

**COMPARISON OF KNOWLEDGE AND EXPERIENCE OF GENDER
BASED VIOLENCE AMONG STUDENTS IN PUBLIC AND PRIVATE
SECONDARY SCHOOLS IN ILORIN, KWARA STATE**

BY

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statistics, Faculty of Public Health, College of Medicine in partial fulfillment
of the requirements for award of degree of
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of the
University of Ibadan**

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CERTIFICATION

This is to certify that Iwasanmi Olubunmi Dorathy carried out this project in the Department of Epidemiology and Medical Statistics, Faculty of Public Health, College of Medicine, University of Ibadan.



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10/9/12

Date

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DEDICATION

I dedicate this thesis to Almighty God, the Author and finisher of my faith.

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ACKNOWLEDGEMENT

I want to appreciate God Almighty, for giving me the grace to finish this work in good health and sound mind. Thank you Jesus.

Secondly, my deepest gratitude goes to my loving parents Mr and Mrs Kolawole Iwasanmi, for their financial and moral support. May God let you reap the fruit of your labour in Jesus name (Amen).

To my one and only supervisor, Dr Fawole for always making herself available and in scrutinizing this work with great passion. May God continue to bless you ma and take you to higher heights in Jesus name (Amen).

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To the love of my life, Barr Segun Balogun, for his love, support and encouragement from the beginning of this work till now, may God bless you.

ABSTRACT

Gender based violence (GBV) occurs worldwide and is a major public health problem. There is however dearth of information on experience of GBV among students in both public and private secondary schools in Nigeria. The study aimed to compare experience of GBV among students in public and private secondary schools in Ilorin South Local Government Area (LGA) Kwara State, Nigeria.

Three hundred and two students in both public and private secondary schools were interviewed. A pre-tested self-administered questionnaire was used to collect data on socio-demographic characteristics, awareness on GBV, knowledge of GBV, perception and experience on the types of GBV. Data were analyzed using frequency, t-test, chi-square and logistic regression statistics at 95% significant level.

The mean age of respondents in public schools were 15.99 ± 1.75 years versus 15.92 ± 1.69 of those in private schools ($p > 0.05$). Majority (75.5%) of the respondents in private schools stayed with both parents compared with 59.3% of those in public schools ($p < 0.005$). More (67.9%) of the respondents from private schools had ever heard of GBV compared with 62.3% of those from public schools ($p < 0.05$). Overall, majority of respondents from private schools had good knowledge of GBV with a mean knowledge of 6.95 ± 1.74 compared with 6.61 ± 1.74 of those from public schools ($p < 0.05$). The mean age at sexual debut was higher (15.48 ± 1.88) among respondents from private schools compared with 14.76 ± 2.32 of those in public schools ($p > 0.05$). More (69.2%) of the respondents from private schools than less than half (47.4%) of those in public schools had positive perception on GBV ($p < 0.05$). Ever experience of at least one of the three forms of violence was higher (89.1%) among those from public schools compared with 84.8% of those from private schools ($p > 0.05$). Psychological violence ranked first with 72.5% of the respondents in private schools compared with 69.2% of those in public schools ($p > 0.05$), followed by physical violence with 70.2% occurring among those in private schools compared with 67.2% among those in public schools ($p > 0.05$) and sexual violence was 41.4% in public schools compared with 37.4% of those from private schools ($p = 0.05$). The following were predictors on the experience of the forms of GBV. For physical violence, sex ($p < 0.001$, $OR = 1.78$, $95\%CI = 1.25-2.52$), sexual violence was "if father had ever beaten mother" ($p < 0.001$,

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Knowledge of GBV was fair; majority of the respondents in both groups of schools had experienced at least one form of GBV in the last one year. The rate at which health talks are organized should be increased in the media, schools and parents should also be synthesized more on the need to address this problem seriously.

Key words: Awareness, Knowledge, Perception, Secondary school students, Experience of GBV.

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CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND INFORMATION

Sex refers to the physical differences between males and females, whereas gender refers to the different socially-prescribed roles of males and females. Gender roles are context-based and are learned through socialization. The physical differences between males and females are universal, whereas the gender roles are quite different and may prescribe all aspects of social life ranging from access to resources, public and private responsibilities, and patterns of courtship. Gender roles may change over time, but are reflections of long-standing assumptions that a society holds about men, women, boys and girls (Ward, 2005).

The World Health Organization (WHO) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation (WHO, 2002). "Gender-based violence is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman. It affects women disproportionately (UNFPA, 1998).

Gender-based violence is widely recognized as an important public health problem, because of the acute morbidity and mortality associated with assault and also due to its long-term impact on women's health (Krug et al., 2002). It includes, but is not limited to, physical, sexual, and psychological harm. It includes that violence which is perpetuated or condoned by the state" (UNFPA, 1998). Gender-based Violence refers to injustices and all forms of unequal treatment as a result of either being a male or a female (United Nations [UN], 2005). Violence against women is a major problem that negatively affects the reproductive health of women and girls. The World Health Organization (WHO) estimates that at least one in every five of the world's female population has been physically or sexually abused at some time (Population Reference Bureau, 2000). "Each year as many as 40 million children under 15 years old experience some form of

violence. Many of them are girls, and many live in Africa” (African Child Policy Forum, 2006). Although the global community has focused more attention on GBV in recent years, levels of violence against women remains unchanged (UN General Assembly, 2006). Eliminating GBV is a “profoundly political challenge, because it necessitates challenging the unequal social, political, and economic power of men and women and the ways in which this inequality is perpetuated through institutions at all levels of society” (Ward, 2005).

1.2 PROBLEM STATEMENT

The WHO estimates that globally, 150 millions girls and 73 millions boys under ages of 18 years experience forced intercourse or other forms of non consensual sex in 2002 alone (Krug et al., 2002). A United States vital statistics data shows that 10 percent of young women aged 18-24 years who had sexual intercourse before the age 20 reported that their first sex was non-consensual (Abma, Martinez, Mosher and Dawson, 2004). A South African survey found out that between 7% and 48% of adolescent girls and between 0.2% and 32% of adolescent boys reported that their first experience of sexual intercourse was forced (Harvey et al., 2007). Several population- based studies from different countries show that between 10% and 69% of women report that an intimate partner has physically abused them at least once in their lifetime (Heise et al., 1999; Heise and Garcia Moreno, 2002; Harvey et al., 2007), and between 6% and 47% of women report attempted or completed forced sex by an intimate partner (Harvey et al., 2007). Young person’s including males are significantly affected by high levels of sexual violence (Harvey et al., 2007).

In Nigeria, studies confirm that violence is a major health problem affecting both male and female adolescents (Ajuwon et al., 2001a; Fawole et al., 2002; 2003; 2005). The consequences of gender-based violence are devastating. Survivors often experience life-long emotional distress, mental health problems and poor reproductive health. Abused women are also at higher risk of acquiring HIV (Heise et al, 1999). Women who have been physically or sexually assaulted tend to be intensive long-term users of health services. The impact of violence may also extend to future generations (Krug et al., 2002).

1.3 JUSTIFICATION

Violence and other forms of harassment in schools are common in many countries (World Bank, 2002). Experiences and perceptions of violence are crucial variables that underlie violent actions. Little has been done to document the comparison of knowledge and experience of students in Senior Secondary Schools (S.S.S) on gender based violence most especially in Ilorin, Kwara State. This study therefore, compared knowledge, perception and experience of GBV among students in public and private senior secondary schools. This study will help to identify students who have experienced GBV and the severity of these acts. It will identify the factors contributing to the violence experienced among students in both Public and Private schools. Also, it will provide evidence for developing policies that could discourage people from perpetrating GBV in secondary schools.

1.4 OBJECTIVES

BROAD OBJECTIVE

To compare knowledge and experience of gender based violence among public and private secondary school students in Ilorin South L.G.A. of Kwara State.

SPECIFIC OBJECTIVES ARE:

- 1) To assess and compare the level of awareness of gender based violence among students in public and private senior secondary schools.
- 2) To assess and compare knowledge of gender based violence among students in public and private senior secondary schools.
- 3) To determine and compare perceptions relating to gender based violence among students in public and private secondary school students.
- 4) To determine and compare sexual behavior among students in public and private senior secondary schools.
- 5) To determine and compare types of violence experienced among students in public and private senior secondary schools.
- 6) To identify factors associated with the types of GBV experienced by students in both public and private schools respectively.

1.5 RESEARCH QUESTIONS

- 1) Does awareness of gender based violence differ among students in public and private senior secondary schools?
- 2) Does the knowledge of gender based violence differ among students in public and private senior secondary schools?
- 3) How does perception of violence differ among students in public and private senior secondary schools?
- 4) Does the sexual behaviour differ among students in public and private senior secondary schools?
- 5) Do experiences of violence differ among students in public and private senior secondary schools?
- 6) Do demographic characteristics influence the experience of violence among students in both groups of schools?

1.6 RESEARCH HYPOTHESES

- 1) There is no significant relationship on the level of awareness among students in public and private senior secondary schools.
- 2) There is no significant relationship of knowledge of GBV among students in public and private senior secondary schools.
- 3) There is no significant relationship of perceptions relating to GBV among students in public and private senior secondary schools.
- 4) There is no significant relationship in the sexual behavior among students in public and private senior secondary schools.
- 5) There is no significant relationship of experience of the types of violence among students in public and private senior secondary schools.

CHAPTER TWO

LITERATURE REVIEW

2.1 DEFINITION OF GENDER BASED VIOLENCE

Gender Based Violence is defined by the United Nations (UN) in the Convention on Elimination of all forms of Discrimination Against Women (CEDAW) as any act that is likely to or results in physical, sexual or psychological harm or suffering to women including threats or acts of coercion, arbitrary deprivation of liberty, private or public, in the family or community (UN, 2010).

2.2 CONCEPT OF GENDER-BASED VIOLENCE

The UN General Assembly, in adopting the 1993 declaration on the elimination of violence against women defined gender-based violence as 'any act of violence that results in physical, sexual, or psychological harm or suffering to women; including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life' (Population Reference Bureau, 2001). Gender-based violence arises from the patriarchal system which since time immemorial has exerted control over women's lives (World March of Women, 2000). Gender-based violence affects both the physical and psychological integrity of women. However subtle the violence may be in form, it has no less devastating effect. Gender-based violence can affect the female psychologically, cognitively and inter-personally. Experiences and perceptions of violence are crucial variables that underlie violent actions. In El Salvador, for example, past exposure to violence was shown to be related to more justification or approval of violence and to the increased use of aggression and weapons among the victims. Attitudes are also related to violent actions. The large Multicenter Study; "Cultural Norms and Attitudes Toward Violence in Selected Cities of Latin America and Spain" (Project ACTIVA) had as one of its primary objectives an assessment of attitudes that can influence whether a person chooses to behave violently (Walker et al., 1994). However, that study focused on adults rather than youth.

Gender-based violence is generally understood to include physical, sexual, and psychological abuse from intimate partners, sexual violence by non partners, and sexual

abuse of girls (WHO 2002). Violence can take the form of physical injury as in assault (Antonowicz, 2010). It can be abuse of power as in the case of bullying. (Piotrowski and Hoot 2008). Bullying is another form of violence prevalent in schools (Roberts 2006; De Wet 2007; Piotrowski and Hoot 2008). Physical violence also involves physical assault on women. It includes minor assault such as pushing, grabbing, or shoving; slapping), severe assault (kicking, biting, hitting with fist, hitting with an object, beating up, and using a knife or gun (Straus, 1980).

Psychological violence takes the form of physical intimidation, controlling through scare tactics and oppression, harassments, being picked upon, laughed at, unfair treatment, constant criticism and such likely acts. Psychological violence also includes threats of violence, pathological jealousy, mental degradation, and controlling the freedom of movement of the spouse so that she is not free to go where she wants or do what she wants (Sonkin et al., 1985).

Violence can also be in the form of sexual harassment (Jones et al., 2008). Sexual violence is a worldwide problem. Although there are many different ways of delimiting this form of violence, Krug et al (2002) define sexual violence as undesired sexual acts, attempts to obtain a sexual act or advances, in which coercion is utilized and that are practiced by any person, regardless of their relationship to the victim and in any setting, whether or not it be the home. It includes acts of rape, (forced penetration) within marriage or dating relationships, or as practiced by strangers or even in the midst of armed conflicts. It also includes sexual harassment: acts or advances, such as coercion and forms of payment or of demanding sexual favors in return for benefits accrued within the context of hierarchical relationships (at work or school). Sexual acts, in which penetration does not occur, as in Brazil are defined as violent assaults against modesty, are also considered sexual violence. These acts include coercion, exhibitionism and voyeurism, coercion in the practice of pornography, forced prostitution, forced genital mutilation and traffic of boys, girls and women (Heise et al, 1999). Sexual violence also involves physical attraction and sexual intercourse with opposite sex through the use of physical force, intimidation or coercion (Coumarclos and Allen, 1998). Sexual violence and rape of children appears to be spiraling, inexcusably fuelled by armed conflicts, extreme poverty and HIV/AIDS (WHO, 2002).

2.3 LEVELS OF GENDER-BASED VIOLENCE

There are three levels of gender-based violence. These are the home or family level, the community level and the state level.

2.3.1 Violence within the Home: Domestic violence is the most prevalent form of gender-based violence. It typically occurs when a man beats his female partner. Psychological abuse always accompanies physical abuse and majority of women abused by their partners are abused many times. Physical, sexual and psychological violence against women within a couple and in the family consists of battery, sexual abuse, female genital mutilation and other traditional practices harmful to women and girls, marital rape, dowry-related violence, incest, non-spousal violence like a son's violence against his mother and violence related to exploitation and deprivation of freedom (World March of Women, 2000).

2.3.2 Violence Against Women within the General Community: Physical, sexual and psychological violence occurring within the general community include battery, rape, sexual assault, sexual harassment and intimidation in school or work, forced treatments and abusive medication, the exploitation and commercialization of women's bodies which is related to increased poverty that is mainly a result of unbridled economic liberalism. These types of violence occurring within the general community also include contraception imposed on women by constraints or force, forced sterilization or abortions, selective abortion of female fetuses and female infanticide (World March of Women, 2000).

2.3.3 Violence Against Women Perpetrated by the State: Physical, sexual and psychological violence are too often perpetrated or tolerated by states that prioritize custom or tradition over the respect of fundamental freedom. In some countries, the rise of religious fundamentalism is extremely disturbing as regards women's right to their economic autonomy and their freedom of choice. The social exclusion of women is so great that it constitutes a new form of apartheid. Women are considered second class beings, of lesser value, deprived of their fundamental rights. Violence against women is

also exercised as a weapon of war in situations of armed conflict. It has many forms including murder, rape, sexual slavery, hostage taking and forced pregnancy (World march of Women, 2000). Salami (2000) identified some additional violations of human rights and fundamental freedoms such as the trafficking in women and girls for sex trade, forced prostitution, rape, sexual abuse and sex tourism that have become the focus of internationally organized crimes.

2.4 TYPES OF GENDER-BASED VIOLENCE

2.4.1 Sexual Violence

2.4.1.1 Examples of Sexual Violence

2.4.1.1.2 Sexual Abuse: This is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities that they do not fully comprehend, to which they are unable to give informed consent, or that violate the social taboos of family roles (John and Maria, 2003). Sexual abuse includes sexual touching and fondling, exposing children to adult sexual activity; including pornographic movies and photographs, having children pose, undress in a sexual fashion on film or in person, peeping into bathrooms or bedrooms to spy on a child or adolescent and rape or attempted rape (Kali, 2000). Current statistics suggest that one out of every four females had been sexually abused by the time she has reached the age of eighteen years, with about seventy-five percent as of the perpetrators being family members. On the other hand, one out of every five males had been sexually abused by age eighteen years (Kali, 2000).

2.4.1.1.3 Sexual assault: This is a crime of violence often motivated by aggression and rage with the assailant using sexual contact as a weapon for power and control. It is more broadly characterized as any unwanted sexual contact, thus encompassing a range of behaviours including rape, incest, molestation, fondling or grabbing or forced viewing of or involvement in pornography (Judith and Janet, 2003).

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2.4.1.1.4 Sexual harassment: This remains a common workplace hazard for women. Examples include unsolicited and unwelcome flirtations, advances, or propositions; graphic or degrading comments about employee's appearance, dress, or anatomy; the display of sexual suggestive objects or pictures, ill received sexual; jokes and offensive gestures; unwanted physical contact such as touching, hugging, patting or kissing. Sexual harassment is not limited to the work place. A report showed that four out of five students experience sexual harassment sometime during middle, elementary or high school (Haghes and Vander, 1999).

2.4.2 Physical Violence

Violence-related behaviours such as fighting and weapon carrying may lead to serious physical and psychosocial consequences for adolescents. This is indeed a major concern in the nation and has prompted the interest in violence among adolescents and the risk factors associated with violence and violence-related behaviours. Many studies have tried to shed light on the development of violence among youths. Poor parental supervision, family dissolution, negative peer influence, and poverty have all been shown to be associated with violence. A greater understanding of the risk factors of violence-related behaviours could offer possible targets for successful intervention (Borowsky and Ireland, 2004). The 2002 WHO report on Violence and Health is another global and comprehensive survey. The study was prompted by the realization that violence increasingly leads to severe health (physical as well as mental) problems. Victims are likely to suffer from a range of psychological consequences, both in the immediate period after the assault and over the longer term. These include guilt, anger, anxiety, depression, post-traumatic stress disorder, sexual dysfunction, somatic complaints, sleep disturbances, withdrawal from relationships and attempted suicide. In addition to these reactions, studies of adolescent males have also found an association between suffering rape and substance abuse, violent behavior, stealing and absenteeism from school (WHO, 2002).

2.4.3 Psychological Violence

Psychological violence takes the form of physical intimidation, controlling through scare tactics and oppression, harassments, being picked upon, laughed at, unfair treatment, constant criticism and such likely acts. Psychological violence includes threats

2.4.1.1.4 Sexual harassment: This remains a common workplace hazard for women. Examples include unsolicited and unwelcome flirtations, advances, or propositions; graphic or degrading comments about employee's appearance, dress, or anatomy; the display of sexual suggestive objects or pictures, ill received sexual; jokes and offensive gestures; unwanted physical contact such as touching, hugging, patting or kissing. Sexual harassment is not limited to the work place. A report showed that four out of five students experience sexual harassment sometime during middle, elementary or high school (Haghes and Vander, 1999).

2.4.2 Physical Violence

Violence-related behaviours such as fighting and weapon carrying may lead to serious physical and psychosocial consequences for adolescents. This is indeed a major concern in the nation and has prompted the interest in violence among adolescents and the risk factors associated with violence and violence-related behaviours. Many studies have tried to shed light on the development of violence among youths. Poor parental supervision, family dissolution, negative peer influence, and poverty have all been shown to be associated with violence. A greater understanding of the risk factors of violence-related behaviours could offer possible targets for successful intervention (Borowsky and Ireland, 2004). The 2002 WHO report on Violence and Health is another global and comprehensive survey. The study was prompted by the realization that violence increasingly leads to severe health (physical as well as mental) problems. Victims are likely to suffer from a range of psychological consequences, both in the immediate period after the assault and over the longer term. These include guilt, anger, anxiety, depression, post-traumatic stress disorder, sexual dysfunction, somatic complaints, sleep disturbances, withdrawal from relationships and attempted suicide. In addition to these reactions, studies of adolescent males have also found an association between suffering rape and substance abuse, violent behavior, stealing and absenteeism from school (WHO, 2002).

2.4.3 Psychological Violence

Psychological violence takes the form of physical intimidation, controlling through scare tactics and oppression, harassments, being picked upon, laughed at, unfair treatment, constant criticism and such likely acts. Psychological violence includes threats

of violence, pathological jealousy, mental degradation, and controlling the freedom of movement of the spouse so that she is not free to go where she wants or do what she wants (Sonkin, et al., 1985).

2.5 EXAMPLES OF GENDER BASED VIOLENCE

2.5.1 Rape: Rape is defined as any vaginal, anal or oral penetration by a penis, object, or other body part; lack of consent, communicated with verbal or physical signs of resistance, or if the victim is unable to consent by means of incapacitation because of age, disability or drug or alcohol intoxication: and threat of or actual use of force (AIR, 2007). The Federal Bureau of Investigation Uniform Crime Report recorded 100,000 rapes in the United States in 1990. The 1992-1993 National Crime Victimization Survey (NCVS) included reported, and unreported, attempted and completed rapes as the Federal Bureau Investigation Uniform Crime Report.

The National Violence against Women survey (1995-1996) estimated 1 million rapes or attempted rapes annually in the United States: 876,000 in women and 111,000 in men. The average annual number of rapes per respondent was 2.9 for women and 1.7 for men. This indicates that one (1) out of every six (6) women in the United States (or 18%), has been the victim of an attempted or completed rape in her lifetime (Judith and Janet, 2003). However, rape is rarely reported in Nigeria, in part, because it carries a heavy social stigma and sometimes, law enforcing officers were unwilling to make official reports. Although rape is a crime under Nigerian national law, the government failed to prevent, investigate and prosecute it, and to provide compensation to victims (AIR, 2007). A nationwide survey in 2005 by the CLEEN FOUNDATION, a NGO, which promotes public safety, security and justice, found that only 18.1 percent of 10,000 respondents who had committed rape offence had reported it to the law enforcement officers (AIR, 2007). Project Alert against violence, a non-governmental organization based in Lagos, included data on rape in its annual reports that included incidents of violence against women in the whole country in 2003. Thirty-two (32) cases of rape and sexual assault were reported in its 2003 report. This figure has increased to forty-six (46) in the ensuing period from December 2004 to November 2005 (AIR, 2007).

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2.5.2 Bullying

This is another form of violence prevalent in schools (Roberts 2006; De Wet 2007; Piotrowski and Hoot 2008). Bullying is a combination of verbal and physical aggression, and is an aggravation directed from an agent towards the victim. Bullying has an influence on the victim's physical, emotional, social and educational wellbeing. Harber (2004) mentions that though there are variations in the type of bullying, bullying in schools is carried out by both males and females, and both males and females are the victims. In the Global School-Based Student Health Survey carried out in a wide range of developing countries, between 20% and 65% of school aged children reported having been verbally or physically bullied in school in the previous 30 days. Similar rates of bullying have been found in industrialized countries. Several studies have been conducted on violence against children in Ethiopia. Dereje and Derese (1997) studied violence in junior and senior schools in Addis Ababa. They found out that while physical violence and snatching property of school girls were most frequent among junior high schools (grades 7 and 8), bullying and attempted rape were more common among senior high school students. The study reported that there was a considerable amount of violence ranging from intimidation and minor physical attack to bullying snatching personal belongings, attempted rape, causing injury to sensitive organs, stabbing and even killing in schools and around schools. The study found out that teachers and head masters committed violent acts on students when they fail to observe school regulations, or to do homework, and display disruptive behavior. The issue of power is a central concept in bullying. Bullies often report feeling powerful and justified in their actions (Baumeister 2001; Bullock 2002).

2.6 Causes of Gender-Based Violence

Njenga (1999) who was the chairman of the Psychiatric Association in Kenya discussed with women in Kenya reasons for the rise in gender-based violence. He opined that the causes are quite diverse. One of the causes he identified was the space people live in. The more crowded people are, the more domestic violence there is likely to be. Njenga (1999) concluded that poverty, which also determines where and how a person lives, is one of the contributing factors.

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Financial insecurity has also been attributed to gender-based violence. Njenga (1999) commented that if a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by the society which portrays a man as being strong, educated, creative, and clever while a woman is the opposite of all these traits. The way parents bring up their children, which create disparity between boys and girls, also is a source of gender-based violence in later life. When a boy grows up, knowing that he is not supposed to wash his own clothes, cook or help in the house, if he grows up and gets married to a woman who comes from a home where duties are equally shared between girls and boys, this can create tension that might lead to violence (Njenga, 1999).

Bitangaro (1999) had summarized the causes of violence against women as being deeply rooted in the way society has set up-cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance. Saran (1999) gave another cause, which she regarded as a myth; she opined that a woman's dress and behaviour can cause rape. This myth according to her places the blame for rape on a woman and views men as unable to control themselves. She concluded that if a woman is known as a party animal or a tease and wears provocative clothing, she is asking for attention, flattery, or just trying to fit in. She is not asking to be raped.

2.7 Effects of Gender Based Violence

The effects of gender-based violence can be devastating and long lasting which pose danger to a woman's reproductive health and can scar a survivor psychologically, cognitively and interpersonally. A woman who experiences domestic violence and lives in an abusive relationship with her partner may be forced to become pregnant or have an abortion against her will, or her partner may knowingly expose her to a sexually transmitted infection (Bitangaro, 1999). Bitangaro (1999) reported what a child psychologist says that "violence absolutely impacts on children" A child who has undergone or witnessed violence may become withdrawn, anxious or depressed on one hand; on the other hand, the child may become aggressive and exert control over younger siblings. Boys usually carry out the aggressive form of behaviour and as adults, may beat their spouses. The effects of sexual abuse are the exploitation of power. Young people

are especially at risk and this can have lasting consequences for their sexual and productive health. The costs can include unwanted pregnancies, sexually transmitted infections (STI), physical injury and trauma. Bitangaro (1999) reported that in Uganda as in many parts of the world, a lot of stigma is attached to a woman who has been raped.

The negative effects of gender violence in schools go beyond low enrollment and retention. For girls who do stay in school, the lack of a gender-safe environment in which to learn and grow results in a less effective and empowering education. The “hidden messages” in their daily school experiences tell them that traditional constructions of gender roles remain operative and that they have little control over their bodies and their schooling. In many cases they learn to distrust their teachers and their male classmates. Meanwhile boys are also absorbing harmful messages about their own sexuality and the types of relationships possible between women and men. *“He told me that he loved me and I yelled at him. After that in class he tried to hit me, or send me out of class for no apparent reason. The memory makes me cry every time I think about it.”* A student from Zimbabwe whose teacher had proposed to her when she was in grade 6 (Leach et al. 2000).

In 2002, World Health Organization (WHO) reported that 53,000 children were murdered worldwide. A survey from many countries showed that between 20 to 65 percent of school aged children reported to have been bullied verbally or physically. Furthermore WHO (2002) estimated that 150 million girls and 73 million boys under 18 years were sexually abused. About 100 to 140 million girls and women in the world underwent some form of FGM. The World Bank states that gender-based violence is heavy a health burden for women of ages 15-is as that posed by *HIV*, tuberculosis and infection during child birth, cancer and heart diseases (Population Reference Bureau, 2000).

Occurrence of sexual violence in schools is well documented in the literature. Mirembe and Davies (2001) reported that sexual harassment is still ignored in most of the schools in Africa. A report by the Human Rights Watch (2001) found that that many girls experience violence in South African schools. According to the report, girls experienced sexual harassment by teachers, as well as psychological coercion to engage in dating relationships with teachers (Human Rights Watch 2001). They are also raped, sexually

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abused, sexually harassed and assaulted at school by learners and teachers. The study found that although girls in South Africa have better access to school than their counterparts in other sub-Saharan states, they are confronted with levels of sexual violence and sexual harassment in schools that impeded their access to education on equal terms with male students.

According to the report of the UN Secretary General's Survey on Violence against Children, the consequences of violence can be devastating. These included, brain injuries, bruises and fractures, poor interpersonal relationship and communication, learning problems, emotional/psychological problems like anxiety, depression, aggression or attempted suicide, use of drugs, sexual indulgence and health problems such as *HIV/AIDS* and sexually transmitted infections (STIs). Most of the impacts of GBV can result in early death while those who survive live with physical and emotional scars.

2.8 Consequences of GBV

2.8.1 Suicide

Suicide is the third leading cause of death in adolescents (Anderson and Smith, 2001). Although rates of adolescent suicide declined from 1991 to 2002, it still remained unacceptably high (CDC, 1992-2001). In 2003, 6.5 per 100 000 US teenagers aged 14 to 19 years committed suicide. Completion rates in this age group varied significantly by sex and race (NCIPC, 2006). Risk factors for adolescent suicide included prior suicide attempts, depression, and substance abuse (Zametkin et al., 2001). Research to identify adolescents at risk of suicide attempts has been specified, by the Institute of Medicine, as a priority for preventing adolescent suicide (Board on Neuroscience and Behavioral Health, 2001). Data from the 2005 National Youth Risk Behavior Survey (YRBS) suggest that suicide attempts are quite common among teenagers, with 8.4% of high school students reporting one or more attempts in the previous year (Eaton et al., 2006).

Finally, Foley et al., (2006) suggested that adolescents who attempt suicide have increased rates of depression and conduct disorder, which may predispose them to engage in health-compromising behaviors. Scedat et al., (2005) had demonstrated that a history of childhood or adolescent sexual assault can predispose adolescents to future sexual assault

and dating violence victimization. Childhood sexual assault has been clearly linked to adolescent depression, alcohol use, and violence perpetration (Hussey et al., 2006). Furthermore, as many as one third of female sexual assault survivors are known to develop posttraumatic stress disorder (Tjaden and Thoennes, 2000). Therefore, sexual assault would seem to be a likely risk factor for a suicide attempt. However, findings from prior research on whether sexual assault is an independent risk for future suicidal behavior have been mixed. Understanding the relationship between sexual assault and suicidal behavior is important because data from the 2005 National YRBS found 10.8% of adolescent girls and 7.5% of adolescent boys reported a lifetime history of forced sexual activity (Eaton et al., 2006).

2.8.2 Unintended Pregnancy

Numerous studies have linked sexual violence to higher rates of unintended pregnancy, abortion, and STI transmission (Jewkes et al. 2001; Wingood 2001; Human Rights Watch 2001; Garcia-Moren and Watts 2000). Afenyadu and Goparaju's (2003) study of adolescents in and out of school in Dodowa, Ghana indicates that while most adolescents are expected to complete junior secondary schools and progress into senior secondary schools (SSS) or other forms of secondary education, only 18 percent of the 101 out-of-school young people had completed SSS. "Dropping out of the formal educational tier was largely attributed to an inability to pay fees and, in the case of some girls, to pregnancy". Furthermore, they indicate that teenage pregnancy, its termination, and unwed motherhood, are not uncommon, 29 percent of the sexually active female adolescents reported that they had been pregnant at some time (Afenyadu and Goparaju, 2003).

2.8.3 STIs including HIV

Young women have been found to be biologically more vulnerable to HIV infection than young men; the risk of HIV infection during unprotected vaginal intercourse is as much as two to four times higher for women (UNAIDS 1999). In southern Africa, infection rates among girls aged 15 to 19 are seven times that of boys (of a similar age group), while in the Caribbean, girls are infected at twice the rate of boys (Fleischman 2003:5). Physical violence that accompanies coerced sex or rape
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infection during unprotected vaginal intercourse is as much as two to four times higher (UNAIDS 1999). HIV to vulnerable plays a role in the easy transmission of an HIV infection through a wound or cut, as do some STIs, which increases the efficiency of HIV transmission. Moreover, women's biological vulnerability to HIV infection is increased when overlapped with social factors that shape and constrain heterosexual practices, such as gendered norms of sexual behaviors and beliefs (Kumar et al. 2001).

Examining the impact of HIV/AIDS on girls and women in Zambia, Fleischman's (2002) report indicates that it has hit them harder than boys and men. She argues that abuses of the human rights of girls, especially sexual violence and other sexual abuse, contribute directly to this disparity in infection and mortality. In Zambia, many girls orphaned by AIDS or otherwise without parental care suffer in silence because the government fails to provide basic protections from sexual assault that would lessen their vulnerability to HIV/AIDS (Fleischman, 2002).

In Botswana, set against the backdrop of the country's very high rates of HIV infection, particularly among young people, Rossetti (2001) speculates that sex with teachers can be a grave health risk. However, there are mixed findings and suppositions regarding this. A study from the Centre for International Education (CIE) at the University of Sussex, Bennel et al. (2001), which attempted to assess the impact of the HIV/AIDS epidemic on the education sector in Malawi, Uganda, and Botswana, found little evidence to support the hypothesis that teacher-student sexual contact results in high rates of HIV infection for students. For example, the mortality rate of teachers in Botswana was less than half of that projected overall for the adult population in the late 1990s. Globally, 40 percent of all new HIV infections occur among 15-24 year olds. Each year, about 15 million adolescent girls, aged 15-19 years, give birth. About 4 million girls from the 15-19 years age group obtain an abortion. Up to 100 million of them become infected with curable STIs, but may not receive treatment (UNAIDS/UNICEF 2001). Leach et al. (2003) explored some of the implications of sexual violence within schools for the teaching of HIV/AIDS. Leach observed that "teaching about safe sex and sex based on mutual consent and negotiation in a context of high-risk sexual practice (multiple partners, intimidation and sometimes coercion) is unlikely to be successful; a school culture that encourages stereotypical masculine and

feminine behavior makes girls particularly vulnerable. The school as a location for high risk sexual practice militates against the school as an effective forum for teaching about and encouraging safe sex” (2003:viii).

Action Aid’s recent report (Boler et al., 2003) also demonstrates that the high expectations placed on school-based HIV/AIDS education may be misplaced. Almost a quarter of the students in the Kenya study stated that teachers did not set good role models when it comes to sexual behavior. One of the main reasons respondents felt teachers were lacking as role models was the level of hypocrisy between what some teachers said and what they did. As one government teacher training representative in Kenya said, “The same teachers who are supposed to pass information to children, seduce them and therefore face the challenge of being good role models. They are not good examples, which is a greater threat for children who may take after the behaviour of the teachers. The findings also suggest that “selective teaching” often takes place where teachers appear to be selecting which messages to convey or choosing not to teach about HIV at all. The authors argue that the occurrence of selective teaching is alarming, stressing that discussion of HIV without direct reference to sex, or advocating abstinence without mentioning safer sex, cannot work (Boler et al., 2003).

2.8.4 Economic Impact

In 1993 the World Bank estimated that *nine million Disability-Adjusted Life Years (DALYs) are lost annually*, alone, due to IPV. While this might be an over estimate, domestic violence and rape ranks higher than cancer, motor vehicle accidents, war and malaria in the global estimates of selected risk factors for increased morbidity, disability and mortality, accounting for an estimated 5 to 16 percent of healthy years of life lost by females aged 15 to 44 years of age (WHO, 2002). The costs of GBV and the impact on economic growth and poverty reduction are substantial, but the estimates of costs vary substantially based on the data and methodology used, the inclusion or exclusion of different categories, and the monetary value allocated to human life and suffering. Most, of the few studies available, are from High Income Countries and largely based on crime reports, hospital records and surveys, underestimating the true prevalence and not including the impact of witnessing or being the victim of GBV as a child. The most commonly used approach is the accounting methodology incl.; (1) direct costs due to

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expenditures on prevention, health care etc, and (2) indirect costs due to lost productivity, impaired quality of life and cost of time. In 1993 the CDC estimated the annual cost of IPV in the US to more than 5.8 billion USD incl. medical & mental health services, & lost productivity of about 5.3 million victims. The estimated annual direct medical cost of treating victims of IPV at Kingston Public Hospital in Jamaica was close to half a million USD in 1991. Including the estimated direct medical cost Buvinic and Morrisson (1999) found the annual cost of DV alone to contribute two percent of GDP in Chile and 1.6 percent of GDP in Nicaragua.

A descriptive study with cross-sectional survey research design was conducted on the knowledge, perception and experience of Non-Consensual Sex (NCS) in Port-Harcourt. A self administered questionnaire was used to interview three hundred undergraduates of the University of Port-Harcourt. A five-point scale was used to measure knowledge; respondents that scored between 0-1 points were scored as poor knowledge, 2 points were scored as average and 3-5 points were scored as good. Overall mean knowledge score was 2.7+1.7. The result showed that more than half (59.2%) of the respondents had good knowledge of NCS. Series of questions were also asked to assess the perception of respondents on NCS. Perception of the respondents was measured using 10-point scale. Those that score 0-5 were grouped as negative perception and those with 6-10 points were grouped as positive perception. Overall 86% of the respondents had positive perception of NCS (John et al., 2005).

Nhundu and Shumba's (2001) study in Zimbabwe in which the researchers found a much lower percentage of male victims reporting sexual abuse in schools. Nhundu and Shumba speculate that this may reflect cultural dimensions of a highly patriarchal African society, where masculinity is associated with dominance, assertiveness, and aggressiveness, which in turn may have prevented many boys from disclosing their abuse as a means of protecting their masculinity (Stein et al. 1993; Hendrie 2003; Duncan 1999; Fineran and Bennett 1999; Schmidt and Peter 1996; Rosenfeld 1998; Peterson 1998).

In Cameroon, a study of sexual abuse in schools in the city of Yaoundé revealed that about 16 percent of the 1,688 surveyed students reported being abused (Mbassa, 2001). Approximately 15 percent of these attacks took place in schools. Of these, about 30 percent were perpetrated by classmates or other school friends of the victims and

about 8 percent by teachers; family friends, neighbors, other acquaintances or strangers accounted for the rest. The researcher found that many students were willing to talk about these experiences.

“Shattered Hopes,” a study conducted by the Metlhaetsile Women’s Information Centre in Botswana, surveyed 800 students, including 422 girls aged 13 to 16, in 12 schools in the Ngamiland, Kgalagadi and Kweneng Districts and one school in Mahalapye. The study examined the prevalence of sexual abuse, including rates of sexual activity, whether respondents had been forced or coerced to have sex and, if so, who coerced them and whether or not condoms were used (*Botswana, 2000*). While the study did not include a representative sample for Botswana, it included interviews with 40 teachers, parents, or community leaders. The findings indicated that 38 percent of the girls questioned reported that they had been touched in a sexual manner without their consent, while 17 percent reported having had sex, with 50 percent of them saying that it was forced. Thirty-four percent of the students said they had sex for money, gifts, or favors. Of those sexually active, 48 percent said they had never used a condom. Most of the sexual harassment, unwanted touching, and forced sex came from peers, i.e., boys of the same age as the girls surveyed.

In another study of sexual violence in Botswanan schools, 560 students were surveyed and 67 percent of the girls reported sexual harassment by teachers (Rossetti 2001). Harassment ranged from pinching and touching to pressure for sexual relations. Twenty percent of the respondents reported being asked by teachers for sexual relations, and half reported fearing repercussions of poor grades and performance records if they did not. Sixty-eight percent of sexual harassment incidences happened in junior secondary schools, 18 percent in senior secondary schools, and 14 percent in primary schools. Although 83 percent of teachers considered student–teacher relations to be a big problem in Botswanan schools, the country code of conduct for teachers remains silent on sexual harassment, and the Ministry of Education does not have a formal policy to address it (Rossetti 2001).

A study by World Education (2001) in Peru also found that the long distance girls must travel to and from school increased their risk of being molested. The risk of sexual abuse, rape, and unintended pregnancy kept girls at home and contributed to school

absenteeism, grade repetition, and abandonment of formal schooling. Research on a sample of 10,000 girls in sub-Saharan Africa found that one-third reported being sexually active, and 40 percent of these girls said their first encounter was “forced.” The majority of the perpetrators were male students (Mensch et al. 1999).

Another cross-sectional study on prevalence of gender based violence was conducted in Awassa, Ethiopia and recruited 1,330 female students from eight private and public colleges and one university for participation in the survey. Result showed that 40% had reported experiencing any gender based violence (physical or sexual abuse) during the current academic year. Of the students who reported experiencing any GBV in their current year, 20.2% experienced physical abuse only, 57.7% experienced sexual abuse only and 22.1% experienced both physical and sexual abuse (Arnold et al., 2008).

In Nigeria, sexual abuse of children often takes place behind closed doors and is unreported and undetected. There are thousands of children living on the streets of Lagos and other major cities, neglected by their parents or abandoned, exposed to so many hazards and threats (Ogundipe and Obinna 2007).

A study on the experience and perpetration of violent behaviors of 1,366 secondary school students in Ibadan, Nigeria revealed that the lifetime experience of at least one of the three forms of violence was 97%. Physical violence ranked first (94%), followed by psychological (77.6%) and sexual violence (34.9%). The most common types of these forms of violence behaviours experienced were slaps (84.5%), unwanted touch of breast and backside (22.7%) and being belittled (63.2%). Approximately 8% have had sex and 25% of sexually active respondents claimed that their first sexual encounter occurred in coercive circumstances. Reports of perpetration of physical, sexual and psychological violence by males were 75.3%, 44.9% and 13.3% respectively (Ajuwon et al., 2011).

In a study conducted among secondary school students in Northern Nigeria, thirty-six percent of the entire students reported that they had experienced at least one of the six forms of sexually coercive behaviours explored in the study. Unwanted touch of the body (breast and backside), occurred with highest (31%) frequency among the most reported sexually coercive behavior; this was followed by attempt to force a student to have sex (11%); being tricked into having sex took the lowest position in that study (9%).

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The proportion of the students who reported rape was 5% ,the figure was similar between the sexes (Ajuwon et al., 2006).

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CHAPTER THREE

METHODOLOGY

3.1 STUDY DESIGN

This was a comparative cross sectional study. It assessed the knowledge, perception and experience of both public and private senior secondary school students on gender based violence.

3.2 STUDY AREA

The study was carried out in Ilorin South LGA in Kwara state. Ilorin South is one of the 16 LGAs in Kwara State and is located within latitude 8⁰30North and longitude 4⁰35East of the equator. Ilorin South Local Government Area is one of the three Local Government Areas that constitute Ilorin Metropolis. The LGA was created in 1996 with headquarters at Fufu which is about 10km away from Idofian and about 35km from Ilorin the State Capital. It is made up of two districts and has 11 wards. The districts are: Akanbi and Balogun Fulani. The LGA has a population of 208,691 with the population of males being 104,504 and that of females 104,187 (National Population Census, 2006). The main ethnic groups in the area the Yorubas. Others include Fulanis, Hausas and Nupes. There are however a considerable number of Igbos. The predominant religion of the residents of the LGA is Islam. The main occupations of the people are farming, trading, and artisans. There are also a few public servants. There are fourteen (14) public senior secondary schools, sixteen (16) junior secondary schools and sixty-two (62) primary schools while there twenty-five private secondary schools fifty-six primary schools with four tertiary institutions.

3.3 STUDY POPULATION

The study population consisted of male and female adolescents in senior secondary classes (SS1-111). Both public and private schools were involved in the study.

3.4 SAMPLE SIZE CALCULATION

The sample size was determined with two-sided tests formula for comparing two proportions.

$$N = \frac{[Z_{1-\alpha/2} + Z_{1-\beta}]^2 [(P_1(1-P_1) + P_2(1-P_2))]}{(P_1 - P_2)^2}$$

Where;

N = Sample size

Difference expected in this study

$$(P_1 - P_2) = 5\% \text{ or } 0.05$$

Level of significance (α) = 5% or 0.05

Power = $1 - \beta$ = 80% or 0.80

P_1 = proportion estimated to have experience physical violence in a similar study (97.9% or 0.979). (Ajuwon et al., 2011).

P_2 = P_1 minus expected difference.

$$P_2 = 0.979 - 0.05 = 84.4\%. \text{ Therefore, } P_2 = 92.9\% \text{ or } 0.929$$

$$K \text{ for two sided tests} = [Z_{1-\alpha/2} + Z_{1-\beta}]^2 = 7.9$$

$$\text{Therefore, } N = \frac{7.9 [0.979(0.021) + 0.929(0.071)]}{(0.05)^2}$$

$$N = 272.$$

For non-response,

$$N(s) = \frac{1}{1-r}$$

r = estimated non-response rate = 10% or 0.1

$$N(s) = \frac{1 \times 272}{1-0.10}$$

Minimum sample size for each group was 302, with a total sample size of 604.

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Where;

N = Sample size

Difference expected in this study

$$(P_1 - P_2) = 5\% \text{ or } 0.05$$

$$\text{Level of significance } (\alpha) = 5\% \text{ or } 0.05$$

$$\text{Power} = 1 - \beta = 80\% \text{ or } 0.80$$

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Minimum sample size for each group was 302, with a total sample size of 604.

3.5 SAMPLING TECHNIQUE

A multistage random sampling technique was used to select students from the public and private senior secondary schools in the Local Government Area.

Stage One: Simple random sampling technique by balloting was used to select five (5) public schools out of the fourteen (14) public senior secondary schools in Ilorin South Local Government and five (5) private senior secondary schools in the LGA. The selected schools were: Public- United Community Secondary School, Sango Senior Secondary School, Government Day Secondary School, Gaa-Akanbi, Bishop Smith Memorial College and Government Day Secondary School, Tanke. Private: Flora College, Precious Gift International School, Rehoboth College, Adebola College and Excellent International School.

Stage Two: The number of students recruited from each school was determined proportionately based on students' population in each school. Total population of all students in the five public and private secondary schools were 3522 and 363 respectively.

Number of students to be selected from each school =

$$\frac{\text{Population of students in the school}}{\text{Total population of students in the public schools}} \times \frac{302}{1}$$

(See Table 3.1)

Stage Three: The number of students recruited from each class was determined proportionately based on students' population in each class (See Table 3.1).

Stage four: Participants were selected by systematic random sampling in each class until the desired number to be selected in each class was achieved.

3.6 INCLUSION AND EXCLUSION CRITERIA

Inclusion criteria: One of the inclusion criteria for this study was for study participants to be in classes S.S.S I-III. Another criterion adopted in this study was that a study participant must be willing to participate by signing of informed consent

Exclusion criterion: Anybody not fulfilling the inclusion criteria stated above.

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3.7 PRE-TESTING

Pre-testing of the questionnaire was carried out in one public and private secondary school, in Ilorin West Local Government. Sixty students from both public and private schools were pre-tested. Thereafter the questionnaire was revised to make the knowledge questions understandable to the respondents.

3.8 DATA COLLECTION INSTRUMENT

Data was collected using a structured self-administered questionnaire. The questions measured the knowledge, perception and experience of GBV. Instruments were extracted from previous studies Fawole et al., (2005) and Oladipupo and Ajuwon (2011). All questions were numbered to provide clear reference to every item in the questionnaire. To reduce interviewer bias, general questions was stated first and continued with more specific questions. Transitional phrases were used to make respondents understand any changes when a new topic is introduced. The questionnaire comprised of fifty-six questions which was divided into five sections. Section A with 14 questions was related to respondent's personal data (age, sex, ethnic group, religion, parent's personal information etc.). Section B with 4 questions was on awareness of GBV Section C with 17 questions was on knowledge of GBV, section D with 11 questions assessed perception on GBV, section E with 8 questions focused on respondents sexual behavior and section F with 6 questions addressed experience of GBV.

3.9 DATA COLLECTION PROCEDURE

The study was conducted between March and May, 2012. Data was collected by two trained research assistants along with the researcher. Data collection process did not disturb the student's education because the data was collected during break time.

3.10 DATA MANAGEMENT AND ANALYSIS

Data obtained from the study was collected, coded cleaned, entered and analyzed into a computerized data base using statistical package for social science (SPSS) version 15.0. Daily cleaning and editing was done to detect and correct errors.

3.10.1 Scoring

The knowledge on GBV was assessed by scoring every correct answer one mark while incorrect answers obtained a score of zero. For each individual, the total score on knowledge was summed up for all correct answers to be 14. The maximum score obtainable was 14. Also, scores were categorized as good and poor as follows: 0-6 marks as poor knowledge, 7-14 marks as good knowledge. Also, perception on GBV was assessed by scoring every correct answer 1 mark and incorrect answers zero marks. For each individual, the total perception score was summed up for all correct answers to be 11. The maximum score obtainable was 11. Also, scores were categorized as negative and positive as follows: 0-5 marks as poor perception, 6-11 marks as good perception.

Frequencies were used to summarize the socio demographic characteristics of the students. The demographic characteristics of the study participants were also described using appropriate charts and tables. Descriptive statistics such as mean and standard deviation was used to summarize quantitative variables. The comparison of knowledge and experience of gender based violence between students in the two types of schools was tested using chi-square test. Knowledge scores were compared using student t-test. Multivariate (logistic regression) was used to determine the factors associated with experience of violent behaviours. Statistical significance was set at 5% level of probability.

3.11 ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the University of Ilorin Teaching Hospital Ethical Review Committee in Kwara State, and also from the Ministry of Education, Ilorin, Kwara State. Also, permission was obtained from the principals of the selected schools. The research was at no cost to the respondents. Before commencing on the study, written informed consent was obtained from the participants after explaining to them the purpose of the research, the risk involved, time involved and benefits of the research.

3.11.1 Beneficence

The study was conducted in the school setting to ensure minimal disturbance of the respondents' education. The questionnaires was worded clearly and simply for easy understanding. It took about 20 minutes to complete the questionnaire.

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3.11.2 Respect for humanity

The researcher informed the respondents of the nature and purpose of the study, and ensured that no harm came to them (Polit and Hungler, 1999). The respondents' rights to self-determination was honored, respondents were able to decide independently without any coercion, whether or not to participate in the study. They were afforded the right not to answer any questions that caused discomfort or not to disclose personal information. Furthermore, the respondents was be treated with dignity throughout the study (Polit and Beck, 2004).

3.11.3 Confidentiality

Each participant was assigned a study number in place of their names. The questionnaires were also retrieved immediately from the respondents after completion and were checked for completeness, thereafter kept in a safe place for confidentiality.

3.12 LIMITATION OF STUDY

Gender based violence is a sensitive issue that most people tend to deny because of the fear of stigmatization. Attitude of the respondents towards the filling and return of the questionnaire was a major limitation. Majority of the respondents were young and hesitant to talk about sexual issues. Although, they were assured about the confidentiality of information given.

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CHAPTER FOUR

RESULTS

4.1 Comparison of socio-demographic characteristics of respondents

A total of 604 students participated in the study. Response was obtained from all 604 students approached making the response rate 100%. Respondents mean age was 15.95 ± 1.72 years. The demographic characteristics of the respondents are shown in Table 4.1. Regarding age, respondents from public school were generally older (mean age, 15.9 ± 1.8 years) compared with those from private schools (mean age, 15.8 ± 1.7 years) ($p > 0.05$). A significantly larger proportion ($p < 0.001$) of the respondents in public schools were from monogamous home (252 or 83.4%) compared with those in public schools (204 or 67.5%). With regards to living condition, Majority (75.5%) of the respondents in private schools were currently living with both parents compared with more than half (59.3%) of the respondents in public schools ($p < 0.001$). There were however no statistically significant differences in the religion and ethnic group. More than half of the respondents in the public and private schools were Christians, 183 (60.6%) and 162 (53.6%) respectively ($p = 0.09$).

Table 4.1: Comparison of Socio-demographic Characteristics of Respondents

Socio-demographic Characteristics	Public N=302 n (%)	Private N=302 (n (%))	Test statistics and P- value
Sex			
Male	151 (50%)	151 (50%)	0.000; 1.00
Female	151 (50%)	151 (50%)	
Age (in years)			
10-15	94 (31.1)	133 (44.0)	10.74; 0.00**
16-21	208 (68.9)	169 (56.0)	
Mean Age (± S.D) years	15.9(± 1.75)	15.9(± 1.69)	t-test=0.5, p = 0.64
Religion			
Christianity	183 (60.6)	162 (53.6)	2.98; 0.09
Islam	119 (39.4)	140 (46.4)	
Class			
S.S.S I	132 (43.7)	89 (29.5)	28.73; 0.00**
S.S.S II	115 (38.1)	101 (33.4)	
S.S.S III	55 (18.2)	112 (37.1)	
Ethnic group			
Hausa	5 (1.7)	11 (3.6)	5.35; 0.15
Igbo	15 (5.0)	12 (4.0)	
Yoruba	276 (91.3)	266 (88.1)	
*Others	6 (2.0)	13 (4.3)	
Family type			
Monogamy	204 (67.5)	252 (83.4)	20.62; 0.00**
Polygamy	98 (32.5)	50 (16.6)	
Currently living with			
Father	24 (7.9)	10 (3.3)	20.29; 0.00**
Mother	32 (10.6)	26 (8.6)	
Both parents	179 (59.3)	228 (75.5)	
Guardian	67 (22.2)	38 (12.6)	

*Cross-river, Bassa, Edo, Fulani, Idoma, Igede, Nupe, Urhobo and Uvwie

** Statistically significant

4.2 Comparison of parent's socio- demographic characteristics

Table 4.2 shows the socio-demographic characteristics of the respondents' parents. A significantly higher proportion (60.6%) of fathers of the respondents from private schools had university education compared with less than half (46.0%) of fathers of respondents from the public schools ($p < 0.001$). Likewise more slightly more than half (51.3%) of mothers of the respondents from private schools had university education compared with less than half (31.1%) of mothers of those from the public schools ($p < 0.001$).

More (61.6%) of the respondents in private schools compared with less than half (46.7%) of respondents in public schools indicated their father's occupation as skilled ($p < 0.001$), while one hundred and twenty eight (42.4%) compared with ninety-three (30.8%) also indicated their mother's occupation as skilled in private and public schools respectively ($p = 0.01$). Majority of the respondent's parents (85.8%) in private schools compared with those (79.1%) in public schools were married and currently staying together, however this was not statistically significant ($p = 0.14$).

4.2 Comparison of parent's socio- demographic characteristics

Table 4.2 shows the socio-demographic characteristics of the respondents' parents. A significantly higher proportion (60.6%) of fathers of the respondents from private schools had university education compared with less than half (46.0%) of fathers of respondents from the public schools ($p < 0.001$). Likewise more slightly more than half (51.3%) of mothers of the respondents from private schools had university education compared with less than half (31.1%) of mothers of those from the public schools ($p < 0.001$).

More (61.6%) of the respondents in private schools compared with less than half (46.7%) of respondents in public schools indicated their father's occupation as skilled ($p < 0.001$), while one hundred and twenty eight (42.4%) compared with ninety-three (30.8%) also indicated their mother's occupation as skilled in private and public schools respectively ($p = 0.01$). Majority of the respondent's parents (85.8%) in private schools compared with those (79.1%) in public schools were married and currently staying together, however this was not statistically significant ($p = 0.14$).

Table 4.2: Comparison of parents' socio-demographic characteristics

Socio-demographic Characteristics	Public N=302 n (%)	Private N=302 (n (%))	Test statistics and P- value
Father's Highest Level of Education			
No formal education	25 (8.0)	12 (4.0)	36.68; 0.00**
Primary	8 (2.6)	8 (2.6)	
Secondary	78 (25.8)	29 (9.6)	
Polytechnic	60 (19.9)	70 (23.2)	
University	131 (43.4)	183 (60.6)	
Mother's Highest Level of Education			
No formal education	16 (5.3)	10 (3.3)	41.06; 0.00**
Arabic	4 (1.3)	2 (0.7)	
Primary	24 (7.9)	11 (3.6)	
Secondary	93 (30.8)	48 (15.9)	
Polytechnic	79 (26.2)	76 (25.2)	
University	86 (28.5)	155 (51.3)	
Guardian's Highest Level of Education			
No formal education	7 (10.5)	0 (0.0)	8.87; 0.12
Arabic	0 (0.0)	1 (2.7)	
Primary	2 (3.0)	0 (0.0)	
Secondary	12 (17.9)	4 (10.5)	
Polytechnic	21 (31.3)	16 (42.1)	
University	25 (37.3)	17 (44.7)	
Father's Occupation			
Un-skilled	107 (35.4)	90 (29.8)	17.46; 0.00**
Semi-skilled	54 (17.9)	26 (8.6)	
Skilled	141 (46.7)	186 (61.6)	
Mother's occupation			
Un-skilled	169 (56.0)	145 (48.0)	9.13; 0.01**
Semi-skilled	40 (13.2)	29 (9.6)	
Skilled	93 (30.8)	128 (42.4)	
Parent's Marital Status			
Single/never married	4 (1.3)	3 (1.0)	5.45; 0.14
Married/staying together	239 (79.1)	259 (85.7)	
Married/not staying together	51 (16.9)	37 (12.3)	
Divorced	8 (2.7)	3 (1.0)	

** Statistically significant

4.3: Comparison of awareness of gender based violence

More (67.9%) respondents from private schools had ever heard of gender based violence compared to those (62.3%) from public schools ($\chi^2 = 2.11$, $p > 0.05$) (Fig. 4.1.). Table 4.3 presents results on the awareness of gender based violence. There were statistically significant differences in all the awareness indicators of GBV. A higher proportion of respondents in the public schools indicated television/radio, parents and schools as their main source of information (36.7%, 22.9% and 21.8%) respectively, compared with respondents from private schools (31.7%, 20.5% and 15.6%) respectively ($\chi^2 = 13.02$, $p < 0.05$).

Regarding major consequence of GBV, higher proportion (38.0%) of respondents from private schools indicated suicide as the major consequence of GBV ($\chi^2 = 15.98$, $p < 0.001$). Compared with (27.8%) those from private school, more (37.2%) of the respondents from public schools indicated that *Human Immune Deficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS)* is the highest consequence of gender based violence ($\chi^2 = 15.98$, $p < 0.001$). With regards to people likely to experience violence, higher proportion (47.3%) of the respondents in public schools indicated that youths were the most likely to experience GBV compared with those (45.9%) respondents from the private schools ($p < 0.001$).

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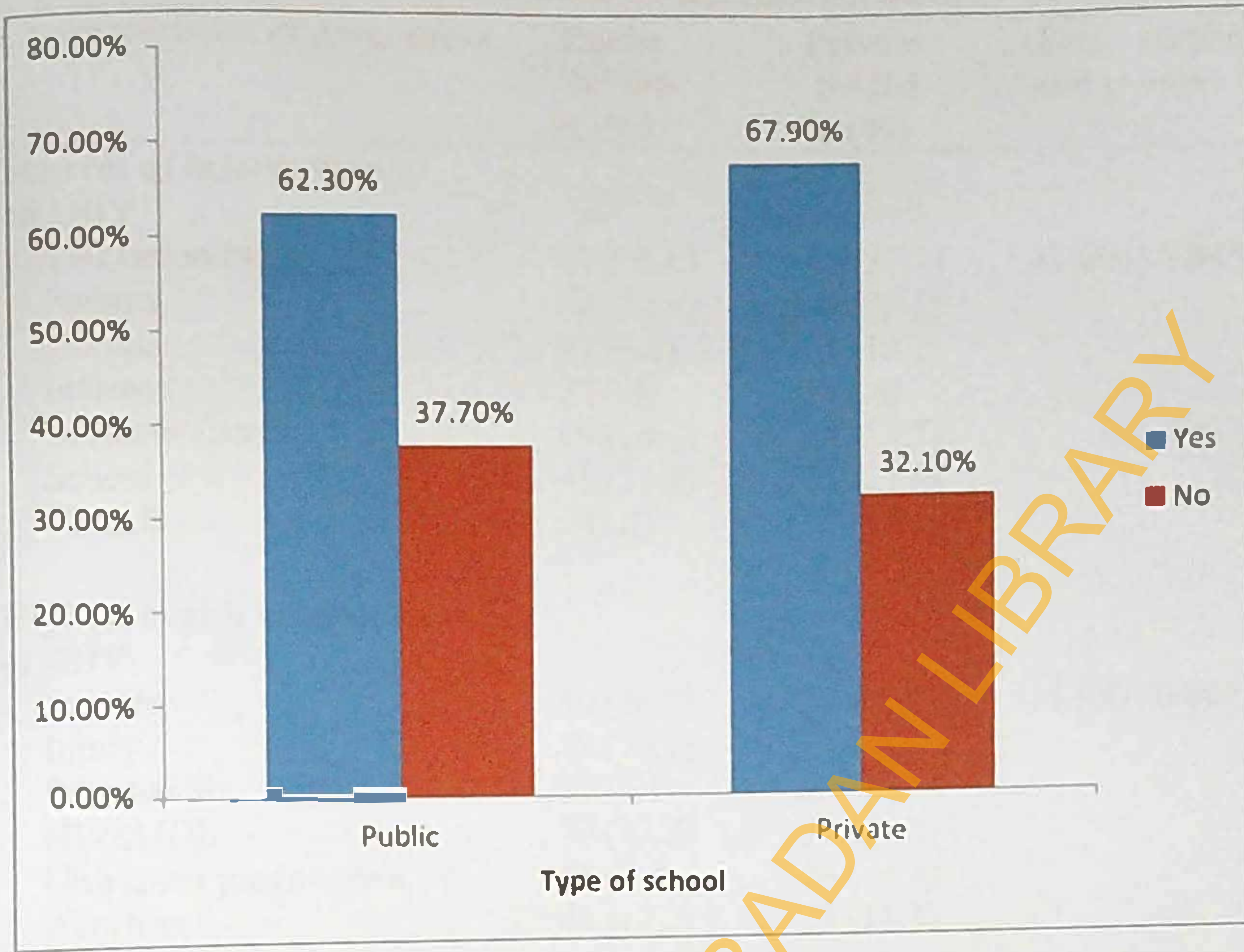


Figure 4.1: Comparison of awareness of GBV by respondents

Table 4.3: Comparison of Awareness on information on GBV by Respondents

Characteristics of Awareness	Public N=188 n (%)	Private N=205 (n (%))	Test statistics and p-value
Sources of information on GBV			
Television/radio	69 (36.6)	65 (31.7)	13.021; 0.04**
Parents	43 (22.9)	42 (20.5)	
Friends	11 (5.9)	21 (10.2)	
Internet	3 (1.6)	5 (2.4)	
Brothers/sisters	19 (10.1)	28 (13.7)	
School	41 (21.8)	32 (15.6)	
Church	2 (1.1)	12 (5.9)	
Highest health consequence of GBV			
Suicide	50 (26.7)	78 (38.0)	15.983; 0.00**
Injury	19 (10.1)	9 (4.4)	
Poor health	12 (6.4)	9 (4.4)	
HIV/AIDS	70 (37.2)	57 (27.8)	
Unwanted pregnancies	14 (7.4)	29 (14.1)	
Abortion	23 (12.2)	23 (11.3)	
People most likely to experience GBV			
Youths	89 (47.4)	94 (45.9)	22.906; 0.00**
Elderly	17 (9.0)	3 (1.5)	
Children	7 (3.7)	6 (2.9)	
Teenagers	51 (27.1)	89 (43.4)	
Adults	24 (12.8)	13 (6.3)	

** Statistically significant

4.4: Comparison of Knowledge on GBV

Table 4.4 shows the mean knowledge score for both public and private schools. The maximum knowledge scores were fourteen. Generally, respondents from private schools were more knowledgeable (mean knowledge score= 6.95 ± 1.74) compared with those from public schools (mean knowledge score, 6.62 ± 1.63) respectively ($p > 0.05$). The proportions of respondents with good and poor knowledge scores relating to GBV are shown in figure 4.2, respondents with good knowledge were 46.6% in public compared with 51.7% in private schools. However, this was not statistically significant ($\chi^2 = 1.04$; $p > 0.05$).

Comparison of proportion of respondents who were knowledgeable about selected questions on the types of GBV is shown in table 4.5. For example, significantly, more respondents (34.1%) from private schools compared with less than a quarter (15.4%) of the respondents in public schools knew that punching wife is a form of physical violence ($p < 0.05$). More respondents (86.8%) from private schools compared with one hundred and forty six (77.7%) respondents in public schools knew that failed attempted rape is a form of sexual violence ($p > 0.05$). Majority (75.5%) of the respondents in private schools compared with one hundred and twenty five (66.5%) respondents in public schools knew that raining abuses on children by parents is a form of psychological violence ($p < 0.05$).

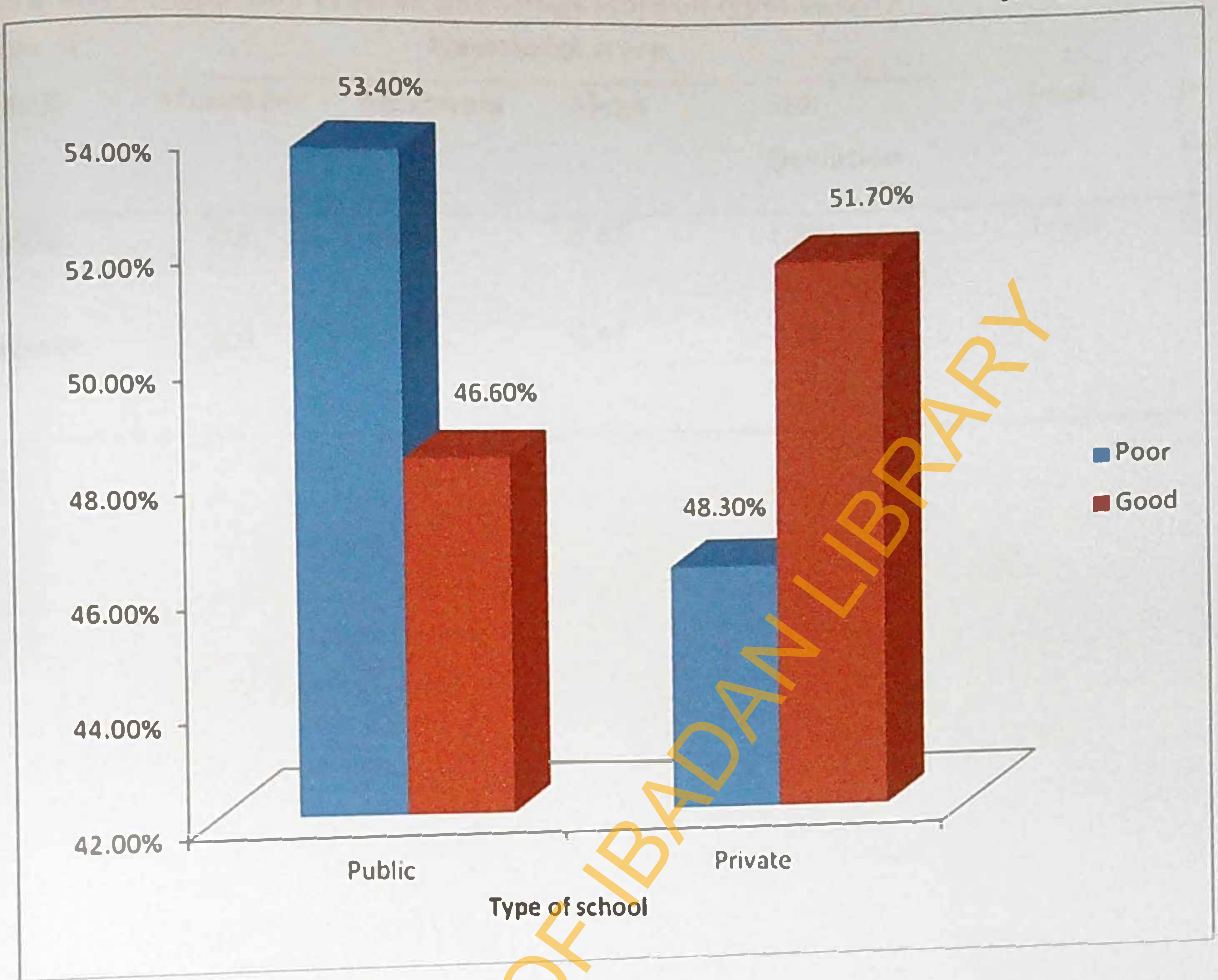


Figure 4.2: Comparison of respondents knowledge on the types of GBV

Table 4.4: Comparison of mean knowledge score on types of GBV

Type of school	Knowledge score				t-test	p-value
	Minimum	Maximum	Mean	Std. Deviation		
Public	0.0	14.0	6.62	1.63	1.921	0.63
Private	0.0	14.0	6.95	1.74		

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Table 4.5: Comparison of respondents' knowledge on the types of GBV

Variable	Knowledgeable		Test-statistics and p-value
	Public N=188 n (%)	Private N=205 n (%)	
Punching of husband/ wife is a form of physical violence?	29 (15.4)	70 (34.1)	18.82; 0.00**
Pouring of acid on fellow human being is a form of physical violence?	151 (80.3)	182 (88.8)	6.02; 0.05**
Bullying of fellow student in the school is a form of psychological violence?	32 (17.0)	38 (18.5)	2.48; 0.29
Carrying dangerous weapon to school is a form of physical violence?	151 (80.3)	175 (85.4)	1.77; 0.41
Punishing students unjustly is a form of physical violence?	144 (70.2)	145 (77.1)	5.47; 0.05**
Forcing husband/wife to have sex against his/her wish cannot be a form of psychological violence?	116 (61.7)	92 (44.9)	12.12; 0.00**
Attempted rape is a form of sexual violence?	146 (77.7)	178 (86.8)	5.91; 0.05**
Harassing male/female workers for a date is a form of sexual violence?	75 (39.9)	78 (38.0)	2.81; 0.25
Drugging a boy/girl's drink to make him/her sleep in order to have sex with him/her is not a form of sexual violence?	141 (75.0)	162 (79.0)	1.45; 0.49
Abusing husband/wife verbally is a form of physical violence?	38 (20.2)	42 (20.5)	0.052; 0.97
Belittling a boy/girl (i.e. make him/her feel inferior) is a form of physical violence?	42 (22.3)	60 (29.3)	4.12; 0.13
Humiliating students by teachers is a form of physical violence?	48 (25.6)	58 (28.3)	5.12; 0.07
Threatening to kill a fellow human being is a form of sexual violence?	96 (51.1)	140 (68.3)	12.82; 0.00**
Raining of curses/abuses by parents on children is a form of psychological violence?	125 (66.5)	154 (75.5)	7.48; 0.02**

** Statistically significant

4.6 Comparison of Perception on GBV

Table 4.6 shows the mean perception score for both public and private schools. Generally, (mean perception score = 6.48 ± 2.14) respondents from private schools had better perception on GBV, compared with (mean perception score, 6.61 ± 1.74) those from public schools ($t=7.23$, $p<0.05$). The proportion of respondents with positive and negative perception scores relating to GBV are shown in Figure 4.3. Significantly, more respondents from private schools (69.2%) compared with less than half (47.7%) of the respondents in public schools had positive perception towards GBV ($p<0.05$). This was statistically significant, which shows that respondents in public and private schools differ in their perception on GBV.

Table 4.7 presents respondents' perceptions relating to GBV. Almost all (93.4%) of the respondents in private schools disagreed (positive perception) with the statement "there is nothing wrong in male forcing a female to have sex" compared with 84.1% of the respondents in public school ($p<0.05$). Majority (67.5%) of the respondents from public schools agreed (negative perception) with the statement "girls who were raped in Nigeria deserved it because of their dressing", compared with less than half (49.3%) of the respondents from private school agreeing to this also ($p<0.05$).

N= 604

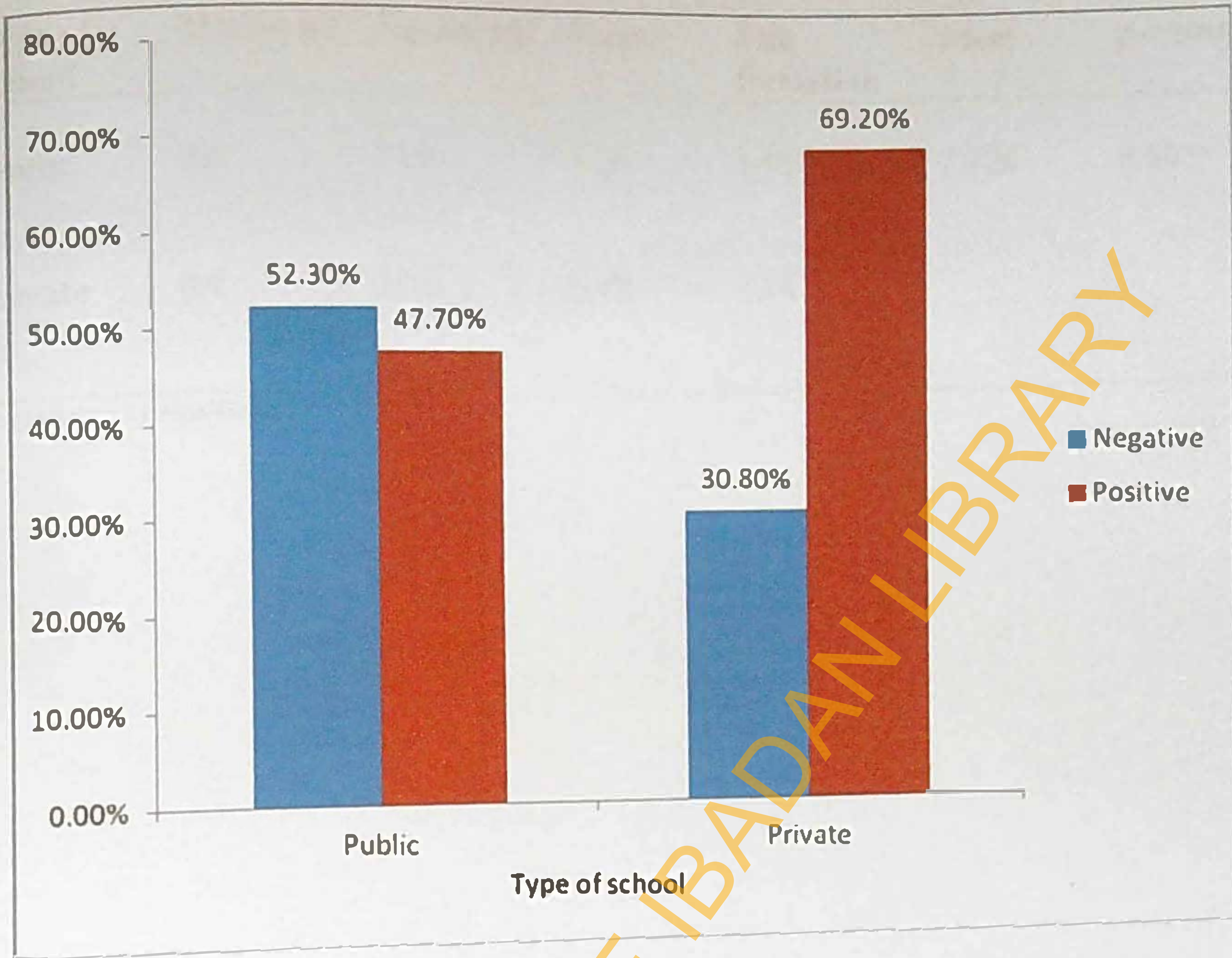


Figure 4.3: Comparison of respondents' perception on GBV

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Table 4.6: Comparison of mean perception score on GBV

N=604

Type of School	Minimum	Maximum	Mean	Std. Deviation	t-test	p-value
Public	0.0	11.0	5.29	1.91	7.226	0.00**
Private	0.0	11.0	6.48	2.14		

** Statistically significant

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Table 4.6: Comparison of mean perception score on GBV

N=604

Type of School	Minimum	Maximum	Mean	Std. Deviation	t-test	p-value
Public	0.0	11.0	5.29	1.91	7.226	0.00**
Private	0.0	11.0	6.48	2.14		

** Statistically significant

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Table 4.7: Comparison of respondents' perception on GBV

Statements	Public [n=302]			Private [n=302]			X ² and p- value
	Agree n(%)	Disagree n (%)	Not sure n (%)	Agree n (%)	Dis- agree n(%)	Not sure n (%)	
There is nothing wrong for a male to force a girl to have sex	254 (84.1)	39 (12.9)	9 (3.0)	282 (93.4)	13 (4.3)	7 (2.3)	14.72 0.00**
Girls are usually the ones who provoke boys to force them to have sex with them	109 (36.1)	154 (51.0)	39 (12.9)	127 (42.1)	133 (44.0)	42 (13.9)	3.02; 0.22
I believe boys and girls should be able to make choices about their future profession without being restricted by their gender	260 (86.1)	26 (8.6)	16 (5.3)	267 (88.4)	22 (7.3)	13 (4.3)	0.74; 0.69
I believe an adult can discipline a child by calling him/her names that are abusive	178 (58.9)	94 (31.1)	30 (9.9)	219 (72.5)	70 (23.2)	13 (4.3)	14.47 0.00**
Nursing is better for girls than for boys because I think it's a girl's job.	69 (22.8)	213 (70.5)	20 (6.6)	87 (28.8)	190 (62.9)	25 (8.3)	3.95; 0.14
A girl child is better than a boy child because girls are more useful in doing domestic work compared to boys	109 (36.1)	159 (52.6)	34 (11.3)	162 (53.6)	107 (35.4)	33 (10.9)	20.55 0.00**
A boy child is better than a girl child because they tend to become powerful in the society compared to girls	115 (38.1)	160 (53.0)	27 (8.9)	157 (52.0)	111 (36.8)	34 (11.3)	16.15 0.00**
Girls who were raped in Nigeria deserved it because they dress in a sexy way	71 (23.5)	204 (67.5)	27 (8.9)	115 (38.1)	149 (49.3)	38 (12.6)	20.84 0.00**
I believe someone who is depressed can have a poor self esteem	144 (47.7)	94 (31.1)	64 (21.2)	166 (55.0)	83 (27.5)	53 (17.5)	3.28; 0.19
I think knowledge of violence will help to prevent the experience and perpetration of violence	170 (56.3)	68 (22.5)	64 (21.2)	190 (62.9)	64 (21.2)	48 (15.9)	3.52; 0.17
I believe that bullying is a natural part of being a boy	126 (41.7)	128 (42.4)	48 (15.9)	90 (29.8)	167 (55.3)	45 (14.9)	11.25 0.00**

** Statistically significant

4.8 Comparison of sexual behavior of respondents

The sexual behavior and description of first sexual intercourse are presented in tables 4.8 and 4.9 respectively. One hundred and fourteen (18.9%) students of both public and private schools have had sexual intercourse in the last year preceding the study. The respondents' ages ranged from 9 to 18 years with a mean of 14.76 ± 2.3 and 15.48 ± 1.9 years for both public and private schools respectively ($t= 1.772$, $p=0.08$). Significantly, majority (77.1%) of the respondents from private schools than respondents (43.9%) from public schools reported that their first sexual intercourse was forced, while more (47.0%) respondents from public schools than respondents (18.8%) from private schools reported that their first sexual experience occurred willingly ($p<0.05$). Two hundred and twenty nine (37.9%) respondents reported that they were being pressured for sex by other people from both public and private schools respectively. The pressure was mainly from boy/girlfriends (44.7%) and (35.8%) followed by friends (30.9%) and (44.3%) for both public and private schools respectively.

Table 4.8: Comparison of respondents' mean age at sexual intercourse

N=604

Type of School	Mean	Std. Deviation	t-test	p-value
Public	14.8	2.32	1.772	0.08
Private	15.5	1.88		

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Table 4.9: Comparison of sexual behaviour of the respondents (N=604)

Sexual behavior characteristics	Public [n =302] n (%)	Private [n =302] n (%)	χ^2 and p-value
Do you have a boyfriend/girlfriend			
Yes	156 (51.7)	117 (38.7)	10.17; 0.00**
No	146 (48.3)	185 (61.3)	
Have you ever had sexual intercourse with someone			
Yes	66 (21.9)	48 (15.9)	3.50; 0.06
No	236 (78.1)	254 (84.1)	
How old were you when you had your first sexual intercourse⁺			
9-15	44 (66.7)	24 (50.0)	3.21; 0.07
16 ⁺	22 (33.3)	24 (50.0)	
With whom did you have sexual intercourse? ⁺⁺			
Boyfriend	16 (24.9)	12 (25.0)	21.85; 0.00**
Girlfriend	30 (45.5)	8 (16.7)	
Just a friend	11 (16.7)	4 (8.3)	
Male	3 (4.5)	6 (12.5)	
Female	4 (6.1)	15 (31.2)	
***Others	2 (2.3)	3 (6.3)	
How would you describe your first sexual intercourse ⁺⁺⁺			
Persuaded him/her	3 (4.5)	0 (0.0)	13.77; 0.00**
You were forced	29 (43.9)	37 (77.0)	
You were persuaded	3 (4.5)	2 (4.2)	
Both of you were willing	31 (47.1)	9 (18.8)	
Do you feel pressured from others to have sexual intercourse			
Yes	123 (40.7)	106 (35.1)	2.03; 0.15
No	179 (59.3)	196 (64.9)	
If yes, was the pressure a great deal or a little ⁺⁺⁺			
Great deal	90 (73.2)	75 (70.8)	0.17; 0.69
Little deal	33 (26.8)	31 (29.2)	
Greatest pressure			
Friends	38 (30.9)	47 (44.4)	4.49; 0.21
Fellow students	28 (22.8)	20 (18.9)	
Teachers	2 (1.6)	1 (0.9)	
Boy/girlfriends	55 (44.7)	38 (35.8)	

** Statistically significant

***Others include: Neighbour and House help, *N = 66 (Public) and 48 (Private).

** N = 66 (Public) and 48 (Private), *** N = 66 (Public) and 48 (Private)

4.10 Comparison of experience of physical violence among respondents in the last one year

More than half (68.7%) of the respondents in both public and private schools had experienced physical violence. Two hundred and twenty three (67.2%) compared with two hundred and twelve (70.2%) of the respondents in public and private schools respectively (Table 4.13). As shown in table 4.10, slaps were the commonest form of physical violence experienced for both public (42.7%) and private schools (42.1%) respectively. As shown in Table 4.14, the prevalence of experience of physical violence in the last one year with socio-demographic characteristics showed a significant difference across gender with greater proportion occurring in males (54.5%) compared with females (45.5%) in the two groups of schools ($p < 0.05$).

The main perpetrators of physical violence included boyfriends, girlfriends, friends and family members. Generally, friends appeared to be the common perpetrator for all the types of physical violence in the two groups of schools. Friends (44.2%) and (55.9%) for slaps for both public and private schools respectively.

Table 4.10: Comparison of experience of physical violence in the last one year by respondents in both schools

N=604

Variables	Public [n =302]		Private [n =302]		Test – statistics and p-value
	No n(%)	Yes n (%)	No n (%)	Yes n(%)	
Beating	180 (59.6)	122 (40.4)	190 (62.9)	112 (37.1)	0.70; 0.40
Slaps	173 (57.3)	129 (42.7)	175 (57.9)	127 (42.1)	0.03; 0.87
Throwing objects	256 (84.8)	46 (15.2)	250 (82.8)	52 (17.2)	0.44; 0.51
Punches	216 (71.5)	86 (28.5)	207 (68.5)	95 (31.5)	0.64; 0.42
Grabbing	220 (72.8)	82 (27.2)	200 (66.2)	102 (33.8)	3.13; 0.07
Pushing	187 (61.9)	115 (38.1)	163 (54.0)	139 (46.0)	3.91; 0.05**
Biting	222 (73.5)	80 (26.5)	232 (76.8)	70 (23.2)	0.89; 0.35
Use of dangerous weapon	279 (92.4)	23 (7.6)	293 (97.0)	9 (3.0)	6.47; 0.01**

**** Statistically significant**

4.11 Comparison of Experience of sexual violence by respondents in the last one year

Two hundred and thirty eight (39.4%) of the respondents in both public and private schools had experienced sexual violence. Table 4.13, shows respondents' experience of GBV. One hundred and twenty five (41.4%) in public schools compared with one hundred and thirteen (37.4%) from those in private schools respectively ($p>0.05$). The highest form of sexual violence (unwanted touching of the breast and backside) were 19.1% and 18.2% for both public and private schools respectively. More of the respondents from the public schools (11.9%) had experienced forced sex compared with 9.6% of the respondents from private schools, however, this was not statistically significant ($p>0.05$) (Table 4.11).

Perpetrators for forced sex in public schools were majorly by a boy or girlfriend (44.4% or 24.1%) compared to the perpetrator (38.9% or 27.8%) of the respondents in private schools. Generally, the highest form of perpetration was done by friends (40.0%) in private schools compared to less than half (35%) of the respondents in public schools

Table 4.11: Comparison of experience of sexual violence by respondents in the last one year

Variables	Public [n =302]		Private[n =302]		Test – and p-value
	No n(%)	Yes n (%)	No n (%)	Yes n(%)	
Someone touched your breast or backside in a way you did not like	242 (80.1)	60 (19.9)	247 (81.8)	55 (18.2)	0.27; 0.60
Someone kissed you against your wish	222 (73.5)	80 (26.5)	243 (80.5)	59 (19.5)	4.12; 0.04**
Someone forced you to see sexually-explicit materials i.e. blue film, magazine etc.	241 (79.8)	61 (20.2)	259 (85.8)	43 (14.2)	3.76; 0.05**
Someone tried to forcefully have sex with you	259 (85.8)	43 (14.2)	257 (85.1)	45 (14.9)	0.05; 0.82
Someone actually forced you to have sex	273 (90.4)	29 (9.6)	266 (88.1)	36 (11.9)	0.85; 0.36
Someone used charms (<i>juju</i>) to make you have sex	300 (99.3)	2 (0.7)	295 (97.7)	7 (2.3)	2.82; 0.09
Someone puts some drugs into your drinks to make you sleep so that he had sex with you	297 (98.3)	5 (1.7)	294 (97.4)	8 (2.6)	0.71; 0.40
Someone insisted that you terminate a pregnancy	302 (100.0)	0 (0.0)	299 (99.0)	3 (1.0)	3.02; 0.08
Someone had sex with you and warned you not to disclose to anyone	297 (98.3)	5 (1.7)	291 (96.4)	11 (3.6)	2.31; 0.13

** Statistically significant

4.12 Comparison of Experience of psychological violence by respondents in the last one year

A total of four hundred and twenty eight (70.9%) respondents in both public and private schools had experienced psychological violence. Higher proportion of (72.5%) of the respondents from the private schools had experienced at least one form of psychological violence compared with 69.2% of those from public schools, however, the difference was not statistically significant ($p>0.05$) (table 4.13). Table 4.12 shows the psychological forms of violence. Spite was the commonest form of violence experienced by more than half (62.6%) of respondents from private schools compared with 50.3% of those from public school ($p<0.05$). The major perpetrators were friends, while both parents were the major perpetrator for comparing children with other siblings.

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Table 4.12: Comparison of experience of psychological violence in the last one year

Forms of psychological violence	Public [n =302]		Private[n =302]		Test-statistics and p-value
	No n (%)	Yes n (%)	No n (%)	yes n (%)	
Someone said something to belittle you i.e. make you feel inferior	187 (61.9)	115 (38.1)	154 (51.0)	148 (49.0)	7.33; 1.00**
Someone did something to spite you (make you feel unhappy)	152 (50.3)	150 (49.7)	113 (37.4)	189 (62.6)	10.23; 0.00**
Someone said something to humiliate you	186 (61.6)	116 (38.4)	161 (53.3)	141 (46.7)	4.23; 0.04**
Someone threatened to kill you	292 (96.7)	10 (3.3)	276 (91.4)	26 (8.6)	7.56; 0.00**
Have you ever been upset / angry on being compared with and rated lower than other children, by your father or mother?	202 (66.9)	100 (33.1)	193 (63.9)	109 (36.1)	0.59; 0.44

** statistically significant

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Table 4.13: Comparison of respondents' experience of gender based violence

Variables	Public [n=302] n (%)	Private [n =302] (n (%))	χ^2	p-value
N=604				
Experienced any form of GBV				
No	46 (15.2)	33 (10.9)	0.998	0.32
Yes	256 (84.8)	269 (89.1)		
Experienced physical violence				
No	99 (32.8)	90 (29.8)	0.62	0.43
Yes	203 (67.2)	212 (70.2)		
Experienced sexual violence				
No	177 (58.6)	189 (62.6)	0.998	0.32
Yes	125 (41.4)	113 (37.4)		
Experienced of psychological				
No	93 (30.8)	83 (27.5)	0.80	0.37
Yes	209 (69.2)	219 (72.5)		

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Table 4.14: Experience of physical violence by selected variables in both schools

Variables	No n (%)	Yes n (%)	χ^2	p-value
Sex				
Male	76 (40.2)	226 (54.5)	10.542	0.00**
Female	113 (59.8)	189 (45.5)		
Age group (years)				
10-15	66 (34.9)	161 (38.8)	0.831	0.36
16-21	123 (65.1)	254 (61.2)		
Religion				
Christianity	111 (58.7)	234 (56.4)	0.291	0.59
Islam	78 (41.3)	181 (43.6)		
Class				
S.S.S I	75 (39.7)	146 (35.2)	1.496	0.47
S.S.S II	67 (35.4)	149 (35.9)		
S.S.S III	47 (24.9)	120 (28.9)		
Type of family				
Monogamous	138 (73.0)	318 (76.6)	0.915	0.34
Polygamous	51 (27.0)	97 (23.4)		
Currently staying with				
Both Parents	133 (70.4)	274 (66.0)	1.12	0.30
***Others	56 (29.6)	141 (34.0)		
Father beats mother				
Yes	59 (31.2)	129 (31.1)	0.001	0.97
No	130 (68.8)	286 (68.9)		
Do you have a boy/girlfriend				
Yes	80 (42.3)	193 (46.5)	0.915	0.34
No	109 (57.7)	222 (53.5)		

** Statistically significant

*** Father, Mother, Guardian

Table 4.14: Experience of physical violence by selected variables in both group of schools

Variables	No n (%)	Yes n (%)	χ^2	p-value
Sex				
Male	76 (40.2)	226 (54.5)	10.542	0.00**
Female	113 (59.8)	189 (45.5)		
Age group (years)				
10-15	66 (34.9)	161 (38.8)	0.831	0.36
16-21	123 (65.1)	254 (61.2)		
Religion				
Christianity	111 (58.7)	234 (56.4)	0.291	0.59
Islam	78 (41.3)	181 (43.6)		
Class				
S.S.S I	75 (39.7)	146 (35.2)	1.496	0.47
S.S.S II	67 (35.4)	149 (35.9)		
S.S.S III	47 (24.9)	120 (28.9)		
Type of family				
Monogamous	138 (73.0)	318 (76.6)	0.915	0.34
Polygamous	51 (27.0)	97 (23.4)		
Currently staying with				
Both Parents	133 (70.4)	274 (66.0)	1.12	0.30
***Others	56 (29.6)	141 (34.0)		
Father beats mother				
Yes	59 (31.2)	129 (31.1)	0.001	0.97
No	130 (68.8)	286 (68.9)		
Do you have a boy/girlfriend				
Yes	80 (42.3)	193 (46.5)	0.915	0.34
No	109 (57.7)	222 (53.5)		

** Statistically significant

*** Father, Mother, Guardian

Table 4.15: Experience of sexual violence by selected variables in both group of schools

Variables			χ^2	N=604
	No n (%)	Yes n (%)		p-value
Sex				
Male	182 (49.7)	120 (50.4)	0.028	0.87
Female	184 (50.3)	118 (49.6)		
Age group (years)				
10-15	146 (39.9)	81 (34.0)	2.109	0.15
16-21	220 (60.1)	157 (66.0)		
Religion				
Christianity	210 (57.4)	135 (56.7)	0.025	0.87
Islam	156 (42.6)	103 (43.3)		
Class				
S.S.S I	139 (38.0)	82 (34.5)	3.603	0.17
S.S.S II	136 (37.2)	80 (33.6)		
S.S.S III	91 (24.9)	76 (31.9)		
Type of family				
Monogamous	285 (77.9)	171 (71.8)	2.825	0.09
Polygamous	81 (22.1)	67 (28.2)		
Currently staying with				
Both Parents	252 (68.9)	155 (65.1)	0.911	0.34
***Others	114 (31.1)	83 (34.9)		
Father beats mother				
Yes	93 (25.4)	95 (39.9)	14.156	0.00**
No	273 (74.6)	143 (60.1)		
Do you have a boy/girlfriend				
Yes	124 (33.9)	149 (62.6)	48.043	0.00**
No	242 (66.1)	89 (37.4)		

** Statistically significant

*** Father, Mother, Guardian

Table 4.16: Experience of psychological violence by selected variables in both group of schools

Variables			χ^2	p-value
	No n (%)	Yes n (%)		
Sex				
Male	68 (38.6)	234 (54.7)	12.829	0.00**
Female	108 (61.4)	194 (45.3)		
Age group (years)				
10-15	67 (38.1)	160 (37.4)	0.025	0.88
16-21	109 (61.9)	268 (62.6)		
Religion				
Christianity	96 (54.5)	249 (58.2)	0.672	0.41
Islam	80 (45.5)	179 (41.8)		
Class				
S.S.S I	69 (39.2)	152 (35.5)	1.095	0.58
S.S.S II	63 (35.8)	153 (35.7)		
S.S.S III	44 (25.0)	123 (28.7)		
Type of family				
Monogamous	134 (76.1)	322 (75.2)	0.055	0.82
Polygamous	42 (23.9)	106 (24.8)		
Currently staying with				
Both parents	137 (77.8)	270 (63.1)	12.357	0.00**
***Others	39 (22.2)	158 (56.9)		
Father beat mother				
Yes	49 (27.8)	139 (32.5)	1.250	0.26
No	127 (72.2)	289 (67.5)		
Do you have a boy/girlfriend				
Yes	67 (38.1)	206 (48.1)	5.098	0.02**
No	109 (61.9)	222 (51.9)		

** Statistically significant

*** Father, Mother, Guardian

4.17: Predictors of experience of violence among secondary schools students

Table 4.17 shows results of the logistic regression of physical violence. Females were three times less likely to have experienced physical violence than males [AOR 0.31; 95%CI 0.22-0.43].

Table 4.18 shows the predictors of the experience of sexual violence. Respondents whose fathers had ever beaten their mothers were two times less likely to have experienced sexual violence compared with those whose fathers had never beaten their mothers [AOR 0.46; 95%CI 0.30-0.69]. Similarly, those respondents who had boy/girl friends were four times less likely to have experienced sexual violence [AOR 0.29; 95%CI 0.21-0.42].

Predictors of experience of psychological violence were shown on Table 4.19. Females respondents were two times less likely than male respondents to have experienced psychological violence [AOR 0.55; 95%CI 0.39-0.79]. Similarly, respondents who were living with both parents were two times more likely to have experienced psychological violence than those living with other persons [AOR 1.93; 95%CI 1.28-2.92]. Lastly those respondents who had boy/girl friends were two times less likely to have experienced psychological violence compared with those with no boy/girl friends [AOR 0.68; 95%CI 0.47-0.98].

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Table 4.17: Predictors of experience of physical violence among students in both public and private schools.

Model	Bivariate		Multivariate	
	OR (95% CI)	p-value	AOR (95% CI)	p-value
N=604				
Sex				
Male	1			
Female	0.31 (0.22-0.43)	0.00**		
Age group (in years)				
16-21	1			-
10-15	0.90 (0.72-1.13)	3.62		
Religion				
Islam	1			-
Christianity	1.04 (0.90-1.21)	0.59		
Class				
S.S.S I	-	0.47		-
S.S.S II				
S.S.S III				
Type of family				
Polygamous	1			-
Monogamous	0.95 (0.86-1.06)	0.34		
Currently staying with				
Father	-	0.13		-
Mother				
Both Parents				
Guardian				
Father beat mother				
No	1			-
Yes	1.004 (0.78-1.29)	0.97		
Do you have a boy/girlfriend				
No	1			-
Yes	0.910 (0.75-1.19)	0.34		

** Statistically significant

Table 4.18: Predictors of experience of sexual violence among students in both public and private schools.

Model		N=604			
	OR (95% CI)	p-value	AOR (95% CI)	p-value	
Sex					
Female	1				
Male	0.986 (0.84-1.35)	0.87	-	-	
Age group (years)					
16-21	1				
10-15	1.17 (0.94-1.45)	0.15	-	-	
Religion					
Islam	1				
Christianity	1.12 (0.88-1.17)	0.87	-	-	
Class					
S.S.S I	-				
S.S.S II		0.17	-	-	
S.S.S III					
Type of family					
Polygamous	1				
Monogamous	1.379 (0.95-2.01)	0.09	-	-	
Currently staying with					
Father	-				
Mother		0.60	-	-	
Both Parents					
Guardian					
Father beat mother					
No	1				
Yes	0.49 (0.33-0.73)	0.00**	0.46 (0.30-0.69)	0.00**	
Do you have a boy/girlfriend					
Yes	1				
No	0.31 (0.22-0.43)	0.00**	0.29 (0.21-0.42)	0.00**	

** Statistically significant

Table 4.19: Predictors of experience of psychological violence among students in both public and private schools.

Model	Bivariate OR (95% CI)	p-value	Multivariate AOR (95% CI)	p-value
N=604				
Sex				
Male	1			
Female	0.52 (0.37-0.75)	0.00**	0.55 (0.39-0.79)	0.00**
Age group (years)				
16-21	1	0.88	-	-
10-15	1.02 (0.81-1.28)			
Religion				
Christianity	0.94(0.80-1.09)	0.41	-	-
Islam	1.09 (0.89-1.32)			
Class				
S.S.S I	-	0.58	-	-
S.S.S II				
S.S.S III				
Type of family				
Polygamous	1		-	-
Monogamous	1.01 (0.92-1.12)	0.82		
Currently staying with				
Others	1			
Both parents	2.05 (1.37-3.08)	0.00**	1.93 (1.28-2.92)	0.00**
Father beat mother				
No	1		-	-
Yes	0.81 (0.56-1.16)	0.24		
Do you have a boy/girlfriend				
No	1			
Yes	0.66 (0.46-0.95)	0.02**	0.68 (0.47-0.98)	0.02**

** Statistically significant

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Discussion

The respondents from both public and private schools were adolescents and thus within the reproductive age group. This suggests that young people are vulnerable to violence because of inexperience of life. Majority of respondents were Christians in both group of schools. This finding differs from that of Joel and Alice (2010) also carried out in Ilorin South LGA in which majority of the respondents were Muslims. This may be due to the fact that the respondents selected in this study were from Tanke area in Ilorin South LGA which is mainly dominated by Christians. In this study, larger proportions (89.7%) of the respondents were Yorubas in the two groups of schools.

With respect to family history of intimate partner violence, more respondents from public schools compared with those from private schools admitted to this. This shows high prevalence of GBV in families, unfortunately the children learn from what they see and may grow up to become violent themselves. This could be as a result of low educational attainment on the side of the parents of respondents in the public schools because education tends to bring exposure and refinement. This finding was higher in a study carried out in Port-Harcourt among university undergraduates (Imaledo et al., 2005). A study carried out in America also revealed that several American children are exposed to violence in their homes each year, putting them at risk for a variety of emotional and behavioral problems, such children tend to have re-exposure to family violence, and this re-exposure often leads to increased psychological problems later in life (Imaledo et al., 2005).

Awareness on gender based violence

Majority of respondents from private schools compared with those in public schools had heard of GBV or violence against women. Awareness on GBV may be due to the many discussions on the mass media as many students from both public and private schools indicated that their first source of information was the television/radio. Parents were indicated as the second major source of information as more than 20% of the respondents in the two groups of schools indicated that they received GBV information

from their parents. This is good and parents should be encouraged. GBV prevention programmes may be successful if channeled through the media because many young people watch television and listen to radio.

Knowledge of Gender based violence

The proportion of respondents with good knowledge were more in private schools compared to those in public schools. Students with poor knowledge might be the perpetrator of the act and as such need to be sensitized in order to reduce experience of GBV (Imaledo et al., 2005). This was comparable with the finding in a study carried out in Port-Harcourt among university undergraduates (John et al., 2005). The knowledge of violence in both groups of schools was lower in a study among young female hawkers which was 82.7% (Fawole et al., 2003). Despite the fact secondary school students were studied, young female hawkers were more knowledgeable than the secondary school students. This suggests that respondents from both groups of schools may believe they were not at risk because they are in a school environment. Although many students were aware of GBV in the public schools but knowledge scores on GBV was low.

Perceptions on gender based violence

Majority of the respondents from private schools compared with those from public schools had positive perception towards GBV. The finding in this current study was however higher in a previous study carried out among university undergraduates in Port-Harcourt (Imaledo et al., 2005). Majority of the respondents from public schools agreed that girls who were raped in Nigeria deserved it because of their dressing, compared to those from private schools. This negative perception could make the perpetrators feel justified for their violent action.

Sexual behavior of respondents

More of the respondents in public schools than those in private schools stated they had either a boyfriend or girlfriend. The proportion of respondents that either had boy/girlfriends in public schools were comparable with a study carried out in North Eastern Nigeria among secondary school students (public) which also revealed that half of the respondents had ever had a romantic relationship with someone else (Ajuwon et al., 2006). The mean age at sexual debut (15.5 years) of respondents in private schools

was however comparable to a study carried out in North-Eastern, Nigeria among secondary school students which revealed mean age at sexual debut to be 15.8 years (Ajuwon et al., 2006). Women who have been sexually abused in childhood have greater propensity to participate in risky sexual activities as adolescents or adults thereby increasing the chances of exposure to violence (Maman et al., 2001). Concerning forced sex, a higher proportion of respondents that are sexually active in private schools reported that their first sexual intercourse was forced than those from public schools. This suggests that more respondents from private schools are not willing to have sex because they know about the implication of having sex before marriage so they therefore prone to being forced to have sex. These results showed that the phenomenon is a public health concern. The prevalence of forced sex reported in this study may be just a tip of the iceberg, as fear of stigmatization might have prevented some respondents from sharing their forced sex experiences.

Experience of violence

More than 80% of the respondents in both group of schools had experienced all three forms of violence. This is similar to previous studies by Fawole et al., 2004; Okoro and Osawemen, 2005; Ikechbelu et al., 2008). This was however higher compared with 40.3% in a study carried out in Ethiopia, among female students from public and private schools (Arnold et al., 2008). The findings from this current study suggest a need for violence prevention programmes including counseling to help students cope with this high level of exposure to violence. In this study, experience of psychological violence ranked first in contrast to what Ajuwon et al., (2011) found out among the same study population but in a different environment which ranked physical violence as first.

Experience of physical violence

The experience of physical violence in the last one year in this present study from both public and private schools were similar. This finding was however higher in sharp contrast to findings from previous studies. For example, 30% in New York among public high school students (O' Leary et al., 2008), 17.1% in a study carried out in Philadelphia among urban college students (Forke et al., 2008). This could be due to the different environment where this study was carried out, high level of family and community

violence including ethnic and religious conflicts. Among those who experienced physical violence, the most frequently occurring forms were beating and slaps which was higher in respondents from public schools.

Experience of sexual violence

The prevalence of sexual violence in private schools were similar to a study done in South-West Nigeria among young female hawkers (Fawole et al., 2003). The prevalence in both groups of schools was however higher in previous studies. For example, it was 27.2% in a study carried out America, among female undergraduate students (Gross et al., 2011), 22.9% in Philadelphia among urban college students (Forke et al., 2008). This could be due to the fact that the respondents that participated in the previous studies were undergraduates making them to have gathered experience when they were in secondary school, thereby reducing their being exposed to sexual violence since they joined the school. In this study, the commonest form of sexual violence was unwanted kiss and touch of breasts which was higher among respondents in public schools. Respondents in the two group of schools who reported having sexual intercourse when they did not want to because they were drugged without their knowledge was a bit higher in private schools compared to public schools. This confirms that sexual violence occurs in various ways in our environment. Women who experience forced sex in intimate relationships often find it difficult to negotiate condom use- either because using condom could be interpreted as mistrust of their partners or as an admission of promiscuity, or else because they fear experiencing violence from their partners (Aluko and Aluko-Arowolo, 2007).

Experience of psychological violence

The one year experience of psychological violence in private schools was slightly higher compared with those from public schools. This is higher than a study carried out in Philadelphia done among urban college student which was 26.2% (Forke et al., 2008) but lower with the reports by O'Leary et al (2008) in a study carried out in New York among public high school students to be 88%. These variations could be due to differences in the socio- cultural characteristics of the study populations.

Factors associated with GBV

The major predictor of the experience of physical violence found out in this current study was sex with males significantly more likely to have the experience than their female counterparts. This does not support the previous findings (Ajuwon et al., 2011) in which females were more like to report the experience of physical violence than male respondents. This difference in this present study could be due to underreporting by female respondents or over-reporting by the male respondents.

Respondents whose fathers had ever beaten their mothers were more likely to experience sexual violence in both groups of schools while, respondents who had boy/girlfriends were more likely to experience sexual violence. This support some recent findings conducted in Ibadan Nigeria in which those who had boy/girl friend were more like to have experienced sexual violence (Ajuwon et al., 2011, Olaleye and Ajuwon, 2011).

As regards the experience of psychological violence, the predictors included being a male, having a boy/girl friend and currently staying with both parents.

5.2 Conclusion

Findings from this study showed that violence is a common problem faced by both public and private senior secondary school students in Ilorin, Nigeria. Majority of respondents in public schools were aware of GBV but the proportion of those that had good knowledge scores were less than half, while majority of respondents in private schools were aware of GBV and the proportion of those that had good knowledge scores were more than half. This showed that knowledge of GBV was fair in private schools but inadequate in public schools. More of the respondents from private schools had positive perception towards GBV compared with respondents from public schools. Majority of the respondents in both groups of schools had ever experienced at least one form of violence in the last one year. The prevalence of physical and psychological violence in the last one year was higher among respondents in private schools while prevalence of sexual violence in the last one year was higher among respondents from public schools. The main predictors of violence in both groups of schools include; sex, if father had ever beaten mother, having boy/girlfriends. There is need for urgent intervention to address these lapses.

5.3 Recommendations

Ending gender based violence requires commitment and strategies involving all parts of the society. The following recommendations are therefore made.

1. There is need for widespread education and awareness campaign on GBV which should target more of the respondents in public schools as it shows that the level of their knowledge on GBV is inadequate.
2. Parents should also endeavour to stop intimate partner violence at home and make sure they also live by good examples so that children can emulate as most of these students are still young and they tend to pick up behaviours around them, either good or bad.
3. Government should organize school based GBV prevention programmes among the secondary school students.
4. Since victims of gender based violence especially sexual violence rarely seek help. It is recommended that these students should be educated about how and where to seek help as regards such experiences

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APPENDIX I

Table 3.1: Participants selected from each school/class

Type of school	Name of School	Population in each school	Participants selected in each school	SSS1	SSS2	SSS3
Government schools	United Community Secondary School	1102	$\frac{1102 \times 302}{3522} = 95$	$\frac{402^* \times 95}{1102} = 35$	$\frac{418^* \times 95}{1102} = 36$	$\frac{283^* \times 95}{1102} = 24$
	Sango Senior Secondary School	254	$\frac{254 \times 302}{3522} = 21$	$\frac{109 \times 21}{254} = 9$	$\frac{99 \times 21}{254} = 8$	$\frac{46 \times 21}{254} = 4$
	Government Day Secondary School, Gaa-Akanbi	425	$\frac{425 \times 302}{3522} = 36$	$\frac{117 \times 36}{425} = 10$	$\frac{162 \times 36}{425} = 14$	$\frac{146 \times 36}{425} = 12$
	Bishop Smith Memorial College	905	$\frac{905 \times 302}{3522} = 78$	$\frac{440 \times 78}{905} = 38$	$\frac{320 \times 78}{905} = 28$	$\frac{145 \times 78}{905} = 12$
	Government Day Secondary School, Tanke	836	$\frac{836 \times 302}{3522} = 72$	$\frac{465 \times 72}{836} = 40$	$\frac{334 \times 72}{836} = 29$	$\frac{37 \times 72}{836} = 3$
	TOTAL	3522	302	132	115	55
	Private schools	Flora College	127	$\frac{127 \times 302}{363} = 106$	$\frac{44^* \times 106}{127} = 37$	$\frac{49^* \times 106}{127} = 41$
Precious Gift International School		52	$\frac{52 \times 302}{363} = 43$	$\frac{13 \times 43}{52} = 11$	$\frac{21 \times 43}{52} = 17$	$\frac{18 \times 43}{52} = 15$
Rehoboth College		66	$\frac{66 \times 302}{363} = 55$	$\frac{14 \times 55}{66} = 12$	$\frac{17 \times 55}{66} = 14$	$\frac{35 \times 55}{66} = 29$
Adebola College		58	$\frac{58 \times 302}{363} = 48$	$\frac{15 \times 48}{58} = 12$	$\frac{15 \times 48}{58} = 12$	$\frac{28 \times 48}{58} = 24$
Excellent International School		58	$\frac{58 \times 302}{363} = 50$	$\frac{20 \times 50}{60} = 17$	$\frac{20 \times 50}{60} = 17$	$\frac{20 \times 50}{60} = 16$
TOTAL		363	302	89	101	112

*Population of students in each class

APPENDIX II
QUESTIONNAIRE

COMPARARISON OF KNOWLEDGE AND EXPERIENCE OF GENDER BASED VIOLENCE (GBV) AMONG STUDENTS IN PUBLIC AND PRIVATE SECONDARY SCHOOLS IN ILORIN SOUTH LOCAL GOVERNMENT AREA, KWARA STATE.

Dear Respondents,

My name is Iwasanmi Olubunmi. I am a postgraduate student of Epidemiology; in the Department of Epidemiology, Medical Statistics and Environmental Health (EMSEH) in the Faculty of Public Health; College of Medicine, UCH, Ibadan. This project is part of the requirements for me to complete the programme. I would be grateful if you could spend some time to answer the questions below. Please answer honestly. Your responses will help to provide evidence for developing policies that could discourage people from perpetrating GBV in secondary schools.

Please, be rest assured that your answers will be treated with utmost respect and confidentiality. You don't have to include your name anywhere in the answers. This study is voluntary, you have no risk or any form of disadvantage if you do not want to participate.

Thank you very much for your time and for participating.

respondents

Signature of

Name of interviewer:.....

Date:

Signature:

SECTION A: SOCIO-DEMOGRAPHIC DATA

1. Serial no.....
2. Age:.....(years)
3. Type of school: (1) Public () (2) Private ()
4. Sex: (1) Male () (2) Female ()
5. Class: (1) SSS 1 () (2) SSS 2 () (3) SSS 3 ()
6. Course: (1) Science () (2) Commercial () (3) Arts ()
7. What is your religion?
(1) Christianity () (2) Islam () (3) Others
(specify).....
8. What is your ethnic group?
(1) Hausa () (2) Igbo () (3) Yoruba () (4) Others (specify)
.....
8. Type of family? (1) Monogamous () (2) Polygamous ()
9. Position in the family:
(1) First () (2) Second () (3) Third () (4) Fourth ()
(5) Others (specify).....
10. Who are you staying with presently?

(1)	Father ()	(2)	Mother ()
(3)	Relatives ()	(4)	Both parents ()
(5)	Guardian ()	(6)	Others(specify)

Please tick (√) appropriately.			
11. What are your parent's highest levels of education?	Father	Mother	Guardian
(1) No formal education			
(2) Arabic			
(3) Primary			
(4) Secondary			
(5) Polytechnic			
(6) University			
(7) Don't know			
Please tick (√) appropriately.			
12. What do your parent's/guardian do for a living?	Father	Mother	Guardian
13. What is your parent/guardian marital status?			
(1) Single/never married			
(2) Married/staying together			
(3) Married/not staying together			
(4) Divorced			
(5) Widowed			
(6) Others (specify)			

14. Did your parents (or guardians) you live with sometimes disagree and your father beat your mother? (1) Yes () (2) No ()

SECTION B: AWARENESS OF GENDER BASED VIOLENCE

15. Have you heard of the word "Gender Based Violence" or "Violence to Women"?
(1) Yes () (2) No ()

16. How did you first learn about the word "Gender Based Violence" or "Violence to Women"?
(1) Never heard of it till now () (2) Television () (3) Parents ()
(4) Friends () (5) Radio () (6) Internet () (7) Brothers/Sisters ()
(8) School () (9) Others (specify)

17. Tick (√) only one. Which do you think is the major health consequence of gender based violence?

(1)	Suicide ()	(2)	Injury ()
(3)	Poor health ()	(4)	HIV-AIDS ()

(5)	Unwanted pregnancies ()	(6)	Abortion ()
(7)	Don't know ()	(7)	Others (specify)

18. Tick (✓) only one. Who do you think is most likely to experience violence?

(1)	The youths ()	(2)	Elderly ()
(3)	The children ()	(4)	Teenagers ()
(5)	Adults ()	(6)	Don't know ()
(7)	Others (specify)		

SECTION C: KNOWLEDGE OF GENDER BASED VIOLENCE

Questions	Please answer True/False		
	(1) True	(2) False	(3) No idea
19. A man who punches his wife is a form of physical violence?			
20. A boy/girl that pours acid on his/her fellow human being is a form of physical violence?			
21. A boy/girl that bullies his/her fellow student in the school is a form of psychological violence?			
22. A boy/girl that carries dangerous weapon to school is a form of physical violence?			
22. A male teacher who punishes a female student because she refused to have sex with him is a form of physical violence?			
23. A husband who forces his wife to have sex against her wish cannot be accused of psychological violence?			
24. A boy who attempts to rape a girl but did not succeed is a form of sexual violence?			
25. A male boss who harasses his female workers for a date is a form of sexual violence?			
26. A boy who tries to put some drugs into a girl's drink to make her sleep so that he can have sex with her is not a form of sexual violence?			
27. A man/woman who abuses his/her husband/wife verbally is a form of physical violence?			
28. A boy/girl says something to another to belittle him/her (i.e. make him/her feel inferior) is a form of physical violence?			
29. A teacher telling his student that he/she can never be brilliant in order to humiliate him/her is a form of physical violence?			
30. Someone threatening to kill another person is a form of sexual violence?			
31. Parents raining curses/abuses on their children are a form of psychological violence?			

SECTION D: PERCEPTION OF GENDER BASED VIOLENCE

Some young people have said certain things about the relationship with the opposite sex. Please respond to the following statements by saying whether you "Agree", "Disagree" or "Not sure" with them.

Statements	(1) Agree	(2) Disagree	(3) Not Sure
32. There is nothing wrong for a male to force a girl to have sex			
33. Girls are usually the ones who provoke boys to force them to have sex with them			
34. I believe boys and girls should be able to make choices about their future profession without being restricted by their gender			
35. I believe an adult can discipline a child by calling him/her names that are abusive			
36. Nursing is better for girls than for boys because I think it's a girl's job.			
37. A girl child is better than a boy child because girls are more useful in doing domestic work compared to boys			
38. A boy child is better than a girl child because they tend to become powerful in the society compared to girls			
39. Girls who were raped in Nigeria deserved it because they dress in a sexy way.			
40. I believe someone who is depressed can have a poor self esteem			
41. I think knowledge of violence will help to prevent the experience and perpetration of violence			
42. I believe that bullying is a natural part of being a boy			

SECTION E: SEXUAL BEHAVIOUR

43. Do you have a boyfriend/girlfriend? (1) Yes () (2) No ()
44. Have you ever had sexual intercourse with someone? (if NO, please go to question 48)
(1) Yes () (2) No ()
45. How old were you when you had your first sexual intercourse? _____ Years.
46. With whom did you have sexual intercourse?

47. How would you describe your first sexual intercourse? (Tick (✓) only one)

(1)	You forced him/her? ()	(2)	You persuaded him/her? ()
(3)	You were forced? ()	(4)	You were persuaded? ()
(6)	Both of you were willing? ()	(5)	Others (specify)

48. Do you feel pressured from others to have sexual intercourse? (if NO, please go to question 51)
 (1) Yes () 2. No ()
49. If yes, was the pressure a great deal or a little? (1) Great deal () (2) Little deal ()

50. From whom do you feel the greatest pressure? [Please tick (√) only one]

(1) Friends ()	(2) Fellow students ()
(3) Teachers ()	(4) Boy/girlfriend ()
(5) Others (specify)	

SECTION F: EXPERIENCE OF GENBER BASED VIOLENCE

These questions apply to both boys and girls. The following are some examples of behaviors that young persons often experience from people of the opposite sex. Kindly indicate which one has ever happened to you or affected you in the last six months and who did it? Note that all your responses will not be known to anyone else.

Violence Behaviour Has someone of the opposite sex (if boy, then girl. If girl, then boy) ever done any of these to you?	Ever happened		Did this happen in the last one year?		Who did it?
	(1)Yes	(2)No	(1) Yes	(2) No	
51. Physical violence					
(1) Beating					
(2) Slaps					
(3) Throw objects/acid					
(4) Punches					
(5) Grabbing					
(6) Pushing					
(7) Biting					
(8) Using of dangerous weapons					
(9) Others specify					
52. Sexual violence					
(1) Someone touched your breast or backside in a way you did not like					
(2) Someone kissed you against your wish					
(3) Someone forced you to see sexually-explicit materials i.e. blue film, magazine etc.					
(4) Someone tried to forcefully have sex with you					
(5) Someone actually forced you to have sex					
(6) Someone used charms (<i>juju</i>) to make you have sex					
	Ever happened		Did this happen in the last one year?		Who did it?
	(1)Yes	(2) No	(1)Yes	(2) No	

(7) Someone puts some drugs into your drinks to make you sleep so that he had sex with you					
(8) Someone insisted that you terminate a pregnancy					
(9) Someone had sex with you and warned you not to disclose to anyone					
(10) Others specify _____					
53. Psychological violence					
(1) Someone said something to belittle you i.e. make you feel inferior					
(2) Someone did something to spite you (make you feel unhappy)					
(3) Someone said something to humiliate you					
(4) Someone threatened to kill you					
(5) Have you ever been upset / angry on being compared with and rated lower than other children, by your father or mother?					
(6) Others specify _____					

54. Have you ever experienced any of these types of violence?

(1) Yes () (2) No ()

55. If yes, who did you report to?

56. If No, if you ever experience any of this type of violence, who will you report to?

.....

Thanks for participating.

UNIVERSITY OF ILORIN TEACHING HOSPITAL

Chairman:

PROF. ILYASU MUHAMMAD

MBBS, MPHIL, FMCS, FWACS

Chief Medical Director:

DR. A.W.O. OLATINWO

MBBS, FWACS, MBA, AMNIM

Chairman Medical Advisory Committee:

DR. B.S. ALABI

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5/09/12

Date: _____

COMPARISON OF KNOWLEDGE AND EXPERIENCE OF GENDER BASED VIOLENCE BETWEEN STUDENTS IN PUBLIC AND PRIVATE SECONDARY SCHOOLS IN ILORIN, KWARA STATE.

UITH Ethical Research Committee (ERC) assigned number: NHREC/02/05/2010

Name of Candidate/Principal Investigator: **IWASANMI OLUBUNMI DORATHY**

Address of Candidate/Principal Investigator: Dept. of Epidemiology and Medical Statistics, University of Ibadan

Date of receipt of application: 27/06/2012

Date when final decision on research was made: 16/8/2012

Notice of full Committee Approval

I am pleased to inform you that the research described in the submitted protocol, the consent forms and other participant information materials have been reviewed by the UITH Ethical Review Committee (ERC) and given full Committee approval.

This approval dates from 05/09/2012 to 04/09/2013. You are requested to inform the committee at the commencement of the research to enable it appoint its representative who will ensure compliance with the approved protocol. If there is delay in starting the research, please inform the ERC so that the dates of approval can be adjusted accordingly.

Note that no participant accrual or activity related to this research may be conducted outside these dates.

The UITH ERC requires you to comply with all the institutional guidelines and regulations and ensure that all adverse events are reported promptly to the ERC.

No changes are allowed in the research without prior approval by the ERC. Please note that the ERC reserves the right to conduct monitoring/oversight visit to your research site without prior notification.

Thank you.

[Signature]
MBBS, MBA, MD (Glasgow), FWACS, FACC

Chairman, UITH ERCS Review Committee (ERC)