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The Association Between Parents' Rights-Based Parenting and Attitudes Towards Refugee Children: A Cross-Sectional Study

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ABSTRACT

Parents' rights-based attitudes play a critical role in safeguarding refugee children against social exclusion, discrimination and potential risks of neglect and rights violations. Understanding these attitudes is essential within a child protection framework that emphasizes preventive and inclusive practice. This study aimed to evaluate parents' attitudes towards refugee children in relation to children's rights and to examine factors associated with rights-based parenting behaviours. This descriptive, cross-sectional, correlational multicentre study was conducted with parents registered at eight family health centres in a province in the Central Anatolia Region of Türkiye. Data were collected using a personal information form, the Attitudes Questionnaire towards Refugee Children and the Parent–Child Rights-Based Behaviour Scale. Independent-samples *t*-tests, one-way analysis of variance and multiple linear regression analyses were used for data analysis. Parents' attitudes towards refugee children were significantly influenced by employment status, having a refugee friend or neighbour and having a child with a refugee classmate ($p < 0.05$). Parents' rights-based behaviours towards their own children were associated with parental status and age ($p < 0.05$). A strong positive correlation was identified between parents' attitudes towards refugee children and their rights-based parenting behaviours ($p < 0.001$). The findings indicate that parents' attitudes towards refugee children are closely linked to rights-based parenting practices, highlighting the importance of addressing parental perceptions as part of preventive child protection strategies. The results underline the need for practice-focused interventions in primary health care and community settings to promote inclusive, rights-based approaches that support the protection and well-being of refugee children.

1 | Introduction

Migration, a phenomenon as old as humanity, has gained increasing global significance in recent years, particularly due to wars and other traumatic events. As a result of armed conflicts in regions neighbouring Türkiye, large numbers of individuals have been displaced from their homes and forced to seek refuge in other countries (Dempster and Hargrave 2017; Yılmaz 2023). According to the United Nations High Commissioner for Refugees (UNHCR) 2022 Global Trends in

Forced Displacement report, 108.4 million people were forcibly displaced worldwide, of whom approximately 43.3 million (40%) were children under the age of 18. Moreover, 69% of refugees and individuals in need of international protection reside in countries neighbouring their countries of origin (UNHCR 2022). Türkiye is among the major host countries for refugees due to ongoing conflicts in neighbouring regions. According to the Republic of Türkiye Ministry of Interior, Directorate of Migration Management (GİB 2025) Report, approximately 2.9 million Syrian refugees currently live in

Key Practitioner Messages

- Parents' attitudes towards refugee children are strongly associated with their rights-based parenting behaviours.
- Employment status and everyday social contact with refugee families positively influence parents' attitudes towards refugee children.
- Primary health care and community-based professionals can strengthen child protection by promoting children's rights awareness and inclusive parenting practices among parents.

Türkiye, nearly half of whom (1.4 million; 48%) are children under the age of 18. Refugee children constitute a particularly vulnerable group due to exposure to armed conflict, persecution and traumatic experiences before or during migration, as well as linguistic, social and cultural adaptation difficulties following resettlement (Ajduković et al. 2019; Dempster and Hargrave 2017; Vrdoljak et al. 2024). Within this context, in Türkiye, the majority of refugee children live with their families under temporary protection status rather than in institutional care. They are integrated into community settings, including public schools and primary healthcare services. However, despite policy efforts to support integration, refugee children often face social exclusion, discrimination and barriers to accessing education and health services. Public perceptions towards refugees in Türkiye have been shown to vary, with some segments of society expressing concerns related to economic burden, cultural differences, and social cohesion, which may influence attitudes towards refugee children in shared environments (Sahin et al. 2021; Yilmaz 2023). In the context of forced displacement, the fundamental rights of refugee children outlined in the Convention on the Rights of the Child—especially the right to life and development (Article 6) and the right to protection from all forms of violence, abuse, neglect, and exploitation (Article 19)—are increasingly at risk, both globally and in Türkiye as a major host country (OHCHR 1989). In this context, parents' attitudes towards refugee children are particularly important, as they may directly influence children's peer relationships, social inclusion and experiences within shared educational and community settings (Plener et al. 2017; Schilling and Stillman 2021).

Although the Sustainable Development Goals (SDGs), introduced in 2016, do not constitute a child-specific framework, they include several priorities directly related to the protection of children's rights and the promotion of child well-being. UNICEF (2019) emphasizes that many SDGs are closely linked to children's rights, including goals addressing poverty and hunger, health and well-being, inclusive and quality education, gender equality, access to safe water and sanitation, clean energy, decent work, climate action and the promotion of peace, justice and strong institutions. Within this context, refugee children face heightened risks related to physical health, nutrition, and psychosocial well-being. In Türkiye, Sahin et al. (2021) reported that refugee children are at risk of undernutrition, infectious diseases due to inadequate immunization, and psychosocial problems such as child labour,

domestic violence, child marriage, anxiety and depression resulting from traumatic migration experiences. Beyond hosting refugees, host countries face the challenge of supporting their integration into society and ensuring access to education and developmental opportunities. Education plays a central role in the social integration of migrant and refugee populations, and the education of approximately 31 million school-age refugee children is regarded as a long-term investment and strategic priority (Wales and Aiazzi 2017). However, the successful integration of refugees depends not only on governmental policies but also on acceptance by host communities. Refugees are often perceived as a threat, and negative attitudes may emerge due to concerns about cultural differences, rising housing costs, employment competition, increased demand on social and health services and disruptions to public resources (Abdelaaty and Steele 2022; Kotzur et al. 2022). Parents in host societies may resist the presence of refugee children in shared social and educational environments, which can lead to exclusion, discrimination and further psychological harm for refugee children (Angelidou et al. 2019; Gönültaş and Mulvey 2019; Plener et al. 2017).

From a theoretical perspective, rights-based parenting may extend beyond one's own child and influence attitudes towards other children. In this study, the term 'children's rights context' refers specifically to parents' rights-based parenting attitudes grounded in children's rights principles, rather than a general discussion of children's rights at the societal level. According to moral development theory, individuals who internalize principles of fairness and justice tend to apply these values universally (Gibbs 2019). Similarly, social learning theory suggests that parents who model respect for children's rights within the family context may generalize these attitudes to other children in society (Bandura 1986). In this sense, rights-based parenting may be associated with more inclusive and empathetic attitudes towards refugee children, reflecting broader universalism values (Glen et al. 2019). Parents play a critical role in shaping their children's attitudes towards migrants and refugees. Evidence suggests that parental beliefs and perceptions directly influence children's social behaviours. For example, Barron et al. (2023) found that children of Jordanian parents who believed that Syrian migrants increased housing costs or reduced employment opportunities were more likely to display discriminatory behaviours towards Syrian peers. Within this framework, nurses play a crucial role in promoting positive parental attitudes towards refugee children, particularly in primary health care and community settings (Bhakare 2025). Through health education, counselling, and family-centered interventions, nurses can enhance parents' awareness of children's rights and foster empathy and inclusive attitudes. Additionally, nurses are in a unique position to identify prejudices and provide guidance to reduce discriminatory attitudes, thereby contributing to the protection and well-being of refugee children (Commodore-Mensah et al. 2021; Desmyth et al. 2021). Although several studies have examined host community attitudes towards refugees (Abdelaaty and Steele 2022; Kotzur et al. 2022), research specifically focusing on refugee children remains limited (Gönültaş and Mulvey 2019). Despite growing research on host community attitudes towards refugees, no previous study has examined parents' attitudes towards refugee

children in relation to their rights-based parenting orientations. Therefore, this study aimed to examine the relationship between parents' rights-based parenting attitudes and their attitudes towards refugee children.

1.1 | Hypothesis

H1a. *Parents' rights-based parenting attitudes are associated with their attitudes towards refugee children.*

H2b. *Parental characteristics, including sociodemographic factors, contact with refugees and child-related experiences, are associated with parents' attitudes towards refugee children.*

2 | Method

2.1 | Study Design

This study employed a descriptive, cross-sectional, correlational design to explore parents' attitudes towards refugee children within a children's rights framework.

2.2 | Population and Sample of the Study

The study sample comprised parents registered at eight family health centres (FHCs) in a province located in the Central Anatolia Region of Türkiye, who met the inclusion criteria and agreed to participate in the study. The sample size was calculated based on the mean score of the attitude level towards Syrian migrants in a similar study (2.36 ± 0.90) as a reference (Güzel 2021), which served as a reference for the present study. The analysis conducted using the G*Power 3.1 programme, 'with a power of 0.95, a margin of error of 0.05, and an effect size of 0.155' indicated that a sample of 449 parents should be included in the study. The study was conducted with 452 parents recruited using a convenience sampling method from those registered at FHCs who were accessible and voluntarily agreed to participate during the data collection period.

2.3 | Inclusion and Exclusion Criteria

Parents were eligible for inclusion if they were 18 years of age or older, provided informed consent, were able to communicate in Turkish and had at least one child aged between 7 and 14 years. Parents who declined to participate or who did not have sufficient Turkish language proficiency were excluded from the study.

2.4 | Data Collection Tools

2.4.1 | Personal Information Form

The researcher prepared the personal information form based on the review of the related literature (Angelidou et al. 2019; Gönültaş and Mulvey 2019; Plener et al. 2017). The form covered

socio-demographic characteristics of the parents (i.e., parental status, age, education level, employment status, spouse's education and employment statuses, perception of economic income and number of children) and included questions about having a refugee acquaintance, the child having a refugee classmate and children's rights.

2.4.2 | Attitudes Questionnaire Toward Refugee Children

Angelidou et al. (2019) developed the Attitudes Questionnaire towards Refugee Children (AQReC) to determine the attitudes of local people towards refugee children. Aydoğdu and Akça (2021) adapted it into Turkish by applying it to students and their parents. It is a 5-point Likert-type scale with 31 items, divided into two subscales: attitudes and feelings, with 22 and 9 items, respectively. The responses in the scale are 'strongly disagree (1 point), disagree (2 points), undecided (3 points), agree (4 points), and strongly agree (5 points)'. Of the items in the attitudes subscale, items 9 and 4 in the feelings subscale are reverse-scored. A high total score in the attitudes subscale (min = 22, max = 110) indicates a good level of attitude. Similarly, a high total score in the feelings subscale (min = 9 and max = 45) indicates a good level of feelings towards refugee children. The reliability calculated by the authors who conducted the Turkish validity and reliability study of the scale indicated that Cronbach's alpha values were 0.91 and 0.83 for the attitudes and feelings subscales, respectively (Aydoğdu and Akça 2021). In this study, Cronbach's alpha value was 0.79 for the attitudes subscale, 0.61 for the feelings subscale, and 0.83 for the AQReC total.

2.4.3 | Parent-Child Rights Behaviour Scale

The Parent Child Rights Behavior Scale (PCRBS) was developed by Kesayak and Karatekin (2020) to assess parents' perceptions of children's rights. In this study, participants were instructed to respond to the scale based on their behaviours towards their own child. This 31-item 5-point Likert-type scale includes four subscales: *participation* (10 items), *life* (10 items), *development* (6 items) and *protection* (5 items); responses are provided between 'almost never' (1 point) and 'always' (5 points). The statements in the protection subscale are inverted items. The life subscale assesses the children's basic physical needs, such as nutrition, dressing and shelter, and their meeting these needs in a hygienic and healthy manner according to the conditions, besides ensuring their safety in the home environment and outside. The development subscale examines the level of support for children's social and cultural development, including activities such as reading books, visiting historical/cultural sites and participating in theatre/cinema activities. The participation subscale evaluates the importance placed on children's ideas and opinions, spending time with them, encouraging them to share their feelings, and seeking their input in both household decisions and matters that concern them directly. The protection subscale assesses protecting the child from negative approaches that can affect the child physically, mentally and emotionally. Cronbach's alpha value was calculated as 0.94 in the study by Kesayak and Karatekin (2020), who developed the scale, and 0.91 in the present study.

2.5 | Data Collection

Following the receipt of necessary permissions, data were gathered between January and June 2025 through face-to-face interviews conducted in a designated room at the FHCs. Standardized data collection instruments were administered, and all information was obtained based on participants' self-reports. Any questions raised by the participants during the interviews were addressed by the researchers. Each interview lasted approximately 15–20 min.

2.6 | Statistical Analysis

Statistical analyses were conducted using IBM SPSS Statistics version 29.0. Quantitative variables were summarized using descriptive statistics, including means and standard deviations, and analysed with tests appropriate to their distributional characteristics. Normality was assessed through the evaluation of skewness and kurtosis values, as well as visual inspection of histograms and Q–Q plots. Comparisons between categorical and continuous variables were performed using the independent samples *t*-test and one-way analysis of variance (ANOVA). Multiple linear regression analysis was applied to examine factors associated with parents' attitudes towards refugee children, with parental age, education level, having a refugee friend or neighbour, support for children's friendships with refugee children, and Parent–Child Rights Behavior Scale (PCRBS) scores entered as independent variables, and the Attitudes Questionnaire Toward Refugee Children (AQReC) total score specified as the dependent variable. Effect sizes were interpreted according to Cohen's criteria, with *d* values of <0.20 indicating small, 0.50 moderate and ≥ 0.80 large effects. Partial eta squared (η_p^2) values were classified as low (0.01–0.06), medium (0.06–0.14) and large (≥ 0.14) (Cohen 1988). Statistical significance was set at $p < 0.05$ for all analyses.

2.7 | Ethics Statement

Ethical approval 29.01.2025 dated and 18 number from the Çankırı Karatekin University Health Sciences Ethics Committee and Kırşehir Public Health Directorate written permission has been obtained. The participation in the study had a voluntary basis and oral and written informed consent was obtained after the parent included in the study were given information about the study, confidentiality, privacy and their right to drop out of the study.

3 | Results

This study was conducted with 452 parents aged 40.04 ± 7.26 years, spouses aged 40.48 ± 7.00 years and children aged 2.47 ± 1.26 years. A comparison of the mean AQReC and PCRBS scores according to the descriptive characteristics of the parents is presented in Table 1. Of the parents, 62.8% were mothers and 37.8% were fathers. The mean PCRBS total score of the mothers was higher than that of the fathers ($p < 0.001$; $d = 0.524$). The mean PCRBS total

score of the participants in the 21–30 age group was higher than that in the other age groups ($p < 0.001$; $\eta_p^2 = 0.040$). Both parents and spouses with university education had higher AQReC ($p < 0.001$; $\eta_p^2 = 0.046$; $\eta_p^2 = 0.039$) and PCRBS ($p < 0.001$; $\eta_p^2 = 0.88$; $\eta_p^2 = 0.097$) total mean scores than those with primary and secondary school education levels. Working parents ($p = 0.043$; $d^{\text{parent}} = 0.193$) and their spouses ($p = 0.008$; $d^{\text{spouse}} = 0.269$) had higher mean AQReC total scores. The mean total AQReC ($p < 0.001$; $\eta_p^2 = 0.063$) and PCRBS ($p < 0.003$; $\eta_p^2 = 0.026$) scores of the parents whose economic income was equal to or more than their expenses were higher than the scores of those who perceived their income as less than their expenses.

The mean AQReC total scores of parents who had a refugee friend or neighbour ($p < 0.001$; $\eta_p^2 = 0.029$) and whose child had a refugee classmate ($p = 0.011$; $d = 0.269$) were higher than those of the parents in the other groups. Parents who supported their children to be friends with refugee children had higher AQReC ($p < 0.001$; $d = 1.328$) and PCRBS ($p < 0.001$; $d = 0.312$) mean scores and those who received training on children's rights had higher AQReC ($p = 0.007$; $d = 0.533$) and PCRBS ($p = 0.005$; $d = 0.515$) mean scores than those who did not (Table 1).

Table 2 shows the findings regarding parents' attitudes and feelings towards refugee children. Of the parents, 59.3% stated that their children should not be supported in forming friendships with refugee peers. Of these, 13.3% of the parents stated that this feeling was due to their concerns of disease transmission, 16.8% stated that this was due to concerns of their children being subjected to violence, 9.3% stated that this was due to concerns regarding the negative impact on their children's academic achievement, 11.5% attributed this to their concerns of their children getting exploited, 4.9% attributed this to their concerns of their children adopting bad habits and 36.3% attributed this to discomfort regarding sharing their country resources. The parents reported experiencing multiple emotions simultaneously towards refugee children; 3.3% felt joy, 2.9% trust, 36.9% fear, 7.1% confusion, 52.0% sadness, 13.3% anger and 5.5% hope (Table 2).

The parents' responses to the AQReC and PCRBS in the study are presented in Table 3. The AQReC total scores of the parents ranged from 44 to 142, with a mean score of 91.14 ± 15.94 . The PCRBS total scores ranged from 50 to 150, with a mean score of 120.96 ± 18.59 (Table 3).

Table 4 shows the correlations between AQReC and PCRBS total and subscale scores. A positive correlation was observed between the AQReC attitudes subscale and PCRBS life subscale by 30.5% ($p < 0.001$), development subscale by 25.3% ($p < 0.001$), participation subscale by 22.4% ($p < 0.001$), protection subscale by 12.2% ($p = 0.009$) and PCRBS total by 32.7% ($p < 0.001$). Similarly, a positive correlation was found between the AQReC feelings subscale and the PCRBS life subscale by 17.5% ($p < 0.001$), development subscale by 10.6% ($p = 0.025$), participation subscale by 19.3% ($p < 0.001$) and PCRBS total by 19.9% ($p < 0.001$). A positive correlation was noted between the AQReC and PCRBS life subscale by 28.8% ($p < 0.001$), development subscale by 22.6% ($p < 0.001$), participation subscale by

TABLE 1 | Comparison of AQReC and PCRBS total mean scores by parents' descriptive characteristics ($n = 452$).

	<i>n</i> (%)	AQReC total $\bar{X} \pm SD$ (min–max)	Test statistics; <i>p</i>	PCRBS total $\bar{X} \pm SD$ (min–max)	Test statistics; <i>p</i>
Parental status					
Mother	284 (62.8)	92.24 $\pm$ 16.29 (44–142)	1.911 ^a ;	124.47 $\pm$ 16.75 (53–150)	5.144 ^a ;
Father	168 (37.2)	89.27 $\pm$ 15.18 (54–142)	0.057; $d = 0.186$	115.02 $\pm$ 20.02 (50–150)	< 0.001; $d = 0.524$
Age					
21–30	69 (15.3)	91.41 $\pm$ 15.41 (44–126)	0.869 ^b ;	127.01 $\pm$ 14.95 ^b (82–150)	9.418 ^b ;
31–40	145 (32.1)	92.46 $\pm$ 17.07 (44–142)	0.420;	123.63 $\pm$ 18.61 ^b (50–150)	< 0.001;
41–50	238 (52.7)	90.26 $\pm$ 15.36 (53–133)	$\eta_p^2: 0.004$	117.58 $\pm$ 18.89 ^a (50–150)	$\eta_p^2: 0.040$
Education level					
Primary school	104 (23.0)	87.68 $\pm$ 14.80 ^a (53–121)	7.267 ^b ;	115.67 $\pm$ 17.39 ^a (71–150)	14.362 ^b ;
Middle school	83 (18.4)	87.41 $\pm$ 13.95 ^a (61–121)	< 0.001;	113.65 $\pm$ 18.62 ^a (65–142)	< 0.001;
High school	125 (27.7)	91.38 $\pm$ 15.60 ^{a,b} (44–125)	$\eta_p^2: 0.046$	123.00 $\pm$ 16.25 ^b (82–150)	$\eta_p^2: 0.88$
University	140 (31.0)	95.70 $\pm$ 17.08 ^b (44–142)		127.40 $\pm$ 18.93 ^b (50–150)	
Employment status					
Employed	255 (56.4)	92.47 $\pm$ 15.49 (45–142)	2.031 ^a ;	121.08 $\pm$ 20.37 (50–150)	0.155 ^a ;
Unemployed	197 (43.6)	89.41 $\pm$ 16.37 (44–142)	0.043; $d = 0.193$	120.81 $\pm$ 16.03 (83–150)	0.877; $d = 0.014$
Spouse education level					
Primary school	101 (22.3)	89.12 $\pm$ 15.69 ^a (54–142)	6.090 ^b ;	114.06 $\pm$ 17.19 ^a (71–150)	15.967 ^b ;
Middle school	87 (19.2)	86.89 $\pm$ 14.95 ^a (59–121)	< 0.001;	115.47 $\pm$ 18.25 ^a (65–150)	< 0.001;
High school	124 (27.4)	90.99 $\pm$ 15.42 ^{a,b} (44–130)	$\eta_p^2: 0.039$	122.22 $\pm$ 16.21 ^b (84–150)	$\eta_p^2: 0.097$
University	140 (31.0)	95.36 $\pm$ 16.31 ^b (44–142)		128.24 $\pm$ 19.02 ^b (50–150)	
Spouse employment status					
Employed	307 (67.9)	92.50 $\pm$ 16.03 (44–142)	2.666 ^a ;	123.55 $\pm$ 18.49 (50–150)	4.394 ^a ;
Unemployed	145 (32.1)	88.25 $\pm$ 15.41 (53–142)	0.008; $d = 0.269$	115.48 $\pm$ 17.64 (65–147)	< 0.001; $d = 0.443$
Perception of economic income					
Income is less than expenses	150 (33.2)	85.72 $\pm$ 15.17 ^a (44–130)	15.008 ^b ;	116.95 $\pm$ 20.10 ^a (65–150)	6.015 ^b ;
Income equals expenses	221 (48.9)	94.67 $\pm$ 13.78 ^b (53–142)	< 0.001; $\eta_p^2: 0.063$	122.21 $\pm$ 18.22 ^{a,b} (50–50)	0.003; $\eta_p^2: 0.026$
Income is more than expenses	81 (17.9)	91.52 $\pm$ 19.79 ^b (44–126)		124.99 $\pm$ 15.22 ^b (50–150)	
Have a refugee friend or neighbour					
Yes, but we are not seeing	138 (30.5)	90.36 $\pm$ 13.80 ^a (44–133)	6.646 ^b ;	117.77 $\pm$ 19.44 (50–150)	2.969 ^b ;
Yes, we are seeing	40 (8.8)	99.80 $\pm$ 16.20 ^b (59–142)	< 0.001; $\eta_p^2: 0.029$	121.98 $\pm$ 16.64 (53–150)	0.052; $\eta_p^2: 0.013$
No	274 (60.6)	90.27 $\pm$ 16.57 ^a (63–142)		122.42 $\pm$ 18.28 (68–145)	
The child has a refugee classmate					

(Continues)

TABLE 1 | (Continued)

	<i>n</i> (%)	AQReC total $\bar{X} \pm SD$ (min–max)	Test statistics; <i>p</i>	PCRBS total $\bar{X} \pm SD$ (min–max)	Test statistics; <i>p</i>
Yes	124 (27.4)	94.23 ± 16.60 (44–142)	2.549 ^a ;	123.16 ± 15.99 (82–150)	1.690 ^a ;
No	328 (72.6)	89.97 ± 15.55 (44–130)	0.011; <i>d</i> = 0.269	120.13 ± 19.44 (50–150)	0.092; <i>d</i> = 0.163
Support the child in forming friendships with refugee minors					
Yes	184 (40.7)	101.65 ± 12.50 (61–142)	13.871 ^a ;	124.36 ± 18.50 (50–150)	3.252 ^a ;
No	268 (59.3)	83.92 ± 13.91 (44–126)	< 0.001; <i>d</i> = 1.328	118.63 ± 18.32 (58–150)	< 0.001; <i>d</i> = 0.312
Received training on children's rights					
Yes	25 (5.5)	99.40 ± 13.05 (77–126)	2.701 ^a ;	129.96 ± 14.92 (68–147)	3.005 ^a ;
No	427 (427)	90.61 ± 15.96 (44–142)	0.007; <i>d</i> = 0.553	120.60 ± 18.37 (50–150)	0.005; <i>d</i> = 0.515

Note: $\bar{X} \pm SD$: Mean ± standard deviation. Min–max: minimum–maximum. η_p^2 : partial eta square; *d*: Cohen's *d*; *p* < 0.05.

^aStudent's *t*-test.

^bF one-way ANOVA (*a* < *b*).

23.3% (*p* < 0.001), protection subscale by 11.6% (*p* = 0.014) and PCRBS total by 31.3% (*p* < 0.001).

The relationship between variables such as parental age, educational level, having a refugee friend or neighbour, supporting their child in forming friendships with refugee children, and PCRBS—reflecting parents' attitudes towards refugee children—was examined using a multiple linear regression model, and Adj R^2 = 0.357 was obtained. This result revealed that all factors in the model together explained 36.4% of the change in the AQReC total score (R^2 = 0.364, Adj R^2 = 0.357, *p* < 0.001) (Table 5).

4 | Discussion

Refugee children form the most vulnerable group affected by migration and forced displacement and may face challenges in social acceptance and access to basic rights (Ajduković et al. 2019; Dempster and Hargrave 2017; Vrdoljak et al. 2024). Their survival depends not only on legal regulations but also on the attitudes and behaviours of individuals in the host society. Parents transmit human rights-based values to their children and shape children's social environments; thus, parental attitudes towards refugee children are crucial for children's attitudes towards refugee peers and the broader integration process (Barron et al. 2023; Vrdoljak et al. 2024). Consistent with evidence that parents with higher children's rights awareness and behaviours adopt more inclusive and rights-based attitudes towards refugee children (Onwuka 2018; Schilling and Stillman 2021), the present study examined the association between parents' attitudes towards refugee children and their children's rights-based behaviour levels.

Children's rights are fundamental for all children to live dignified, safe, and just lives and parental sensitivity may affect not only their own children but also vulnerable groups such as refugee children (Barron et al. 2023; Vrdoljak et al. 2024). Prior research indicates that individuals with children report

more positive attitudes towards refugees (Butkus et al. 2016), women—particularly mothers—show more compassionate and supportive attitudes towards refugee children's education, health and social rights (Ajduković et al. 2019), and younger people tend to hold more positive attitudes within a children's rights lens (Dempster and Hargrave 2017; Heath and Richards 2016). In line with these findings, the present study showed higher children's rights-based behaviour levels among mothers and younger participants.

Education and socioeconomic resources were also associated with more positive orientations. Parents/spouses with higher education levels reported higher attitudes towards refugee children and higher children's rights-based behaviours. This parallels findings that higher education is linked to more positive attitudes towards refugee children and less negative attitudes towards refugees and immigrants (Ajduković et al. 2019; Dempster and Hargrave 2017; Onwuka 2018; Yılmaz 2023). Education may also shape children's attitudes via parental influence (Aktan 2023). For example, in Türkiye, children whose parents had refugee friends were more open to friendships with refugee peers, whereas others displayed more exclusionary behaviour (Yılmaz 2023). Similarly, higher income has been associated with greater tolerance towards refugees (Butkus et al. 2016), while poverty and unemployment can undermine children's access to basic rights (Onwuka 2018). Studies from Türkiye also suggest that low socioeconomic status is linked to more exclusionary and prejudiced attitudes towards refugee children (Yılmaz 2023). In the present study, working parents/spouses and those with higher income levels reported more positive attitudes towards refugee children. Although the age range was relatively narrow (7–14 years), minor variations in developmental stage and school-related social exposure may still influence parental attitudes towards refugee children.

Contact and training appeared to be key mechanisms. Parents with prior contact with refugees showed more positive attitudes towards refugee children, supporting the contact hypothesis that intergroup contact under favourable conditions reduces

TABLE 2 | Parents' attitudes and feelings towards refugee minors ($n = 452$).

Parents' attitudes towards refugee children		Parents' feelings towards refugee children	
	<i>n</i> (%)		<i>n</i> (%)
Support their children in forming friendships with refugee children		Joy	
Children should be supported in not discriminating against their refugee peers but in approaching them with accepting and supportive attitudes and behaviours, and in forming friendships with them.	184 (40.7)	Yes	15 (3.3)
Children should not be supported in forming friendships with their refugee peers.	268 (59.3)	No	437 (96.7)
Fear of disease transmission		Trust	
Yes	60 (13.3)	Yes	13 (2.9)
No	392 (86.7)	No	439 (97.1)
Fear of being subjected to violence		Fear	
Yes	76 (16.8)	Yes	167 (36.9)
No	376 (83.2)	No	285 (63.1)
Concern about the negative impact on academic achievement		Confusion	
Yes	42 (9.3)	Yes	32 (7.1)
No	410 (90.7)	No	420 (92.9)
Concern about being exploited		Sadness	
Yes	52 (11.5)	Yes	235 (52.0)
No	400 (88.5)	No	217 (48.0)
Concern about social exclusion		Anger	
Increased	22 (4.9)	Yes	60 (13.3)
Decreased	430 (95.1)	No	392 (86.7)
Concern about developing bad habits		Hope	
Yes	52 (11.5)	Yes	25 (5.5)
No	400 (88.5)	No	427 (94.5)
Discomfort with sharing the country's resources			
Yes	164 (36.3)		
No	288 (63.7)		

prejudice and discrimination (Ajduković et al. 2019; Dempster and Hargrave 2017). Personal contact has been linked to less negative attitudes towards migrants through face-to-face positive experiences (Dempster and Hargrave 2017), and cross-cultural interaction may promote empathy and tolerance (Ayanoglu and Aydoğdu 2020). Consistently, parents who had a refugee friend or neighbour and whose child had a refugee classmate reported more positive attitudes towards refugee children. Similarly, parents who supported their child's friendships with refugee peers also demonstrated more positive attitudes. Training in children's rights may further enhance sensitivity to discrimination and strengthen supportive responses (Butkus et al. 2016; Dempster and Hargrave 2017; Heath and Richards 2016; Onwuka 2018). Accordingly, parents who received children's rights training showed higher attitudes towards refugee children and higher children's rights-based behaviour levels.

Peer friendships in the host community are critical for refugee children's integration and cultural adaptation. Peer-provided educational, language and social support can facilitate school adaptation (Vrdoljak et al. 2024), whereas inadequate interaction may increase isolation and non-belonging (Guo et al. 2019). Parents influence these relationships by shaping children's attitudes towards immigrants and refugees (Guo et al. 2019; Vrdoljak et al. 2024; Yilmaz 2023; Wells 2019). In the present study, a common reason for not supporting children's friendships with refugee peers was discomfort related to 'sharing country resources'. Host-community attitudes may become more negative with increasing refugee numbers and prolonged stays (Alsharabati and Nammour 2017; Ghosn et al. 2019), and concerns may be intensified by perceived economic impacts, low-wage labour competition, additional public needs and cultural change (Edo et al. 2018). Nevertheless, parents

may simultaneously express empathy and compassion towards refugee children (Become 2025; Schilling and Stillman 2021; Yılmaz 2023). Consistent with this, parents reported ambivalent

emotions (e.g., sadness, fear, anger, surprise, joy, trust and hope) despite resource-related concerns.

Attitudes towards migrants can be complex, with many people describing an 'anxious middle', and attitudes towards refugee children are often more positive than towards adult migrants (Dempster and Hargrave 2017). Parents' knowledge of children's rights has been reported as moderate, accompanied by general acceptance and efforts to respect these rights (Onwuka 2018). Similarly, attitudes towards refugee children and children's rights-based behaviours were above moderate levels in the present study. Importantly, a significant positive correlation was observed between parents' attitudes towards refugee children and their children's rights-based behaviours, suggesting that a rights-based approach extends beyond parenting one's own children to broader values of equality and respect for human rights (Schilling and Stillman 2021). Illustratively, the Come True project—led by local parents—supported refugee children deported from Israel to South Sudan by placing them in Ugandan boarding schools, promoting education and basic rights (Become 2025). At the same time, concerns may persist that refugee children could place pressure on education systems or complicate integration, and negative attitudes may be fuelled

TABLE 3 | Mean scores of AQReC and PCRBS.

Scale	$\bar{X} \pm SD$	Min-max	Cronbach's alpha
AQReC			
Attitude	65.38 $\pm$ 12.03	35–101	0.792
Feeling	25.76 $\pm$ 5.31	9–42	0.616
AQReC total	91.14 $\pm$ 15.94	44–142	0.838
PCRBS			
Life	40.98 $\pm$ 8.27	10–50	0.906
Development	44.99 $\pm$ 6.58	10–50	0.863
Participation	18.26 $\pm$ 7.01	6–30	0.877
Protection	21.10 $\pm$ 4.68	5–25	0.871
PCRBS total	120.96 $\pm$ 18.59	50–150	0.916

Note: $\bar{X} \pm SD$: mean $\pm$ standard deviation. Min-max: minimum–maximum.

TABLE 4 | Correlation between AQReC and PCRBS scores.

PCRBS	AQReC					
	Attitude		Feeling		AQReC	
	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>	<i>r</i>	<i>p</i>
Life	0.305	<0.001	0.175	<0.001	0.288	<0.001
Development	0.253	<0.001	0.106	0.025	0.226	<0.001
Participation	0.224	<0.001	0.193	<0.001	0.233	<0.001
Protection	0.122	0.009	0.071	0.131	0.116	0.014
PCRBS	0.327	<0.001	0.199	<0.001	0.313	<0.001

Note: *r*: Pearson's correlation coefficient.

TABLE 5 | Correlation between parents' AQReC scores and some variables.

Factors related to AQReC	AQReC total					
	$\beta 1$ (95% CI)	SE	$\beta 2$	<i>t</i>	<i>p</i>	VIF
Constant	86.826 (74.033–99.619)	6.509		13.338	<0.001	
Parent age	0.120 (–0.060–0.301)	0.092	0.055	1.309	0.191	0.812
Parent education level	3.079 (0.366–5.792)	1.380	0.095	2.231	0.026	0.782
Have a refugee friend or neighbour	3.141 (–1.137–7.419)	2.177	0.056	1.443	0.150	0.945
Support the child in forming friendships with refugee children	–16.057 (–18.552 to –13.561)	1.270	–0.496	–12.647	<0.001	0.929
PCRBS total	0.190 (0.123–0.257)	0.034	0.222	5.557	<0.001	0.896

$F = 51.104$; $R = 0.604$; $R^2 = 0.364$; $\text{Adj}R^2 = 0.357$; $p < 0.001^a$

^aMultiple linear regression analysis; CI: confidence interval; VIF: variance inflation factor; SE: standard error.

by perceived value incompatibilities or perceived manipulation of victimhood narratives (Dempster and Hargrave 2017).

Cross-national evidence indicates that adults may be particularly sensitive to the rights of children with a migration background (af Ursin and Haanpää 2018). Highly salient events may also shape public and parental awareness; for example, the 2015 images of Alan Kurdi generated strong emotional responses to the refugee crisis (Vis and Goriunova 2015). Such societal influences may partly explain the strong association between parents' positive attitudes towards refugee children and their children's rights-based behaviour levels. In the present study, parents emphasized that all children should be protected without discrimination, aligning with the view that children's rights 'know no borders'. This finding suggests that rights-based behavioural orientations represent a meaningful pathway for developing inclusive attitudes towards refugee children. These orientations may help sustain broader values of equality and respect for human rights (Schilling and Stillman 2021). High-profile humanitarian events and collective emotional responses may further shape parental sensitivity to children's rights (af Ursin and Haanpää 2018; Vis and Goriunova 2015).

4.1 | Strengths and Limitations

This study had certain strengths. It was conducted with parents registered in eight different FHCs, it had a power-based sample size, and the factors influencing parents' attitudes towards refugee children were addressed multidimensionally within the context of children's rights. However, the study also had some limitations. First, the use of a convenience sampling method may limit the generalizability of the findings to all parents registered at FHCs. Second, parents' attitudes towards refugee children and children's rights-based behaviour levels were evaluated based on self-report and limited to the characteristics measured by the scales used in the study. In addition, the Cronbach's alpha value for the feelings subscale of the AQReC in this study was relatively low compared to the original validation study. This value is considered acceptable for exploratory research; it should be interpreted with caution. Although participants were limited to parents of children aged 7–14 years, the exact age of the child was not recorded; therefore, differences according to developmental stages could not be examined. Future studies should include child age for more detailed analyses.

4.2 | Implications for Child Protection Practice

It is important to be aware of the possibility that children who leave their home and country where they were born and grew up, never to return, with their past reduced to a memory, may face challenges such as adaptation difficulties, exclusion and discrimination in their migrated country. Additionally, some local parents may perceive refugees as a threat and may pass on their negative attitudes towards refugee children to their own children. In this context, the factors influencing parents' attitudes towards refugee children should be identified, and special support programs should be developed to improve their attitudes. Training programs to raise children's rights-based awareness should be organized for parents to reduce prejudices against

refugee children and prevent discrimination. These measures to improve attitudes towards refugee children should be integrated into all systems, including family, health, education, social protection, law and justice. Paediatric nurses, who are in one-to-one contact with parents, should play an active role in this process by staying in contact with parents to increase parental sensitivity, which is an extremely important factor in preventing negative attitudes towards refugee children. Moreover, future studies should involve interventions in line with the results of the present study, demonstrating a relationship between parents' attitudes towards refugee children and children's rights-based behaviour levels.

5 | Conclusion

The present study highlights the central role of parents in shaping attitudes towards refugee children through children's rights-based behaviours. Findings suggest that sociodemographic characteristics, prior contact with refugees, and training in children's rights are key factors influencing parental attitudes. Although conducted in Türkiye, the results reflect broader social mechanisms relevant to host societies internationally. Strengthening parents' rights-based attitudes may function as a preventive child protection strategy for refugee children. Interventions aimed at strengthening parents' awareness of children's rights—particularly through primary health-care and community-based programs—may contribute to more inclusive social environments and support the integration and well-being of refugee children. Future research should further examine contextual and structural factors shaping parental attitudes and expand evidence on rights-based interventions targeting families.

Author Contributions

E.T.B. and N.U. designed the study and collected data. E.T.B. analysed the data. E.T.B. prepared the manuscript. All authors approved the final version for submission.

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Consent

The participation in the study had a voluntary basis and oral and written informed consent was obtained after the parents included in the study were given information about the study, confidentiality, privacy and their right to drop out of the study.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

Data are available upon request from the authors.

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