Multidimensional Child Welfare in Kaduna State, Nigeria: Poverty, Survival, Education and Protection in Comparative Perspective

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Abstract

Despite the current policy programs to improve the health, education, protection and overall well-being of children, child welfare remains a serious developmental challenge in Nigeria. While previous research has largely examined these features in isolation, the extent to which they interact in subnational contexts has been overlooked. This study examines the interlinked dimensions of child welfare in Kaduna State, Nigeria, with particular focus on poverty, survival, education and protection within a multidimensional and rights-based analytical framework. The study explores the interaction of economic, social, institutional, and cultural factors in determining children's welfare outcomes, drawing on Child Rights Theory, the Capability Approach, the Social Determinants of Health Framework, and Ecological Systems Theory. The research is a mixed-methods secondary design, relying primarily on the Kaduna State Situation Analysis of Children (2020), supplemented by data from the Nigeria Demographic and Health Survey, the Multiple Indicator Cluster Survey, the National Bureau of Statistics, UNICEF, UNESCO and other national and international sources. Quantitative data were analysed using descriptive, comparative and trend analyses, while qualitative evidence was analysed thematically. The findings show that childcare concerns in Kaduna State are complicated and intertwined. Poverty was the most important structural determinant predicting health outcomes, educational participation, nutritional status and risk of child protection threats. While there has been recorded progress in vaccine coverage and investment in education and child safety, considerable disparities still exist by gender, socioeconomic level, and rural-urban divide. The analysis suggests that legislative and policy reforms have had limited success due to unresolved institutional constraints, social norms, and economic deficiencies. The research contributes to the current literature by integrating poverty, survival, education, and protection into a cohesive analytical framework and by providing a comprehensive subnational evaluation of child welfare in Kaduna State. Sustainable progress in child well-being requires comprehensive, multisectoral and rights-based initiatives that confront the structural drivers of deprivation.

Keywords: Child welfare, multidimensional poverty, child rights and protection, education, child survival, Kaduna State,

1. Introduction

The well-being of children is an important measurement of social progress and sustainable development. All around the world, there is an emerging awareness that investing in children's health, education, protection and well-being is not only a social expenditure but a strategic investment in human capital development and national progress. The United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) affirm that all children have the rights to survival, development, protection, and participation. These rights are interconnected and jointly form the normative foundation of contemporary child welfare activities.

While important global progress has been made in reducing child mortality, improving access to school and strengthening legal safeguards for children, millions of children still experience multiple deprivations. In many developing areas, poverty, malnutrition, poor health care, exclusion from education, violence, exploitation and social marginalisation have a particularly negative influence on children. These concerns are particularly visible in sub-Saharan Africa, where rapid population growth, economic fragility, limited social safety nets, violence and environmental stress are undermining child well-being and progress towards the Sustainable Development Goals.

The case of Nigeria provides much of the background for these challenges. With one of the world's largest child populations, the country faces significant hurdles to fully realising children's rights. Governments have introduced a range of policies, programmes and legal frameworks to improve child welfare. However, national indicators continue to show serious multidimensional poverty, under-five mortality, exclusion from education, child labour, child marriage and violence against children. The problems are worsened by stark regional disparities, with northern states generally doing worse than southern states on most measures of child well-being.

Kaduna State is key to these overall national dynamics. As one of the most populous and economically important states in Nigeria, Kaduna has implemented various reforms to improve access to education, health, social protection and child protection services. The state has heavily invested in educational institutions, expanded vaccination programs, strengthened legal frameworks for child welfare and partnered with development organisations to address vulnerabilities affecting children. These measures have yielded measurable gains in key indicators such as

school enrolment, immunisation coverage and institutional arrangements for child protection. There are, nevertheless, still substantial differences between areas, social classes and gender groups. A variety of children still face a plethora of overlapping deprivations that impede their survival, development and realisation of their full potential.

Current scholarship has greatly advanced the understanding of several aspects of childcare in Nigeria. Previous research has focused on child poverty, schooling participation, nutrition outcomes, child survival and protection issues such as child labour and child marriage. Although such studies have generated important findings, the literature remains mainly fragmented and different areas of child welfare are often studied in isolation. Furthermore, much of the existing research focuses on national trends and therefore offers limited insights into the complex interconnections among different measures of child well-being in specific sub-national contexts. There have been few multidisciplinary studies that have employed concepts from development studies, public health, education, sociology, governance and human rights to examine the complex nature of child welfare.

The constraint is particularly visible in the case of Kaduna State. Although there are major government reports and assessments of the state's child welfare situation, there is no academic research that comprehensively investigates the interconnectedness of poverty, survival, education, and protection within a single analytical framework. So, important questions remain as to how these elements interact, reinforce each other, and, in concert, influence children's life chances and developmental outcomes.

The present study, therefore, attempts to offer a complete and interdisciplinary appraisal of child welfare in Kaduna State. The present study examines the scope and characteristics of child poverty and socio-economic vulnerability, analyses trends and causes affecting child survival outcomes, evaluates access to schooling and developmental indicators, and reviews the prevalence and consequences of child protection issues. The study analyses the link between these dimensions and the overall impact on the welfare of children in the state. The paper argues that child welfare outcomes are affected by a combination of socio-economic, institutional and socio-cultural factors, and that sustained improvements would require concerted interventions that go beyond traditional sectoral boundaries.

The importance of this research lies in its contribution to academics and policy. The study integrates several areas of child welfare into a single analytical framework to improve understanding of the complex dynamics that sustain deprivation. It also provides the research that can help policymakers, development practitioners, civil society groups and international partners design more effective and coordinated initiatives for children. This paper contributes to wider debates on human development, social policy, child rights and the realisation of the Sustainable Development Goals in Nigeria and other developing contexts.

2. Literature Review

Children's well-being has become a central concern in development studies, public policy, human rights study, public health, and social welfare research. In current debates, there is increasing recognition that child welfare goes beyond mere survival to encompass a wide range of health, education, protection, participation, and other well-being outcomes. This shift represents a move away from the traditional concept of welfare, in which children were seen as passive recipients of care, toward more holistic approaches that view children as active holders of rights whose development is influenced by multiple social, economic, political, and cultural factors.

Economic perspectives that link child welfare to household income and material living conditions have heavily influenced early child welfare studies. In this tradition, poverty was seen mainly as a lack of financial resources, with improvements in child welfare expected to follow from economic growth and higher household earnings. But subsequent research has shown that income alone does not adequately capture children's experiences. Children who are raised in families over the usual poverty line can nonetheless face considerable deprivation in health, education, nutrition, sanitation and protection. In contrast, some children from low-income households may have access to social support networks and public programs that cushion the effects of economic hardship.

It was the growing awareness of these limits that made the emergence of multidimensional solutions in child welfare possible. Academics increasingly argue that children's well-being needs to be measured across several categories that reflect the complex realities of childhood. Gordon et al. (2003) found that extreme deprivation among children is frequently associated with a lack of access to food, clean water, sanitation, health care, shelter, education, and information. UNICEF (2023) explains that child poverty is a complicated issue, including

many different types of deprivation that overlap and can affect a child's physical, cognitive, emotional and social development.

Poverty, lack of healthcare, educational marginalisation, fragile protection systems and social inequality have all been regularly identified in the literature as key determinants of child welfare outcomes, particularly in developing countries such as sub-Saharan Africa. Research suggests that these elements rarely act alone. Instead, they cultivate habits that maintain vulnerability and reproduce disadvantage throughout generations. Hence, more attention has been paid to integrated approaches that could address the connected dimensions of child welfare.

The literature suggests great variation in geography and context. While many child welfare challenges are common in underdeveloped countries, their manifestations are often shaped by local socio-economic realities, governance arrangements, cultural norms, and institutional capacities. This finding is particularly relevant in Nigeria because there are huge disparities across regions and states. Generally, outcomes in education, health, nutrition, and child protection are worse in northern Nigeria than in southern areas, highlighting the need for more context-specific information to inform targeted policy interventions.

2.1 Conceptual Framework

Child welfare refers to the environment, systems, policies and actions that support children's survival, growth and meaningful involvement in society and protect them from deprivation, violence, abuse and exploitation. Current understanding highlights the multi-dimensionality of child welfare, recognising that child well-being cannot be represented by a single indicator. Rather, it shows the interaction of other dimensions, including health, nutrition, education, protection, social inclusion and involvement.

This approach is closely related to the notion of multidimensional child poverty, which considers not only standard income-based measures but also deprivations in other areas of children's lives. The Multidimensional Poverty Index and the Multiple Overlapping Deprivation Analysis frameworks have demonstrated that children are often simultaneously deprived in education, health, nutrition, housing, sanitation, and protection. Such interlocking deprivations often increase vulnerability and restrict opportunity for development.

Children's survival is a key conceptual dimension, both in terms of the ability to live through infancy and early childhood and in terms of having sufficient health, nutrition and environmental conditions to grow and develop optimally. Educational development also entails access, engagement, retention, learning outcomes and the achievement of competencies required for productive citizenship. Child protection refers to activities aimed at preventing and responding to violence, exploitation, abuse and neglect, trafficking, child labour, child marriage and other threats to children's well-being.

Together, the themes support the argument that child welfare is inherently multidimensional and that major improvements will need concerted measures across sectors.

2.2 Theoretical Framework

The research is premised essentially on Child Rights Theory, which is derived from normative principles enshrined in the United Nations Convention on the Rights of the Child (United Nations, 1989) and the African Charter on the Rights and Welfare of the Child (African Union, 1990). Child Rights Theory conceptualises children as rights holders, entitled to survival, development, protection and involvement, and rejects paternalistic notions of childhood. Governments, communities, institutions and families are seen as duty bearers, responsible for ensuring the realisation of these rights. This is particularly significant since it provides a normative framework for seeing poverty, educational exclusion, negative health outcomes and failures in child protection as violations of children's rights, rather than social challenges.

Sen's Capability Approach (Sen, 1999) elaborates on this perspective by viewing development as an increase in substantive freedoms and capabilities, rather than merely an increase in income or economic growth. The capability view emphasises the opportunities people have to achieve valued ways of life. Applied to children, the technique shows how poverty, ill health, lack of education, and social marginalisation impair present and future capacities. The idea is particularly helpful in understanding long-term developmental outcomes of childhood trauma.

The Social Determinants of Health Framework explains how broad socioeconomic and environmental factors influence child health outcomes. The justification for this approach is that survival is strongly influenced by several

factors, including household wealth, parents' education, housing standards, sanitation, nutrition, and access to healthcare services (Marmot, 2010). Child mortality and malnutrition are markers of deficits in health services, as well as of structural injustices writ large.

In addition, the study refers to Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), which posits that children's development is shaped by interconnected systems, including family and community environments, as well as broader institutional and societal contexts. This approach is particularly useful for understanding the combined effects of social norms, household circumstances, community expectations and institutional arrangements on such outcomes as child labour, school participation, violence against children and child marriage.

2.3 Empirical Review

Empirical research in developing countries shows a strong association between poverty and child well-being results. Ogwumike and Ozughalu (2018) found that Nigerian children are over-represented among the poor and are likely to experience many deprivations at the same time. Their results show a strong association between child poverty and parents' education level, family size, geographic location, and employment status. Similar conclusions were also drawn by the National Bureau of Statistics (2022), which noted significantly higher levels of multidimensional poverty amongst youngsters residing in northern Nigeria.

Research on child survival shows large differences in health outcomes. Adeyinka *et al*. (2020) reported that child mortality in Nigeria is highly correlated with socioeconomic status, maternal education, immunisation coverage, healthcare access and environmental factors. Their results showed that children from poor homes are at far higher risks of death and malnutrition than children from wealthier families. Such findings have been reported in sub-Saharan Africa, where poverty, lack of healthcare facilities and poor sanitation are still identified by academics as the major drivers of child survival.

Educational research also points to persistent barriers to school participation and academic achievement. Nigeria has one of the largest populations of out-of-school children internationally, according to UNESCO (2023) and UNICEF (2024), with northern states bearing the brunt. Empirical studies find educational exclusion to be the result of a combination of poverty, child work, instability, gender norms,

lack of infrastructure and poor educational quality. Numerous studies have established strong links between educational attainment for girls and broader child welfare outcomes, including delayed marriage, better health status, and reduced poverty.

The literature on child protection indicates that child work, underage marriage, violence against children, trafficking, and harmful traditional practices are recurring issues in several parts of Nigeria. Girls Not Brides (2020) describes why child marriage is particularly common in northern Nigeria as a result of poverty, lack of access to education and cultural practices that favour early marriage. Research on child labour shows that economic hardship is a significant factor that pushes youngsters into hazardous employment and informal economic activity.

However, important gaps remain despite the wealth of content. Much of the evidence available treats poverty, health, education and protection as distinct policy issues rather than as interlinked dimensions of child wellbeing. Furthermore, a few studies have focused just on Kaduna State using an integrated and interdisciplinary analytical approach. Current research tends to focus on national-level trends, therefore obscuring important sub-national variations and contextual factors. This study seeks to explore the links among poverty, survival, education, and protection in Kaduna State and situate these within the broader national and international discussions on child welfare and human development.

3. Methodology

The study adopts a mixed-methods secondary research design to analyse the dimensions of child welfare in Kaduna State, focusing on poverty, survival, education, and protection. The choice of a mixed-methods approach is informed by the complex nature of child welfare as a multidimensional issue that cannot be fully captured by either quantitative or qualitative data alone. Quantitative data provide measurable indicators of children's well-being across sectors, while qualitative research explains the social, institutional, cultural, and behavioural factors that underlie observed outcomes. The combination of different kinds of information enriches the knowledge on the causes, symptoms and consequences of child deprivation in the state.

The study was primarily based on secondary data from the Kaduna State Situation Analysis of Children (SitAn), conducted in 2020 by the Kaduna State Government in collaboration with the United Nations Children's Fund (UNICEF).

The Situation Analysis is a comprehensive assessment of child welfare in Kaduna State and provides robust evidence on all elements of children's well-being. The study was developed through a collaborative and interdisciplinary process among government agencies, development partners, civil society organisations, private-sector representatives, and subject-matter experts. The results, therefore, provide a robust empirical foundation for analysing child welfare cases in the state.

Additional data was obtained from several reputable references to improve the analytical rigour of the study and to contextualise the experience of Kaduna within wider national and international frameworks. The data comprise the Nigeria Demographic and Health Survey (NDHS), Multiple Indicator Cluster Survey (MICS), National Bureau of Statistics (NBS) reports, National Nutrition and Health Survey (NNHS), UNESCO Institute for Statistics databases, World Bank development indicators, United Nations Development Programme (UNDP) reports, World Health Organization (WHO) publications, and global child welfare datasets from UNICEF. In addition, the study relied on relevant administrative records and financial records of the ministries, departments, and agencies of Kaduna State. The variety of data sources used helped triangulate the results, thereby improving their reliability and validity.

The analytical technique of the study is based on four interrelated dimensions of child well-being: child poverty and socio-economic vulnerability, child survival and health outcomes, access to and development of education, and child safety. These parts align with internationally recognised child welfare indicators and constitute the core of the Kaduna State Situation Analysis. For each dimension, several indicators were chosen based on their relevance, data availability and consistency with international standards for assessing child well-being. For child poverty, we used monetary and multidimensional poverty indicators; for child survival, we used mortality, vaccination, nutrition, and access to water, sanitation, and hygiene services. The educational analysis examined enrolment, attendance, retention, literacy, and financial allocations. Child protection was measured by indicators on birth registration, child labour, child marriage, abuse against children and associated vulnerabilities.

Quantitative data were analysed with descriptive and comparative analytical approaches. Descriptive statistics were employed to summarise trends, patterns, and distributions across the multiple child wellbeing indices. Kaduna State was

compared with the national average, regional trend and worldwide benchmarks.

Where longitudinal data were available, trend analysis was used to identify changes over time in child welfare outcomes. Instead of looking at indicators in isolation, the analysis examined the connections between different levels of deprivation to highlight the interconnectedness of problems concerning child welfare. This resonates with multidimensional poverty and child rights perspectives, which emphasise the cumulative and mutually reinforcing nature of deprivation.

The Kaduna State Situation Analysis provides qualitative data collected from stakeholder meetings, key informant interviews, focus group discussions and validation workshops. The qualitative sources included representatives from relevant ministries, local government officials, traditional and religious leaders, education and health professionals, civil society participants, development partners, community stakeholders and children. The original datasets from these engagements were not collected by the author individually, but the documented findings provide important contextual insights into the key causes of the observed welfare impacts. Qualitative data were thematically analysed, and common themes were identified regarding poverty, gender norms, institutional capacity, service delivery limits, cultural practices and policy implementation challenges.

Triangulation is a key component of the analysis strategy. Triangulation uses evidence from a variety of sources to increase the credibility (and reduce the limitations) of any one data collection. Therefore, the quantitative outcomes were interpreted alongside the qualitative findings and relevant academic literature. This approach made it possible to go beyond describing statistical trends to analysing in detail the structural, institutional and socio-cultural factors influencing child welfare outcomes in Kaduna State.

The study is also guided by an interdisciplinary analytical framework informed by development studies, public health, education policy, sociology, governance studies, and human rights scholarship. The method is particularly appropriate given the linked nature of child welfare and the need to understand how circumstances in one area affect outcomes in another. The interdisciplinary perspective enriches engagement with the broad theoretical frameworks behind the study, e.g., Child Rights Theory, Capability Approach, Social Determinants of Health Framework, and Ecological Systems Theory.

Triangulation of several credible data sources, along with an interdisciplinary

analysis and a comparative lens, provides a reasonably strong platform for exploring the complex dimensions of child welfare in Kaduna State. This method offers a systematic way to assess children's welfare and provide evidence to inform academic discussion and governmental initiatives to improve child welfare outcomes.

4. Results and Analysis

Child Poverty and Socioeconomic Vulnerability

The research shows that child poverty continues to be a key hurdle to child wellbeing in Kaduna State. Both monetary and multidimensional measures indicate high levels of deprivation, but Kaduna is faring slightly better than some other states in the North-West geopolitical zone. Data show that around 43.5 per cent of the state's population lived below the national poverty line, and a much higher proportion was exposed to various forms of multidimensional deprivation, including in nutrition, education, housing, sanitation, and access to basic services. These issues affect children disproportionately because they rely on household resources to meet their basic needs.

Findings reveal that poverty in Kaduna is not just the lack of sufficient money but is marked by layers of deprivation that cumulatively affect children's developmental outcomes. The multidimensional poverty rate among children aged 12–17 years was calculated at 50.8 per cent, with an average deprivation intensity of almost 70 per cent among children in multidimensional poverty. This suggests that many young people can experience deprivation across multiple dimensions of well-being simultaneously. These findings are in line with the arguments of Alkire and Foster (2011) and UNICEF (2023) that child poverty is a complex issue and not merely a lack of financial resources.

A key element of child poverty in Kaduna is its strongly geographical dimension. Rural areas suffer from substantially higher levels of hardship than urban areas. Remote local government areas often include households with lower incomes, less access to health services, less educational infrastructure, less access to safe drinking water and fewer employment opportunities. Such differences imply that geography remains an important driver of child welfare outcomes. Similar patterns have been identified in Nigeria, where multidimensional poverty is primarily focused on rural northern regions (National Bureau of Statistics, 2022).

The findings suggest that poverty is a fundamental issue affecting virtually all dimensions of child well-being. Children living in poor households are much

more likely to suffer from malnutrition, lack of education and health care and exposure to child labour. This is in line with the poverty trap concept advanced by Bird (2007) and Moore (2005), that childhood deprivation is often self-perpetuating over generations. The link between poverty and other welfare indicators in Kaduna shows that economic vulnerability is not merely one among many problems; it is a basic condition that affects children's access to opportunities and services throughout their development.

An example of the association between poverty and vulnerability is the incidence of child labour. Many young people from poor households engage in economic activities to ensure their households' survival. Although many forms of work are part of normal household responsibilities, too much work can deny children the chance to go to school and expose them to bodily and psychological harm. The persistence of juvenile work is thus both an economic need and a result of institutional failure in the delivery of social protection.

The data also show how demographic pressures contribute to the persistence of poverty. Large families, high birth rates and rapid population growth put additional demand on housing resources and public services. In such scenarios, it becomes increasingly difficult to sustain investments in child nutrition, education, and health care. These findings are consistent with a large body of evidence from sub-Saharan Africa showing population pressures often worsen existing vulnerabilities and undermine poverty reduction efforts.

The findings reveal that child poverty in Kaduna is complex and structural. The positive effects of economic growth and increased public expenditure are evident, but the results also suggest that sustained progress requires targeted measures to address the root causes of deprivation, including unemployment, low educational achievement, weak social protection systems, and unequal access to public services.

Child Survival, Health, Nutrition, and Water, Sanitation and Hygiene (WASH) Outcomes

A look at child survival indicators shows a pattern of slow progress alongside entrenched inequalities. Improvement in vaccination coverage, maternal health initiatives and disease control programs is reflected in the reduction in the death rates of under-fives, newborns and neonates over time. However, death rates are

still higher than global standards and continue to be a significant concern for public health.

The under-five mortality rate is above globally acceptable thresholds, reflecting ongoing inadequacies in health system performance, nutritional status, and environmental conditions. However, the state's indicators on child mortality, while showing measurable gains compared to earlier phases, remain largely in line with the broader challenges plaguing northern Nigeria. The persistence of avoidable child deaths suggests that we have not yet succeeded in ensuring universal access to good-quality mother and child health services, despite improvements in the delivery of health care.

One of the areas of progress mentioned in the study is immunisation coverage. Administrative statistics show remarkable improvement in routine immunisation rates in recent years. Enhanced vaccination programmes appear to have contributed positively to the fall in vaccine-preventable diseases and child mortality. However, survey-based research suggests significant differences between administrative reporting and household-level coverage estimates. These differences raise concerns about data accuracy, suggesting that actual vaccination coverage for herd immunity may be low.

The data also reveal ongoing problems with child nutrition. Although Kaduna has better performance than many of its neighbouring states, a large proportion of children are nonetheless stunted, underweight or otherwise suffering from the effects of chronic nutritional inadequacy. The relevance of stunting lies in its reflection of persistent inadequacies in nutrition and health, rather than temporary food scarcity. Stunting has major effects on cognitive development, school achievement, future productivity, and lifetime income. Nutritional inadequacy is not just a health problem but also a major development problem.

There is an especially close association between nutrition and poverty. Children from low-income families are more likely to suffer from poor nutrition, food insecurity and limited access to health care services. These findings lend support to the social determinants of health model, emphasising the importance of socioeconomic factors in health outcomes (Marmot, 2010). Improving the survival of children in Kaduna will require a holistic approach that goes beyond health-sector interventions to encompass poverty reduction, food security, maternal education, and environmental conditions.

Access to services for water, sanitation and hygiene is one example of a sector characterised by progress and imbalance. While some progress has been made in access to improved water sources across the state, significant urban-rural disparities remain. Urban people generally have much access to safe water and sanitation, but many rural groups still depend on inadequate supplies and practise open defecation. These differences have a direct impact on child health; poor WASH conditions are a major contributor to diarrhoeal infections, malnutrition and other avoidable diseases.

The study finds that child survival outcomes in Kaduna are influenced by a mix of health system effectiveness, household socioeconomic position, environmental factors and public service delivery. Recent progress shows that targeted interventions are effective, but persistent large gaps indicate that development is not evenly distributed across the population.

Education Access, Participation and Development Outcomes

The findings reveal that Kaduna State has made remarkable strides in increasing access to education, notably at primary and junior secondary levels. Government investment in educational infrastructure, teacher recruitment, school repairs, and enrolment activities has led to increased school participation. Initiatives such as free basic education and targeted programmes to reduce the number of out-of-school children have led to measurable improvements.

These achievements notwithstanding, exclusion from education remains a major barrier. A high percentage of school-age children are excluded from the formal education system, particularly in rural communities and low-income families. The number of out-of-school children is a composite measure of the impact of various challenges, including poverty, child labour, gender norms, insecurity, and the indirect costs of education.

There is strong evidence of a relationship between poverty at home and educational involvement. Children from low-income families may have their education interrupted due to financial difficulties, household responsibilities or lack of educational resources. These results accord with the notion of human capital, which emphasises the role of economic resources in determining educational investments and outcomes (Becker, 1964).

Gender inequalities are still evident. While progress has been made in closing the gender gap at the primary level, girls continue to face major barriers to being in

school at the higher levels. Girls face lower secondary school completion rates due to early marriage, teenage childbearing, household responsibilities and cultural norms. The findings show that educational exclusion of girls is tightly linked to broader child safety difficulties, reflecting the interconnectedness of child welfare outcomes.

Another serious difficulty is the quality of education. Higher enrolment is an important achievement, but the quality of educational results remains uneven. Investments in infrastructure and teacher recruitment have improved access, but data reveal that challenges related to teacher quality, classroom resources, and learning outcomes remain. These findings add to current criticisms of education policies that emphasise learning outcomes rather than enrolment numbers.

The analysis suggests that the educational growth in Kaduna is characterised by a blend of significant progress and persisting structural constraints. While advances in access are quantifiable, much more remains to be done to improve retention, learning outcomes, gender equity, and educational quality.

Discussion of Findings

The findings of this study support the argument that child welfare in Kaduna State should be understood as a complex and interrelated phenomenon rather than a set of discrete sectoral issues. Poverty, health, education and protection are often addressed under separate policy frameworks, but research shows that these dimensions are deeply interrelated and mutually reinforcing. The patterns identified in Kaduna are consistent with current theoretical and empirical studies that consider child well-being as the result of interactions among economic, institutional, social norms, governance, and household characteristics (Alkire & Foster, 2011; Sen, 1999; UNICEF, 2023). The findings, therefore, suggest that gains in one domain are unlikely to be sustained without parallel gains in other domains.

One of the study's primary findings is that poverty is the dominant structural determinant of child welfare outcomes. The results show the impact of poverty on household consumption and children's access to health care, nutrition, education and protection. This result confirms previous findings in Nigeria and other developing countries that poverty is a major cause of multidimensional deprivation (National Bureau of Statistics, 2022; Ogwumike & Ozughalu, 2018). But the Kaduna situation shows that poverty works through multiple routes. It

affects parents' choices on schooling, limits access to health care and nutritious food, exposes children to child labour and fosters dependence on social behaviours that may threaten children's rights and development.

The findings are substantially supportive of Sen's (1999) capability view of poverty, which defines poverty not simply as the deprivation of money but as the deprivation of real freedoms and opportunities. In addition to financial constraints, many children in Kaduna face hurdles that hinder their ability to access education, remain healthy, avoid exploitation and successfully participate in society." Evidence suggests that childhood deprivation in Kaduna points to a greater competence gap that constrains current well-being and future possibilities. This is consistent with studies showing that disadvantages in early childhood are likely to carry over into adulthood, with lower educational performance, poorer health, and fewer economic opportunities (Heckman, 2006; Nussbaum, 2011).

The analysis also further validates the need for Child Rights Theory as a framework for understanding welfare outcomes. Child poverty, exclusion from education, starvation, child labour and early marriage persist, showing that large numbers of children still do not enjoy rights guaranteed under international and national law. The findings show that legal recognition of rights does not automatically translate into practical enjoyment of rights. This finding confirms the claims of Merry (2006) and other scholars that rights matter only if they are supported by institutional capacity, political will and societal legitimacy. What is happening in Kaduna is only one example. While legal and policy measures to improve the formal protection of children have been implemented, implementation challenges, resource constraints, and deeply rooted social norms continue to hinder the effectiveness of these reforms in practice.

The study also underscores the interdependence between child survival and broader socioeconomic problems. The results show that progress in vaccination coverage and several health indicators has not closed important gaps in child mortality, nutrition and access to health care. This tendency is largely consistent with the Social Determinants of Health paradigm, which holds that health outcomes are shaped not only by medical interventions but also by broader social, economic, and environmental factors (Marmot, 2010; World Health Organisation, 2008). In Kaduna, child survival outcomes are strongly connected to maternal education, family poverty, nutritional status, and access to water and sanitation services. These findings align with a growing body of research from around the

globe showing that health sector interventions alone are not sufficient to achieve sustainable improvements in child well-being (Black et al., 2013; Victora et al., 2021).

The schooling data also reveal the limitations of focusing on access indicators alone. Kaduna has shown great strides in school enrolment and education spending, but there is still a lot of educational exclusion, notably among children from poor parents and girls in disadvantaged communities. The finding provides strong support for the existing research on educational disparity in northern Nigeria (UNESCO, 2023; UNICEF, 2024). But the Kaduna case shows that exclusion from education is not limited to the school system. Instead, it is a symptom of bigger social and cultural dynamics, such as poverty, child labour, early marriage, gender norms and household fragility. The findings thus support the claims by Bourdieu (1986) and Coleman (1988) that social and cultural resources, alongside formal educational provisions, contribute to educational achievement.

The persistence of gender inequity merits particular attention. Although there have been considerable advances in gender parity in basic education in Kaduna, girls still face unequal barriers to access and completion of education. This reflects deep-seated structural disparities in household decision-making, community expectations and gendered social norms. Similar findings have been reported in Northern Nigeria and the wider Sahel, where girls' access to education is limited by early marriage, household chores and cultural beliefs on the value of educating girls (Unterhalter, 2017; UNESCO, 2023). The Kaduna example, therefore, helps to buttress broader regional trends while illustrating the continued relevance of gender-sensitive policy initiatives.

The child protection findings provide a clear illustration of the interaction between structural elements and social norms. The persistent high rates of child marriage, underage labour, lack of birth registration and a range of protection issues suggest that legal reforms alone are insufficient to enhance child welfare outcomes. This behaviour is well explained by Bronfenbrenner's (1979) ecological systems theory. Factors at several levels, including families, communities, institutions and wider societal structures, simultaneously affect results in child welfare. It is not just the poor implementation of law that causes child marriage and child labour, but also because they are embedded in large structures of poverty, social expectation and cultural practices.

The findings corroborate the social norms hypothesis, particularly the work of Mackie (1996) and Bicchieri (2017), which posit that communal practices are maintained because they are perceived as socially expected and widely accepted. Child marriage in Kaduna is a social institution that is deeply rooted in culture, but it also represents an economic plan. This explains why legislative steps have resulted in only modest declines in incidence, despite increased public awareness of the associated hazards. The findings suggest that sustainable improvements in child safety require simultaneous actions on economic vulnerability, community views, institutional capabilities and legal enforcement.

From a comparative perspective, Kaduna presents a curious, rather odd, situation. The state is faring better than many of its neighbouring states on several child-welfare indices. Progress in school spending, immunisation coverage and policy reform points to a level of political commitment not always seen across the region. On the other hand, many child welfare outcomes are well below nationally set goals and international standards. This seeming contradiction shows the limits of measuring advancement through relative comparisons. Although Kaduna may show comparatively good performance in the North-West region, it is nevertheless at a severe disadvantage when benchmarked against the Sustainable Development Goals and international child rights frameworks.

The findings suggest that governance capacity has a major impact on welfare outcomes. It appears that the gains made in education and health are closely related to deliberate policy decisions, funding commitments and institutional reforms undertaken by succeeding governments. The observation supports governance-oriented development methods, emphasising the importance of state capacity, policy coherence, and institutional effectiveness in transforming resources into social outcomes (Acemoglu & Robinson, 2012; Evans, 1995). At the same time, ongoing shortfalls in service delivery imply uneven progress in governance, and institutional reforms have not fully addressed the structural constraints associated with poverty, demographic issues and limited budgetary resources.

This research makes several substantial contributions to the current literature. First, it goes beyond sector-specific analysis by demonstrating the interrelationships among child welfare components in a subnational context. Much of the literature produced in Nigeria today tends to address poverty, health, education, or child protection in isolation. The concomitant consideration of

several aspects makes it possible to get a more complete view of the relationships and of the mutual reinforcement of deprivations. Secondly, the study contributes to the literature on child welfare in Nigeria by focusing specifically on Kaduna State, thus filling a gap in scholarship that has often relied on national-level assessments. A multidisciplinary analytical lens to explain the persistence of deprivation and differential progression is provided by the combination of Child Rights Theory, the Capability Approach, the Social Determinants of Health Framework, and Ecological Systems Theory.

The findings show that the determinants of child welfare outcomes in Kaduna are less the failures of any one sector than the confluence of multiple structural and institutional factors. We should think about poverty, educational exclusion, poor health outcomes, and protection deficits as part of a broader developmental challenge, rather than as standalone policy challenges. This view has profound ramifications for philosophy and practice. Theoretically, it underpins the case for systems-oriented and multidimensional approaches to child welfare. This implies that effective interventions need to move beyond sectoral and piecemeal solutions and adopt integrated approaches that address the economic, social, institutional, and cultural determinants of child well-being simultaneously. This approach offers the best opportunity to make sustainable improvements in children's lives and to advance the broader goals of inclusive human development.

Policy Implications

The findings of this study have important implications for policy development, implementation and governance in Kaduna State and similar contexts in Nigeria. The study notes that child welfare issues cannot be tackled through specific sectoral interventions, as poverty, health, education, and protection are all interconnected with children's well-being. Therefore, policy interventions need to go beyond fragmented approaches and develop integrated programs that recognise the multi-dimensional nature of child deprivation. The key finding of the study is that improving child welfare requires cross-sector collaboration supported by strong institutions, steady funding, and permanent political commitment.

One major implication is the need to reposition child welfare as a critical development issue rather than a marginal social policy concern. The data suggest that child deprivation has long-term consequences for learning, health, productivity, social integration, and economic development. Investing in the well-being of children should be seen as an investment in human capital

development and future socio-economic growth. This perspective is consistent with research suggesting that early interventions in nutrition, education, and health yield considerable economic and social returns throughout the life course (Heckman, 2006). Thus, child-centred development planning has to be incorporated into the state's broader economic and development goals.

Research reveals the most effective way to improve child welfare outcomes is to reduce poverty. Poverty has become a ubiquitous factor influencing health, education, nutrition, and protection. Therefore, the efforts to improve child welfare need to include policies that build household resilience and reduce economic vulnerability. That is why social protection programs are quite important. Improving child-sensitive social protection measures, such as conditional cash transfers, school feeding programs, nutritional support programs and targeted assistance to poor households, would address acute deprivation and improve long-term human development results. There is global evidence that these programs are most effective when they are tied to health and education involvement requirements and targeted to the poorest households.

The results point to the importance of building the capacity of mothers and households. Maternal education has been identified as an important indirect influence on child survival, nutrition, educational attainment and protection. This means that investments in girls' education and women's empowerment should be considered core child welfare interventions, not just gender-focused initiatives. Such policies that improve women's educational attainment, participation in the economy, reproductive health, and decision-making power are likely to bring enormous benefits to children across generations.

The health sector findings underscore the need to shift from disease-specific medicines to more holistic approaches that tackle the social determinants of health. Vaccination programs and disease control have improved child survival, but lasting gaps show that health outcomes are strongly shaped by poverty, nutrition, sanitation, housing conditions, and the availability of quality health care facilities. Future policy measures should therefore focus on strengthening primary health care systems, scaling up community-based health services, improving maternal and newborn care and scaling up investments in preventive health care. Attention should be paid to marginalised rural communities where health inequalities are highest.

Nutrition evidence suggests tackling child malnutrition through a multisectoral approach, including agriculture, health care, education, social protection and food security policy. The high frequency of stunting and other nutrition-deficient diseases that persists today shows that actions exclusive to the health sector are not sufficient. There is a need to implement policies to improve family food security, maternal nutrition, exclusive breastfeeding, school feeding, micronutrient supplementation and nutrition education within an integrated framework. Because childhood malnutrition has lasting developmental consequences, nutrition policy must be a priority for both health and economic development.

The educational findings are of great importance for programs that strive to provide inclusive and equal access to quality education. Although great progress has been made in enrolment, educational exclusion persists because access remains uneven in Kaduna. The results suggest that educational policy should pay attention not just to the expansion of enrolment but also to the improvement of retention, completion rates and learning outcomes. Special attention should be given to youngsters from poor households, rural locations & socially disadvantaged groups. To alleviate financial barriers to education, targeted assistance measures such as scholarships, conditional cash transfers, and educational subsidies for at-risk families must be implemented.

The study also shows the continued relevance of gender sensitive educational strategies. The fact that gender disparities remain in higher education suggests that more access alone does not lead to equal outcomes. Effective policy responses must address the social and economic drivers of girls' exclusion from school, including early marriage, adolescent pregnancy, domestic work responsibilities, and societal views towards girls' education. Schools need to be safer, more inclusive and gender-sensitive, and community participation needs to work to change social attitudes that keep girls out of school.

The findings from child protection show the need to combine legal change with broad social and institutional initiatives. Notwithstanding the progress made by Kaduna in the area of legal instruments for the protection of children, implementation suffers from institutional weaknesses, financial difficulties and traditional sociocultural norms. This implies that legislative action alone is unlikely to bring about lasting change. A good child protection policy should blend legal enforcement with community engagement, public awareness

campaigns, educational efforts and economic support programmes. • Traditional and religious leaders should be actively involved in efforts to counter harmful behaviour and promote child rights within culturally sensitive settings.

The high frequency of child marriage and child labour highlights the importance of initiatives addressing both the economic and normative drivers of these behaviours. Programs that focus only on criminalisation or enforcement may have minimal effect in environments where families depend on child employment for livelihood or if child marriage is socially sanctioned. More effective approaches are projected to involve social protection, educational opportunities, livelihood support, community dialogue and institutional accountability mechanisms. These solutions align with the global understanding that lasting behavioural change requires structural and normative shifts.

Another important policy influence relates to governance and institutional cooperation. The research shows that child welfare outcomes are influenced by decisions and activities across multiple ministries, agencies and sectors. Fragmented institutional structures often breed redundancy, inefficiency, and inconsistency in policy. It is necessary to strengthen intersectoral coordination mechanisms and to create integrated governance structures for child welfare. A comprehensive government approach would strengthen planning, implementation, monitoring and evaluation of child-centred activities. This would increase the use made of resources and improve accountability for results.

The findings also further highlight the importance of data systems and evidence-based decision-making. There remain significant gaps in statistics on various facets of child welfare, particularly in child protection, in terms of availability, quality, and timeliness. Reinforcing administrative data systems, birth registration processes, routine monitoring mechanisms, and integrated child welfare databases would improve the state's ability to detect vulnerabilities, inform interventions, and assess policy effectiveness. Accurate data are critical for directing resources to the most vulnerable people and for grounding policy decisions in facts rather than speculation.

The study suggests that real progress in child welfare can only be made with sustained political commitment and long-term investment. Progress in some sectors suggests that policy initiatives may yield positive outcomes when supported by adequate resources and effective institutional leadership. That is, if

deprivation is multidimensional, then occasional or piecemeal interventions are unlikely to bring significant improvement. Child wellbeing must remain central to development planning and public investment agendas. This dedication is crucial in view of the fact that Kaduna State has a youthful population and the great impact that today's children will have on the state's future social, economic and political development.

All in all, the policy implications highlight a key conclusion of the study: child welfare is really a governance and development problem that demands integrated, sustained and evidence-based solutions. Policies that address poverty, health, education and protection in a coherent manner are projected to provide substantially larger benefits than interventions in those sectors alone. Kaduna State's multi-pronged and child-centred approach to development can accelerate the realisation of children's rights and attainment of overall human development goals.

5. Conclusion and Recommendations

The study provided a detailed examination of poverty, survival, education, and protection as interlinked facets of child welfare in Kaduna State, within the broader national and global contexts. The study has utilised evidence from the Kaduna State Situation Analysis of Children, as well as relevant national and international datasets, to demonstrate that child welfare outcomes are shaped by complex interactions among economic conditions, institutional capacity, social norms, governance frameworks, and access to essential services. The analysis confirms that child deprivation in Kaduna is multifaceted and cannot be fully understood by single-sector explanations or interventions.

The findings show that while Kaduna State has made great progress in certain aspects of child welfare, such as investing in education, improving vaccine coverage, and enhancing child safety, there remain serious challenges. Poverty is a vast and complex determinant of children's access to health care, educational resources, adequate nutrition and protection from abuse and harmful habits. The patterns of impoverishment across the state continue to be influenced by rural-urban disparities, differences in household socio-economic status and gender disparities. The findings reveal uneven progress and that many young people have not had the opportunity to benefit from recent legislative and institutional reforms.

The study demonstrates that the child welfare outcomes are best understood through a multidimensional framework of analysis. This evidence highlights the

fundamental principles of the Child Rights Theory, the Capability Approach, the Social Determinants of Health Framework, and the Ecological Systems Theory. It shows how children's well-being simultaneously affects the realisation of rights, socioeconomic opportunities, environmental factors, family conditions, community standards, and the functionality of institutions. The findings thus align with the developing academic consensus that child welfare should be seen not as a set of discrete policy issues but rather as a coherent developmental and governance challenge requiring coordinated cross-sectoral interventions.

Many of the patterns revealed in the larger literature on child welfare in Nigeria and sub-Saharan Africa are confirmed in this study, including the link between poverty and child outcomes, the influence of maternal education on child welfare, the continued educational gaps, and the continued existence of harmful practices against children. But the study contributes to the literature by demonstrating how these components interact in a specific subnational context. This study provides a holistic view of child welfare dynamics in Kaduna State by simultaneously examining poverty, survival, education, and protection, unlike the often sector-specific (and partial) insights gained from analysing individual components.

The outcomes of this study suggest that future progress will be less about increasing the number of isolated programs and more about developing integrated, child-centred policy environments. Sustained progress in child welfare requires coordinated investments in social safety, health care, nutrition, education, and child protection systems, supported by effective institutions, reliable data systems, and strong political commitment. Addressing the underlying socioeconomic and cultural challenges that perpetuate inequalities and vulnerabilities, particularly for girls and children from disadvantaged households, is equally important.

The plight of children in Kaduna State is representative of the challenges and possibilities of contemporary development efforts in Nigeria. The experience of the state demonstrates the potential for progress when policy commitment, institutional reform, and evidence-based planning work together. It also highlights the enduring effect of poverty, inequality and social isolation on children’s life chances. The main conclusion of this study is that investing in children is not only a social duty or a legal obligation but also a strategic necessity for sustainable growth. “Ensuring all children are healthy, educated, safe and able to reach their

full potential is fundamental to building a more inclusive, equitable and prosperous society. With Kaduna State on the move with its development ambitions, putting children at the centre of policy and governance would be key to sustainable human development and social change.

The study has some strength but is hampered by important limitations. The research is mostly based on secondary data and is consequently constrained by the quality, availability and currency of existing statistics. Some indicators, particularly those related to violence against children and some aspects of child protection, are under-reported and not fully documented. Secondly, the comparability may be impaired by differences in data collection processes among sources. Third, the datasets used are mostly outdated with respect to recent socioeconomic and security changes, meaning that current realities may differ from the reported findings. The study relies on documented qualitative data rather than the author's fieldwork, thereby limiting the scope for independent verification of stakeholders' views.

References

Acemoglu, D., & Robinson, J. A. (2012). *Why nations fail: The origins of power, prosperity, and poverty*. Crown Publishers.

Adeyinka, D. A., Muhajarine, N., Petrucka, P., & Isaac, E. W. (2020). Inequities in child survival in Nigerian communities during the Sustainable Development Goal era: Insights from analysis of 2016/2017 Multiple Indicator Cluster Survey data. *BMC Public Health, 20*(1), 1–15. https://doi.org/10.1186/s12889-020-08920-2

African Union. (1990). *African Charter on the Rights and Welfare of the Child*. Organisation of African Unity.

Alkire, S., & Foster, J. (2011). Counting and multidimensional poverty measurement. *Journal of Public Economics, 95*(7–8), 476–487. https://doi.org/10.1016/j.jpubeco.2010.11.006

Basu, K., & Van, P. H. (1998). The economics of child labour. *American Economic Review, 88*(3), 412–427.

Becker, G. S. (1964). *Human capital: A theoretical and empirical analysis, with special reference to education*. University of Chicago Press.

Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241–258). Greenwood Press.

Bicchieri, C. (2017). *Norms in the wild: How to diagnose, measure, and change social norms*. Oxford University Press.

Bird, K. (2007). The intergenerational transmission of poverty: An overview. *Chronic Poverty Research Centre Working Paper No. 99*. University of Manchester.

Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., & Uauy, R. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet, 382*(9890), 427–451. https://doi.org/10.1016/S0140-6736(13)60937-X

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94*, S95–S120. https://doi.org/10.1086/228943

Evans, P. (1995). *Embedded autonomy: States and industrial transformation*. Princeton University Press.

Girls Not Brides. (2020). *Child marriage in Nigeria: Latest trends and future prospects*. Girls Not Brides.

Gordon, D., Nandy, S., Pantazis, C., Pemberton, S., & Townsend, P. (2003). *Child poverty in the developing world*. Policy Press.

Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. *Science, 312*(5782), 1900–1902. https://doi.org/10.1126/science.1128898

Kaduna State Government & United Nations Children's Fund. (2020). *Situation analysis of children in Kaduna State*. UNICEF Nigeria.

Mackie, G. (1996). Ending footbinding and infibulation: A convention account. *American Sociological Review, 61*(6), 999–1017. https://doi.org/10.2307/2096305

Marmot, M. (2010). *Fair society, healthy lives: The Marmot review*. University College London.

Merry, S. E. (2006). *Human rights and gender violence: Translating international law into local justice*. University of Chicago Press.

Moore, K. (2005). Thinking about youth poverty through the lenses of chronic poverty, life-course poverty and intergenerational poverty. *Chronic Poverty Research Centre Working Paper No. 57*. University of Manchester.

Mosley, W. H., & Chen, L. C. (1984). An analytical framework for the study of child survival in developing countries. *Population and Development Review, 10*, 25–45. https://doi.org/10.2307/2807954

National Bureau of Statistics. (2022). *Nigeria multidimensional poverty index 2022*. National Bureau of Statistics.

National Population Commission (NPC) [Nigeria], & ICF. (2019). *Nigeria demographic and health survey 2018*. NPC and ICF.

Nussbaum, M. C. (2011). *Creating capabilities: The human development approach*. Harvard University Press.

Ogwumike, F. O., & Ozughalu, U. M. (2018). Analysis of multidimensional poverty and child poverty in Nigeria. *Journal of Economic and Social Research, 20*(1), 1–27.

Organisation for Economic Co-operation and Development. (2023). *States of fragility 2023*. OECD Publishing.

Sen, A. (1999). *Development as freedom*. Oxford University Press.

United Nations. (1989). *Convention on the Rights of the Child*. United Nations General Assembly.

United Nations Children's Fund. (2023). *Global outlook 2023: Prospects for children*. UNICEF.

United Nations Children's Fund. (2024). *The State of the World's Children 2024*. UNICEF.

United Nations Development Programme. (2023). *Human Development Report 2023/2024*. UNDP.

United Nations Educational, Scientific and Cultural Organisation. (2023). *Global Education Monitoring Report 2023*. UNESCO.

Unterhalter, E. (2017). *Gender, schooling and global social justice*. Routledge.

Victora, C. G., Christian, P., Vidaletti, L. P., Gatica-Domínguez, G., Menon, P., & Black, R. E. (2021). Revisiting maternal and child undernutrition in low-income and middle-income countries: Variable progress towards an unfinished agenda. *The Lancet, 397*(10282), 1388–1399. https://doi.org/10.1016/S0140-6736(21)00394-9

World Health Organisation. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health*. World Health Organisation.

World Bank. (2023). *World development indicators 2023*. World Bank.