

# CHILDREN'S RIGHTS TO MEDICAL TREATMENT WITH SPECIAL REFERENCE TO NIGERIAN CHILDREN

Yusuff Jelili Amuda<sup>1</sup>

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## Abstract

In any normal and decent environment, children should be able to rely and depend on adults such as their biological parents, government, family and relatives for proper nurturing and guidance which they need in order to grow up. Many Nigerian children are not receiving consistent and dependable loving care from their biological parents nor from the government which is essential for the optimum development of their lives. In a situation where their caregiver is not able to meet the standard needs of children, it is the duty of capable family members to maintain the children by providing for the children's needs. It is the duty of good governance to ensure socio-economic rights for all citizens where children will be given adequate maintenance for their wellbeing. As a result of that, a good government has to respond to incapable parents by taking care of their children as part of government duties and responsibilities. This paper examines the condition of Nigerian children with regards to health facilities, medical treatment, immunization, the Islamic position on immunization, the Nigerian position on immunization, and Islamic principles regarding preventive and curative medicine usage. This research will apply both qualitative and quantitative methods in the analysis and useful suggestions will be suggested in order to upgrade and improve the lives of working children medically across the nation and also to improve the standards of Nigerian hospitals.

**Key words:** Health, Immunization, Child, Nigerian Muslim, Islam.

## Introduction

In any normal and decent environment and circumstances, children should be able to rely and depend on adults such as their biological parents, family and relatives for proper nurturing and guidance which they need in order to grow up. (Hill and Tisdall 1997)

Many Nigerian children are not receiving consistent and dependable loving care which is essential for the optimum development of their lives from their biological parents nor from the government. In a situation where their caregiver is not able to meet the standard needs of children, it is the duty of capable family members to maintain the children by providing for the children's needs. It is the duty of good governance to ensure socio-economic rights for all citizens where children will be given adequate maintenance for their wellbeing. (Saradha 2007) As a result of that, a good government has to respond to incapable parents by taking care of their children as part of their duties and responsibilities.

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<sup>1</sup> Senior lecturer at Faculty of Human Sciences, Sultan Idris Education University Perak, Malaysia.

## Health Facilities

Health care is another task of parents that should be provided for the children when conditions call for it and medical facilities and standard medical doctors must be ready and alert in taking, examining, and diagnosing patients and prescribing effective medication for patients. A child's rights to good health are equal and similar to those of an adult. (Saradha 2007; Hill 1997; Dewar 1998)

This has been stated in Articles 6, 18 (paragraph 3), 23, 24, 26 and 27 (paragraph 1-3) of the convention on the basic health and welfare of children and also for children with disabilities. It is also clearly stated in the Child's Right Act in section 13 subsections 3b, d, f, and g of the Act that a child is entitled to the best attainable state of physical, mental, and medical treatment. (Child Act 2003) In the light of the standard rules on the equalization of opportunity for disabled children, resolution 48/96 of the General Assembly and CRC/C/69, paragraph 310-339 emphasizes disabled children's rights to suitable health care and education. Special children also need special medical care to ensure their wellbeing by making disabled medical facilities available and accessible to disabled children. (Chiam 2007)

When a child's health rights are truncated and jeopardized, the child's additional right to education, freedom of expression, freedom of speech, and rights to formal labour would be violated and will also be endangered by working in unhealthy conditions. (Cardozo 2006) Similarly, health care should be free for the citizens or cheaper for the sons of the *sofi*. In normal circumstances, children should be given adequate and accessible health facilities to enable them to be fit and prepared for their education and other tasks. If children are deprived of health facilities, they will be sick all the time and this will cause children's absence from school which might finally result in their dropping out from school. (Cardozo 2006)

Obviously, many Nigerian children are suffering pathetically from a lack of good standard health facilities in the nation and children are always the prime and major victims of Nigerian medical problems. Many children lack potable and clean water in the school and at home. They are also facing a lack of good care health such as dispensaries, first aid, and toilet facilities. So, many Nigerian children are subject to malaria, measles, guinea worm, coughs and diarrhoea which are preventable and curable diseases that lead to the death of many children in the nation. It has been reported that Nigeria has one of the highest maternal mortality rates in the world due to the poor standard of health in the nation. This mortality is also caused by the rate of poverty in the nation and many Nigerians are not able to purchase the medication prescribed by the medical doctor nor receive medical treatment from private hospitals and clinics due to their financial constraints. (Federal 2000).

Working children's health situations are worsened even more than non-working children's due to the lack of accessible street medical attention, and adequate and sufficient medication in government hospitals. Cardozo argued

that if a country's national budget on health is sufficient, it should be able to fulfil any health obligations by having available resources. Cardozo further argued that states are not using their maximum available resources to adhere to the progressive realization of health rights for their citizens. International Human Rights and other laws recognize human rights to health and medical facilities. (Cardozo 2006)

Cardozo's argument is rational but the situation in Nigeria is totally different because national and state governments budget the maximum available resources to the Ministry of Health but this is misdirected to the wrong and undeserving persons in charge. This is because of a lack of sincerity, honesty, discipline, and religious values that cause damage to the Nigerian system. Nigeria is a nation rich in resources, and if the Ministry of Health is monitoring and spending the budgeted money in the appropriate quarters and through normal channels for the interests and purpose of the Ministry, there would not be any lack of medical facilities. But the said condition is totally lacking in Nigeria and this causes significant corruption in all ministries in Nigeria. (Daily 2007; Edward 2007; Eddiy 2008)

Children are vulnerable to the six killer diseases; diphtheria, tetanus, tuberculosis, measles, whooping cough, and poliomyelitis. Lack of adequate medical prevention and treatment for children in many countries has resulted in the death of millions of children. Millions of Nigerian children are potentially at risk of catching the six deadly diseases but this would be preventable if the procedures were taken into consideration by the Nigerian government. (Umar 2006)

It is also estimated that 144 children die out of 1000 live births before reaching five years of age in Nigeria. Due to the inadequate and improper medical care for children in many countries, 216,000 children of 1 year to 2 years die yearly while 140,000 children are suffering from irreparable disabilities that should have been prevented if good care were available and accessible for children in Nigeria. (Blum 1986; Umar 2006) Nigeria is also among the countries with the highest under five mortality rate (U5 MR) out of 145 countries in the world. (Unicef 1994; Umar 2006) In 2001, Nigeria also faced an annual infant death rate of 392 per thousand. (Kadejo 1991; Population 2001)

### **Islam and Immunization**

Islam recognises any lawful child care that will give the bounty of health to children in order to preserve children's lives and maintain their smooth and strong growth. The following references clearly stipulate the importance of children's medical and health rights from the parents, government, or those who are in charge of the children. (Muhzin 2001)

The Prophet Muhammad (s.a.w.), said:  
*"Nothing a person can have after faith is better than good health".* (Sunna Ibn Maja n.d)

*"A stronger believer is better and more beloved to Allah than a weak believer. (Sahih Muslim n.d)*

The Prophet (s.a.w.) said:

*"Allah has exempted the traveller from observing the fast and licensed him (or her) to shorten the prayer to a half. Pregnant women and breastfeeding women have been licensed to break the fast". (Sunan Abu Dawud 1990)*

The above hadiths indicate that pregnant women should take care of their health during pregnancy while the child is in the embryonic stage to secure good health for the foetus.

*"Allah brought down the illness and its cure, so seek therapy, but not with a prohibited thing." (Sunan Abu Dawud 1990),*

The Prophet warns about epidemics and he says: "Whoever hears about it in any land should not enter (travel to) it and whoever happens to be in it (the land) should not get out (travel) from it.

The Prophet says: "whoever takes seven pieces of the (madinan) 'Ajwah dates first thing in the morning shall not be affected by poison (samm) and magic or sorcery (sihr).

All the above mentioned *ahadiths* allude to the importance of health for all human beings and that the proper measures must be taken to cure any disease or epidemic. It can be deduced from all the said hadiths that immunizing children against the six killer diseases must be taken seriously by those concerned with the children as it is their right to have access to good health. Up to the present date, all the prescriptions prescribed by the Prophet still remain useful to human beings but this does not mean that Muslims should not use any other lawful medicine to cure the illness that is confronting them at that particular period. (Sa'id 1989)

### **Islamic Principles in Preventive and Curative Medicine Usage**

It has been earlier stated that Islam is not against all sorts of medication to cure an illness provided that it is lawful. In Islam, there are some factors that should be taken into consideration before taking preventive medication such as polio vaccine and child immunisation. It is known based on scientific discovery that immunization can induce some side effects in children and it can worsen the child's health due to the appearance of rashes, headaches, pain, and uncomfortable symptoms which persist. (Ullmann 1978; Jennifer and Patrick 1998) As a result of that, it is better for parents to avoid immunisation for the health of their children and find another alternative to cure any disease that could not damage the child's health. (Abd Allah 1995)

## **Position of Nigerian Muslims on Immunization**

In addition to health facilities provision against child diseases, the use of the polio vaccine and other child immunization to protect children from any diseases has become the subject of debate and is very controversial in Northern Nigeria. The basis of this controversy was the contaminants found in some of the samples brought to the northern states of Nigeria. As a result of the contaminants discovered, some northern Nigerian Muslims believe that vaccines are intentionally and deliberately contaminated and that immunization is another way of birth control to reduce the Muslim population in Nigeria. (Umar 2006)

The major concern and question is why Nigerian Muslims, especially those from the northern states of Nigeria, are against this and only two reasons are given by Nigerian Muslims. Is there any other alternative to protect children from the six killer diseases? And what methods do other Muslim countries apply to protect their children against diseases? What is the benefit of Americans and Europeans controlling the birth rate in Nigeria? Does Nigeria have the highest population in the world?

Many Nigerians do not know the type of medical components of the vaccines because the Nigerian government imports vaccines for the immunization programme from North America and Europe. It is not easy for an ordinary person to explain and analyse the efficacy of vaccines due to their lack of knowledge but virologists, biochemists, and scientists can give useful and accurate explanations on the phenomenon because they are specialists. It has been discovered that no drug or vaccine is completely safe from negative side effects or contraindications. (Jennifer and Patrick 1998) The effects and contraindications of a vaccine will have a negative impact on a child's health. (Umar 2006; Kumar and Clark, 2005)

The reasons given by Nigerian Muslims about the usage of the polio vaccine and other types of child immunization are rational based on the discoveries of experts that they can harm children. According to Sharma, most vaccines contain ethyl-mercury which can have an effect on the brain as a result of there being too much mercury in the vaccine. (Sharma 2003)

This present research sums up all the scientific discoveries on the effect of polio vaccine and immunization on children and the reasons given by Nigerian Muslims against the use of immunizations in Nigeria. It has been discovered through all the above stated discoveries that the reasons put forward by Nigerian Muslims are somehow less powerful than the effects discovered by non-Muslim scientists on the effects of polio vaccine and immunization. It has been argued that Americans and Europeans were aiming to control the birth rate in Nigeria through polio vaccines and immunization, and as a result of that, they no longer allow their children to be immunized. (Kumar

and Clark, 2005) This research sees controlling the birth rate in Nigeria as a lesser effect compared with the scientists' discoveries of the effects on the brain, kidney, and whole body based on their research conclusions. It is general knowledge that if the brain is affected, the whole body will be affected too and the aim of the polio vaccine and immunization is to cure diseases and improve child health. So, if the assumptive medicine turns into a killer, the best thing is to avoid such polio vaccines and immunization. To these present findings, instead of allowing children to be immunized and seriously harmed through the polio vaccine and immunization that will render them brain damaged, it is better to go back to the local or traditional medicine that is lawful and effective instead of killing children slowly. (Muhammad 1990) Similarly, pregnant women should be given adequate local or traditional medicine before and after child delivery in order to enable both the child and mother to enjoy good health as they used to do in the olden days. The local or traditional medicine had no negative effects on those who used it before and those who took it were very energetic and had sound health, so local or traditional medicine should be the best alternative for prevention of child disease. The only problem is to get the traditional expertise and advice about the truly efficient medicine. (Ahmad 1995)

### **Shortage of Water**

Human life is connected with water and no one can do away with the use of water for drinking, cooking, bathing, and other related things. It is also the parents' duty to provide clean and pure water for their children for drinks, baths, and other relevant things. Provision of safe drinking water is unambiguously stated in the Child's Right to make life comfortable for children. (Child Act 2003; Kumar and Clark, 2005)

Potable and clean water cannot be unilaterally provided by the parents but it is the government's role to make water accessible to all citizens in the nation as their responsibilities towards their citizens are to provide amenities for all necessary and unavoidable daily needs. It is saddening and unarguable that many children are victims of the shortage of water that has a great and significant negative impact on the children at large and street working children specifically. In a country where people are facing a scarcity of water and clean water, it will definitely have a traumatic impact on children's health and education due to the epidemiology of diseases caused by unsafe water. According to the Ibrahim Adamu, the president of the Nigerian children's parliament at the World Water Forum, Mexico March 2006:

Today 400 million children do not have enough clean and safe water to drink in order to secure healthy lives. This is wrong, this is killing our future. We call on you to bring safe water to the entire World's children as our Human Right. (Save children 2006; Amuda 2007)

**Table 1: % of Population Using Improved Drinking-Water Sources 2004 in Nigeria**

Total	Urban	Rural
48	67	31

Data from the state of the world's children 2008

**Table 2: Nigerians Under Five Years**

% of under fives with suspected pneumonia taken to an appropriate health-care provider 2000-2006	% of under fives with suspected pneumonia receiving antibiotics 2000-2006	% of under fives with diarrhoea receiving oral dehydration and continued feeding 2000-2006
33	-	28

Data from the state world's children 2008

**Table 3: Malaria and Nigerian Children since 2003-2006**

% of under fives sleeping under a mosquito net	% of under –fives sleeping under a treated mosquito net	% of under fives with fever receiving anti-malarial drugs
6	1	34

Data from the state of the world's children 2008

This data cannot be fully denied and rejected due to the general situation in the whole system in Nigeria where fewer primary schools have access to basic health facilities such as dispensaries, first aid rooms, and medical supplies. Similarly, toilet facilities are not available in many public schools while some schools consist mainly of pit latrines while some are using the bush and dunghills or open spaces and toilets on water that can be washed away by the floods if there is rain. So, the lack of sanitation, malaria, measles, guinea worm, diarrhoea, and coughs, which are all preventable and treatable in many countries, lead to high rates of mortality in Nigeria. (Akinkugbe 1994) So, to dispute this data is unhelpful and it is better to pay attention to preventing malaria rather than arguing about the given data.

**Table 4: Cases of Water-Borne Diseases in Nigeria**

Diseases	2003	2004	2005
<b>Cholera</b>	2,598	1,555	764
<b>Diarrhoea</b>	217, 675	134,649	53,857
<b>Schistosomiasis</b>	7,650	1,851	1,783
<b>Typhoid fever</b>	77,850	34,634	14,172
<b>Watery stools without Blood</b>	506,983	292,932	120,249

Sources: Federal Ministry of Water Resources, Survey, 2006.

The table shows that between 2003 and 2005, the cases of cholera had dropped from 2,598 to 764 while between 2003 and 2005 the cases of diarrhoea declined drastically from 217,675 to 53,857. Furthermore, Schistosmiasis also fell from 7,650 to 1,787 while typhoid dropped from 77,850 to 14,172. Finally, watery stools without blood also went down from 506,983 to 120,249. (Akinyosoye 2005)

The above stated analysis shows the impact and efforts of the Nigerian government in fighting and controlling water diseases in Nigeria. The source of the statistics is the government and they did not come from an independent body like an NGO. It is a fact that no government will show its failure and shortcomings. Therefore, the statistics might be more than those given and the present situation in Nigeria indicates that Nigerians are suffering from a lack of potable pure water. So, there is a need for more effort from the Nigerian government to provide adequate and accessible pure and clean water for its citizens, especially children at school.

### **Data Collection**

The data was collected in some Nigerian states such as Abia, Abuja, Adamawa, Anambra, Benue, Delta, Edo, Kaduna, Kano, Kwara, Lagos, Ogun, Osun, and Oyo state.

### **Data Analysis**

Subsequently, the questionnaire was keyed into Statistical Package for Social Science (SPSS) for analysis.

Mean, standard deviation, and percentile were used for the data analysis. This is to identify and discover the rate of child labour across the nation that involves three major Nigerian tribes, religion, and gender. In addition, mean, standard deviation, and percentile were used to answer the research questions stated as follows: (1) Are Nigerians created as poor or does the climate render them poor? (2) Why have many Nigerians not benefited from their natural resources? (3) Why are children working and why are parents allowing their children to engage in labour? It also aims to achieve the research objectives which are to examine the applicable laws on child labour in Nigeria.

### **Analysis on Questionnaire**

Socioeconomic and Demographic characteristic of the respondents of the survey on the causes of child labour in Nigeria. The survey of 1,266 respondents was conducted in Nigeria based on the sample taken from Hausa, Yoruba, and Igbo tribes as a sampling technique to support the previous analysis in the thesis. The sampling was taken from major cities and capitals in the Nigerian states and also from local governments in order to present range



and percentage of child labour across the nation in the light of the previously analysed causes and reasons. The survey revealed that children started working from 5-15 years and the respondents' ages at the time of survey started at 6-17 years in order to participate in income generation to contribute to their respective families, for personal income, and for future purposes. Their participation in hazardous working conditions is totally against the ILO convention and *Shari'ah* because it is the duty of parents and government to properly take care of children. The data also contains information on gender, religion, types of jobs that children are doing, wages, and job nature. Information on the child's previous and present education, interest in returning to school or not, and who helped the child to secure the job was also included in the data. In addition, specific information was also obtained concerning the children's parents and whether they are alive or dead, parents' occupation to determine their income and means, and the number of children in the household. The consequences and effect of child labour were also included in the data to discover the percentage of sexually abused children, especially female children, while data on child health was also obtained in the survey to reveal types of sickness that working children experience such as malaria, fever, pain, headache, accidents, cough, stomach pain, typhoid, and others. Finally, the types of treatment and the payer of their treatment bills were also covered in the data to know the situation and condition of working children in Nigeria in the interest of children and the nation at large. Five tables were used to explain the causes of child labour across the nation: child income, parental income and occupational status, child health, and the consequences of child labour.

### **Results of Data on Nigerian Child's Right to Medical Treatment**

As shown in Table 1, a significant percentage of the working children are male based on the survey. The majority of working children are Yoruba 70.7% (n=895) followed by Hausa 16% (n=202) and by Igbo 13.3% (n=169) children. The survey indicates that the number or percentage of Muslim working children is very high 58.1% (n=736) followed by Christian children 40.9% (n=518) and few traditionalist children due to the small percentage of traditionalists in the Nigerian population .9% (n=12). According to the data, the majority of interviewed children started work between 12-15 years which is 41.2% (n=522) followed by 9-11 years which is 37.4% (n=473) while 14.8% (n=188) of children were between 7 - 8 years old when they started their labour and finally some child workers were between 5-6 years of age when they started work which is 6.6% (n=83) of the survey. The present age of the working children at the time of the survey was between 14 and 17 years old which was significantly higher than other ages representing 72.2% (n=914) of the total number of the survey followed by 10-13 years old which is 26.3% (n=333) and 6-9 years old with 1.5% (n=19) of the total number of the survey. Regarding the gender, the data shows that 59.5% (n=753) of the respondents were male while 40.5% (n=513) were female. The majority of respondents were from South East Nigeria 70.4% (n=891) followed by Northern Nigeria 17% (n=215) and the last group came from South West Nigeria 12.6% (n=160).

**Table 1: Child Demographic Variable**

<b>Demographic variable</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Gender</b>		
Male	753	59.5
Female	513	40.5
<b>Tribe</b>		
Hausa	202	16.0
Yoruba	895	70.7
Igbo	169	13.3
<b>Religion</b>		
Islam	736	58.1
Christianity	518	40.9
Traditional	12	.9
<b>Previous Age</b>		
5-6	83	6.6
7-8	188	14.8
9-11	473	37.4
12-15	522	41.2
<b>Present Age</b>		
6-9	19	1.5
10-13	333	26.3
14-17	914	72.2
<b>Place of Birth</b>		
North	215	17.0
South East	891	70.4
South West	160	12.6

In Table 2, the data reveals that 81% (n=1026) of working children's parents in Nigeria are still alive but they are unable to maintain and properly take care of their family due to the obvious reasons which are poverty and financial constraints. On the other hand, 11% (n=139) of working children's parents had already died which forces the children to work in order to survive while 8% (n=101) of the interviewed working children had lost one of their parents either father or mother. For those parents who are still alive 40.4% (n=512) are engaged in business such as buying and selling, as drivers, traders, meat sellers, and others. Meanwhile, 20.4% (n=258) are engaged in vocational business such as mechanics, tailors, carpenters, plumbers, and others while 22.7% (n=288) of parents are farmers. The percentage of civil servants is 5.8% (n=74) and the rest 10.6% (n=134), either father or mother, were dead. The last part of the table contains the number of children in the household according to which 2-4 children in the household of respondents is 20.1% (n=255), followed by 5-7 children in the household of respondents with 46.3% (n=586), while families with 8-10 children are 22.9% (n=290) and the last is 11-14 children in household which is 10.7% (n=135). The data reveal the

inability of parents to provide adequate maintenance for their children despite the little money they are earning daily or monthly.

**Table 2: Child Demographic Variable**

<b>Demographic variable</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Are your parents alive?</b>		
Both alive	1026	81.0
Both died	139	11.0
One of them died (father/mother)	101	8.0
<b>Parental occupation</b>		
Vocational job	258	20.4
Farmer	288	22.7
Business/trade	512	40.4
Civil servant	74	5.8
Died	134	10.6
<b>Number of children in family</b>		
2- 4	255	20.1
5- 7	586	46.3
8- 10	290	22.9
11- 14	135	10.7

Table 3, the frequency shows that 68.8% (n=871) of Nigerian children suffer from malaria, fever, and typhoid due to the hazardous conditions and unhealthy environment they are working in.

Furthermore, 28.3% (n=358) of those children have pains, headache, cholera, and coughs and 2.9% (n=37) experience accidents and other illnesses during their labour. It is also revealed from the frequency that 58.5% (n=740) received treatment from chemists where they can buy medicine to cure their sickness, 30.9% (n=391) were taken for hospital treatment for their sickness and the last 10.7% (n=135) of working children could not afford either a chemist or hospital treatment so they used local and traditional medicine to cure their illness. In terms of payment, 19.8% (n=251) of working children paid their medical treatment by themselves, while 57.9% (n=733) of them were paid by their parents or relatives and the remaining 22.3% (n=282) were paid by their boss or friend. Finally, Table 5 also indicates that 33.9% (n=429) were sexually abused or sexually harassed by adults or working children of the same age while the 66.1% (n=837) were not abused sexually.

**Table 3**  
**Child Demographic Variable.**

Demographic variable	Frequency	Percentage (%)
<b>Types of sickness</b>		
Malaria/fever	871	68.8
Pains/cholera/headache	358	28.3
Accident and other illness	37	2.9
<b>Where did you go for treatment?</b>		
Hospital	391	30.9
Chemist	740	58.5
Local treatment	135	10.7
<b>Who paid your treatment bill?</b>		
Parent	733	57.9
Boss/friend	282	22.3
Myself	251	19.8
<b>Have you ever been harassed sexually?</b>		
Yes	429	33.9
No	837	66.1

## Findings

The findings show that the majority of interviewed working children were suffering from malaria and fever which indicate (68.8%) of respondents while (28.3%) suffered from pains, cholera, and headache and (2.9%) experienced accidents and other illnesses. Due to insufficient and inadequate medical facilities across the nation and rate of poverty that forces many working children into the workforce, (30.9%) got their medical treatment from hospital, the majority of the respondents (58.5%) received medical treatment from a chemist where they bought medication without medical expert consultation while the rest (10.7%) were treated locally. The findings indicate the serious condition of Nigerian children at large and working children in particular and necessity for the government to pay conscious and useful attention to the issue of health across the nation in the interest of all citizens and children in particular. Finally, the findings discovered that the reasons given by non-Muslims against immunization are powerful and more acceptable than those given by the Nigerian Muslims because their argument is based on reducing of Nigerian Muslim infertility, fitness and ability to produce many children with intention to reduce or balance Nigerian Muslim and Christian population while the former argued that the immunization components of the vaccine can damage and affect a child mentally and physically.

This present finding strongly agreed with non-Muslims stance and position in the interest of children at large. This is because any person suffering from mental illness is more dangerous and pathetic than reducing one's fertility.

### **Conclusion**

The above discussion reveals to us that children need some necessary maintenance such as good shelter, basic education, and adequate medical care as provided by Nigerian laws. The standard of education in Nigeria was fully studied and compared. Meanwhile, where amendments and improvements are required they were also analyzed in these pages. The impact and effect of modern medicine, especially child immunization, the reason why Nigerian Muslims are against child immunization, and the consequences of immunization that have been discovered by non-Muslims, were also identified and explained in the findings. Similarly, the position of Islam on immunization was discussed in the interests of Nigerian children.

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