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From Protection to Participation: Understanding Parents' Attitudes Towards Children's Rights in Türkiye

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ABSTRACT

This study evaluates parents' attitudes towards and awareness of children's rights in Türkiye and examines their associations with parental and household sociodemographic characteristics, including parental education, employment status and household income. Understanding parental perceptions is crucial, given families' key role in advocating for children's rights. This descriptive cross-sectional study was conducted between May and October 2025. Parents were included in the research through online platforms, school parent groups and social media channels. Data from 828 parents were analysed using a sociodemographic information form and the Parental Attitude Scale for Children's Rights (PASCR), which assesses Care and Protection (CP), State Assurance and Support (SAS) and Self-Determination (SD). The findings show strong parental support for CP but more limited support for SAS and SD. Mothers scored significantly higher than fathers on CP. Non-working mothers scored higher than working mothers on SD. These results indicate that parents' understanding of children's rights is primarily focused on protection. To promote a more holistic, rights-based approach, family-centred educational programmes and social policies that raise awareness about child participation and autonomy are essential.

1 | Introduction

Children's rights are international legal standards and principles that protect children's fundamental rights and freedoms. These rights offer a holistic framework that encompasses children's growth in an equitable and safe environment across areas such as life, health, education, protection, development and participation. Adopted by the United Nations General Assembly on 20 November 1989, the Convention on the Rights of the Child (CRC) recognizes children as rights holders and establishes obligations concerning their survival, development, protection and participation (United Nations General Assembly 1989). Its four general principles are non-discrimination, the best interests of the child, the right to life, survival and development and respect for the child's views (United Nations General Assembly 1989). It is reported that children's rights have a central position in the international field of child health and directly affect the well-being of children (Goldhagen et al. 2020; Waterston and Goldhagen 2007).

As of October 2026, the CRC has 196 States parties, including Canada, India and Türkiye. The United States, which signed the Convention in 1995, remains the only United Nations member state that has not ratified it; Türkiye ratified it on 4 April 1995 (United Nations 2026). The CRC requires states parties to implement children's rights through

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legislative, administrative and other measures, to report to the Committee on the Rights of the Child and to disseminate the Convention to adults and children (United Nations General Assembly 1989).

The CRC specifies public responsibilities that complement parental care. Article 19 requires measures to protect children from violence, abuse and neglect. Article 24 addresses access to healthcare, and Article 28 requires compulsory primary education available free to all. Article 18 requires assistance to parents in childrearing and the development of childcare institutions and services. Article 12 safeguards children's expression of views, with weight appropriate to age and maturity, and opportunities to be heard in judicial and administrative proceedings affecting them (United Nations General Assembly 1989). These obligations provide a legal basis for state assurance and support alongside protection and participation; their effective implementation requires attention beyond formal recognition.

The CRC has provided a common framework for reforms to national constitutions, legislation and policies affecting children and for advocacy and monitoring of their implementation (United Nations Children's Fund 2019; Byrne and Lundy 2019). UNICEF's 2019 thirtieth-anniversary assessment documented substantial global gains over the three decades following its adoption, including an approximately 60% decline in under-five mortality and a reduction in the proportion of primary-school-age children out of school from 18% to 8% (United Nations Children's Fund 2019). These advances reflect wider investments in health, education and social protection; they cannot be attributed to ratification alone. Unequal progress and persistent rights violations nevertheless demonstrate that legal commitments require sustained implementation (United Nations Children's Fund 2019).

Research on children's rights distinguishes nurturance from self-determination rights (Peterson-Badali and Ruck 2008). Nurturance rights encompass both protection from harm and exploitation and provision of the resources and services needed for development, such as nutrition, housing, healthcare and education. Self-determination rights encompass personal autonomy and participation, including expressing views, making choices and taking part in decisions affecting one's life (Peterson-Badali and Ruck 2008). These are complementary dimensions of children's rights: The CRC combines safeguards for children's well-being with respect for their views and parental guidance consistent with their evolving capacities (United Nations General Assembly 1989). This distinction is important when examining parental attitudes because support for children's care and safety does not necessarily imply equivalent support for their autonomy and participation (Peterson-Badali and Ruck 2008).

The realization of children's rights in daily life largely depends on the knowledge, attitudes and awareness levels of the family and especially the parents, who constitute the child's closest environment (Day et al. 2006; Deb and Mathews 2012; Lanjekar et al. 2022). Parents are the first implementers and often the first advocates for their children's rights, and their parenting practices can shape children's psychosocial development, family relationships, disciplinary methods and children's participation in decision-making processes. Indeed, it has been reported that parental attitudes may be related to children's and young people's perceptions of children's rights (Day et al. 2006).

An established international literature has investigated knowledge of the CRC and attitudes towards children's rights among children, parents, teachers and other adults in both majority- and minority-world settings. In a study of 8-year-old children across 16 countries, af Ursin and Haanpää found substantial variation in rights awareness and perceived respect for rights; children's awareness was often limited, although most perceived their rights as respected (af Ursin and Haanpää 2018). Cherney and Shing's cross-cultural studies involving children in the United States, Switzerland and Chinese-Malaysian communities identified differences in support for nurturance and self-determination rights (Cherney and Shing 2008). Research in India has examined parents' and teachers' attitudes, knowledge and perceptions (Deb and Mathews 2012), whereas a survey of community members found broadly positive attitudes alongside concerns about the realization of rights in everyday life (Deb et al. 2016). Taken together, these studies distinguish formal knowledge and general endorsement from support for specific rights and perceptions of their implementation. They also indicate the need to examine attitudes within their family and sociocultural contexts.

Studies conducted in Türkiye have shown that parental attitudes towards children's rights are associated with socio-economic circumstances and parenting roles (Yurtsever Kılıçgün and Oktay 2013; Kılıçgün 2015). These findings, together with the international evidence, support a context-specific, multidimensional assessment of parental attitudes. The present study builds on this literature by examining care and protection, state assurance and support and child self-determination in a sample of 828 parents surveyed in 2025 and by assessing how these dimensions vary across sociodemographic characteristics. This approach can identify which aspects of children's rights warrant particular attention in family education and support.

This study aims to evaluate parents' attitudes towards and awareness of children's rights in Türkiye, examine their associations with parental and household sociodemographic characteristics and inform educational programmes and policies that support children's rights within the family.

2 | Methods

This descriptive cross-sectional study was conducted between 15 May 2025 and 15 October 2025. Ethical approval for the study was obtained from the Akdeniz University Faculty of Medicine Clinical Research Ethics Committee (Decision No: 971).

2.1 | Sample Size and Data Collection

The total number of children in Türkiye, which constitutes the universe of the study, is around 22 million, and the sample number was calculated with a confidence interval of 95%, ±5 margin of error; population proportion of 50% was minimum 385.

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Parents were recruited via social media, messaging apps, school parent groups and e-mail.

2.2 | Measurement

The survey form included questions on sociodemographic characteristics and the Parental Attitude Scale for Children's Rights (PASCR). Parental age was recorded by asking participants to select one of four predefined age groups (20–30, 31–40, 41–50, or 51–60 years); exact ages were not collected. The PASCR is a 63-item, 5-point Likert-type scale developed by Yurtsever in 2009, with its development and standardization subsequently reported by Yurtsever Kılıçgün and Oktay (Yurtsever Kılıçgün and Oktay 2011; Yurtsever 2009). As outlined in the Introduction, the instrument distinguishes two overarching dimensions: Nurturance and Self-Determination (SD). Nurturance comprises the Care and Protection (CP; 15 items) and State Assurance and Support (SAS; 23 items) subscales; SD has 25 items and is not subdivided (Yurtsever Kılıçgün and Oktay 2011).

Illustrative item content, paraphrased in English from the original Turkish scale, includes prioritizing a child's nutrition and health (CP) and requiring the state to provide legal protection against violence and abuse (SAS). Examples from SD concern the child's choice of time spent with friends (personal autonomy) and seeking the child's views when selecting a school (participation) (Yurtsever 2009).

High scores on the scale indicate a more positive attitude. The scores were also classified by level of awareness. On the CP subscale, scores of 44 or below indicate a 'low level'; scores between 45 and 59 indicate a 'medium level'; and scores of 60 or above indicate a 'high level' of parents' positive attitude towards care and protection. In the SAS subscale, those scoring 100 or below indicate a 'low level'; those scoring 101–108 indicate a 'medium level'; and those scoring 109 or above indicate a 'high level' of parents' positive attitude towards state-supported care and protection. In the SD subscale, those scoring 95 and below indicate a 'low level'; those scoring between 96 and 109 indicate a 'medium level'; and those scoring 110 and above indicate a 'high level' of parents with a positive attitude towards self-decision-making (Yurtsever Kılıçgün and Oktay 2011).

The Cronbach's alpha coefficient of the scale is 0.97. In this study, the SAS subscale of the PASCR had a Cronbach's alpha of 0.99, the CP subscale had 0.97, and the SD subscale had 0.98.

2.3 | Data Analysis

The data obtained in the study were entered into SPSS 22 (Statistical Package for the Social Sciences) and evaluated using descriptive and comparative analyses. Categorical variables, including age groups, were summarized as frequencies and percentages; PASCR scores were summarized as means and standard deviations. The normality assumption was assessed using histograms, Q–Q plots, skewness and kurtosis statistics and the Shapiro–Wilk test. Because the data conformed to a normal distribution, the independent samples *t*-test was used to analyse differences between the numerical data of two groups, and the one-way ANOVA was used to analyse differences between the numerical data of three or more groups.

3 | Results

The study included 867 parents who completed the online survey form. Thirty-nine individuals who answered 'No' to the question 'I agree to participate in the study' were excluded, leaving 828 individuals for analysis. Of those who responded to the survey, 632 (76.3%) were mothers, and 196 (23.7%) were fathers. 41.4% of the parents were between 41 and 50 years old. 30.1% of the parents had only daughters, 34.1% had only sons, and 35.8% had both sons and daughters. Information on the participants' sociodemographic characteristics is summarized in Table 1.

Parents were divided into three awareness levels based on their scores across the scale's three sub-dimensions. In the CP subdimension, no one (0%) received a low score, 9 people (1.1%) received a medium score, and 98.9% of participants received a high score. Participants scored low to medium on the SAS and SD sub-dimensions, at rates of 49% ($n = 380$) and 48.8% ($n = 381$), respectively.

The relationship between parents' sociodemographic characteristics and PASCR scores was examined and detailed in Table 2. Mothers scored 71.88 ± 2.96 on the CP sub-dimension, which was significantly higher than fathers' ($p = 0.026$). Still, no statistically significant differences were found between mothers and fathers in the SAS and SD sub-dimensions.

Analyses based on the gender of children mothers had revealed that mothers with only male children scored significantly lower on the SAS (107.36 ± 6.96) than those with only female children (108.69 ± 4.89) and those with both male and female children (108.82 ± 5.26) ($p = 0.023$). No statistically significant difference was found in PASCR scores among fathers by children's gender.

The relationship between the number of children both mothers and fathers had, and their PASCR scores was examined. Mothers' scores did not differ significantly by number of children. Among fathers, SD scores differed by number of children ($p = 0.039$), with the highest mean among those with one child (111.04 ± 8.68). No significant differences were found between the age groups of both mothers and fathers across the three subscales.

Among mothers, those from high-income families had significantly lower SD scores (107.74 ± 8.42) than those from low-income (110.41 ± 8.47) and middle-income (109.78 ± 8.17) families ($p = 0.027$). Non-working mothers had higher SD scores (110.55 ± 8.43) than working mothers (108.84 ± 8.18) ($p = 0.018$). There was no statistically significant difference in fathers' scores across family income levels.

Mothers in the 'other' marital-status category scored higher on SAS than married mothers ($p = 0.006$). Among fathers, no statistically significant differences between marital-status categories were found on any subscale.

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TABLE 1 | Sociodemographic characteristics of participants.

Features	*n* (%)
Children's gender	
Only daughters	243 (30.1)
Only sons	275 (34.1)
Daughters and sons	289 (35.8)
Number of children	
1	250 (30.2)
2	420 (50.7)
3 or more	158 (19.1)
Parental age group	
20–30 years old	35 (4.2)
31–40 years old	373 (45)
41–50 years old	343 (41.4)
51–60 years old	77 (9.3)
Parent's gender	
Female	632 (76.3)
Male	196 (23.7)
Mother's education level	
High school and below	265 (41.9)
University	367 (58.1)
Father's education level	
High school and below	27 (13.8)
University	169 (86.2)
Parent's marital status	
Married	769 (92.9)
Divorced	45 (5.4)
Widowed	12 (1.4)
Remarried	2 (0.2)
Family income level	
Low	106 (12.8)
Middle	541 (65.3)
Upper	181 (21.9)
Parent's employment status	
Working	618 (74.6)
Not working	210 (25.4)
Place of residence during childhood	
Village	230 (27.8)
District	200 (24.2)
Town centre	398 (48.1)

The locations where parents lived during their childhood were examined. Mothers who spent their childhood in the district had higher CP subscale scores (72.24 ± 2.41) than those who spent their childhood in the village. For fathers, the scores on the SAS subscale differed. Fathers who grew up in the district had higher SAS subscale scores (110.44 ± 5.29) than those who grew up in the village or the city centre.

The relationship between parents' occupations and employment status and their PASCR scores was examined and detailed in Table 3. Parents in the self-employed/business category scored lower on the SD subscale (107.39 ± 9.17) than workers. Non-working parents scored higher on SD (110.44 ± 8.46) than teachers, doctors, and parents in the self-employed/business category.

Mothers and fathers were analysed separately by occupation and employment status. Still, some occupational groups and the unemployed group had very few participants due to the lower number of father participants ($n = 196$). Therefore, further analysis was not performed on the father group; it was only performed on the mother group. Among mothers, non-working participants scored higher on CP and SD than doctors. Details are summarized in Table 3.

4 | Discussion

In this sample of parents in Türkiye, support for care and protection was high, whereas support for child self-determination and state assurance and support was more limited. These responses suggest that endorsement of participation, autonomy and institutional responsibility warrants particular attention alongside support for protection.

The predominance of support for care and protection over self-determination is consistent with patterns reported in parental research outside Türkiye. Day et al. found that mothers and young people endorsed nurturance more strongly than self-determination, although young people expressed greater support for self-determination than mothers (Day et al. 2006). In South Africa, Ruck et al. likewise found stronger endorsement of nurturance among mothers and children, but no significant parent–child difference in support for either dimension (Ruck et al. 2011). In India, Deb and Mathews reported broadly positive attitudes among parents and teachers towards health, education and protection from child marriage and inappropriate work (Deb and Mathews 2012), providing a parallel to the strong endorsement of care and protection in our sample. These studies suggest a recurring distinction between endorsement of care and protection and support for autonomy while also revealing variation between families and settings. Differences in instruments, sampling and interview scenarios preclude direct comparisons of score levels with the PASCR.

When sociodemographic findings are examined, the fact that mothers score higher than fathers in the CP subscale may be related to the shaping of parenting roles within a gender-based division of labour. In Türkiye, the fact that mothers, even when they work, mostly bear the daily burden of childcare may have contributed to a higher level of awareness of care and protection among mothers (Ozgun and Honig 2005).

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TABLE 2 | Examination of the relationship between parents' sociodemographic characteristics and their scores on the Parental Attitude Scale for Children's Rights.

		Care and protection (CP)		State assurance and support (SAS)		Self-determination (SD)	
		M ± SD	*p*	M ± SD	*p*	M ± SD	*p*
Participants	Mother	71.88 ± 2.96	**0.026**	108.29 ± 5.84	0.887	109.39 ± 8.3	0.155*
	Father	71.29 ± 3.81		108.22 ± 6.46		108.34 ± 9.9	
Children's gender (mothers)	Girl	71.91 ± 3.01	0.461	108.69 ± 4.89[a]	**0.023**	109.73 ± 8.25	0.454
	Boy	71.69 ± 3.04		107.36 ± 6.96[a,b]		108.70 ± 8.45	
	Girl and boy	72.05 ± 2.81		108.82 ± 5.26[b]		109.43 ± 8.10	
Children's gender (fathers)	Girl	70.76 ± 4.32	0.266	108.17 ± 6.66	0.610	106.93 ± 9.45	0.326
	Boy	71.00 ± 4.26		107.59 ± 6.89		107.44 ± 10.79	
	Girl and boy	71.84 ± 2.92		108.70 ± 5.98		109.47 ± 9.78	
Mother's number of children	1	71.89 ± 2.97	0.832	108.26 ± 6.04	0.745	109.70 ± 8.04	0.748
	2	71.83 ± 2.86		108.43 ± 5.48		109.14 ± 7.87	
	≥ 3	72.03 ± 3.24		107.92 ± 6.56		109.59 ± 9.90	
Father's number of children	1	71.81 ± 2.97	0.224	108.85 ± 4.92	0.260	111.04 ± 8.68[a]	**0.039**
	2	70.77 ± 3.87		107.38 ± 3.87		106.58 ± 10.54[a]	
	≥ 3	71.63 ± 4.46		109.04 ± 7.16		108.56 ± 9.48	
Family income (mothers)	Low	72.40 ± 2.26	0.225	108.58 ± 5.85	0.905	110.41 ± 8.47[a]	**0.027**
	Middle	71.88 ± 3.09		108.28 ± 5.83		109.78 ± 8.17[b]	
	Upper	71.63 ± 2.82		108.20 ± 5.91		107.74 ± 8.42[a,b]	
Mother's education level	High school and below	71.94 ± 3.14	0.298	107.98 ± 6.53	0.501	110.58 ± 8.51	**0.001**
	University	71.67 ± 3.11		108.32 ± 5.52		108.34 ± 8.10	
Father's education level	High school and below	71.56 ± 3.90	0.610	107.96 ± 7.19	0.938	110.16 ± 8.62	0.268
	University	71.13 ± 3.95		108.07 ± 6.59		107.82 ± 9.98	
Mother's employment status	Working	71.73 ± 3.04	0.067	108.45 ± 5.66	0.345	108.84 ± 8.18	**0.018**
	Not working	72.20 ± 2.76		107.96 ± 6.22		110.55 ± 8.43	
Family income (fathers)	Low	71.03 ± 3.50	0.866	107.86 ± 6.87	0.523	107.97 ± 10.33	0.492
	Middle	71.40 ± 3.40		108.60 ± 5.63		107.89 ± 9.14[a]	
	Upper	71.14 ± 5.20		107.25 ± 8.52		110.08 ± 11.81[a]	
Mother's marital status	Married	71.89 ± 2.95	0.730	108.14 ± 5.93	**0.006**	109.28 ± 8.40	0.251*
	Other	71.73 ± 3.12		110.11 ± 4.31		110.76 ± 6.83	
Father's marital status	Married	71.40 ± 3.58	0.119	108.39 ± 6.14	0.144	108.22 ± 9.98	0.487*
	Other	69.55 ± 6.54		105.45 ± 10.36		105.45 ± 10.36	
Childhood residence (mothers)	Village	71.37 ± 3.53[a]	**0.036**	107.82 ± 6.34	0.210	109.63 ± 8.95	0.876
	District	72.24 ± 2.41[a]		109.01 ± 5.26		109.50 ± 7.91	
	Town centre	71.94 ± 2.88		108.19 ± 5.84		109.23 ± 8.18	
Childhood residence (fathers)	Village	71.38 ± 3.68	0.133	107.90 ± 6.26[a]	**0.030**	108.68 ± 9.46	0.710*
	District	72.16 ± 3.38		110.44 ± 5.29[a,b]		109.05 ± 9.54	
	Town centre	70.71 ± 4.10		107.23 ± 7.01[b]		107.62 ± 10.56	

Note: Superscript letters show between which two groups the difference occurs.
Abbreviations: M, mean; n, number; SD, standard deviation.
*$p < 0.05$: statistically significant. Independent samples *t*-test is used; the others are one-way ANOVA.

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TABLE 3 | Examining the relationship between parents occupations and employment status and their scores on the Parental Attitude Scale for Children's Rights.

		Care and protection (CP)		State assurance and support (SAS)		Self-determination (SD)	
	Occupations (*n*)	**M ± SD**	***p***	**M ± SD**	***p***	**M ± SD**	***p***
All parents	Teacher (253)	71.53 ± 3.55	0.100	108.55 ± 6.35	0.756	108.66 ± 9.07[a]	**0.023***
	Doctor (44)	71.05 ± 2.73		107.70 ± 3.49		105.52 ± 6.95[b]	
	Healthcare professionals (non-doctors) (44)	71.39 ± 3.42		107.40 ± 5.42		109.09 ± 7.31	
	Public servant (118)	71.81 ± 3.23		108.57 ± 5.58		109.42 ± 8.35	
	Worker (77)	72.18 ± 2.81		108.68 ± 6.63		110.31 ± 9.22[c]	
	Self-employed/ business (27)	70.70 ± 3.66		108.67 ± 5.34		107.39 ± 9.17[c,d]	
	Private sector employee (21)	71.86 ± 2.55		106.85 ± 5.61		107.64 ± 8.41	
	Not working (210)	72.19 ± 2.75		107.96 ± 6.19		110.44 ± 8.46[a,b,d]	
Mothers	Teacher (136)	71.88 ± 2.83[a,e]	**0.021***	109.02 ± 5.58	0.557	109.19 ± 8.42[a]	**0.004***
	Doctor (40)	70.93 ± 2.80[b,c]		107.69 ± 3.64		104.68 ± 6.45[a,b,c,d,e]	
	Healthcare professionals (non-doctors) (40)	71.38 ± 3.49		106.95 ± 5.44		109.45 ± 6.76[b]	
	Public servant (79)	71.87 ± 3.15[a,d]		108.30 ± 5.94		109.64 ± 6.92[c]	
	Worker (62)	72.40 ± 2.79[b,f]		108.84 ± 6.95		110.61 ± 9.39[d]	
	Self-employed/ business (24)	70.33 ± 3.70[d,e,f,g]		108.67 ± 5.39		107.32 ± 8.20	
	Private sector employee (18)	72.22 ± 2.48[g,h]		108.88 ± 3.36		107.61 ± 8.94	
	Not working (208)	72.20 ± 2.76[c,h]		107.96 ± 6.22		110.55 ± 8.43[e]	

Note: Superscript letters show between which two groups the difference occurs.
Abbreviations: M, mean; n, number; SD, standard deviation.
*$p < 0.05$: statistically significant; one-way ANOVA is used.

Associations between parents' childhood place of residence and PASCR scores suggest that attitudes may be shaped within different socio-cultural environments, but they do not establish a causal effect of culture. Norms concerning parental authority, obedience, family obligations and age-appropriate autonomy may influence how protection and participation are balanced. Related evidence comes from Park and Lau's analysis of parenting priorities in 90 nations, which linked endorsement of child independence and obedience to both national and personal socio-economic circumstances (Park and Lau 2016). Their finding that higher social class was associated with greater endorsement of independence differs from the lower SD scores among higher-income and more educated mothers in our sample; however, parenting priorities and attitudes towards specific rights are distinct constructs. Cross-cultural research with children likewise indicates that endorsement of nurturance and self-determination varies across settings (Cherney and Shing 2008). Such evidence supports interpreting our findings in relation to family norms and social circumstances, without treating all families in Türkiye as culturally uniform. Cultural values and parenting norms were not directly measured here, so their role remains an explanation to be tested.

The most surprising finding of the study was that, contrary to previous studies, mothers with lower levels of education and those who did not work had higher SD scores than mothers with higher levels of education and those who worked. No difference in SD scores was found across fathers' educational levels. Differences in parent–child interaction and caregiving demands are possible explanations in light of research on maternal employment and early childrearing (Nomaguchi 2006; Samad et al. 2023), but these processes were not measured in this study. However, a 2013 study conducted in Türkiye reported the opposite of our result (Yurtsever Kılıçgün and Oktay 2013). This study was conducted only in Istanbul and found that awareness increased with parents' education level, but no comparison was made regarding mothers' employment status. Differences in

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recruitment, sample composition, study period and the measures used may contribute to the discrepancy; the present online sample cannot be assumed to represent all parents in Türkiye. The data do not establish why the findings differ. Future studies should measure parent–child interaction, parental stress, caregiving responsibilities and parenting practices directly, alongside education, employment status and household income, to investigate the mechanisms underlying these associations.

The lower SD scores observed in some occupational groups require cautious interpretation. They differ from evidence linking higher socio-economic position to greater endorsement of child independence. Park and Lau's analysis across 90 nations found that parents of higher social class more often prioritized independence (Park and Lau 2016), and Lareau's ethnographic research documented extensive reasoning in middle-class parents' interactions with children (Lareau 2002). These studies concern socialization priorities and childrearing practices, which overlap with, but are not equivalent to, attitudes towards specific self-determination rights measured by the PASCR. Differences in constructs and samples prevent a direct comparison.

The present comparisons establish associations within this sample and do not explain why teachers or doctors scored lower. Professional decision-making was not measured, so attributing the findings to attitudes acquired at work would exceed the evidence. Because the occupational comparisons were not jointly adjusted for education, income, parent gender and other family characteristics, they cannot establish an independent association with occupation. Larger studies using multivariable analyses and direct measures of parenting practices are needed before drawing profession-specific conclusions.

The relatively low level of awareness observed in the SD subdimension of the study suggests that parents may perceive children's decision-making capacity as limited. Studies in the literature also show that, although the right to children's participation is a fundamental component of the child rights approach, in practice it can be limited in family decision-making processes due to factors such as adult-centred norms, childhood perceptions and a culture of discipline and obedience (Okewumi and Akanle 2022; Zhussipbek and Nagayeva 2023). Education level and democratic/emotionally warm parenting attitudes are positively correlated with the recognition and respect for children's rights. In contrast, overprotective or authoritarian approaches can negatively affect both awareness of children's rights and the child's development (Okewumi and Akanle 2022; Zhussipbek and Nagayeva 2023; Chetan et al. 2024). The inverse associations in this sample highlight the need to examine socialization priorities and parenting practices alongside education and income when interpreting rights attitudes (Park and Lau 2016; Elci and Kuloglu 2019).

Similarly, the relatively weak awareness of the SAS subdimension indicates that children's rights are not sufficiently associated with public responsibility and parental institutional support mechanisms. The perception of children's rights as an issue to be resolved solely within the family may keep the state's protective and supportive role secondary. This suggests that the multi-actor nature of children's rights (family, school, health system, social services, legal system) may not be sufficiently visible at the family level (Holappa 2025). In particular, limited institutional awareness of child protection, social support and access to rights-based services may reinforce the perception of children's rights as solely a matter of 'parental responsibility'. The higher SAS scores among mothers in the 'other' marital-status category may reflect different support needs or experiences of public services; neither was measured in this study.

The high CP scores indicate strong endorsement of meeting children's basic needs and protecting them from harm. The international evidence discussed above shows that support for nurturance can coexist with more conditional support for self-determination (Day et al. 2006; Ruck et al. 2011). This distinction has practical implications: Parent education should address how protection and children's participation can be combined in everyday decisions. Research reviewing participation in child welfare emphasizes the importance of how participation is conceptualized (Skauge et al. 2021), suggesting that general rights endorsement alone may not establish whether children are heard in practice.

For settings beyond Türkiye, these findings suggest priorities for locally adapted parent education and professional training in schools, healthcare and social services. Programmes could address how to invite children's views, explain proposed decisions in age-appropriate ways and show how those views have been considered while maintaining safeguards for care and protection. This approach connects the CRC's participation requirements with its protective obligations (United Nations General Assembly 1989). The limited endorsement of state assurance and support also suggests a need to examine whether parents understand the responsibilities of public institutions and how to seek family support and child protection services. These are priorities for assessment and intervention development; this study did not evaluate service access or the effectiveness of such programmes.

The single-country online sample does not establish that the occupational differences or score distributions apply elsewhere. Cross-national research should test whether measures capture comparable meanings of protection, provision, autonomy and participation across languages and cultural settings before comparing scores. Replication with matched parent–child samples could clarify whether parental attitudes correspond to children's experiences and whether associations persist after adjustment for family and socio-economic characteristics.

4.1 | Limitations of the Study

This study has some limitations. The cross-sectional design does not allow for causal inference. The fact that data were collected via self-report raises the possibility of social desirability bias. The online sampling method may have led to over-representation of certain sociodemographic groups. Furthermore, the relatively low number of father participants ($n = 196$) may have limited statistical power in some subgroups. The unadjusted occupational comparisons may reflect correlated sociodemographic characteristics, and the small numbers in some father occupational groups restricted subgroup analysis. Finally, this study assessed parental attitudes but did not directly measure how these attitudes are reflected in actual family behaviours.

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Children's own perspectives on protection, provision, autonomy and participation were not collected. Parental responses therefore cannot establish whether children share these attitudes or experience their rights as respected. In particular, lower parental SD scores in an occupational group cannot establish that its children receive fewer opportunities for autonomy or participation. Parent–child research has reported both agreement and disagreement about rights, and parents' expectations may differ from children's stated views (Day et al. 2006; Ruck et al. 2011; Cherney 2010). This study also did not directly measure cultural values, parenting norms, parent–child interaction or caregiving demands, which limits interpretation of the observed sociodemographic associations.

4.2 | Strengths of the Study

One of the strengths of this study is its assessment of parents' attitudes towards children's rights in the Turkish context using a multidimensional scale and its highlighting of differences among the dimensions of care/protection, participation/autonomy and state guarantees. The inclusion of 828 parents from diverse sociodemographic backgrounds enabled comparisons across several parental and household characteristics. The subscales showed high internal consistency in this sample. Finally, analysing parents' attitudes towards children's rights not only at a general level but also in relation to sociodemographic variables has allowed for the drawing of implications for practice and policy development.

We recommend that future studies examine parental attitudes towards children's rights in more detail using both qualitative and quantitative methods and that the impact of rights-based parent education programmes on raising awareness, particularly in the dimensions of participation and autonomy, be evaluated through intervention studies. Strengthening counselling and information mechanisms on children's rights in health services and school-based programmes can contribute to a holistic approach to children's rights that goes beyond protection and includes participation and state responsibility.

Future studies should include age-appropriate interviews or validated child-report measures alongside parental questionnaires, preferably in matched parent–child samples. This would enable comparisons of protection and provision rights, personal autonomy and participation in everyday family decisions while examining whether agreement varies with children's age and family circumstances.

5 | Conclusion

In conclusion, this study finds that among the parents surveyed in Türkiye, attitudes towards children's rights are largely focused on care and protection; however, awareness of children's participation and autonomy, as well as state guarantees and support, remains more limited. In particular, future research should examine how parents' employment conditions, caregiving demands and opportunities for parent–child interaction relate to support for children's participation, without assuming that employment itself reduces such support. The occupational findings warrant replication with adjustment for sociodemographic characteristics before they can inform recommendations for particular professions.

These results show that child rights education and awareness programmes for parents should not be limited to focusing solely on protection and care; they should be structured to include components such as taking the child's opinion into account, supporting their participation in decision-making processes, recognizing age-appropriate autonomy and making the supportive role of the state visible (United Nations General Assembly 1989; Cherney and Shing 2008; Park and Lau 2016; Chetan et al. 2024; Holappa 2025). For application beyond Türkiye, these priorities should be adapted to local family norms and service arrangements and evaluated with input from children as well as parents.

Author Contributions

Conception and design: Şenay Türe and Nicel Yıldız Silahlı. Administrative support: Şenay Türe and Nicel Yıldız Silahlı. Provision of study materials or patients: Şenay Türe and Nicel Yıldız Silahlı. Collection and assembly of data: Şenay Türe and Nicel Yıldız Silahlı. Data analysis and interpretation: Şenay Türe. Manuscript writing: Şenay Türe. Final approval of manuscript: Şenay Türe and Nicel Yıldız Silahlı.

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The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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