

Experience and Perception of Violence Against Children Among Caregivers in South-South Nigeria

Dr. Hendrith Esene, Dr. Bodeno Ehis

Department of Community Medicine, Igbinedion University, Edo State, Nigeria

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*Corresponding Author: Dr. Bodeno Ehis

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Abstract

Original Research Article

Background: Violence against children remains a major public health and human rights concern, with high prevalence in sub-Saharan Africa due to cultural norms and weak protection systems. In Nigeria, many children experience physical, emotional, or sexual violence before age 18, often within the home. Caregivers' awareness and perception play a critical role in shaping their disciplinary practices and children's safety. This study assessed caregivers' awareness and perception of violence against children in Edo State.

Methods: A community-based cross-sectional analytical study was conducted among 419 caregivers selected through multi-stage sampling in Okada Community. Data were collected using a structured interviewer-administered questionnaire covering sociodemographic characteristics, awareness, and perception. Awareness was scored on a 0–10 scale, and perception assessed with a Likert-based index. Data were analyzed using SPSS version 26.0, with Chi-square tests used to determine associations at $p < 0.05$.

Results: A total of 382 caregivers (91.2%) had heard of violence against children, while 37 (8.8%) had no prior knowledge. Among those aware, the major information sources were media 271 (70.9%), family and friends 239 (61.5%), community programmes 145 (38.0%), and schools 136 (35.6%). Based on awareness scoring, 263 caregivers (68.8%) had high awareness and 119 (31.2%) had low awareness. Recognized forms of violence included sexual abuse 373 (97.6%), neglect 295 (72.2%), verbal abuse 234 (61.3%), and 164 (42.9%) physical punishment. Awareness of child protection laws was present in 245 caregivers (64.1%), while 137 (35.9%) were unaware. Awareness of harmful effects was reported by 300 (78.5%), and among them, common consequences identified were depression 69 (23.0%), low self-esteem 49 (16.3%), and social withdrawal 41 (13.7%). Only 110 caregivers (26.3%) had attended any child-protection training.

Awareness showed significant associations with age ($p = 0.034$), sex ($p = 0.011$), marital status ($p = 0.027$), occupation ($p < 0.001$), caregiving role ($p < 0.001$), and number of dependents ($p = 0.047$). Perception was mixed: 273 caregivers (65.1%) agreed that physical punishment is necessary, and 204 (48.7%) agreed that shouting is acceptable. Conversely, 321 caregivers (76.6%) disagreed that neglect is not a form of violence. Overall, 341 caregivers (81.4%) had positive perception, while 78 (18.6%) had negative perception. Perception varied significantly by caregiving role ($p = 0.001$), with parents 249 (86.5%) and older siblings 55 (84.6%) showing more positive perception than nannies 12 (46.2%).

Conclusion: Caregivers demonstrated strong awareness of violence against children but continued to hold culturally rooted beliefs supporting physical and verbal punishment. Awareness was influenced by several demographic factors, whereas perception depended mainly on caregiving role. Targeted community education, positive parenting programmes, and training for non-parental caregivers are essential for improving child-protection practices.

Keywords: Awareness, Caregivers, Child protection, Perception, Violence.



BACKGROUND

Violence against children is a major global public health and human rights concern, affecting millions of children each year across all regions of the world. UNICEF reports that approximately 1 billion children aged 2–17 years' experience physical, sexual, or emotional violence annually, with the majority of cases occurring within the home or community settings where children are expected to feel safe.^{1,2} In sub-Saharan Africa, the prevalence remains particularly high due to cultural norms, economic challenges, limited awareness, and gaps in protective legal frameworks.³ A national survey in Nigeria revealed that six in ten children experience at least one form of violence before the age of 18, while one in four girls and one in ten boys have survived sexual violence in childhood.⁴ Also, most survivors do not disclose or seek help due to fear, stigma, or the belief that violent discipline is normal.⁵

Caregivers occupy a central role in the protection, upbringing, and overall welfare of children. Their understanding of what constitutes violence, their level of awareness of child protection laws, and their perception of various disciplinary practices determine how they respond to children's behaviors and needs. Research shows that caregivers with limited knowledge of child rights are more likely to use harsh physical punishment, normalize verbal insults, or overlook signs of abuse, and when caregivers are well-informed and possess positive attitudes toward non-violent discipline, children are more likely to grow in nurturing, supportive, and protective environments.^{6–9}

In Nigeria, despite the domestication of the Child Rights Act (CRA) in several states, implementation remains uneven. Social norms still reinforce practices such as beating, shouting, or withholding basic needs as acceptable forms of discipline.¹⁰ Furthermore, awareness campaigns and community sensitization programs are often limited, leaving many caregivers unaware of the emotional,

psychological, and developmental consequences of violence. This reveals a gap in structured education and multi-sectoral engagement on child protection.

The consequences of violence against children are profound and long-lasting. Children exposed to repeated violence face increased risks of depression, anxiety, poor academic performance, substance abuse, and chronic health conditions in adulthood.^{11,12} Beyond individual harm, violence undermines community stability, increases social costs, and affects national development.¹³

Given these concerns, examining caregivers' awareness and perception of violence against children is essential. Understanding how well caregivers recognize different forms of violence, the sources of their knowledge, and their beliefs about acceptable behavior provides insights for designing targeted interventions. This study therefore seeks to investigate caregivers' awareness of violence against children and their perception of its forms, effects, and legal implications, with the goal of generating evidence that will inform child protection programs, policy reforms, and community-based sensitization efforts.

MATERIALS AND METHODS

Study Area

This study was conducted in Okada Community, the headquarters of Ovia North-East Local Government Area of Edo State, Nigeria. Okada lies in the South-South geopolitical zone and is characterized by a tropical monsoon climate with a long-wet season and temperatures ranging between 27°C and 44°C. The 2006 census recorded a population of 153,849, made up of diverse ethnic groups with the Edo people forming the majority. The community hosts key institutions such as Igbinedion University Okada and the Igbinedion University Teaching Hospital, alongside an active agricultural and trading economy.

Study Design and Population

A community-based cross-sectional analytical design was used to assess violence against children among caregivers in Okada. The study population included parents, teachers, minders, relatives, and other adults responsible for at least one child aged 2–18 years. Eligible caregivers were required to have provided care for a minimum of one year and be willing to participate.

Study Duration

The study was carried out over twelve months, covering proposal development, data collection, analysis, and final reporting.

Sample Size Determination

Cochran’s formula for descriptive studies was applied using a prevalence of 57.3 percent from a previous Nigerian study. The minimum sample size of 377 was adjusted for a 10 percent non-response rate, resulting in a final sample size of 419 caregivers.

Sampling Technique

A multi-stage sampling approach was adopted. Okada was first divided into two settlements, one selected by simple random sampling. The selected settlement was further divided into six clusters, from which three were chosen. Households within these clusters were selected using systematic sampling at an interval of two, and one eligible caregiver per household was interviewed until the sample size was completed.

Data Collection Instrument

Data were obtained using a structured, interviewer-administered questionnaire adapted from validated tools. The instrument collected information on socio-demographic characteristics, awareness of violence against children, perceived acceptability of various violent practices, and determinants influencing children’s exposure to harmful experiences.

Awareness and prevalence were scored on 0–10 scales, while perception was measured using a Likert-scale composite score.

Data Analysis

Data were analyzed using SPSS version 26.0. Descriptive statistics summarized demographic variables and key outcome measures. Associations between independent variables and awareness or perception were examined using Chi-square tests at a significance level of $p < 0.05$. Multivariate logistic regression was employed to identify independent predictors.

Ethical Considerations

Ethical approval was obtained from the Igbinedion University Teaching Hospital Ethics Committee. Informed consent was obtained from all participants, and confidentiality was maintained through coded responses and restricted access to data. Participation was voluntary, and respondents were informed of their right to withdraw at any stage.

RESULTS

Awareness of Violence Against Children (Table 1, Figure 1)

Awareness of violence against children was high among caregivers, as 382 (91.2%) reported having heard of the issue, while only 37 (8.8%) had no prior knowledge. Among those who were aware, the media was the most common source of information 271 (70.9%), followed by family and friends 239 (61.5%). Community programmes 145 (38.0%) and schools 136 (35.6%) also contributed noticeably, whereas churches 105 (27.5%) and mosques 11 (2.9%) were less frequently mentioned. Based on the awareness scoring system, overall awareness levels revealed that 263 (68.8%) caregivers had high awareness, while 119 (31.2%) demonstrated low awareness.

Regarding forms of violence, sexual abuse was the most widely recognized 373 (97.6%), followed by neglect 295 (72.2%) and verbal or emotional abuse

such as shouting or insults 234 (61.3%). Physical punishment in the form of beating or flogging was identified by 164 (42.9%), indicating that although severe forms of abuse are easily recognized, many caregivers still do not strongly classify corporal punishment as violence.

Awareness of legal frameworks was moderate, as 245 (64.1%) knew of laws protecting children from violence, while 137 (35.9%) were unaware. Awareness of negative consequences was higher, with 300 (78.5%) acknowledging potential harm and 82 (21.5%) reporting no awareness of such effects.

Among caregivers who recognized negative outcomes, depression was the most frequently mentioned consequence 69 (23.0%), followed by low self-esteem 49 (16.3%) and social withdrawal 41 (13.7%). Psychological impacts such as trauma 38 (12.2%), anxiety 8 (2.7%), and post-traumatic stress disorder 13 (4.3%) also featured prominently. Other consequences included susceptibility to peer pressure 15 (5.0%), injury or pain 14 (4.7%), poor concentration or academic difficulties 11 (3.7%), and fearfulness or suicidal tendencies 9 (3.0% each). Less common responses included sickness or hospitalization 5 (1.7%), malnutrition 4 (1.3%), pain from sexual assault 4 (1.3%), and death 3 (1.0%). Participation in formal training programmes on child protection was low, with only 110 (26.3%) caregivers having attended any training compared to 309 (73.7%) who had not.

Association Between Awareness and Sociodemographic Characteristics (Table 2)

Age was significantly associated with awareness of violence against children ($\chi^2 = 6.765$; $p = 0.034$). Caregivers aged 18–30 years had the highest awareness 151 (72.6%), while those aged 51 years and above recorded the lowest 16 (50.0%).

Sex also showed a significant relationship ($\chi^2 = 6.413$; $p = 0.011$), with females demonstrating higher awareness 179 (73.4%) compared to males 84 (60.9%). Marital status was similarly significant ($\chi^2 = 9.149$; $p = 0.027$); single caregivers had the highest awareness 143 (76.1%), whereas married respondents had lower levels 100 (61.7%).

Religion did not reach statistical significance ($\chi^2 = 5.339$; $p = 0.069$), although Christians still exhibited relatively higher awareness 223 (69.3%) than traditional religion adherents 12 (50.0%). Relationship to the child was strongly associated with awareness ($\chi^2 = 24.371$; $p < 0.001$), with older siblings showing the highest awareness 53 (86.9%) and other relatives the lowest 8 (33.3%).

Educational level did not show a significant association ($\chi^2 = 2.577$; $p = 0.461$), though tertiary-educated caregivers recorded higher awareness 173 (71.5%) than those with secondary education 72 (63.2%). Occupation, however, was strongly significant ($\chi^2 = 23.411$; $p < 0.001$); awareness was highest among academics 58 (87.9%) and healthcare workers 74 (76.3%), and lowest among farmers 12 (50.0%).

Monthly income showed no significant relationship ($\chi^2 = 5.064$; $p = 0.080$), although those earning above ₦100,000 still had relatively higher awareness 98 (76.0%). The number of dependents was significantly associated with awareness ($\chi^2 = 6.096$; $p = 0.047$), with caregivers having one to two dependents reporting the highest awareness 149 (72.3%).

Duration as a caregiver did not show a significant association ($\chi^2 = 5.148$; $p = 0.076$), though caregivers with more than ten years' experience still reported higher awareness 114 (73.5%) than those with shorter durations.

Perception of Violence Against Children (Table 3)

Caregivers showed mixed perceptions toward violent disciplinary practices. More than half believed physical punishment is necessary for discipline, with 107 (25.5%) strongly agreeing and 166 (39.6%) agreeing, while only 52 (12.4%) disagreed. A similar pattern was observed for shouting, where 204 (48.7%) agreed it was acceptable, compared with 113 (26.9%) who disagreed.

Views on the long-term impact of physical punishment were divided. While 182 (43.5%) agreed that children who are not beaten may grow up

spoiled, 164 (39.1%) disagreed. In contrast, perceptions were more aligned regarding severe forms of abuse. Sexual abuse was widely recognized as a serious problem, with 245 (58.4%) agreeing, and only 77 (18.3%) disagreeing.

Most caregivers strongly rejected the idea that neglect is not a form of violence, as 237 (56.6%) strongly disagreed and 84 (20.0%) disagreed. However, attitudes towards using violence for repeated disobedience remained permissive for some caregivers, with 162 (38.6%) agreeing and 192 (45.8%) disagreeing. The overall mean perception score was 61.9% ($\pm 15.8\%$).

Association Between Perception and Sociodemographic Characteristics (Table 4, Figure 2)

Overall, 341 caregivers demonstrated a positive perception of violence against children, while 78 showed negative perception. Age was not significantly associated with perception ($\chi^2 = 4.920$; $p = 0.089$), although caregivers aged 31–50 years recorded the highest positive perception 137 (86.7%). Sex also showed no significant relationship ($\chi^2 = 2.802$; $p = 0.114$), with males 126 (85.7%) reporting higher positive perception than females 11 (64.7%).

Marital status did not significantly influence perception ($\chi^2 = 4.420$; $p = 0.209$), although widowed caregivers showed entirely positive perception 16 (100.0%). Religion similarly showed no significant association ($\chi^2 = 3.676$; $p = 0.157$), despite high positive perception among Muslims 40 (90.9%).

A significant association was found between relationship to the child and perception ($\chi^2 = 17.785$; $p = 0.001$). Parents exhibited the highest positive

perception 249 (86.5%), followed by older siblings 55 (84.6%), while nannies had the lowest 12 (46.2%). School teachers also showed lower perception, with equal proportions of positive and negative views.

Educational level approached significance ($\chi^2 = 7.334$; $p = 0.052$), with caregivers who had primary education displaying full positive perception 18 (100.0%). Occupation was not statistically significant ($\chi^2 = 10.004$; $p = 0.076$), though traders 113 (87.6%) and academics 57 (86.4%) had the highest positive perception, whereas healthcare workers showed lower levels 72 (74.2%).

Monthly income showed no significant association ($\chi^2 = 1.451$; $p = 0.489$). Caregivers earning ₦50,000–₦100,000 had the highest positive perception 133 (84.2%). Neither number of dependents ($\chi^2 = 3.306$; $p = 0.193$) nor duration as a caregiver ($\chi^2 = 0.489$; $p = 0.800$) had significant influence on perception, although caregivers with six or more dependents 32 (88.9%) recorded slightly higher positive perception.

Determinants of Perception Among Respondents (Table 5)

Multivariate analysis showed that only educational level significantly predicted caregivers' perception of violence against children. Caregivers with secondary education were twice as likely to have positive perception (OR = 2.00; $p = 0.044$) compared with those with tertiary education. All other factors, including age, sex, marital status, religion, income, number of dependents, and duration as a caregiver, were not statistically significant predictors ($p > 0.05$). The model explained a small proportion of variation in perception ($R^2 = 5.3\text{--}8.6\%$).

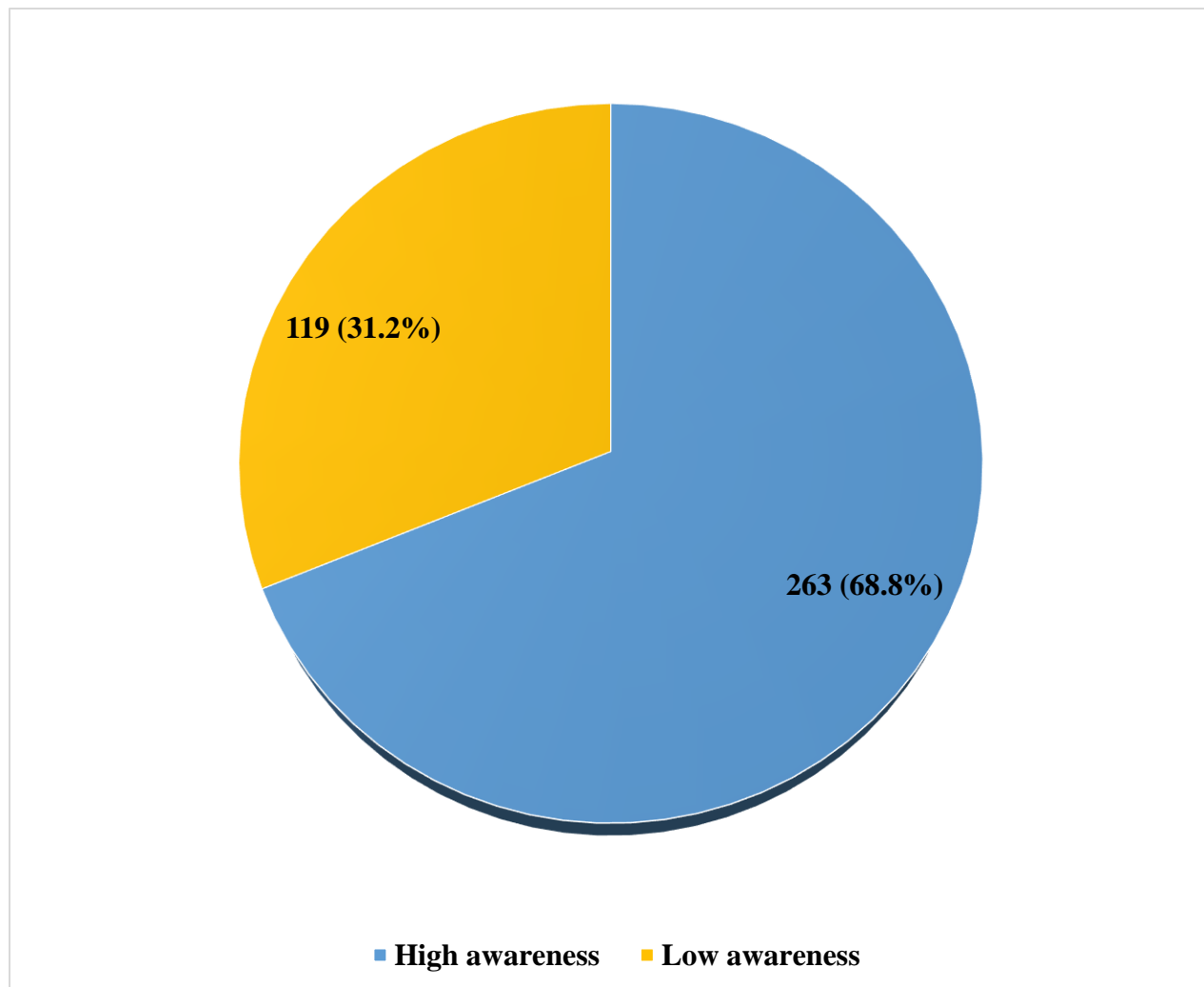


Figure 1: Awareness of violence against children among respondents

Table 2: Association between awareness and sociodemographic statistics

Variable	Awareness of violence against children		Test statistic	p-value
	High (n = 263) Freq (%)	Low (n = 119) Freq (%)		
Age (years)				
18 – 30	151 (72.6)	57 (27.4)	6.765*	0.034
31 – 50	96 (67.6)	46 (32.4)		
≥ 51	16 (50.0)	16 (50.0)		
Sex				
Male	84 (60.9)	54 (39.1)	6.413*	0.011
Female	179 (73.4)	65 (26.6)		
Marital status				
Single	143 (76.1)	45 (23.9)	9.149*	0.027
Married	100 (61.7)	62 (38.3)		

Divorced/Separated	12 (60.0)	8 (40.0)		
Widowed	8 (66.7)	4 (33.3)		
Religion				
Christianity	223 (69.3)	99 (30.7)	5.339*	0.069
Islam	28 (77.8)	8 (22.2)		
Traditional	12 (50.0)	12 (50.0)		
Relationship to child/children				
Parent	181 (68.8)	82 (31.2)	24.371*	<0.001
Nanny	13 (59.1)	9 (40.9)		
Older sibling	53 (86.9)	8 (13.1)		
School teacher	8 (66.7)	4 (33.3)		
Other relative	8 (33.3)	16 (66.7)		
Level of education				
No formal education	8 (66.7)	4 (33.3)	2.577*	0.461
Primary	10 (71.4)	4 (28.6)		
Secondary	72 (63.2)	42 (36.8)		
Tertiary	173 (71.5)	69 (28.5)		
Occupation				
Farming	12 (50.0)	12 (50.0)	23.411*	<0.001
Trading	65 (59.6)	44 (40.4)		
Civil service	54 (62.8)	32 (37.2)		
Healthcare	74 (76.3)	23 (23.7)		
Academia	58 (87.9)	8 (12.1)		
Monthly income (naira)				
<50,000	67 (67.7)	32 (32.3)	5.064*	0.080
50,000 – 100,000	98 (63.6)	56 (36.4)		
>100,000	98 (76.0)	31 (24.0)		
Number of dependents				
1 – 2	149 (72.3)	57 (27.7)	6.096*	0.047
3 – 5	86 (61.4)	54 (38.6)		
≥ 6	28 (77.8)	8 (22.2)		
Duration as caregiver (years)				
1 – 5	103 (69.1)	46 (30.9)	5.148*	0.076
6 – 10	46 (59.0)	32 (41.0)		
>10	114 (73.5)	41 (26.5)		

† = *chi-square*, * = *Fisher’s exact*

Table 3: Perception of violence against children by caregivers among respondents

Variable	Strongly agree Freq (%)	Agree Freq (%)	Neutral Freq (%)	Disagree Freq (%)	Strongly disagree Freq (%)
Physical punishment is necessary to discipline a child	107 (25.5)	166 (39.6)	57 (13.6)	52 (12.4)	37 (8.8)
Shouting at a child is an acceptable way to correct behavior	85 (20.3)	119 (28.4)	102 (24.3)	89 (21.2)	24 (5.7)
Children who are not	87 (20.8)	95 (22.7)	73 (17.4)	101 (24.1)	63 (15.0)

physically punished will grow up spoiled	146 (34.8)	99 (23.6)	97 (23.2)	45 (10.7)	32 (7.6)
Sexual abuse of children is a serious problem in my community	53 (12.6)	37 (8.8)	8 (1.9)	84 (20.0)	237 (56.6)
Neglecting a child is not a form of violence	83 (19.8)	79 (18.8)	65 (15.5)	67 (16.0)	125 (29.8)

Mean perception score = 61.9% (± 15.8%)

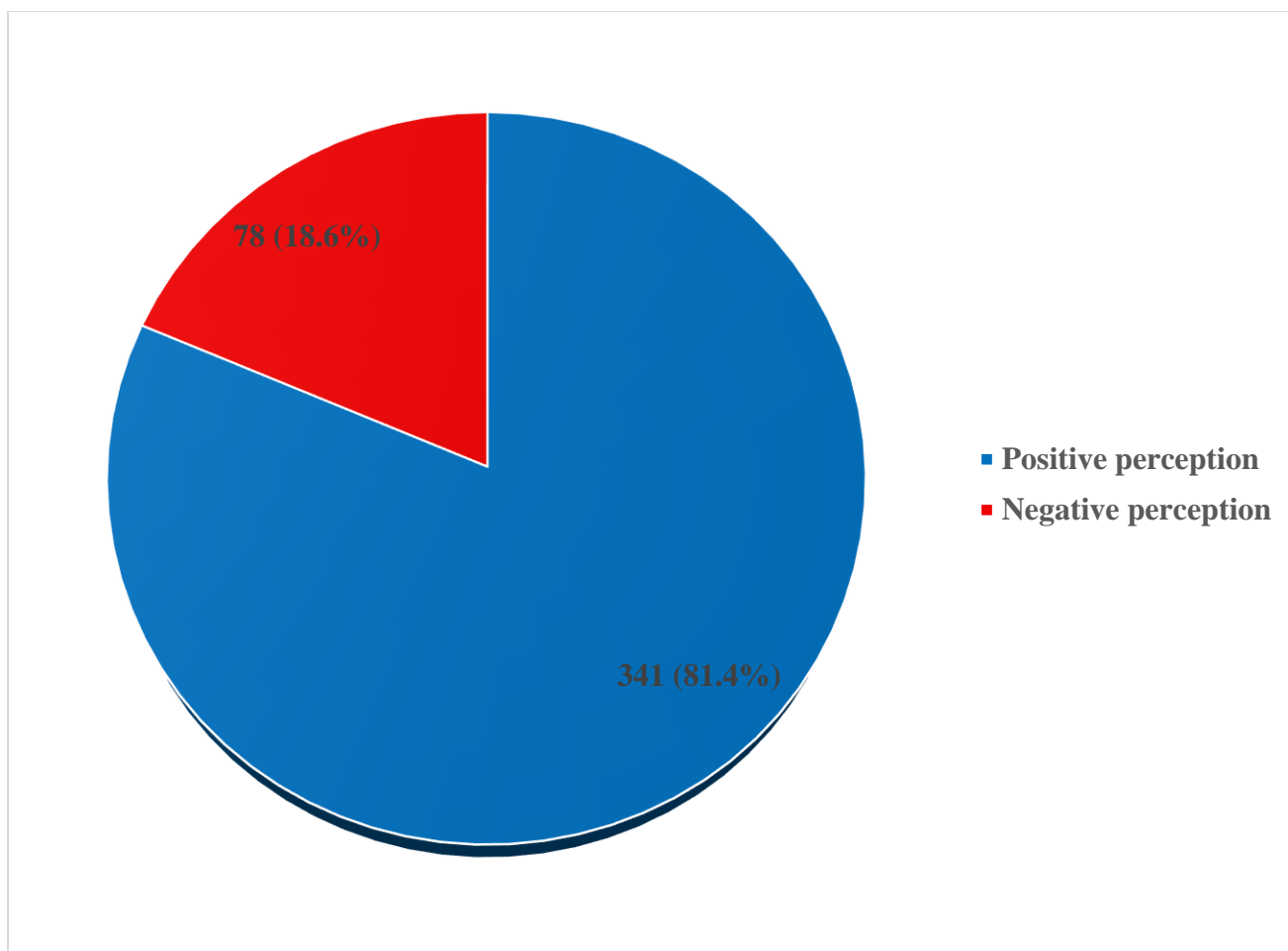


Figure 2: Prevalence of violence against children among respondents

Table 4: Association between perception and sociodemographic statistics

Variable	Perception towards violence against children		Test statistic	p-value
	Positive (n = 341) Freq (%)	Negative (n = 78) Freq (%)		
Age (years)				
18 – 30	171 (77.7)	49 (22.3)	4.920 [†]	0.089
31 – 50	137 (86.7)	21 (13.3)		
≥ 50	33 (80.5)	8 (19.5)		
Sex				
Male	126 (85.7)	21 (14.3)	2.802 [†]	0.114
Female	11 (64.7)	6 (35.3)		
Marital status				
Single	159 (79.5)	41 (20.5)	4.420*	0.209
Married	146 (81.6)	33 (18.4)		
Divorced/Separated	20 (83.3)	4 (16.7)		
Widowed	16 (100.0)	0 (0.0)		
Religion				
Christianity	276 (79.8)	70 (20.2)	3.676 [†]	0.157
Islam	40 (90.9)	4 (9.1)		
African Traditional Religion	25 (86.2)	4 (13.8)		
Relationship with children				
Parent	249 (86.5)	39 (13.5)	17.785 [†]	0.001
Older sibling	55 (84.6)	10 (15.4)		
School teacher	6 (50.0)	6 (50.0)		
Other relative	19 (67.9)	9 (32.1)		
Nanny	12 (46.2)	14 (53.8)		
Other relative	28 (100.0)	0 (0.0)		
Level of education				
No formal education	12 (75.0)	4 (25.0)	7.334*	0.052
Primary	18 (100.0)	0 (0.0)		
Secondary	111 (84.7)	20 (15.3)		
Tertiary	200 (78.7)	54 (21.3)		
Occupation				
Trading	113 (87.6)	16 (12.4)	10.004 [†]	0.076
Healthcare	72 (74.2)	25 (25.8)		
Civil service	66 (76.7)	20 (23.3)		
Academia	57 (86.4)	9 (13.6)		
Farming	29 (78.4)	8 (21.6)		
Caregiving	4 (100.0)	0 (0.0)		
Monthly income (naira)				
<50,000	104 (78.8)	28 (21.2)	1.451 [†]	0.489
50,000 – 100,000	133 (84.2)	25 (15.8)		
>100,000	104 (80.6)	25 (19.4)		
Number of dependents				
1 – 2	181 (83.0)	37 (17.0)	3.306 [†]	0.193
3 – 5	128 (77.6)	37 (22.4)		
≥ 6	32 (88.9)	4 (11.1)		
Duration of being a caregiver (years)				
1 – 5	137 (83.0)	28 (17.0)	0.489 [†]	0.800
6 – 10	66 (80.5)	16 (19.5)		
> 10	138 (80.2)	34 (19.8)		

[†] = *chi-square*, * = *Fisher's exact*

Table 5: Determinants of good perception among respondents

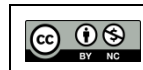
Factors	B (regression co- efficient)	Odds ratio	95% CI for OR		p-value
			Lower	Upper	
Age (years)					
18 – 30	-0.131	0.877	0.275	2.799	0.825
31 – 50	0.774	2.168	0.743	6.325	0.157
≥ 50		1			
Sex					
Male	0.425	1.530	0.840	2.785	0.164
Female		1			
Marital status					
Single	-0.130	0.878	0.201	3.843	0.863
Married	-0.414	0.661	0.169	2.588	0.552
Divorced/Separated/ Widowed		1			
Religion					
Christianity	-0.195	0.823	0.247	2.739	0.751
Islam	0.521	1.683	0.350	8.094	0.516
African Traditional Religion		1			
Level of education					
None/Primary	0.958	2.607	0.621	10.937	0.190
Secondary	0.693	2.000	1.019	3.927	0.044*
Tertiary		1			
Monthly income (naira)					
<50,000	-0.334	0.716	0.349	1.470	0.363
50,000 – 100,000	0.206	1.229	0.636	2.373	0.540
>100,000		1			
Number of dependents					
1 – 2	-0.267	0.766	0.215	2.721	0.680
3 – 5	-0.543	0.581	0.171	1.969	0.383
≥ 6		1			
Duration of being a caregiver (years)					
1 – 5	0.314	1.369	0.670	2.797	0.389
6 – 10	-0.192	0.825	0.399	1.706	0.605
> 10		1			

R² = 5.3 – 8.6; * = Statistically significant

DISCUSSION

The study showed that almost all caregivers were aware of violence against children, with most hearing

about it through the media and family networks. A likely reason for this widespread awareness is the strong presence of radio, television, and social media in everyday community life. High awareness is



important because it increases the chance that caregivers will notice early signs of harm. Strengthening formal education channels such as schools, faith-based institutions, and community programmes would help ensure that awareness is accurate and consistent.

Despite this high awareness, caregivers still held mixed views about what constitutes acceptable discipline. More than half agreed that physical punishment and shouting were appropriate ways to correct behaviour, while only a minority rejected these practices completely. This pattern reflects findings from studies in the United States, Uganda, and Nigeria showing that corporal punishment is still viewed as a normal corrective measure by majority of caregivers.^{10,14,15} The continued acceptance of such practices likely stems from deep cultural traditions and intergenerational beliefs about child obedience. These attitudes matter because they contribute to the normalization of violence and increase the risk of emotional and physical harm. Community-based parenting education that demonstrates non-violent discipline strategies would be valuable in addressing these entrenched views.

Some significant associations emerged between awareness and caregiver characteristics. Younger caregivers were more aware of violence than older ones, although this disagrees with a similar study conducted in Saudi Arabia, which identifies no significant age differences in awareness of violence.¹⁶ Women were more aware than men, possibly reflecting their closer involvement in daily childcare. Single caregivers showed higher awareness than married ones, which may be due to their increased responsibilities or personal vigilance. Occupation also played a key role: caregivers working in academic and healthcare settings were notably more aware than farmers and traders, likely due to the training and professional exposure common in these workplaces. This was similar to findings from an Indian study, which showed that lawyers and teachers had the highest knowledge of child abuse when compared to other professions.¹⁷

Caregivers with fewer dependents also showed higher awareness, suggesting that smaller household responsibilities may provide more time and attention

for child-protection knowledge. These findings imply that awareness campaigns should be broadened to reach older adults, men, farmers, and caregivers with heavier household burdens.

Perception toward violence also varied by caregiving role. Parents and older siblings had more positive attitudes toward non-violent discipline, while nannies and some relatives showed poorer perception. This pattern highlights an important risk group, as non-parental caregivers often spend long hours with children but may have limited training or exposure to child-protection education. Targeted sensitization for domestic caregivers, including nannies and extended family members, would therefore be essential.

Although education did not show a strong overall association with awareness, it displayed a noteworthy trend, with caregivers who had at least secondary schooling showing more favourable perceptions than those with less formal education. Similar observations in studies from Iran and Tanzania suggest that education enhances understanding of child development and reduces support for violent discipline.^{18,19} This reinforces the need for both formal schooling and informal adult education programmes that emphasize child rights and emotional wellbeing.

Overall, the study reveals a setting where knowledge of violence is widespread but traditional beliefs strongly influence disciplinary attitudes. Caregiver role, occupation, and age shape awareness, while perception is influenced mainly by the cultural meanings attached to discipline. Strengthening structured education, expanding community training for all caregiving categories, and promoting evidence-based positive parenting remain critical for improving child protection in the community.

CONCLUSION

This study showed that while awareness of violence against children was generally high among caregivers, their perceptions of acceptable disciplinary practices remained mixed. Almost all respondents recognized major forms of abuse, yet many still supported physical punishment and

shouting as valid corrective methods. Awareness varied with factors such as age, sex, occupation, and caregiving role, whereas perception was strongly shaped by the closeness of the caregiver to the child. These findings suggest that knowledge alone does not automatically translate into healthier practices. A deeper shift in attitudes, especially around culturally accepted forms of discipline, is still needed to strengthen child protection within the community.

RECOMMENDATIONS

Effective child-protection education should be expanded through schools, religious institutions, media platforms, and community gatherings to ensure consistent and accurate messaging. Efforts to promote positive parenting and non-violent discipline should be prioritized, using practical demonstrations and ongoing training. Targeted programmes are especially needed for caregiver groups with lower awareness or weaker perception, including farmers, traders, male caregivers, and non-parental caregivers such as nannies. Integrating child-protection messages into routine health, educational, and community services would also help reinforce safer behaviours and strengthen early detection and reporting of harmful practices.

LIMITATIONS

The study relied on self-reported information, which may be influenced by the desire to give socially acceptable answers. Its focus on a single community limits how widely the findings can be applied to other settings. Some participants required interviewer assistance due to literacy challenges, which may have shaped their responses. In addition, the cross-sectional design does not allow causal relationships to be established. Nonetheless, the study provides useful insight into caregiver beliefs and behaviours that can guide future interventions.

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