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Nigerian Journal of Clinical and Counselling Psychology

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The Nigerian Journal of Clinical and Counselling Psychology is concerned with the psychological, social, behavioural, medical, paediatric and ethical aspects of the applied field of clinical and counselling psychology. The journal publishes contributions of research, clinical, counselling and theoretical interest. Contributions from other disciplines, which have a close bearing on psychology for example, psychiatry, sociology, social work, nursing and educational issues are, however, encouraged. Although primary emphasis is placed on empirical research, the journal also welcomes articles concerned with important clinical, theoretical and methodological issues, as well as reviews of relevant literature. Book reviews, summaries of proceedings of important national and international workshops, conferences and symposia falling within the aims of the journal will also be featured. The journal is non-racial and non-political and does not discriminate on grounds of religion and sex. It is published twice a year, in May and November.

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(1) The entire manuscript, which includes the title page, abstract, and key words, text, tables, figures and legends, should be typewritten on A4 size paper, double-spaced. Manuscript length should not normally exceed 20 pages.

(2) A concise abstract of not more than 150 words should be included.

(3) Authors should follow the reference and citation styles as prescribed in the publication manual of the American Psychological Association (APA).

(4) Each article submitted for consideration must be accompanied with non-refundable reviewer's fee of ₦5, 000 in cash or bank draft.

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From the Editor

These fourteenth and fifteenth publication of the Nigerian Journal of Clinical and Counselling Psychology is thought out under a new Editorial Team, I therefore place on record the most invaluable editorial work of the former Editor, Professor Helen Nwagwu. Her editorial erudition for more than a decade has placed the Journal on an enviable position.

It is on this success note; I midwife the first publication and the fourteenth edition under my editorial leadership. While I appreciate the support of the contributors and our numerous reviewers, I want to stress it that it is the new policy of the Journal to ensure timely publication. This is in line with acceptable international practice. Suffice to note that sixteenth edition of the Journal (2010 and 2011) will be out before the end of the year. Efforts in this regards are on.

In this edition, twenty-six papers of two volumes are published. The papers not only cut across a wide spectrum of ideas and views in Psychology, Education, Management, Health and Spirituality, the papers are also well thought out and seasoned. Their preferment for publication by the Editorial Board of NJCCP is borne out of the profile of integrity of the Journal. This will be sustained.

Trust you will enjoy the articles in this edition.

Oyesoji Aremu, CF., JP.

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Contents

Mothers Level of Awareness and Implementation of the First Three Objectives of Education for All (EFA) Goals 1 in Nigeria

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Abstract

Early Childhood Care and Education should comprise of childcare, mother care, pre and post-natal care, health and nutrition, family/community sensitisation and support and the child's socialisation at the pre-primary school. Thus, limiting its scope to mere pre-schooling could result to disregarding the factors that make school readiness possible. Four hundred and fifty mothers of children from birth to 6 years and 450 children selected from 36 public and private pre-primary school and 18 Day Care Centres were used. Parental Awareness of Early Childhood Care and Development Provision Questionnaire (PAECCDPQ) for mothers of children from birth to 3 years and those from 4 to 6 years and structured interview schedules were used. Majority of the mothers from both cohorts indicated some levels of awareness of indicators of some aspect of objectives of Education For All (EFA) Goal 1, except for provision of food for children by the government in schools. There is significant difference in the level of awareness as indicated by the mothers from both cohorts. All the mothers agreed that some aspects of EFA Goal 1 have been implemented to some great extent. Implications of the findings were also discussed.

Keywords: Awareness, EFA Goal 1, Mothers, Ante-Natal/Post-Natal, Early Childhood Care Development and Education

Background

The importance of providing quality health care, improved parenting style through education and home-based activities

to mothers from conception of the child until the child is 5 years has been receiving recognition both internationally and within Nigeria. Issues pertaining to early childhood care were pertinent not only in the Convention on the Rights of the Child (CRC)(United Nations General Assembly, 1989), but also at the conference on Education for All (EFA) in Jomtien, Thaiand (1970). It was reaffirmed in the Dakar framework of Action (UNESCO, 2000) conference were it featured as the number one out of the six goals which all countries of the world must pursue. The EFA number one goal concerns holistic provision of quality Early Childhood Care and Education. The broad , holistic scope of ECCE as stated in the policy objectives include provision of health care, immunization, feeding and nutrition, supporting new parents through information sharing and parenting education; among others (Kamerman 2005; UNESCO- IBE, 2006, UNICEF, 2006).

Health, is said to be wealth, and prevention is better than cure. It has been argued (UNESCO, 2007) that it is far more challenging and costly to compensate health needs among older children and adults than it is to provide preventive measures and support in early childhood. Research evidence has shown that provision of quality Early Childhood Care programmes with respect to health issues, parenting education, hygiene, nutrition, health (UNESCO, 2007) which support children's development can lead to more equitable society, improve children's well-being, contribute to the realization of the EFA goals 3 and 4 which focus on parenting education and other forms of support. Paying attention to these aspects of care practices can improve adult learning and skills in child rearing (UNESCO, 2007,) as well as help in meeting the Millennium Development Goal (MDG) number 4 which aims at reducing child mortality rate (UNESCO, 2007; UNICEF,2006).

Mothers are the focus because it is believed that if a mother has time to nurture the child before and after birth, having time to be baby friendly through breast-feeding, such children could have tendencies of developing better than those who did not have such opportunities in their early years. Obanya, (2006) sees ECCE as encompassing childcare,

mother care, pre and post-natal care, health and nutrition, family/community sensitization and support, the child socialisation and pre-primary school. In most-cases, pre primary schools are wrongly perceived as Early Childhood Education which, ironically is only a small part of the enormous life start responsibility that the society has towards the young child. Adopting Reductionist view of ECCE (that is limiting its scope to mere pre-schooling) amounts to disregarding the factors that make school readiness possible.

Research findings (Babatunde 2001, Odinko 2002, Oduntan 2003) confirm that the home environment has some impact on child development. In the United States, a study of 700 first graders found that stimulation and care in the family resulted in stronger attention and memory than did the similar interactions in institutions (Child Health and Human Development, 2005). In most societies, childcare is seen to be the concern of the family, immediate or extended, and not the concern of outsiders (Evans, 2000). Further, IEA pre-primary project finding, revealed that in every participating country, regardless of the economic development, mothers took the most responsibility for young children's care and supervision of the four year olds (UNESCO, 2000). The time spent with the mother (alone or with father) ranged from 8.4 hours of the day in Belgium to 11.9 hours of the day in Germany. This contrasted sharply with the hours that fathers were present (with or without mothers), which ranged from 0.9 hour of the day in China and Hong Kong to 3.7 hours of the day in Belgium and 3.5 hours of the day in Thailand. Indeed, no country reported 'father only care' amounting to even an hour a day. There is also drastic change in the growing number of single parent, especially mother-headed households. Throughout much of sub-Saharan Africa, surveys point to declines in marriage rates and the growing prevalence of single motherhood (Mookodi, 2000).

Further, mother's level of life skills, parenting abilities and education are among the major influences on the child's developmental needs (UNESCO, 1995). This depends not only on availability of help from different quarters (Government at all levels and Non Governmental Organisations) and mothers' abilities, but also on the level of awareness of mothers to such

services that can help the child and support mothers in their role of parenting. Awareness is the state or ability to perceive, to feel, or to be conscious of events, objects or sensory patterns around ones environment. This level of consciousness can be confirmed by the level of perception of the phenomenon and implying understanding of such phenomenon in real life situation. Some can be aware necessarily implying understanding. Awareness could also be viewed as a measure of Nigerian mothers' knowledge of different programmes initiated by Nigerian government on issues relating to health matters for expectant and nursing mothers as well as for mothers of children under school going age, their ability to appreciate them, participate and make sure that their children benefited from such programmes, among others.

This background underscores the need to focus a research that sets to ascertain how conscious Nigerian mothers of children from birth to age six are with respect to the recommended EFA guidelines on child-rearing practices. Precisely, the data generated from the field will provide answers to the following research questions:

1. What is the level of awareness on health and parenting education goals of EFA by:
   a) Nigerian mothers of children from birth to 3 years
   b) Nigerian mothers of children aged 4 – 6 years
2. What is the extent of implementation of these goals as perceived by the mothers?
3. Is there any significant difference between their levels of awareness across the states used?
4. Is there any relationship between their responses in the questionnaire and interview schedule?

Method

Sampling Technique and Sample

Multi-sage sampling technique was employed in the study. There are six States that make up South West Nigeria viz: Oyo, Ogun, Osun, Ondo, Ekiti and Lagos. These states have 137 Local Government areas. Due to time and finance

constraits, three states were randomly selected from the 6 States. Three Local Government areas were also randomly selected from each of the 3 states making a total number of 9 Local Government Areas. Stratified random sampling technique was used to select 2 private, 2 public pre –primary schools and 2 Day Care Centres in each local government. Ten children were randomly selected from each pre-school and 5 from care centers, making a total number of 50 children from each local government. The parents of the 50 children sampled were involved in the study. In all, the sample comprised 450 children and 450 mothers. However, 450 homes were visited but after much effort 441 of the questionnaires was collected from the mothers and analysed (Mothers of children from birth to 3 years - 86 while those of children 4 to 6 years -355).

Instrumentation

Four instruments developed by the researchers were used for data collection in this study. Each was responded to by different cohorts of mothers (nursing mothers of children from birth to 3 years and those between the ages of 4 to 6 years) in Nigerian settings. They were: Parental Awareness of Early Childhood Care and Development Provision Questionnaire (PAECCDPQ) for mothers of children from birth to 3 years; Parental Awareness of Early Childhood Care and Development Provision Questionnaire (PAECCDPQ) for mothers of children who are 4 to 6 years; and structured interview schedules for both cohorts. Items used were those that reflected mother's level of awareness in health related issues as provided by the Nigerian government. To achieve this, it was important to consult documents on EFA goals, number one in particular (UNESCO 2007), materials used in health centers where parental education ought to be organised as well as observing activities carried out in the health centers during ante-natal and post-natal clinics sessions.

Parental Awareness of Early Childhood Care and Development Provision Questionnaire (PAECCDPQ) for mothers of children from birth to 3 years;

The instrument was used to solicit information on the level of Nigerian Parents awareness on some aspects of early childhood care and provision from mothers of children from birth to 3 years. It is divided into 5 sections. A, B, C, D and E. Section A solicited information on their demographic data (state, local government area, age, gender of the child, highest qualification and the number of children the woman has) whereas section B generated information on the extent to which mothers are aware of some provision and preventive measures for children from birth to 3 years by the Nigeria Government. The item used covered issues that border on Health Care, Parenting education and also information on breast-feeding (No 1- 8). Section C, dealt with extent of implementation, Health care provision for children from birth to 3 years by mothers. It has 9 items.

Parental Awareness of Early Childhood Care (4 to 6 years) and Development Provisions Questionnaire (PAECCDP)

This instrument was used to solicit information on early childhood care and provision from mothers of children 4 to 6 years. It is divided into 4 sections A, B, C and D. Section A sought information from mothers of children 4 to 6 years on their demographic data (state, local government area, age, gender of the child, highest qualification and the number of children the woman has) while section B solicited information on level of awareness of early childhood care provision. It is made up of items such as parenting education, and socialisation of the child. Also, section C elicited information on implementation of some aspects of early childhood care and education. It had 11 items.

Section D of both instruments is an open ended questionnaire, which sought information on 4 problems that parents think government is facing in implementing these aspects of Education for All Goal 1 and 6 possible ways of overcoming them. The instrument was given to experts in

early childhood education and evaluation for content validity. The instruments were modified several times based on the comments of the experts. Further, the instrument was pilot-tested on 30 mothers who are not part of the study's sample. Their reliability coefficient estimates were 0.92 and 0.90 respectively.

Structured Interview Schedule for Mothers in both cohorts (Mothers of Children from Birth to 3 Years (ISMB and 4-6 Years)

This was developed by the researcher's to elicit information on some aspects of child's care practices during antenatal and post natal periods. They are structured to ensure uniformity of questions and order of presentation. It contains items (checklist) to ascertain the level of availability of some materials expected to be available for use for child care in centers. To save time and space the two are combined in this write up because they are mutually exclusive. However, during data collection exercise they were separated. These instruments were also given to experts in early childhood education and evaluation experts for content validity. It was handled by the researchers and assistants during home visits. For mothers who are illiterate, the items were translated in the language of the immediate environments of the mothers. Views shared by the respondents were recorded by the researchers.

Data Collection and Analysis

The Local Inspector of Education (LIE) of each local government was visited for permission to collect data in the Pre-schools within his or her jurisdiction. The investigators trained 5 field assistants to master the technicalities of how to use the instruments to collect the required data. The assistants were selected among teachers whose schools were used for the study. These teachers were used because of the rapport they already had with the parents of the children who were selected to participate in the study. Secondly, it was envisaged that using people who are total strangers to the

mothers/children sampled, might create problem of acceptance by parents as well as locating their homes. Thus, using teachers, was able to solve these problems. To qualify for the training, the research assistants must be the class teacher in each school used, must have at least 4 years working experience and should possess at least Nigeria Certificate in Education {N.C.E}. The training lasted for two days. The researchers, along with the trained field assistants, administered the instruments. Homes were visited to administer parents' questionnaire directly. On getting to the field, the parents were relaxed and felt comfortable in the presence of the teachers of their children. They were remunerated so as to serve as motivating factor. Attempts were made to interpret the content in the mother tongue to illiterate parents.

Simple descriptive statistics such as frequency, percentage were used to analyse data generated to provide answers to research questions1 and 2, while Pearson correlation coefficient was also used to find if any relationships exist between the responses of the mothers in the Awareness Questionnaire and the Interview schedule conducted by the researcher (for research questions 3 & 4.

Results

1 (a): Level of awareness on health and parenting education goals of EFA by Nigerian mothers of children from birth to 3 years

Table 1: Level of Awareness of parents (from birth to 3 years) on some aspects of Objectives of EFA Goal 1

S/N	Are you aware that the Government provides:	Not Aware	Partially aware	Aware	Very much Aware	Total
1	Primary Health Care Services e.g dispensaries/hospitals within your locality	11(12.8%)	5(5.8%)	20(23.3%)		86(100%)

2	Preventive measures for deadly childhood diseases	16(18.6 %)	4(4.7%)	17(19.8 %)	49(57.0 %)	86(100 %)
3	Provision of food to children at school	48(55.8 %)	9(10.5 %)	10(11.6 %)	19(22.1 %)	86(100 %)
4	Government supply of food supplements for children e.g. vitamin A	24(27.9 %)	7(8.1%)	17(19.8 %)	38(44.2 %)	86(100 %)
5	Information that parents should keep a care profile of their children's immunization	7(8.1%)	5(5.8%)	18(20.9 %)	56(65.1 %)	86(100 %)
6	Health talk during pregnancy	9(10.5 %)	1(1.2%)	21(24.4 %)	55(64.0 %)	86(100 %)
7	Growth monitoring from birth to 3 years	12(14.0 %)	4(4.7%)	20(23.3 %)	50(58.1 %)	86(100 %)
8	Correct diagnosis of illness during pregnancy and after delivery	15(17.4 %)	4(4.7%)	19(22.1 %)	48(55.8)	86(100 %)
9	Tetanus Immunization	7(8.1%)	3(3.5%)	27(31.4 %)	49(57.0 %)	86(100 %)
10	Iron supplement on daily basis	20(23.3 %)	6(7.0%)	20(23.3 %)	40(46.5 %)	86(100 %)
11	Use of insecticide treated nets by both mother and child	8(9.3%)	3(3.5%)	11(12.8 %)	53(61.6 %)	86(100 %)
12	Correct treatment of illness such as malaria	12(14.0 %)	3(3.5%)	16(18.6 %)	55(64.0 %)	86(100 %)
13	Monitoring of blood pressure during pregnancy	10(11.6 %)	4(4.7%)	20(23.3 %)	52(60.5 %)	86(100 %)
14	Urine test for pregnant mothers	8(9.3%)	5(5.8%)	27(31.4 %)	46(53.5 %)	86(100 %)
15	Counseling on family planning	5(5.8%)	2(2.3%)	24(27.9 %)	55(64.0 %)	86(100 %)

The result in Table 1 reveals that more than eighty percent (80%) of the respondents indicated being aware of Nigerian government's provision of Primary Health Care services, (e.g. dispensaries/hospitals) (item 1) where mothers of children can receive treatment during pregnancy and after birth; that parents are informed by the health workers to keep information on care profile of their children (item 5); health talk for pregnant women (item 6); growth monitoring equipment for Nigerian children from birth to 3 years (item 7); provide treatments for illnesses such as Malaria (item 12), free monitoring of blood pressure for women during pregnancy (item 13), and provision for urine tests during ante-natal periods (item 14).

However, the Table also shows that more than 60% of the respondents also indicated not being aware of government's provision of food at school for children in this category in their locality (item 3); whereas more than 30% of the mothers indicated also that they are not aware that food supplements, e.g. Vitamin A (item 4) and Iron (item 10) are provided in hospitals/dispensaries for mothers of children in this category in their locality. Whereas a good percentage of the sampled mothers showed that they are aware that the government makes provision for preventive measures for deadly childhood diseases (item 2); free diagnosis of illness during pregnancy and after delivery (item 8), as well as counseling for parents on family planning (item 15).

1(b): Level of awareness on health and parenting education goals of EFA by Nigerian mothers of children from birth to 3 years

Table 2: Mothers Awareness During Ante-natal and Post-Natal Periods

S/N	Item	No		Yes	
	Were you ever educated by health workers on:	F	%	F	%
1	Benefits of breast feeding for both mother and child?	-	-	86	100%
2	Advantages and disadvantages of breast milk substitutes?	-	-	86	100%
3	Various types of food	-	-	86	100%
4	Preparation of various weaning foods?	-	-	86	100%

5	The type of food you should introduce first in weaning?	-	-	86	100%
6	How to identify symptoms or signs of malnutrition?	-	-	86	100%
7	The importance of cleanliness with respect to preparation of children's food?	-	-	86	100%
8	Childhood related diseases?	-	-	86	100%

Mothers of less or equal to three years children were asked whether they were educated by Health care workers on the above indicators of objective of EFA Goal 1 as shown in Table2. There were 100% agreements among the mothers across states that they were educated. This shows that Health care workers across the states performed their duties.

1(c) **Level of awareness on health and parenting education goals of EFA by Nigerian mothers of children aged 4 – 6 years**

Table 3: Level of Awareness of parents (4-6 years) on objectives of EFA Goal 1

Objective Indicator	Not Aware	Partially aware	Aware	Very much Aware	Total
Health talks during pregnancy.	29 (8.2%)	31 (8.7%)	4 (34.9%)	171 (48.2%)	355 (100%)
Growth monitoring from birth to five years.	48 (13.5%)	43(12.1%)	109(30.7%)	155(43.7%)	355(100%)
Correct diagnosis of illness	43(12.1%)	67(18.9%)	114(32.1%)	131(36.9%)	355(100%)
Tetanus immunization.	34(9.6%)	44(12.4%)	114(32.1%)	163(45 .1 %)	355(100%)
Iron supplement on daily basis	58(16.3%)	52(14.6%)	108(30.4%)	137(38.6%)	355(100%)
Use of insecticide treated nets by both mother and child.	52(14.6%)	45(12.7%)	96(27.0%)	162(45.6%)	355(100%)
Correct treatment of illness such as malaria.	27(7.6%)	33(9.3%)	118(33.2%)	177(49.9%)	355(100%)
Monitoring of blood pressure during pregnancy.	65(18.3%)	29(8.2%)	108(30.4%)	153(43.1%)	355(100%)
Urine test pre-and post-natal.	63(17.7%)	34(9.6%)	110(31.0%)	148(41.7%)	355(100%)
Counseling on family	68(19.2%)	34(9.6%)	97(27.3%)	156(43.9%)	3655(100)

planning.					
Acceptance of child's company.	36(10.1%)	41(11.5%)	134(37.7%)	144(40.6%)	355(100%)
Friendliness with the child.	24(6.8%)	28(7.1%)	114(32.1%)	189(53.2%)	355(100%)
Warmness to the child	30(8.5%)	44(12.4%)	120(33.8%)	161(45.4%)	355(100%)
Responsive to the child's need.	22(6.2%)	40(11.3%)	108(30.4%)	185(52.1%)	355(100%)
Monitoring the child when interacting with peers.	30(8.5%)	37(10.4%)	123(34.6%)	165(46.5)	355(100%)
Monitoring the child when interacting with objects in the environment.	30(8.5%)	37(10.4%)	123(34.6%)	165(46.5%)	355(100%)
Performing activities such as telling stories to the child.	42(11.8%)	45(12.7%)	128(36.1%)	140(39.4%)	355(100%)
Fostering positive interaction between the child and others.	35(99%)	59(16.6%)	118(33.2%)	143(40.3%)	355(100%)
Recognising in dividual differences of each child.	40(11.3%)	43(12.1%)	127(35.8%)	150(41.3%)	355(100%)
Unhealthy comparison btw children.	136(38.3%)	107(30.1%)	57(16.1%)	55(11.5%)	355(100%)

The result in Table 3 reveals that more than eighty percent (80%) of the respondents indicated being aware of Nigerian government provision of Health talks for expectant mothers (item 1); correct treatment of illness such as malaria (item 7); instructions on how mothers should be friendly with the child (item 12) as well as being responsive to the child's needs(item 14); aware of information on monitoring the child when interacting with peers (item 15) as well as that of monitoring the child when interacting with objects in the environment (item 16).

Further, 70% and above of the respondents also indicated being aware that they should monitor the growth of their children from birth to five years (item 2); that their children should take tetanus immunization (item 4); they should use insecticide treated nets by both mother and child (item 6) as well as that their blood pressure should be monitored during pregnancy (item 8). Others include that

they should go for urine tests during ante- and post-natal periods (item 9); that they should receive counselling on family planning (item 10); learn how to accept a child's company (item 11) as well as show warmth to the child (item13). The mothers also indicated being aware that they should perform activities such as telling stories to the child (item 17); fostering positive interaction between the child and others (items 18) and recognising individual differences of each child in the family (item 19). However, more than 60% of the mothers indicated that they are not aware that they should practice unhealthy comparison among children (item 20).

2 (a): Is there any significant difference among mothers of children from birth to 3 years across the states?

Table 4: Chi-square showing the difference in awareness of some aspects of EFA Goal 1 by mothers of children from birth to 3 years across the states

State	Parents of less or equal to 3yrs level of awareness of EFA			Total	χ^2	P. value
	Low	Moderate	High			
Ogun	11(36.7%)	14(46.7)%	5(16.7)%	30(100.0%)	15.161	.004*
Osun	3(10.3%)	11(37.9%)	15(51.7%)	29(100.0%)		
Oyo	6(22.2%)	17.63.0%)	4(14.8%)	27(100.0%)		
Total	20(23.3%)	42(48.8%)	24(27.9%)	86(100.0%)		

*Significant at the 0.05 level

The grouping factor (state) comprised Ogun, Osun and Oyo. Table 4, shows that $\chi^2 = \{4\} = 15.161$, $P< 0.05$. Therefore, there is a significant difference in mothers from birth to 3 years children level of awareness of some aspects of EFA Goal 1 across the state. As can be seen in Table 4, a greater percentage (48,8%) of mothers from birth to 3 years children indicated level of awareness of some aspects of EFA Goal 1 across the states while 23.3% and 27.9% of the mothers revealed that they are not aware and very much aware of these programmes mounted by the government. The implication of this finding is that mothers and their children within this age bracket may end up not benefiting from this

programme and thereby depriving them of the benefits accruing from the effects. The resultant effect will amount to Nigerian children being affected by the deadly childhood disease thus, making it impossible for the plans to eradicate maternal and infant mortality by 2020 impossible.

2 (b): Is there any significant difference among mothers of children aged 4-6 years levels of awareness across the states used?

Table 5: Chi-square showing the difference in level of awareness of mothers of 4-6 years children on some aspects of EFA Goal 1 across the states

State	Level of awareness of EFA Goal 1 by parents of 4 – 6year			Total	χ^2	P. value
	Low	Moderate	High			
Ogun	31(26.3%)	67(56.8%)	20(16.9%)	118(100%)	18.143	.001*
Osun	34(26.3%)	44(36.7%)	42(35.0%)	120(100%)		
Oyo	19(16.2%)	67(57.3%)	31(26.5%)	117(100%)		
Total	**84(23.7%)**	**178(50.1%)**	**93(26.2%)**	**355(100%)**		

***Significant at 0.05 alpha level.**

There is a significant difference in parents of 4-6 years children level of awareness of EFA Goal 1 across the states ($\chi^2 = \{4\} = 18.143$, $P < 0.05$). As can be seen in Table 5, a smaller percentage (23.7%) of mothers indicated to be aware of the EFA programme as well as those provisions made by the Government for mothers of children aged 4 – 6 years. While a larger percentage of the mothers (50.1%) indicated moderate awareness high awareness (26.2%). Those who lack awareness of such programme tended to be more than those who are very much aware. The result therefore indicates that the mothers who are either not aware or less aware are likely to have the tendency not to appreciate or participate with their children in this programme. This result therefore is not expected considering the fact that the Federal government of Nigeria through the mounting of this programme aims at eradicating of maternal and infant mortality through establishment of clinic and hospitals in most localities in Nigeria.

3 (a): What is the extent of implementation of these goals as perceived by the mothers by mothers of children from birth – 3yrs?

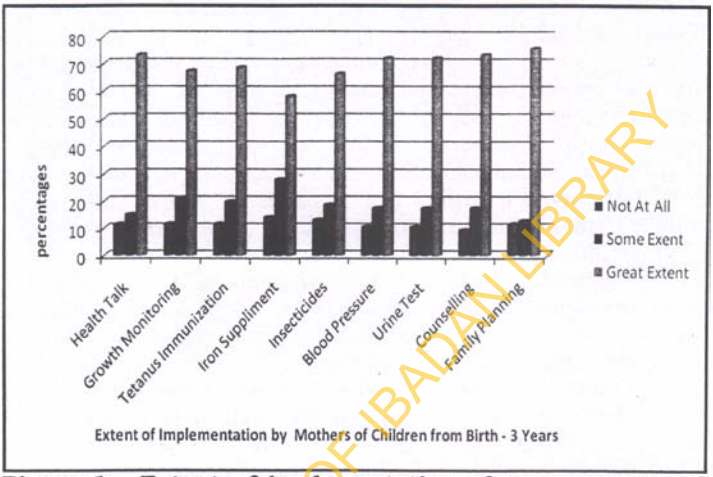

Figure 1: Extent of implementation of some aspects of EFA Goal 1 by mothers of children from birth – 3yrs

Figure 1 shows the extent of implementation of some aspects of EFA Goal 1 as indicated by the mothers of children less or equal to three years. The figure reveals that (11.6%) of them indicated not taking part at all in health talk on how to take care of themselves and their children in their early years, 13(15.1%) indicated having being involved minimally whereas a greater percentage 63 (73.3%) indicated having being involved in such talks. With respect to monitoring the growth of their children, the mothers 10(11.6%) indicated not having implemented that at all, 8(20.9%) indicated having done that to some extent, while 58(67.4%) indicated continuous implementation of growth monitoring of their children from birth to 3 years. The figure further reveals that 10(11.6%) indicated no involvement in tetanus immunization, 17(19.8%) indicated having taking that to some extent, 59(68.6%)

indicated obeying the rules to the latter. However, the situation appears to be different with respect to taking iron supplement daily. The figure reveals that almost half of the sampled mothers of less or equal to 3 years children, 36(41.9%) indicated not having implemented taking iron supplement on daily basis whereas 50(58.1%) indicated having implemented that judiciously.

The figure also reveals that a great percentage of the sampled mothers of children in this category 13(15.1%) indicated that they did not use insecticide treated nets for both mother and child at all, 16(18.6%) indicated having used it some extent, while 57(66.3%) indicated having used it to a great extent. Also, 9(10.5%) indicated not having monitoring their blood pressure during pregnancy at all, 15(17.4%) indicated at all done so to some extent, whereas 64(72.1%) indicated using the net to a great extent. With respect to urine test, receiving counseling during pregnancy and attending family planning talks, the Figure further reveals that among the sampled parents of less or equal to 3 years, 9(10.5%) indicated that they did not go for urine test urine during pregnancy, 15(17.4%) indicated having done that to some extent while 62(72.1%) indicated having completed the routine. Furthermore, 8(9.3%) indicated not to have attended counseling sessions organized for mothers in this category during this period at all, 15(17.4%) indicated having done so to some extent and 63(75.6%} indicated participating a great extent in all the sessions. The Figure further reveals that 21(24.4%) indicated not taking part in family planning counseling, while 65(75.6%) indicated having participated to a great extent.

3 (a): What is the extent of implementation of these goals as perceived by mothers children aged 4 to 6 yrs ?

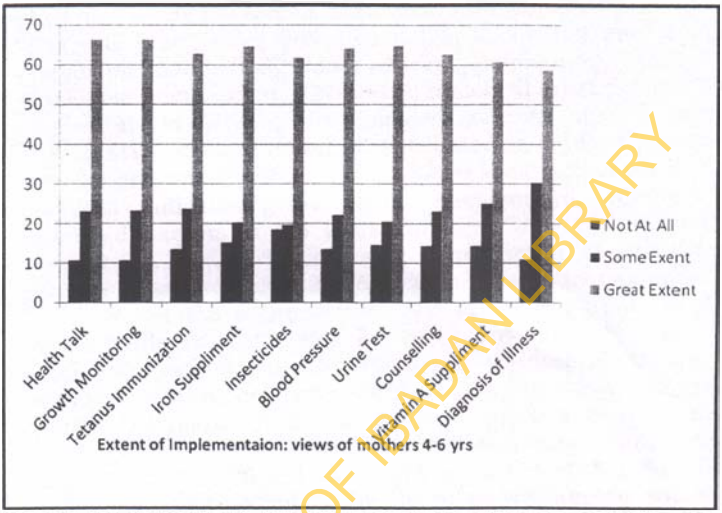

Figure 2: Extent of implementation of some aspects of EFA Goal 1 by the parents of 4-6 years

Figure 2 shows that 4-6 years, 37(10.4%), of the sampled parents of indicated not at all to the implementation of growth monitoring of the child from birth to 5 years, 83(23.4%) indicated some extent while 235(66.2%) indicated great extent. Also, among the sampled mother of 4-6 years, 39(11.0%) indicated not at all of correct diagnosis of illness, 108(30.4%) indicated some extent, while 208(58.6%) indicated great extent. The figure also shows, among the sampled mothers of 4-6 years, 38(10.7%) indicated not at all, 82(23.1%) indicated some extent while 235(66.2%) indicated great extent of partaking in health talk during pregnancy.

Similarly, among the sampled mothers of 4-6 years, 48(13.5%) indicated not at all of partaking in tetanus immunization, 84(23.7%) indicated some extent while 223(62.8%), great extent. The figure reveals among the

sampled parents of 4-6 years, 66(18.6%) indicated not at all of the use of insecticide treated nets by both mother and child. 70(19.7%) indicated some extent, 219(61.7%) indicated great extent. The figure reveals that among the sampled parents of 4-6 years 54(15.2%) indicated not at all on the use of iron supplement on daily basis during pregnancy, 74(20.8%) indicated some extent, 227(63.9%) indicated great extent. The figure shows among the sampled parents of 4-6 years, 48(13.5%) indicated not at all of monitoring of blood pressure during pregnancy, 79(22.3%) indicated some extent while 228 (64.2%) indicated great extent. Furthermore, among the sampled parents of 4-6 years children, 52(14.6%) indicated not at all, 73(20.6%) indicated some extent of urine test during pregnancy while 230(64.8%) indicated great extent.

From the figure, among the sampled parents of 4-6 years children 51(14.4%) indicated not at all 87((23.1%) indicated some extent of partaking in counseling on care of children during pregnancy and 222{62.5%} indicated great extent. Similarly, from the sampled parents of 4-6 years 51(14.4%) indicated not at all in taking vitamin supplement after birth, 89(25.1%) indicated some extent 215(60.6%) indicated great extent. The figure shows among sampled mother of children from 4-6 years, 59(16.6%) indicated not at all of counseling on family planning, 81(22.8%) indicated some extent while 215(60.6%) indicated great extent.

4(a): Is there any relationship between the responses of mothers of children less or equals to three years} in the questionnaire and interview schedule?

Table 6: Correlations of mothers questionnaire{less or equals to three years children and the interview schedule

Parameter	Value
Pearson Correlation Coefficient r	-.072
N	86
P Value	508

P > .05

To ascertain level of consistency, attempt was made to find out if any relationship exists among the responses of the mothers from parents questionnaire with the interview collected during home visit. The correlation coefficient estimate was -.072 {p> .05} .This shows there is low correlation between what were indication in the questionnaire and the responses recorded during the interview sessions.

4(b): Is there any relationship between the responses of mothers of children aged 4 to 6 years} in the questionnaire and interview schedule?

Table 7: Correlation of Parents Questionnaire {4-6 Years Children} and the Interview Schedule

Parameter	Value
Pearson Correlation Coefficient r	.384
N	355
P Value	.000

P < .05

Attempt was made by the researchers to correlate the responses of the parents of children aged 4-6 years from responses in the questionnaires with the interaction during home visit. The correlation coefficient estimate was 0.384 (p<.05). The implication is that the level of awareness and implementation appears not be as strong as the mothers have indicated. These indicators were reiterated during interview and majority of the mothers showed that they were ignorant of such programme being on course.

Discussion

The findings show the level of awareness of Nigerian mothers (from birth to 3 years) on some aspects of objectives of EFA Goal 1 such as Primary Health care service e.g. dispensaries/hospitals within their locality, provision of preventive measures for deadly childhood diseases, government supply of food supplements for children e.g. vitamin A, information that parents should keep a profile of their children's immunization, health talk during pregnancy, growth monitoring from birth 3 years, correct diagnosis of illness during pregnancy and after delivery, tetanus immunization, Iron supplement on daily basis, use of insecticide treated nets by both mother and child, correct treatment of illness such as malaria, monitoring of blood pressure during pregnancy, urine test for pregnant mothers and counseling on family planning. However, the mothers sampled claimed not to be aware and partially aware of Government provision of food to children at school. This corroborates the findings of Oduolowu (2004) which revealed non-availability of child care services such as nutrition, health and safety. She advised that the objective of child survival, comprehensive development, socialisation, rehabilitation and improvement of childcare are critical since, to support young children and help them strive, it is important to take care of these other needs. If the human environment is one of poverty, apathy and low self-esteem, the child may be marked by the same characteristic unless the parents and community can be helped to achieve some measure of creative control over the child's micro-environment. This shows that if mothers are really aware of the above indicators of ECCE it will enhance better child care. Mothers were asked for their awareness of some indicators of objectives of EFA Goal 1. For instance, they were asked if they were ever educated by health workers on the following benefits of EFA Goal 1: breast feeding for both mother and child, advantages and disadvantages of breast milk substitutes, various types of weaning foods, preparation of various weaning foods, types of food to introduce first in weaning, how to identify symptoms or sign of malnutrition,

the importance of cleanliness with respect to preparation of children's food and enlightenment by health workers on childhood related diseases. It is observed that all the parents unanimously agreed that they were educated on all the indicators of EFA Goal 1 stated above. Thus, if they are aware of those indicators it is expected to lead to better child Care. Nevertheless, Dr. Kayode Obembe, a former Oyo State Medical Association Chairman and a consultant obstetrician and gynecologist, explained that Nigerians could only have access to effective, efficiency and quantitative care anywhere and at all times with a functional health insurance scheme in place. He suggested that community based health insurance schemes also need to be vigorously pursued so that farmers, cattle rearers petty traders and others can start to benefit from them (Obembe, 2008).

Dr. Obembe further stated that the issues of MDGs are a series of time bound development goals agreed by the international community to be achieved by the year 2015. They seek to address issues of hunger and extreme poverty, universal basic education, the promotion of gender equality, reductions in child mortality, improvement in maternal health and the combating of HIV/Aids (Obembe, 2008). Also Professor Foluso Okumadewa, said that achieving those goals remain a daunting challenge. (Okumadewa, 2008). It should be noted that all MDGS are education goals, as Education is a pre-requisite for the realisation of every one of them.

The findings show that among the sampled parents of 4 – 6 years, majority claimed to be aware and very much aware of the indicators of objectives of EFA Goal 1.And the indicators include health talk during pregnancy, growth monitoring from birth to five years, correct diagnosis of illness, tetanus immunization, iron supplement on daily basis, use of insecticide treated nets by both mother and child, correct treatment of illness such as malaria, monitoring of blood pressure during pregnancy, urine test – pre and post-natal, counseling on family planning, acceptance of child's company, friendliness with the child, warmness to the child, responsive to the child's need, monitoring of the child, fostering positive interaction between the child and others,

recognising individual, differences of each child, and unhealthy comparison of the child.

If mothers of children 4- 6 years are aware and very much aware of the following indicators, it should lead to better child care and reduction in maternal and infant mortality rate, unless the unhealthy comparison of the child which they claimed not to be aware of as an essential aspect of ECCE. The realisation of EFA Goal 1 in Nigeria by 2015, World Bank Group President, Robert Zoellick said, is also tied to the control of malaria, in a statement issued by the bank. Zoellick was quoted to have said that Nigeria and Democratic Republic of Congo accounted for 30 percent to 40 percent of deaths from malaria in Africa. It could be deduced from the above that parents in the light of being highly aware, the resources to meet the needs might not be available as a result of poverty and poor funding by the government. For instance, insecticide treated net is supposed to be given free of charge to mothers from birth to five years and pregnant women but in Nigeria, the reverse is the case.

Furthermore, Professor Eyitayo Lambo, former Minister for Health in Nigeria recently acknowledged the lack of accurate data on health in Nigeria, during the 10th anniversary of save a Child's Heart foundation. He informed Nigerians that we cannot attach any high level of confidence to most of the data on different diseases like heart disease". He lamented that one of the things he started but could not complete when he was a minister was the generation of evidence that would help in developing an evidence-based national policy on many diseases, including non-communicable diseases. He concluded that it is important that this unfinished business be pursued without further delay (Lambo, 2008). Also, there is currently no national health policy for Nigeria and this, in the findings of Professor Jeboda, an oral health expert from the Lagos University Teaching Hospital (LUTH) could only be made possible when national scientific-based epidemiological studies of such problems like oral diseases are carried out. He asserted that this is important in planning relevant and effective oral health care services for the country. Nigerian Tribune, Friday 3rd October, 2008.

From the findings which look into the extent of implementation of some aspects of EFA Goal 1 by the parents of less or equal to three years children, majority of the parents indicated great extent of implementation of indicators of the three aspects of EFA Goal 1.The indicators are those indicated in the Figure 4. This corroborates EFA Global Monitoring Reports, (UNESCO 2007) which states that there are signs that the holistic approach is gaining ground and that the several governments, often in partnership with UNICEF have begun recently to elaborate national early childhood policies that cover health, education, water, hygiene, sanitation and legal protection for young children. Also, it is worth to note that in the faces of the dallies, the debate and discussion on ECCE is gaining ground. This shows that awareness has been created and thus has led to a great extent of implementation. It is sad to note that of all the countries with early childhood policy documents, Nigeria is missing (Diawara, 2006; Pressoir, 2006; UNESCO-IBE, 2006). This shows that more efforts still need to be put in place in Nigeria by the federal government in order to be able to meet 2015 target of achieving EFA Goal 1.

Parents of 4-6 years sampled, majority of them indicated great extent followed by some extent on implementing indicators of the three aspects of EFA Goal 1 such as growth monitoring of the child from birth to 5 years, correct diagnosis of illness, health talk during pregnancy, tetanus immunization, the use of insecticide treated nets by both mother and child, iron supplement daily during pregnancy, monitoring blood pressure during pregnancy, counseling on care of children, taking vitamin supplement after birth and counseling on family planning. It is noted that the Nigerian government is expected to provide these health facilities to children free of charge but parents still buy these health facilities. It is noted that government awareness of the need of comprehensive early childhood care and education has so far remained at the level of statements of intent as noted by the Nation's ESA (Education Sector Analysis/report of 2004).

This agrees with EFA Global Monitoring Reports (UNESCO, 2007) that assert that the understanding of early childhood as a time of sensitive periods that lead naturally to

the motion that early childhood programmes can supplement the care and education that young children receive at home, in their families and communities. Moreover, recent publications (France & Utting 2005; Luthar, 2003; Masten, 2001) emphasise the flexibility and adaptability of humans, as well as their resilience to trauma. This implies that early childhood programmes cannot only benefit all children but also compensate for young children's negative experiences as a result of conflict (within the family or society) and nutritional or emotional deprivation. Hence, if children are well catered for in this aspect by parents it can significantly alter the developmental trajectory of a child.

Health, nutrition and education are areas where such benefits have been consistently identified. The study also corroborates the study of Jukes (2006) which states that young children are particularly fragile and reducing infant and child mortality has long been a key public health priority. He asserted that vaccination campaigns have reduced child mortality considerably, yet more than 10 million children aged 5 or under still die every year. More than half die from one of five transmittable diseases that can be prevented or treated: diarrhea, pneumonia, malaria, measles and HIV/AIDS. Extending the provision of safe drinking water and proper sanitation would reduce infant and child mortality dramatically, especially when complemented by parenting programme that facilitate improvements in breast feeding and weaning practices. Hence, with the level of implementation, as indicated by the parents, child mortality rate is expected to reduce in Nigeria.

Conclusion

Based on the findings from this study, it can be submitted that mothers were not aware and did not implement the three aspects of EFA Goal 1 to the extent they claimed. There is significant difference in the level of awareness of stakeholders on EFA Goal 1 across the states. This may not augur well with Nigerian if we are to achieve the goal at 2020. Therefore, government at all levels should intensify efforts to ensure that at the least, 90% of Nigerian mothers of children within these

age brackets adhere to the progamme instructions as well as ensuring that their children benefited from these programmes.

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