

Turkish Medical Students' Attitudes Towards Child Rights in Early Childhood

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Abstract

Early childhood is the most critical period of time to implement children's rights. Therefore, the aim of this study is to investigate the attitudes of medical students towards child rights in early childhood. This questionnaire based on the United Nations Convention on the Rights of the Child (UNCRC) and General Comment No. 7 (GC7) was administered to a sample of medical students in Turkey. The correlation between the attitudes towards the GC7's general principles of early childhood and children's rights defined by the UNCRC was analyzed with Kendall's Tau Correlation. Statistical significance was predetermined as $p < 0.05$. A total of 304 medical students ranging from 1st to 5th year voluntarily answered the questionnaires. Of students, 54.1% were female with mean age of 21.3 ± 2.7 years; and 10.6% reported they had received training about children's rights. Statistically significant negative correlations were detected between conventional attitudes that do not respect the agency of young children, and the children's rights as defined by the UNCRC and the general principles of early childhood set out by the GC7 ($p < 0.05$). In response to the question about whether even the youngest children have the right to have views and to express them, 64.4% of the participants responded with "I strongly agree". Conventional attitudes held by medical students such as "not respecting the agency of young children" is a significant factor violating the children's right to participation in early childhood. The curriculum of medical schools should include courses that aim to improve students' attitudes towards implementation of child rights in early childhood.

Keywords: protection, participation, young children

1. Introduction

Early childhood is the most crucial period of time to implement children's rights and providing this implementation is a powerful equalizer for the children of the world (United Nations General

comment No.7, 2005; Irwin et al., 2007). This period is especially in need of rights since positive supports and adequate resources are necessary in order to obtain the highest capacity on the child development as well as on its physical health. According to international policy standards, early childhood is considered to be the time between the prenatal phase until the age of eight (United Nations General comment No.7, 2005; Irwin et al., 2007). In accordance with the United Nations Convention on the Rights of the Child (UNCRC) and additional documents created by UNCRC - especially General Comment No.7, 2005 (GC7) - all children are individuals in their own right and even the youngest children have all the rights safeguarded by the UNCRC (United Nations General comment No.7, 2005; Convention on the Rights of the Child, 1989; Polat, 1997). Streuli et al. noted that the UNCRC led to a paradigm shift in the legal status of children (Streuli et al., 2011). Accordingly, children are not passive members of a family but are active members with their own rights (United Nations General comment No.7, 2005; Polat, 1997; Streuli et al., 2011; Dağ et al., 2015). GC7 highlights the fact that *“conventional perspectives on the concept of early childhood need to be transformed”* (United Nations General comment No.7, 2005). As a result, early childhood should not be considered as *“a period of socialization for an immature person to grow into an adolescent”* (United Nations General comment No.7,2005) and children should not be seen *“as future”* or *“small adults”* (Streuli et al., 2011); rather, they should be *“respected as persons in their own right”*. In medical literature, children's rights are debated from the perspective of public health focusing on child abuse, and are rarely tackled from the perspective of violation of children's rights (Reading et al., 2009). Basic statistics consist of indicators such as pediatric mortality and injuries, live birth/population registry, immunization, nutritional assessment, common diseases and healthcare services (United Nations General comment No.7, 2005; Reading et al., 2009). However, the critical importance of the relationship between pediatric health and ensuring children's rights and implementing them in early childhood is ignored (United Nations General comment No.7, 2005; Reading et al., 2009).

Turkey signed the Convention on the Rights of the Child in 1990 and it has been in force since 1995 (Polat, 2008). Even though some major legislations have been amended, no significant progress has been made in ensuring children's rights; especially having their own opinions and participation rights are poorly recognized (Dağ et al., 2015; Polat, 2008; UNICEF Türkiye’de çocukların durumu raporu, 2011). While the number of studies about child abuse and neglect has exponentially increased in Turkey over the past 25 years (Polat, 1997; Yalçın, 2011; Bakır et al., 2017), the number of studies related to early childhood and infancy is very limited (Aksoy&Koran, 2016; Bertan et al., 2009; Baydar et al., 2010). No study with the focus on child rights in early childhood was identified in the medical literature. In fact, there is globally a gap in terms of this type of study (Te One, 2008). Perhaps, as set out by the GC7 Indicators Group, the main problem with implementing rights in early childhood is the large gap between theory and practice (Vaghri et al., 2008). Hence, it is clear there is a need to analyze the children's rights in early childhood in order to fill these gaps and take precautions against violations of rights. With focus on child rights in early childhood, this study aims: i) to analyze the attitudes of medical students towards the general principles of early childhood set out by the GC7 and children's rights as described by the UNCRC, ii) to investigate the correlations between these attitudes, iii) contribute to the dissemination of GC7.

2. Methods

2.1. Ethics committee approval and scope of the study

The Çanakkale Onsekiz Mart University Human Research Ethics Committee granted approval for the research project (Project Ethics No. 2011-KAEK-27/2015-131). In addition, permission was granted by the administration of the Faculty of Medicine to conduct surveys. In the project, a questionnaire form consisting of 80 questions was administered to investigate sociodemographics, and the knowledge and attitudes of medical students towards definitions and general principles about early childhood, children's rights, violent disciplinary methods, social gender roles, child abuse and neglect, child labor, juvenile delinquency and so on. The definitions and concepts were based on the UNCRC and GC7, and the topic of child abuse and neglect was supported by the medical literature. At the first article of this project, violent disciplinary methods, social gender roles and children's rights data were introduced (Kalkan, 2018). In the present study, it was aim to investigate child rights in early childhood data of this project. Within this scope, the attitudes of medical students participating in the study related to general principles about early childhood set out by the GC7 and early childhood rights as defined by the UNCRC, as well as the correlations between these attitudes were investigated.

2.2. Study population and data collection

This cross-sectional study was conducted on medical students attending 1st to 5th year at a Faculty of Medicine. The total number of 1st to 5th year students was 611, while the number of respondents to the questionnaires was 304. The survey was conducted by means of a questionnaire under observation. Visits were paid to 1st to 5th-year students' classrooms; the questionnaires were distributed to medical students who all voluntarily participated. Necessary explanations about confidentiality and the purpose of the study were made. The questionnaires did not include the names of the respondents. The respondents answered the questions in 20 to 30 minutes.

2.3. Data collection tool

A questionnaire form containing 80 questions designed by the researcher was used for data collection. The first section of the questionnaire was a sociodemographic descriptive form composed of 20 questions. The second section of the questionnaire includes a total of 60 questions and is coded as A1-A60. The statements in the second section were based on the GC7 under the title of "Implementing Children's Rights in Early Childhood" by the United Nations Committee on the Rights of the Child, and the UNCRC. Both documents are available in Turkish, Turkish versions were used to disagne the questionnaire form. The questions for the second section were formed on a 5-point Likert scale for the purposes of analysis about attitudes. Possible options that could be chosen were "Strongly agree", "agree", "undecided/do not know",

“disagree” and “strongly disagree”. Table 1 shows the statements about attitudes, which were analyzed in this article and included in the second section of the questionnaire. Every single answer to each statement was analyzed.

Table 1 Statements used in survey and their corresponding to GC7 and UNCRC documents

Cods	GC7 statements relating to general principles concerning early childhood	GC7 Reference
A8*	Young children are undeveloped individuals, lacking even basic capacities for understanding, communicating and making choices.	from GC7.14
A13	Newborns can recognize their parents a short while after birth and actively participate in non-verbal communication.	from GC7.16
A15	Young children make choices and express their emotions, views and wishes through a variety of means before acquiring skills to communicate through verbal and written language.	from GC7.14
A16	Young children have their own concerns, interests and views, and are active members of their families, communities and societies.	from GC7.5
A18*	Since young children have not yet reached the age of maturity showing respect for the young child's agency (considering them participants in family, community and society) is not expected.	from GC7.14
A19*	Young children cannot make autonomous decisions since their capacity for comprehension of their own best interests is underdeveloped.	from GC7.17
A26	Under normal circumstances, young children forge mutual bonds with their parents and caregivers.	from GC7.16
A35	While providing assistance and guidance to children, account must be taken of the child's interests and wishes as well as the child's capacities for autonomous decision-making and comprehension of their own best interest.	from GC7.17
Cods	UNCRC statements related to children's rights	UNCRC article
A2	Children's rights apply to each and every child without any discrimination.	Article 2

A9	All children must be protected from any form of exploitation and sexual abuse.	Article 34,36
A10	Every child has the right to a standard of living that is adequate for the child's physical, mental, spiritual, moral and social development.	Article 27
A12	Each child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.	Article 31
A17	Children must be protected from all forms of abuse and maltreatment while in the care of any person.	Article 19
A23	All children must be protected from the illicit use of narcotic drugs and psychotropic substances, and illicit production and trafficking of such substances.	Article 33
A24	No child can be deprived of the right to access medical care and rehabilitation services.	Article 24
A33	In all actions concerning children, the best interests of the child shall be a primary consideration.	Article 3
A34*	In accordance with the best interest of the child, behavior leading to illegal, unsafe or abuse of a child can be condoned.	Article 3
A36	Even the youngest children have the right to free expression of their views and the views of the child should be given due weight in accordance with the age and maturity of the child.	Article 12 and GC7.14
A42	Children must be protected from abduction, trafficking or prostitution.	Article 35
A49*	Children who are born out of wedlock or in circumstances contrary to traditional values have different rights.	Article 2
A60*	I have never heard of the Convention of the Rights of the Child before.	

*Reference to statements that contradict principles of the UNCRC, GC7, or represent conventional attitudes towards children

2.4. Statistical analysis

The data were analyzed with Statistical Package for the Social Sciences (SPSS) (version 20.0; SPSS/IBM Inc., Chicago, IL, USA). The numbers, percentages, mean, and standard deviation

were calculated for the presentation of descriptive data. Chi-Square Test was performed for the analysis of categorical data. Correlation among the each statements was analyzed with Kendall's Tau Correlation. Statistical significance was predetermined as $p < 0.05$.

3. Results

3.1. Statistics and Data Analysis

A total of 304 medical students participated in this study (N=304). Of the respondents, 54.1% (n=164) were female and 45.9% (n=139) male, and the mean age was 21.3 ± 2.7 years (Min: 18- Max:57) years. Of participants, 14.1% had not heard about the UNCRC before. Of students, 10.6% reported receiving training about children's rights. There was no statistically significant difference detected between the awareness of medical students about the UNCRC with gender, year in college, previous boarding school experience prior to university, mother's educational background, father's educational background, mother's marriage age, father's marriage age, presence of siblings, parents living together and previous training in children's rights ($p > 0.05$) (Table 2).

Table 2 Awareness of medical students about the convention on the rights of the child according to sociodemographic data.

Statement:	"I have never heard of the Convention of the Rights of the Child before (A60)"			
Variables	SD¹+D²	U³/DNK³	A⁴+SA⁵	p
	n (%)	n (%)	n (%)	
Gender				
Female	141 (88.1)	6 (3.8)	13 (8.1)	0.537
Male	114 (83.8)	8 (5.9)	14 (10.3)	
Studying year				
Preclinical (<4)	175 (86.2)	11 (5.4)	17 (8.4)	0.481
Clinical (4-5)	80 (85.1)	3 (3.2)	11 (11.7)	
Secondary boarding school				
Yes	63 (90.0)	4 (5.7)	3 (4.3)	0.209
No	191 (84.9)	10 (4.4)	24 (10.7)	
Mother's education				
Secondary school graduate	109 (89.3)	3 (2.5)	10 (8.2)	0.226
High school and above	144 (83.2)	11 (6.4)	18 (10.4)	
Father's education				
Secondary school graduate	70 (85.4)	3 (3.7)	9 (11.0)	0.757
High school and above	183 (85.9)	11 (5.2)	19 (8.9)	
Mother's marriage age				
≤18	48 (82.8)	3 (5.2)	7 (12.1)	0.653
>18	200 (87.3)	10 (4.4)	19 (8.3)	
Father's marriage age				

≤18	6 (75.0)	0 (0.0)	2 (25.0)	0.295
>18	242 (86.7)	13 (4.7)	24 (8.6)	
Sibling(s)				
Yes	217 (85.1)	13 (5.1)	25 (9.8)	0.201
No	35 (94.6)	1 (2.7)	1 (2.7)	
Parental status				
Parents Together	196 (86.7)	10 (4.4)	20 (8.8)	0.840
Parents Separated	13 (81.2)	1 (6.2)	2 (12.5)	
Any training on children's rights				
Yes	29 (90.6)	1 (3.1)	2 (6.2)	0.686
No	225 (85.2)	13 (4.9)	26 (9.8)	

n=number, %=percentage, p=chi-square test, 1:SD: "Strongly Disagree", 2:D: "Disagree", 3:U/DNK: "Undecided/Do Not Know", 4:A: "Agree", 5:SA: "Strongly Agree"

Table 3 shows the answers of medical students to questions regarding the conventional approach considering young children as passive recipients of care and protection, and the GC7 document viewing them as active participating individuals subject to their own rights.

Table 3 Attitudes of medical students towards GC7's general principles of early childhood

	SD ¹	D ²	U ³ /DNK ³	A ⁴	SA ⁵
Codes and Statements	n (%)	n (%)	n (%)	n (%)	n (%)
A26: ... young children forge mutual bonds with their parents and caregivers.	0 (0.0)	3 (1.0)	8 (2.7)	84 (28.4)	201 (67.9)
A15: Young children make choices and express their emotions, views ...	0 (0.0)	8 (2.7)	13 (4.3)	131 (43.8)	147 (49.2)
A35: ... must be taken of the child's interests and wishes as well as the child's capacities for autonomous decision-making and comprehension of their own best interest.	4 (1.3)	3 (1.0)	27 (9.0)	129 (43.0)	137 (45.7)

A13: Newborns can recognize their parents a short while after birth ...	11 (3.7)	18 (6.0)	35 (11.7)	125 (41.7)	111 (37.0)
A16: Young children have their own concerns, interests and views, ...	9 (3.0)	48 (15.8)	49 (16.2)	101 (33.3)	96 (31.7)
A19: Young children cannot make autonomous decisions since their capacity for comprehension of their own best interests is underdeveloped.	18 (5.9)	69 (22.8)	61 (20.1)	123 (40.6)	32 (10.6)
A8: Young children are undeveloped individuals, lacking even basic capacities for understanding, communicating and making choices.	91 (30.1)	105 (34.8)	43 (14.2)	43 (14.2)	20 (6.6)
A18: Since young children have not yet reached the age of maturity showing respect for the young child's agency (considering them participants in family, community and society) is not expected.	105 (34.8)	116 (38.4)	41 (13.6)	29 (9.6)	11 (3.6)

n=number, %=percentage, 1:SD: "Strongly Disagree", 2:D: "Disagree", 3:U/DNK: "Undecided/Do Not Know", 4:A: "Agree", 5:SA: "Strongly Agree"

Table 4 shows the distribution of answers to the questions regarding children's rights defined in the UNCRC. It is noteworthy that the questions answered with "I strongly agree" focused on protective rights in particular

Table 4 Attitudes of medical students towards children's rights in the UNCRC

Codes and Statements	SD ¹	D ²	U ³ /DNK ³	A ⁴	SA ⁵
	n (%)	n (%)	n (%)	n (%)	n (%)
A9: All children must be protected from any form of exploitation and sexual abuse.	6 (2.0)	1 (0.3)	3 (1.0)	5 (1.7)	287 (95.0)
A2: Children's rights apply to each and every child without any discrimination.	1 (0.3)	3 (1.0)	1 (0.3)	11 (3.8)	272 (94.4)
A42: Children must be protected from abduction, trafficking or prostitution.	5 (1.7)	2 (0.7)	4 (1.3)	6 (2.0)	280 (94.3)

A10: Every child has the right to a standard of living that is adequate ... development.	1 (0.3)	3 (1.0)	2 (0.7)	14 (4.7)	280 (93.3)
A24: No child can be deprived of the right to access medical care and rehabilitation services.	2 (0.7)	2 (0.7)	3 (1.0)	21 (7.0)	271 (90.6)
A23: All children must be protected from the illicit drugs and psychotropic substances ...	3 (1.0)	1 (0.3)	6 (2.0)	21 (7.0)	269 (89.7)
A12: Each child has the right to rest and leisure, to engage in play ...	1 (0.3)	3 (1.0)	4 (1.3)	29 (9.6)	264 (87.7)
A17: Children must be protected from all forms of abuse and maltreatment ...	3 (1.0)	2 (0.7)	3 (1.0)	31 (10.2)	264 (87.1)
A36: Even the youngest children have the right to free expression of their views ...	3 (1.0)	7 (2.3)	10 (3.4)	86 (28.9)	192 (64.4)
A33: ... the best interests of the child shall be a primary consideration.	4 (1.3)	4 (1.3)	30 (10.1)	79 (26.5)	181 (60.7)
A49: Children who are born out of wedlock or in circumstances contrary to traditional values have different rights.	221 (73.7)	40 (13.3)	17 (5.7)	7 (2.3)	15 (5.0)
A34: In accordance with the best interest of the child, behavior leading to illegal, unsafe or abuse of a child can be condoned.	208 (70.3)	59 (19.9)	18 (6.1)	4 (1.4)	7 (2.4)
A60: I have never heard of the Convention of the Rights of the Child before.	198 (66.7)	57 (19.2)	14 (3.7)	11 (3.7)	17 (5.7)

n=number, %=percentage, 1:SD: "Strongly Disagree", 2:D: "Disagree", 3:U/DNK: "Undecided/Do Not Know", 4:A: "Agree", 5:SA: "Strongly Agree"

3.2. Correlation findings

A statistically significant negative correlation was identified between A18 relating to a lack of respect for young children's right to participation, and A2 about no discrimination against children, A9 about protection from any form of exploitation and sexual abuse, A10 about

adequate quality of life ensuring development, A12 about the right to recreation, play and free participation in events appropriate for age, A17 about the right to protection from abuse and maltreatment by caregivers, A23 about the right to protection from drugs and psychotropic substances, A24 about the right to medical care and rehabilitation, and A36 about the right of even the youngest children to express their views [(r:-0.138, p:0.011), (r:-0.165, p:0.002), (r:-0.207, p<0.001), (r:-0.213, p<0.001), (r:-0.221, p<0.001), (r:-0.192, p<0.001), (r:-0.139, p:0.009), (r:-0.272, p<0.001), respectively] (Table 5).

When the correlations between A18, and other negative attitudes stated in A8, A19, A34, A49 and A60 are investigated, a statistically significant positive correlation was detected between A18 relating to the lack of respect for young children's right to participation, and A8 about young children being undeveloped individuals, lacking even basic capacities for understanding, communicating and making choices, A19 about young children being unable to make autonomous decisions since their capacity for comprehension of their best interest is underdeveloped, A34 about the fact that in accordance with the best interest of the child it is acceptable to turn a blind eye to behavior leading to illegal, unsafe or child abuse, A49 about children who are born out of wedlock or in circumstances contrary to traditional values having different rights, and A60 about not having heard of the Convention of the Rights of the Child before [(r:0.227, p:0.000), (r:0.224, p:0.000), (r:0.131, p:0.012), (r:0.142, p:0.006), (r:0.221, p:0.000) respectively]. Table 5 shows the correlations for other attitude-related questions

This section focuses on the correlations between the answers to the question A36 and questions A18, A60, A49, A34 and A8. A statistically significant negative correlation was found between A36 “Even the youngest children have the right to free expression of their views and the views of the child should be given due weight in accordance with the age and maturity of the child”, and A18 about not being expected to show respect to young children’s agency (as a part of the family, community and society) since young children have not yet arrived at the age of maturity, A60 about not knowing about the Convention of the Rights of the Child, A8 about young children being individuals with no capacity for comprehension, communication and making choices, A34 about it being acceptable to turn a blind eye to behaviors leading to illegal, unsafe or abuse of children in the best interest of the child, and A49 that children born out of wedlock and traditional values have different rights [(r:-0.272, p<0.001), (r:-0.255, p<0.001), (r:-0.147, p:0.004), (r:-0.175, p:0.001), (r:-0.241, p:0.001), respectively] (Table 5). Table 5 shows the correlations between other attitude-related questions.

Table 5 Correlation between the general principles of early childhood according to GC7, and children's rights by defined UNCRC

A2	A2**																			
A8	-0.152*	A8**																		
A9	0.241*	-0.042	A9**																	
A10	0.292*	0.021	0.383*	A10**																
A12	0.370*	-0.016	0.264*	0.527*	A12**															
A13	0.136*	-0.106*	0.221*	0.147*	0.175*	A13**														
A15	0.242*	-0.114*	0.215*	0.207*	0.322*	0.295*	A15**													
A16	0.158*	-0.180*	0.126*	0.138*	0.239*	0.182*	0.260*	A16**												
A17	0.366*	-0.009	0.378*	0.393*	0.477*	0.202*	0.333*	0.206*	A17**											
A18	-0.138*	0.227*	-0.165*	0.207*	0.213*	0.146*	0.224*	0.282*	0.221*	A18**										
A19	-0.092	0.227*	-0.010	-0.012	-0.024	-0.052	-0.012	-0.214*	0.006	0.224*	A19**									
A23	0.338*	-0.046	0.272*	0.307*	0.310*	0.109*	0.190*	0.047	0.359*	-0.192*	0.081	A23**								
A24	0.327*	-0.044	0.348*	0.473*	0.384*	0.135*	0.229*	0.112*	0.464*	-0.139*	0.012	0.425*	A24**							
A26	0.226*	-0.121*	0.158*	0.241*	0.254*	0.236*	0.317*	0.177*	0.224*	-0.141*	0.072	0.287*	0.333*	A26**						
A33	0.201*	-0.041	0.145*	0.217*	0.321*	0.165*	0.250*	0.140*	0.265*	-0.063	0.000	0.190*	0.322*	0.318*	A33**					
A34	-0.213*	0.163*	-0.152*	0.132*	0.179*	0.113*	-0.104	-0.058	-0.173*	0.131*	-0.079	-0.255*	0.267*	0.243*	0.189*	A34**				
A35	0.125*	-0.103*	0.179*	0.230*	0.276*	0.232*	0.337*	0.164*	0.209*	-0.163*	0.024	0.280*	0.165*	0.260*	0.271*	-0.103	A35**			
A36	0.143*	-0.147*	0.249*	0.319*	0.352*	0.273*	0.398*	0.231*	0.328*	-0.272*	-0.060	0.224*	0.217*	0.330*	0.238*	-0.175*	0.494*	A36**		
A42	0.245*	-0.019	0.220*	0.227*	0.179*	0.134*	0.158*	0.123*	0.258*	-0.050	0.006	0.229*	0.227*	0.069	0.188*	-0.237*	0.188*	0.214*	A42**	
A49	-0.143*	0.032	-0.209*	-0.211*	-0.216*	-0.092	-0.096	0.001	-0.316*	0.142*	0.002	-0.213*	-0.287*	-0.193*	-0.214*	0.292*	-0.178*	-0.241*	-0.187*	A49**
A60	-0.165*	0.158*	-0.221*	-0.228*	-0.255*	-0.122*	-0.187*	-0.156*	-0.286*	0.221*	0.074	-0.218*	-0.199*	-0.175*	-0.165*	0.188*	-0.166*	-0.255*	-0.086	0.304*

* Kendall correlation analysis, correlation coefficient, statistical significance p<0.05, **: The codes are clarified in the method section.

4. Discussion

This is the first study in the medical literature to research attitudes of medical students towards the GC7's general principles of early childhood and children's rights as defined by the UNCRC. This study also describes significant correlations between these concepts. The most important finding of this study is the statistically significant negative correlation between conventional attitudes that “do not respect young children (A18)”, and children's rights defined in the UNCRC and the general principles of early childhood set out by the GC7. These results suggest that we violate the rights of young children because of these conventional attitudes. Another significant finding is the much higher percentage of “I strongly agree” answers to the questions regarding protective rights in particularly compared to the general principles of early childhood (95.0%-87.1% versus 67.9%-31.7%). Accordingly, medical students reported more positive attitudes towards protective rights in this study. However, it would appear that attitudes shifted towards conventional ones when asked in depth about early childhood and young children's right to participation. Such conventional attitudes regard children as passive recipients of protection, direction and guidance provided by adults (United Nations, United Nations, UNICEF and Bernard van Leer Foundation, A Guide to General Comment 7, 2006).

"According to GC7 and article 12 of the UNCRC, "even the youngest children are entitled to express their views" as "active members of families, communities and societies, with their own concerns, interests and points of views". The right to participation is a process continuing through the lifetime of the children and participation should ensure the right of the children to express themselves (United Nations General Comment No.12, 2009). Lansdown argues that “even very young children, babies and children with deep learning difficulties have the right to express their own views” (Lansdown, 2005). Similarly, Ehrich et al. emphasized the fact that children are open to and receptive of new information regardless of their age; however, the participation of children in individual healthcare decisions and their developing capacities are often overlooked in pediatric practices (Ehrich et al., 2015).

In the present study, 64.4% of the medical students "strongly agreed" with the proposition that “even the youngest children have the right to views and to express themselves (A36)”. Biçer et al. reported that 79.6% to 78.3% of medical students agreed with the statement that “children have the right to express their views related to anything that interests them” (Biçer et al., 2006). When these two findings are examined, if "even the youngest children" is used instead of "children" in the statement, it appears that the attitudes of medical students change.

In the field of pediatrics, it is reported that the communication styles, attitudes and behaviors adopted by healthcare professionals (Coyne et al., 2017) and cultural elements (Ehrich et al., 2015) are among the factors that prevent children's participation. Coyne et al. stated that the attitudes relating to the participation of children in society are slowly changing and these changes will take time to be adopted by healthcare services (Coyne et al., 2016). Based on the attitudes of the medical students who are set to become doctors in the future, significant negative correlations were identified between A36 that reads“even the youngest children have the right”

with “does not respect young children's (A18)”, “regards younger children as undeveloped individuals (A8)”, “children born out of wedlock have different rights (A49)”, “behavior leading to illegal, unsafe or abuse of a child can be condoned (A34)” and “not having heard about the Convention on the Rights of the Child (A60)”. While these correlations are not causal, they are significant in terms of suggesting the potential attitude driven barriers to young children's right to participate in healthcare. In the literature no attitude related research focusing on the attitudes of medical students towards children's rights in early childhood was found. Therefore, the results of this study will fill a major gap in the research. Additionally, this study may serve as an important reference for similar studies to be conducted in child care services.

Of the medical students participating in this study, a high rate (85.9%) reported that they heard about UNCRC before but only 10.6% reported they had received training about children's rights. Biçer et al. reported that 61.4 to 63.6% of medical students had heard about the UNCRC (Biçer et al., 2006). Based on these two findings, it may be said that the majority of medical students in Turkey have heard about the UNCRC. However, as emphasized by the authors, it is one thing to hear about the UNCRC and another to embrace it (Reading et al., 2009; Polat, 2008). These findings also indicate a significant gap in medical training. Goldhagen stated that it is necessary to provide training about children's rights to the next generation of pediatric health professionals at the start of their careers (Goldhagen, 2003). From this point of view, the medical education curriculum should include lessons that aim to improve attitudes towards the exercise of children's rights in early childhood. It appears that for medicine to adopt the principles and spirit of the UNCRC (Reading et al., 2009) and thus be able to advocate for young children, medical students need to gain some new pediatric knowledge, skills and attitudes.

This is the first research to focus on attitudes of medical students towards child rights in early childhood within the framework of GC7 and the UNCRC. This study identified positive attitudes of medical students towards children's rights. However, surprisingly, there was no right of the child to which all respondents stated “I strongly agree”. This result is assessed as a limitation of the research method. The sample group of this study is a significant restrictive factor for the generalization of the findings within Turkey. However, the fact that the students were from various parts of Turkey may have provided diversity in attitudes. Additionally, the results of the research are noteworthy due to the possible effect on implementation of and attitudes related to child rights in early childhood of medical students.

Based on this study, it is considered that the conventional attitudes of medical students like “lack of respect for young children’s agency” may be a significant factor violating the participation rights in early childhood. The sample of medical students chosen for the study does not provide the opportunity to generalize the results. However, this small-sample study revealed the necessity to incorporate attitude-improving learning goals into the medical education curriculum for the implementation of children's rights in early childhood. In the field of medicine, there is a need for research with different populations to determine the perception of early childhood and the attitudes neglecting young children’s rights and to debate the findings of

this study at a broader scale. Such researches may provide beneficial data that will aid in transforming conventional perspectives to the perception of early childhood.

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