.C. PRY. SCH. 2, OKE-IKEREKU	15
	WARD THREE	
10.	IFELODUN C.P.S. 1 ODINJO	20
11.	IREWOLE C.P.S. 1, OKE OGBERE	21
12.	C.P.S. 2, ABA-ALFA	12
13.	TEMIDIRE C.P.S. 1, AGBAMU	19
14.	IFELODUN C.P.S. 2 ODINJO	18
15.	C.P.S. 1, ABA-ALFA	15
16.	TEMIDIRE C.P.S. 2, AGBAMU	16
17.	IREWOLE C.P.S. 2, OKE OGBERE	4
	WARD FOUR	
18.	IFELODUN C.P.S. 2, ODINJO	8
19.	IFELODUN C.P.S. 3, ODINJO	16
20.	IFELODUN C.P.S. 4, ODINJO	9

21	IFELODUN C.P.S. 5, ODINJO	12
22	IFELODUN C.P.S. 6, ODINJO	8
23	IFESOWAPO C.P.S. 2, SANYO	13
24	IFESOWAPO C.P.S. 1 SANYO	13
25	METHODIST PRY. SCH., EGBEDA	4
26	METHODIST PRY. SCH., OLOMIYEYE	3
27	UNION OF RATTI 2, IDI- IROKO 4	5
	WARD SIX	
28	O. L. G. C, PRY. SCH., OI URINDE	20
29	O.L.G.C PRY. SCHOOL OLOODE	3
30	ST. PAUL PRY. SCHOOL, OLOODE	1
31	ST. SAVIOUR PRY. SCHOOL OLOJU ORO	2
32	ST JAMES PRY. SCHOOL, FALANSA	1
33	ST. ANDREWS PRY. SCH., AOBELA	2
34	ST. PETER PRY. SCHOOL, ALI PAANU	1
35	METHODIST PRY. SCH., PAPA	2
36	ST. PAUL PRY. SCHOOL, LATUNDE	2
37	ST. PETER PRY. SCHOOL AKINRINOLA	1
38	ST. JOHN PRY. SCHOOL OKESE	2
39	ST. MATHEWS PRY SCHOOL, AYEGBAYO	2
40	ST JAMES PRY. SCHOOL OKANYINDE	1
41	CHRIST CHURCH PRY SCHOOL, OWOADE	2
42	ST. STEPHEN PRY. SCH., ABOYAWO	4
43	ST. JOHN APADI	3
44	ST. JOHN PRY. SCHOOL, MOLEKE	2
45	O.L.G.C. PRY. SCH. ABIFO 1	3
	WARD SEVEN	
46	COMMUNITY PRY. SCH. 1, OI OMI	20
47	C.P.S. 4, OI OMI	16
48	C.P.S. 5, OI OMI	10

49	C.P.S. 3 OLOMI	15
50	KOLAJO C.P.S. 4 AGRIC OLOMI	15
51	C.P.S. 2, OLOMI	14
52	KOLAJO C. P. S. 1. AGRIC	14
53	C.P.S. 1, ABA-ALFA	15
54	C.P.S. 6, OLOMI	19
55	TEMIDIRE C.P.S. 2, AGBAMU	13
56	O.L.G.C. PRY. SCH., 2 OLURINDI	13
	WARD EIGHT	
57	ST. MATHEWS PRY SCH. ABA NLA	12
58	ST. ANDREWS PRY. SCH. IKIJA SILERU	3
59	H.E.A PRY. SCH. BALOGUN	2
60	ST. PETERS PRY SCH. ALAJO	4
61	O.L.G.C. PRY. SCH. OMI-FATOKUN	2
62	CHRIST CHURCH SCH. OLOKUTA	2
63	O.L.G.C. PRY. SCH. OLONDE	16
64	ST. JOHNS PRY. SCH. ABODERIN	3
65	EBENEZER AFRICAN CHURCH. AIANLA	3
66	METHODIST PRY SCH. ABA AGBO	3
67	ST. PAUL PRY. SCH. DADA	2
68	O.L.G.C. PRY. SCH. SEKO	4
69	C.P.S. MOKORE	2
	WARD NINE	
70	ST. ANDREWS PRY. SCH. DAILEY	6
71	ST. DAVID PRY. SCH. OLUBI	5
72	METHODIST PRY. SCH. SANUSI	3
73	METHODIST PRY. SCH. LAGUNJU	3
74	O.L.G.C. PRY. SCH. LAMOLO	1
75	ALL SAINTS PRY. SCH. ONIPI	4
76	ST. THOMAS PRY. SCH. FASUMI	6

77	O.L.G.C. PRY. SCH., GBALEASUN	3
78	A.U.D. PRY. SCH., ONIGANBARI	3
79	ST. PAUL PRY. SCH. ONIGAMBARI	4
80	ST. PETERS PRY. SCH., KARANGBADA	4
81	ST. THOMAS PRY. SCH., LONGE	4
82	ST. STEPHEN PRY. SCH., ABOYAWO	4
83	ST. PAUL PRY. SCHOOL, BABALOLA	2
Total		549

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APPENDIX VII

Distribution of selected respondents

Selected Ward	Number of selected respondents in the ward	List of schools in the wards	Number of respondents selected in each school
2	76	Union of Rutibi 2, Idi iroko	$\frac{6}{99} \times \frac{76}{1} = 5$
		Methodist Pry. Sch., Idi-iroko	$\frac{6}{99} \times \frac{76}{1} = 5$
		O.L.G.C. Pry. Sch., Oke-Ona Ikekeku	$\frac{20}{99} \times \frac{76}{1} = 14$
		C.P.S. Oyalami	$\frac{10}{99} \times \frac{76}{1} = 8$
		N.C.P.S. Idi oya, Ol oyo	$\frac{13}{99} \times \frac{76}{1} = 10$
		C.P.S., Kolomi	$\frac{12}{99} \times \frac{76}{1} = 13$
		O.L.G.C. Pry. Sch., Olugbemi	$\frac{6}{99} \times \frac{76}{1} = 5$
		C.P.S. Aba. Odan	$\frac{6}{99} \times \frac{76}{1} = 5$
		O.L.G.C. Pry. Sch. 2, Oke-Ikereku	$\frac{15}{99} \times \frac{76}{1} = 11$
		Ifelodun C.P.S. 1 Odinjo	$\frac{20}{125} \times \frac{96}{1} = 15$
3	96	Irewole C.P.S. 1, Oke Ogbera	$\frac{21}{125} \times \frac{96}{1} = 16$
		C.P.S. 2, Aba-Alfa	$\frac{12}{125} \times \frac{96}{1} = 9$
		Temidire C.P.S. 1, Agbamu	$\frac{19}{125} \times \frac{96}{1} = 15$
		Ifelodun C.P.S. 2, Odinjo	$\frac{18}{125} \times \frac{96}{1} = 14$
		C.P.S. 1, Aba-Alfa	$\frac{15}{125} \times \frac{96}{1} = 12$
		Temidire C.P.S. 2, Agbamu	$\frac{16}{125} \times \frac{96}{1} = 12$
		Irewole C.P.S. 2, Oke Ogbera	$\frac{4}{125} \times \frac{96}{1} = 3$
		Ifelodun C.P.S. 2, Odinjo	$\frac{8}{91} \times \frac{70}{1} = 6$
		Ifelodun C.P.S. 3, Odinjo	$\frac{16}{91} \times \frac{70}{1} = 13$
		Ifelodun C.P.S. 4, Odinjo	$\frac{9}{91} \times \frac{70}{1} = 7$
1	70		

		Ifelodun C.P.S. 5, Odinjo	$\frac{12 \times 70}{91} = 9$
		Ifelodun C.P.S. 6, Odinjo	$\frac{8 \times 70}{91} = 6$
		Ifesowapo C.P.S. 2 Snyo	$\frac{13 \times 70}{91} = 10$
		Ifesowapo C.P.S. 1 Sanyo	$\frac{13 \times 70}{91} = 10$
		Methodist Pry. Sch., Igbeda	$\frac{4 \times 70}{91} = 3$
		Methodist Pry. Sch., Olomiyeye	$\frac{2 \times 70}{91} = 2$
		Union of Katibi 2, Idi. Iroko	$\frac{5 \times 70}{91} = 4$
7	133	Community Pry. Sch. 1, Olomi	$\frac{20 \times 133}{173} = 15$
		C.P.S. 4, Olomi	$\frac{16 \times 133}{173} = 12$
		C.P.S. 5, Olomi	$\frac{19 \times 133}{173} = 14$
		C.P.S. 3 Olomi	$\frac{15 \times 133}{173} = 12$
		Kolajo C.P.S. 4 Agric Olomi	$\frac{15 \times 133}{173} = 12$
		C.P.S. 2, Olomi	$\frac{14 \times 133}{173} = 11$
		Kolajo C.P.S. 1, Agric	$\frac{14 \times 133}{173} = 11$
		C.P.S. 1, Aba-Alfa	$\frac{15 \times 133}{173} = 12$
		C.P.S. 6, Olomi	$\frac{19 \times 133}{173} = 14$
		Temidire C.P.S. 2, Agbamu	$\frac{13 \times 133}{173} = 10$
		O.L.G.C. Pry. Sch., 2 Olurinde	$\frac{13 \times 133}{173} = 10$
		St. Andrews Pry. Sch., Dalley	$\frac{6 \times 47}{61} = 5$
		St. David Pry. Sch., Olubi	$\frac{5 \times 47}{61} = 4$
		Methodist Pry. Sch., Sanyu	$\frac{2 \times 47}{61} = 2$
		Methodist Pry. Sch., Lagudu	$\frac{2 \times 47}{61} = 2$
		O.L.G.C. Pry. Sch., Lamelo	$\frac{3 \times 47}{61} = 2$

	All Saints Pry.Sch.,Onipe	$\frac{4}{61} \times \frac{47}{1} = 3$
	St. Thomas Pry. Sch., Fosun	$\frac{6}{61} \times \frac{47}{1} = 5$
	O.L.G.C. Pry. Sch., Gbaleasun	$\frac{3}{61} \times \frac{47}{1} = 2$
	A.U.D. Pry. Sch., Oniganbari	$\frac{3}{61} \times \frac{47}{1} = 2$
	St. Paul Pry. Sch. Onigambari	$\frac{4}{61} \times \frac{47}{1} = 3$
	St. Peters Pry. Sch., Karungbuda	$\frac{4}{61} \times \frac{47}{1} = 3$
	St. Thomas Pry.Sch.,Longe	$\frac{4}{61} \times \frac{47}{1} = 3$
	St. Stephen Pry. Sch., Aboyawo	$\frac{8}{61} \times \frac{47}{1} = 6$
	St. Paul Pry School,Babalola	$\frac{7}{61} \times \frac{47}{1} = 5$

APPENDIX VIII

TELEGRAMS.....

TELEPHONE.....



MINISTRY OF HEALTH DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.
All correspondence should be addressed to
The Honourable Commissioner
Our Ref. No. AD/13/479/534

31st February, 2014

The Principal Investigator,
Department of Health Promotion and Education,
Faculty of Public Health,
College of Medicine,
University of Ibadan,
Ibadan.


Attention: Idowu Alex Inka, G

Ethical Approval for the Implementation of your Research Proposal in Oyo State

This acknowledges the receipt of the corrected version of your Research proposal titled:
"Knowledge, Attitude and Perception of Teachers in Identifying and Responding to child
Abuse among Primary School Pupils in Oluyole Local Government Area."

2. The committee has noted your compliance with all the ethical concerns raised in
the initial review of the proposal. In the light of this, I am pleased to convey to you the
approval of committee for implementation of the Research Proposal in Oyo State,
Nigeria.

3. Please note that the committee will monitor closely and follow up the
implementation of the research study. However, the Ministry of Health would like to
have a copy of the results and conclusions of the findings as this will help in policy
making in the health sector.

4. Wishing you all the best.

Date:
Director, Planning, Research & Statistics
Secretary, Oyo State Research Ethical Review Committee

APPENDIX VIII

TELEGRAMS.....

TELEPHONE.....



MINISTRY OF HEALTH
DEPARTMENT OF PLANNING, RESEARCH & STATISTICS DIVISION
PRIVATE MAIL BAG NO. 5027, OYO STATE OF NIGERIA

Your Ref. No.

All communications should be addressed to

the Honorable Commissioner

Our Ref. No. AD 13/ 479/534

3rd February, 2014

The Principal Investigator,
Department of Health Promotion and Education,
Faculty of Public Health,
College of Medicine,
University of Ilorin,
Ilorin.

Attention: Idowu Adeniyi, G.


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This acknowledges the receipt of the corrected version of your Research Proposal titled: "Knowledge, Attitude and Perception of Teachers in Identifying and Responding to Child Abuse among Primary School Pupils in Oluyole Local Government Area".

2. The committee has noted your compliance with all the ethical concerns raised in the initial review of the proposal. In the light of this, I am pleased to convey to you the approval of committee for the implementation of the Research Proposal in Oyo State, Nigeria.

3. Please note that the committee will monitor closely and follow up the implementation of the research study. However, the Ministry of Health would like to have a copy of the results and conclusions of the findings as this will help in policy making in the health sector.

4. Wishing you all the best.



SECRETARY (Dr. ...)
Director, Department of Planning, Research & Statistics
Secretary, Oyo State, Research Ethical Review Committee