

Prevalence and Determinants of Gender-Based Violence Among Adolescents in  
Private and Public Secondary Schools in Lagos State

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### Certification

This is to certify that Rotimi AYODELE with matriculation number LCU/PG/001496 carried out this research work titled **“Prevalence and Determinants of Gender-Based Violence among Adolescents in Private and Public Secondary Schools in Lagos State”** in the Department of Public Health, Faculty of Basic Medical and Applied Sciences, Lead City University, Ibadan, Oyo State, Nigeria, for the award of Doctor of Philosophy Degree (PhD) in Health Promotion and Education and that this has not been previously submitted.

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### Dedication

This thesis is dedicated to God Almighty

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### **Acknowledgment**

My profound gratitude goes to the Lagos State government for granting me approval to conduct research in secondary schools under Education District IV. I would also like to express my thanks to the principals and staff of both private and public secondary schools in Education District IV, where I distributed my questionnaires. My sincere appreciation extends to the respondents who took the time to complete the questionnaires, providing invaluable data for my research.

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## Abstract

Gender-based violence (GBV) among adolescents is a growing public health concern globally, with the WHO African region reporting a prevalence of 33%. In Nigeria, the prevalence of Gender-based violence reached 48% in 2021, with Lagos State reporting 3,193 cases in 2020. Despite these alarming figures, limited research exists on Gender-based violence among adolescents in Lagos, particularly in comparing its occurrence in private and public secondary schools. This study assessed and compared the prevalence, risk factors, and determinants of GBV among adolescents in private and public secondary schools in Lagos, Nigeria. It aimed to fill the gap in understanding GBV among adolescents in a diverse educational setting, using a socio-ecological framework to explore individual, relationship, community, and societal-level influences on GBV.

A cross-sectional research design was employed, involving a sample size of 723 adolescents selected using a multi-stage sampling technique. Data was collected through a validated semi-structured questionnaire covering socio-ecological factors, knowledge, prevalence, and reporting channels related to GBV. Knowledge of GBV was assessed by evaluating respondents' understanding of psychological, physical, and sexual violence, with "good knowledge" defined as correctly identifying at least 60% of items in both categories. Statistical analysis was conducted using SPSS version 26.0 and Python 3, with chi-square and logistic regression applied at a significance level of 0.05 to identify key determinants of GBV.

Demographic data showed that the overall mean age was 15.4 years, with public school students predominantly aged 15-19 (87.2%) and private school students mostly aged 10-14 (45.5%). Females constituted the majority in both public and private schools (64.3% overall). Christianity was the dominant religion, with about 58% of students in both school types identifying as Christian. Parental education varied, with public school parents predominantly having secondary education (51.4%), while most private school parents had tertiary education (47.3%). Alcohol consumption rates were similar in both school types (10.0% in public, 10.4% in private). Prevalence rates of physical maltreatment were higher in public schools (18.1%) than in private schools (9.3%), while forced sex was more prevalent in private schools (10.5%) compared to public schools (7.2%). Additionally, knowledge of GBV was higher among private school students. Educational level ( $p = 0.025$ ,  $OR = 1.62$ ), family background, gender, and past experiences of abuse emerged as significant determinants of GBV prevalence among the respondents.

This study concludes that comprehensive GBV education, strengthened reporting mechanisms, and the provision of supportive services are critical to addressing GBV among adolescents in Lagos. It is imperative that both public and private schools in Lagos State implement GBV education programs, involve parents, and foster community partnerships to combat the growing threat of

GBV. Additionally, targeted interventions are necessary to address the specific socio-ecological factors influencing GBV, thereby contributing to broader efforts in improving adolescent health and overall safety. Addressing these challenges requires multi-sectoral collaboration, including policymakers, educators, and healthcare providers. The study's findings contribute valuable insights to the existing public health literature on adolescent GBV in Nigeria, supporting future policies and interventions aimed at mitigating this public health crisis.

**Keywords:** prevalence, determinants, GBV, adolescents

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### List of Acronyms

AGYW	Adolescent Girls and Young Women
ANOVA	Analysis of Variance
EFA	Exploratory Factor Analysis
GBV	Gender-Based violence
GBVPREV	GBV Prevention among Employees
HSD	Honestly Significant Difference
IDPs	Internally Displaced Persons
IPA	Interpretive Phenomenological Analysis
LCDA	Local Development Area Council
LGAs	Local Government Areas

<b>NDPR</b>	Nigeria Data Protection Regulations
<b>OND</b>	Ordinary National Diploma
<b>PCA</b>	Principal Component Analysis
<b>RADAR</b>	Radio Detection and Ranging
<b>SEM</b>	Structural Equation Modelling
<b>SGBV</b>	Sexual and Gender-Based violence
<b>SPSS</b>	Statistical Package for Social Sciences
<b>SSB</b>	Sugar-Sweetened Beverage
<b>STI</b>	Sexually Transmitted Infections
<b>SUBEB</b>	State Universal Basic Education
<b>UDAYA</b>	Understanding the Lives of Adolescents and Young Adults
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>VAWG</b>	Violence Against Women and Girls
<b>WHO</b>	World Health Organisation

# Chapter One

## Introduction

### 1.1 Background to the Study

Gender-based violence is violence directed against a person because of that person's gender. Gender-based violence is considered a critical infringement of victims' or survivors' human rights and life-threatening issues, which takes different forms such as sexual violence, physical violence, mental violence, and lots more <sup>1</sup>.

A recent argument on GBV as the most prevalent violation of human rights globally has situated it as a 'shadow pandemic' <sup>2</sup>. Similarly, Dlamini asserted that GBV is another pandemic, which exists in all societies at varying degrees of prevalence as well as severity, and which expression is gender inequality and toxic masculinity <sup>3</sup>.

In the new global economy, adolescents have become a central issue for national growth and development. In recent times, there is a clarion call to invest in the health and well-being of adolescents worldwide. This call could be associated with the growing population, of which a considerable proportion (20%) of them are adolescents globally.

In Nigeria, adolescents represent nearly 22% of the population <sup>4</sup>. This age group is associated with physical, social, and psychological changes, which could increase their vulnerability to risky behaviours and cause them to encounter tremendous challenges to their sexual and reproductive health and rights needs <sup>5</sup>.

One of the major challenges of young people is gender-based violence (GBV), which is increasingly becoming a public health issue <sup>6</sup>. It was documented that GBV could be viewed as acts of physical, psychological, or sexual violence perpetrated on individuals in and around environments due to some stereotypes and norms attributed to them because of their gendered identity <sup>7</sup>.

Gender-based violence can occur in different forms such as physical violence, sexual violence, or psychological violence. Physical violence is a pattern of physical assaults and threats used to control another person. It includes punching, hitting, choking, biting, and throwing objects at a person, kicking, pushing, and using a weapon such as a gun or a knife <sup>8</sup>. Sexual violence has been defined as any sexual act, unwanted sexual comments or advances or acts to direct a person's sexuality, using coercion, forced sex, rape, threats of harm or physical force by any person regardless of relationship to the victim in any setting <sup>9</sup>.

Psychological violence is any kind of non-physical abuse imposed from one person on another. Victims of psychological violence are subjected to repeated verbal threats, manipulation, intimidation, and isolation that cause them to feel anxiety, fear, self-blame, and worthlessness<sup>10</sup>. In contrast to physical violence, psychological violence is not easily identified because it is not readily evident. Psychological violence can sometimes predict physical violence <sup>10</sup>.

Sexual violence is considered the most pronounced manifestation of gender inequality due to its severe and long-lasting impacts on victims, its prevalence across cultures, and its role in perpetuating power imbalances between genders. This form of violence disproportionately affects women and girls, reflecting and reinforcing societal gender disparities. It often results in physical and psychological trauma, limits victims' access to education and economic opportunities, and can lead to social stigma and isolation. Sexual and psychological violence involves a range of perpetrators and takes many different forms, from school harassment, workplace harassment, domestic and intimate partner violence, to sexual violence, female genital mutilation, sex-selective abortion, trafficking, and in the most extreme cases, femicide<sup>11</sup>.

It was reported that in the pre-COVID-19 era about 35% of women globally suffered from either physical or sexual intimate partner violence or non-partner sexual violence <sup>11</sup>. A report

showed that before the COVID-19 pandemic, 1 in 3 women globally faced one form of violence or the other, which was most inflicted by an intimate partner <sup>12</sup>. Also, during the pandemic, lockdown was employed by several authorities across the globe in a bid to curtail the spread of the disease, which restricted the mobility of women, increased familial stress, and economic strain consequently exacerbated the incidence of GBV<sup>12</sup>. World Health Organization indicated that one in four young women between 10-19 years have been victims of one form of violence or the other before they reach their mid-twenties <sup>13</sup>.

A study conducted in a South African city among grade 8 girls and boys in high schools, revealed a high level of GBV among them. The study showed a significant likelihood of boys reporting all types of GBV experienced compared to girls, excluding the following physical GBV indicators: using a knife or gun during a fight against the opposite sex and beating up someone of the opposite sex <sup>14</sup>. Another study conducted in both Nigeria and South Africa illustrated differences in gender and country regarding exposure to GBV.

The exposure of adolescents to GBV (mostly of intimate partner and family violence mode) was more likely to occur in Nigeria compared with South Africa, also, the endorsement of violence against women. The explanation for this may be a result of the disparity in each country's belief systems <sup>15</sup>. The rate of GBV is becoming a huge public health concern, especially in Nigeria. A study revealed that 89.1% and 84.8% of students in both public and private secondary schools respectively had experienced GBV <sup>16</sup>.

The effects of GBV cannot be overemphasized. Observations showed that sexual and reproductive health issues, injuries, mental health disorders, sexually transmitted infections, complicated pregnancy outcomes, gynaecological disorders, a heightened risk of non-communicable morbidity, and impacts on the well-being and health of children of victims are the various detrimental effects of GBV <sup>17</sup>.

GBV is reportedly traced to the following factors subsuming gender inequality, harmful norms, and abuse of power <sup>18</sup>. A study documented that factors associated with the prevalence of GBV mostly in the African context include male children's preference fuelling gender inequality, resulting in low self-esteem among women and giving room for an increasing incidence of violence against; substance abuse; and alcohol intake. While research suggests that a significant proportion of women and girls worldwide will at some point in their lives experience GBV, the extent to which men and boys are affected is less documented. Therefore, there is a need to know the prevalence and determinants of GBV among young males and females for policy effect, advocacy, and intervention programmes.

## **1.2 Statement of the Problem**

One of the major challenges faced by adolescents in recent times is GBV, which is reported as a kind of pandemic and a growing public problem worldwide. Although a lot of GBV could be prevented, during the lockdown across the globe there was an increase in the incidence of GBV. According to WHO, the prevalence estimates of GBV across different regions are 20% in the Western Pacific, 25% in the WHO Regions of the Americas, 22% in high-income countries and Europe, 31% in the WHO Eastern Mediterranean region, 33% in the WHO South-East Asia region, and 33% in the WHO African region.

Despite the under-reported GBV cases, in 2018, the Nigerian demographic health survey documented that 30% of Nigerian adolescent between 11 and 19 years had experienced sexual violence <sup>19</sup>. In 2021, GBV in Nigeria is at 48%, which is the fourth highest among women compared to countries like Kenya, Morocco, and Jordan <sup>20</sup>. Similarly, a report from Lagos State Domestic and Gender Violence Response Team confirmed a total number of 3,193 cases of GBV in 2020 <sup>19</sup>. In Kano State, there were 1,300 reported GBV cases reported within 10 months in 2022. Likewise, 710 GBV cases were reported in Nsukka from 2018 to 2020.

To date, only a limited number of studies on GBV among adolescents have been identified in Lagos state. Although, in Nigeria, there has been a paucity of disclosure of the episode of GBV and comparison of occurrence in the private and public secondary. This indicates a need to understand the prevalence rate of GBV, and its determinants among adolescents in the private and public secondary schools. It is with this background that this study assessed and compared the prevalence and determinants of gender-based violence among adolescents in private and public secondary schools in Lagos.

### **1.3 Justification of the Study**

This project was conceived because most studies on GBV are skewed toward females and most GBV cases are not reported. Most studies on GBV in Nigeria have focused on males as the perpetrators of violence; however, this is not to deny that cases of men being victims of gender-based violence do not exist. It has been reported that men have their share of adverse consequences of GBV <sup>21</sup>. Also, studies of GBV, whereby adolescents are afraid to speak up or report the incidence of GBV because of the fear of the unknown, prompted this research. Most GBV cases are swept under the carpet by family members, acquaintances, or mistresses, which has led to some unpleasant outcomes such as suicide or suicidal attempt. Some adolescents who were victims of GBV have lost their lives due to trauma and mismanagement. Recently, we got to know from a report that some adolescents died of suicide after taking sniper because of GBV <sup>22</sup>. Most studies on GBV did not compare its occurrence in private and public secondary schools in Lagos State, and this study sought to address that gap. The findings provided valuable insights for youth-led organizations, agencies, and advocates of adolescent health, including government and non-governmental bodies, helping them improve policies based on the knowledge generated. By examining the prevalence and determinants of GBV among adolescents (10-19 years) in Lagos, this study also contributed to the existing public health literature.

#### **1.4 Aim and Objectives of the Study**

This study assessed and compared the prevalence and determinants of gender-based violence among adolescents in private and public secondary schools in Lagos. The objectives of this study were to

- i. assess and compare the knowledge of GBV among adolescents in private and public secondary schools in Lagos;
- ii. determine and compare the prevalence of GBV among adolescents in private and public secondary schools in Lagos;
- iii. investigate and compare the reporting channels for GBV among adolescents in private and public secondary schools in Lagos; and
- iv. assess the determinants of GBV among adolescents in private and public secondary schools in Lagos.

#### **1.5 Research Questions**

This study provided answers to the following research questions.

1. What is the knowledge of GBV among adolescents in private and public secondary schools in Lagos?
2. What is the prevalence of GBV among adolescents in private and public secondary schools in Lagos?
3. What are the reporting channels for GBV among adolescents in private and public secondary schools in Lagos?
4. What are the determinants of GBV among adolescents in private and public secondary schools in Lagos?

## **1.6 Hypothesis**

The hypothesis tested in this study

Ho1. There is no significant difference in the prevalence of GBV between adolescents in private and public secondary schools in Lagos.

## **1.7 Significance of the Study**

This study shed new light on the prevalence and determinants as regards GBV among adolescents. Understanding the associations between variables under study helped the implementation of GBV prevention measures and reduced the rate of violence in the country. The study served as a term of reference to scholars interested in the topic. Finally, the findings of this study provided insight into immense benefits to various stakeholders of adolescents-led organizations or agencies as well as advocates of adolescents' health including government and non-governmental parastatals. It helped these different organizations or agencies to improve policy, because of the direction of knowledge the study sought to provide.

## **1.8 Scope of the Study**

The scope of this study examined GBV. The study was delimited to adolescents between 10-19 years old both in private and public secondary schools residing in Lagos. Furthermore, the study considered the following variables: socio-ecological factors, knowledge of GBV, and prevalence of GBV.

## **1.9 Limitation of the study**

The study has several limitations that need to be acknowledged. Firstly, the scope of the investigation primarily focused on sexual and psychological violence, neglecting a comprehensive examination of other forms of gender-based violence (GBV). This limitation restricts the generalizability of the findings, as the broader spectrum of GBV remains

unexplored. The study encountered challenges related to respondent cooperation, including instances of unwillingness or indifference to discuss experiences of GBV. Such reluctance may have introduced bias and affected the accuracy of reported data.

Furthermore, as a cross-sectional survey, the study faced an uneven distribution of respondents between public (430) and private (279) schools, potentially impacting the representativeness of the sample.

However, efforts were made to mitigate this limitation through rigorous community engagement to secure the cooperation of key stakeholders within the study setting. Despite these limitations, the study still provides valuable insights into the prevalence and determinants of GBV among adolescents in Lagos State, allowing for some level of generalization of findings within the studied population.

#### **1.10 Operational Definition of Terms**

**Experience:** In this study, the term 'Experience' will denote individuals who have encountered any type or form of Gender-Based Violence (GBV).

**Gender:** In this study, the term 'Gender' denotes the socially constructed attributes associated with women, men, girls, and boys.

**Gender-based Violence:** Gender-based violence refers to violence directed at an individual due to their gender or violence that unfairly impacts individuals of a specific gender.

**Psychological Violence:** In this study, the expression 'psychological violence' denotes individuals who experience any of the following circumstances—being insulted, humiliated, intimidated, exposed to inappropriate remarks, or similar situations as they might articulate—are described as survivors or victims of emotional abuse.

**Reporting Channels:** Reporting channels denote the avenues or systems available to adolescents for disclosing incidents of gender-based violence.

**Sexual Violence:** Sexual violence is the term used to describe any sexual act, attempt to engage in a sexual act, or any other action aimed at someone's sexuality through coercion. This can be done by anyone, irrespective of their relationship to the victim, and it can occur in any environment.

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## Chapter Two

### Literature Review

#### 2.1 Conceptual Review

##### 2.1.1 Adolescents

Adolescents, individuals within 10-19 years of age, constitute about 22% of Nigeria's population, while 32% of the country's population are young people aged 10-24 years. The population of young people as of 2019 was estimated at 64.3 million with diverse and heterogeneous characteristics in the contexts of health needs, socio demographic characteristics, and social as well as health vulnerabilities <sup>1</sup>. Adolescence is the phase of life characterized by different transformations, whereby one transit from childhood to adulthood. Adolescents are a unique group of people with special and great potential along with specific needs <sup>1</sup>. There is an assertion that adolescence could be classified into three stages subsuming early adolescence age (10 to 13 years), middle adolescence age (14 to 17 years), and late adolescence age (18 to 21 years).

The characteristics of adolescence through these stages are biological changes and rapid growth, sexual attraction, career consciousness, and cognitive development <sup>2</sup>. Adolescents are individuals in their crucial formative age, who sail across a complex set of physiological, psychological, cognitive, social, and spiritual development and changes <sup>1</sup>. Due to their ongoing developmental strides, they are exposed to various behaviours such as experimental tendencies, novelty-seeking behaviours, and risk-taking behaviour, which a great deal increases their involvement in some health-depleting behaviours with the potential for poor health outcomes<sup>1</sup>.

The predisposition of adolescents is reported to exacerbate some non-communicable diseases and behavioural risk factors. A situation analysis conducted by the Federal Government

revealed that the leading health issues among adolescents in Nigeria, in 2018, are related to sexual reproductive health and rights services gaps; poor nutrition; mental health; increase rates of non-communicable conditions; oral health; social marginalization among most susceptible adolescents; and violence and injury <sup>1</sup>.

### **2.1.2 Violence**

Violence is one complex phenomenon, which is mostly considered as the threat or use of force capable of harming, injuring, depriving or even causing the death of someone <sup>3</sup>. Violence is mostly termed as those actions either spoken or written with the intention to injure, abuse, or cause pain to individuals and with the likelihood of destroying as well as damaging something <sup>4</sup>. This could also include forcing people to act or constraining them from acting in specific ways <sup>5</sup>.

Over a decade ago, violence had risen significantly in Western industrialized countries since the late 1960s <sup>6</sup>. The argument is that the precise use of the phenomenon, of violence, has interfered with the “connotations that partially overlap with semantically related concepts (force, aggression, conflict, power, etc.) that are however not identical with violence. Precise terminology is also confounded by substantial applications of the concept or precipitate reification (violence as war, as murder, etc.)” <sup>7</sup>.

In the late eighties, in the etymological context, violence among the Germans was perceived to be a complicated phenomenon that began with dual meaning <sup>7</sup>. This was confirmed in the assertion that violence is “a complex, unwieldy and highly contested concept”, it is defined as the exercise of physical force to inflict injury on or damage to persons or properties <sup>8</sup>.

Violence subsumes both non-physical and physical behaviours that are abusive, it is “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or has a high likelihood of

resulting in injury, death, psychological harm, mal-development, or deprivation”<sup>9</sup>. This definition seems to widen the scope of a violent act by nature and broadens the conventional understanding of violence that stems from a power relationship<sup>9</sup>.

Violence is reported to be part of the existence of humans<sup>10</sup>. One of the leading causes of mortality in human existence is violence globally, which is mostly among the age group of 15-44 years. Violence is claimed to be one of the leading concerns of society<sup>4</sup>. Recently, about 1.6 million deaths annually, non-fatal injuries, non-injury and chronic health consequences are a result of violence<sup>3</sup>. Individuals experiencing significant homicidal incidences were men, while the victims of non-fatal violence and abuse were women, children, and the elderly<sup>9</sup>.

The three major categories of violence are self-directed violence, interpersonal violence, and collective violence<sup>3</sup>. Self-directed violence is the class of violence that has to do with either self-harm or suicidal behaviours. Interpersonal violence means the violent acts or behaviours directed or committed against another person. On the other hand, collective violence is one involves social, economic, and political motivated violent acts that are committed against a group of people but not limited to war or hate crimes<sup>9</sup>.

Interpersonal violence is sectionalised into two major sub-types such as family or intimate partner violence and community violence. Family and intimate violence refer to the abuses or violence committed in a familial perspective including child or elder violence, and abuses in the perspective of intimate relationships (past or current romantic relationships and sexual partners). Community violence signifies those committed between unknown or unrelated people such as sexual abuse by strangers, youth violence, or other random violent acts<sup>11</sup>.

Violence is can also be categorized into three; direct violence, structural violence and cultural violence<sup>3</sup>. Direct violence includes physical violence (war, exclusion, domestic, or torture) or behavioural violence (bullying etc.)<sup>12</sup>. Structural violence comprises oppressive systems that abuse, enslave, and intimidate the susceptible group (dissenters, poor, powerless, and

marginalized); and deprive the vulnerable group of the right to access basic resources <sup>3</sup>. The third category is cultural violence, which includes the destruction and debasing of ways of life and human personalities like the violence of colonial ideologies, racism, sexism, and ethnocentrism. Other forms of cultural violence in the terms of moral exclusion are oppression, inequity, domination, and rationalized aggression <sup>3</sup>.

In the context of nature, violence could be categorized into four major types comprising physical, sexual, psychological, and neglect. Physical violence denotes the use of physical force that has the potential of inflicting injury, causing harm, disability or mortality intentionally.

The various physical violence subsumes pushing, scratching, shoving, biting, grabbing, shaking, choking, punching, slapping, burning, hitting, use of a weapon or firearm etc. Concerning sexual violence, it refers to the sexual activities committed or attempted against someone (victim) who refuses or is unable to consent or without a freely given consent. Sexual violence includes sexual touching, forced, substance facilitated unwanted penetration etc. <sup>10</sup>.

Another study documented that sexual violence could be in the form of sexual harassment like being subjected to unintended displays of sexual material, harassed for a date or sexual demands not welcomed yet being made, or using work as an excuse for private and inappropriate meetings; Deal such as offering someone financial assistance in return for sexual intercourse or sexual favours and offering of educational or career advantages in return for sexual intercourse or sexual favours; sexual assault and rape: touching someone in an inappropriate sexual manner and hitting or beating by a sexual or romantic partner <sup>13</sup>.

Psychological violence also known as mental or emotional abuse involves non-verbal and verbal expressions intended to injure or harm another person either emotionally or mentally, or exercise control over another individual. Psychological violence comprises humiliating and

degrading examples of expressive aggression; threats of sexual or physical violence; coercive control such as limiting one's access to things or individuals, extreme monitoring of an individual's communications or locations; and exploitation of someone's susceptibility. The fourth type of violence is neglect or deprivation. This form of violence or abuse happens when someone with the responsibility to care fails to make available the care to an individual. Examples of neglect include failure to provide nourishment, adequate supervision, medical care etc. <sup>14</sup>.

The diagram below (**Figure 2.1**) gives a vivid illustration of various categories of violence and their examples.

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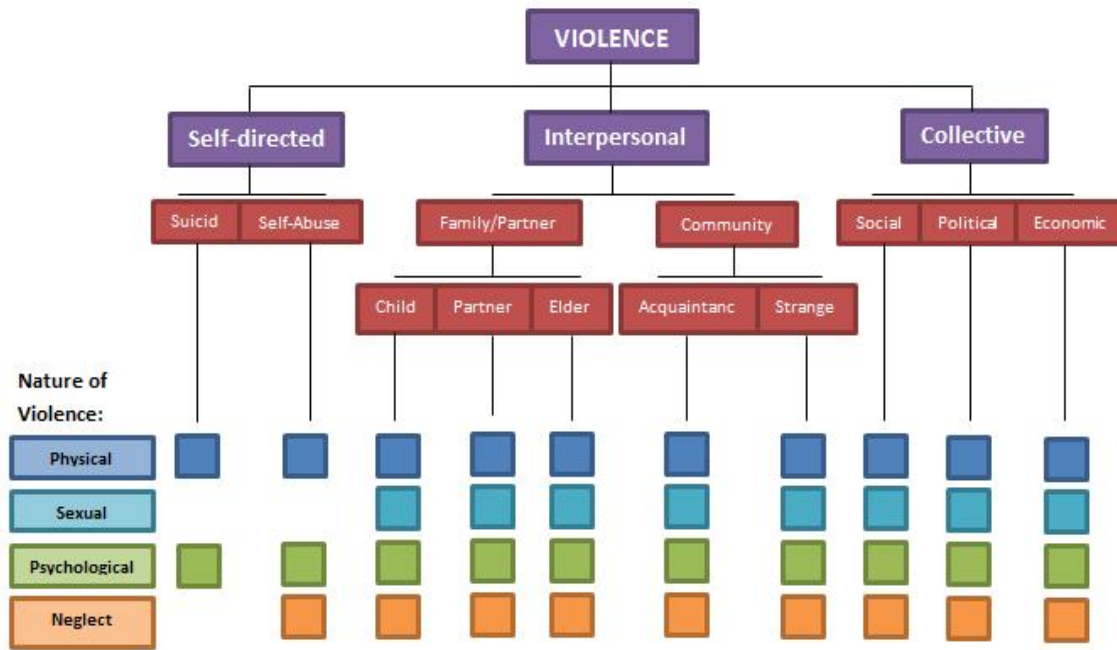


Figure 2.1 A diagrammatic demonstration of forms of violence <sup>10</sup>

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The various forms of violence illustrated in the diagram above (**Figure 2.1**) are term gender-based violence (GBV) if directed at someone based on their gender <sup>15</sup>.

### **2.1.3 Gender-Based Violence (GBV)**

The term GBV has been mostly argued for violence directed or committed against girls and women, which affects them disproportionately, and is rooted in harmful norms, gender inequality, and abuse of power comprising rape, female genital mutilation, harassment, coercion, child marriage, economic, educational deprivation and so on <sup>16</sup>. This argument suggests that when this violence is directed or perpetrated against boys and men, gender becomes irrelevant <sup>14</sup>. However, according to European Institute for Gender Equality, although the victims of GBV are mostly girls and women, both boys and men also experience GBV <sup>17</sup>.

GBV is one of the major limitations to achieving gender equity globally and it is a critical problem people are encountering in urban settings; this could be connected to the fact that people encounter a heightened magnitude of conflict and insecurity in the cities. More so, it is associated with various limitations linked to severe fear such as the inability to move freely; and not engaging in major economic, political, and social activities <sup>18</sup>.

GBV is a key feature documented as a form of pandemic existing in every society at various degrees of prevalence and severity expressing in a form of gender inequality and poisonous masculinity <sup>19</sup>. GBV as an act that violates the rights of individuals or victims globally, which is situated as a shadow pandemic <sup>20</sup>. Below is a more robust and all-encompassing view of GBV, which claim that:

“Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty whether occurring in public or private life. It includes physical, sexual and psychological violence occurring in the family, in the community, or perpetrated by the state. It includes battering,

sexual abuse of female children, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence, rape, sexual abuse, sexual harassment, and trafficking in women and forced prostitution. It includes physical, sexual and psychological violence perpetrated or condoned by the state wherever it occurs”<sup>21</sup>.

#### **2.1.4 Types of Gender-Based Violence**

Gender-based violence arises due to gender inequality and discrimination, leading to various forms of expression. Below are some common examples of gender-based violence:

##### **2.1.4.1 Domestic Violence**

Domestic violence, also known as intimate partner violence, involves a repeated pattern of harmful behaviours within a relationship. It is used by one partner to gain or maintain control and power over their intimate partner<sup>22</sup>. Domestic violence can occur in various forms, including physical, sexual, emotional, economic, psychological, or technological abuse, along with threats. It is not limited by factors like race, age, sexual orientation, religion, sex, or gender identity; it goes beyond these distinctions. Its effects are widespread, affecting people from different socioeconomic backgrounds and education levels, and it can happen in both heterosexual and same-sex relationships<sup>22</sup>.

##### **2.1.4.2 Sexual Violence**

The term "sexual violence" encompasses various non-consensual sexual acts characterized by violence, coercion, or the misuse of authority. This serious issue impacts individuals of all genders, sexual orientations, and age groups<sup>20</sup>.

##### **2.1.4.3 Intimate Partner Violence (IPV)**

Intimate partner violence (IPV) refers to a repeated pattern of forceful and manipulative behaviour involving physical harm, emotional abuse, sexual aggression, gradual isolation, stalking, deprivation, intimidation, and control over reproductive choices. This behaviour occurs within an intimate relationship, regardless of factors such as age, financial status, race, religion, cultural background, sexual orientation, or educational background <sup>23</sup>. Intimate Partner Violence (IPV) refers to any actions occurring within a close relationship that result in physical, psychological, or sexual harm to individuals involved in the relationship <sup>24</sup>.

#### **2.1.4.4 Dating Violence**

Dating violence is a repetitive pattern of harmful actions used by one person in a relationship to control and dominate the other person <sup>25</sup>. This behaviour can appear in various forms, including physical violence, manipulation, threats, intimidation, enforced isolation, and instances of emotional, sexual, or financial exploitation. Dating violence isn't just about physical acts and can also happen online or through technology <sup>26</sup>.

#### **2.1.4.5 Forced Marriage**

Forced marriage refers to a marriage that happens without the agreement of one or both individuals involved, commonly because of arrangements or promises made by parents. This practice can impact people regardless of their background and is associated with issues like domestic violence, dating violence, sexual assault, and stalking. In contrast to arranged marriages, where there is an assumption of mutual agreement, forced marriages lack this element of consent <sup>27</sup>.

#### **2.1.4.6 Honour-based Violence**

Honour-based violence involves various harmful actions intended to maintain family or community "honour," typically associated with cultural, traditional, or religious beliefs <sup>28</sup>. This encompasses physical violence such as kicking and beating to assert control, psychological tactics like surveillance and threats to instil fear, abandonment leading to isolation or return to

one's place of origin, and the grim manipulation of coercing individuals into suicide. At its most severe, honour killing entails intentional murder aimed at restoring what is believed to be lost honour, stemming from deeply entrenched cultural beliefs <sup>29</sup>.

#### **2.1.4.7 Female Genital Mutilation/Cutting (FGM/C)**

Female Genital Mutilation/Cutting (FGM/C) involves the partial or complete removal of external female genitalia or other non-medically justified harm to female genital organs. Although it offers no health advantages, it can lead to serious problems such as excessive bleeding, urinary problems, infections, cysts, childbirth complications, and increased risks for infant death <sup>30</sup>. FGM/C, widely acknowledged as a breach of girls' and women's human rights, reinforces deep-seated gender disparities and is serious form of discrimination against them. Typically carried out by traditional practitioners on underage individuals, this practice violates children's rights and undermines individuals' rights to health, safety, and control over their bodies <sup>31</sup>.

#### **2.1.4.8 Human Trafficking**

Human trafficking is a serious crime involving the recruitment, transportation, harbouring, or receiving of people through force, deception, or manipulation for the purpose of financial exploitation. It is not limited by geography and affects people of all genders, ages, and backgrounds globally <sup>32</sup>.

#### **2.1.4.9 Stalking**

Stalking involves repeatedly and unwantedly watching or bothering someone by an individual or a group. This includes physically following, regularly watching, sending unwelcome items or messages, and being near the victim. Stalking is a type of psychological harm that causes fear, worry, and emotional distress to the victim <sup>33</sup>.

#### **2.1.4.10 Online Gender-based Violence**

Online gender-based violence (GBV) refers to a range of actions facilitated by different digital technologies. Different intermediaries have different levels of involvement and responsibilities concerning various forms of GBV. This includes using communication systems to control current or former partners, stalking, and harassing through telecommunication and social media. It also involves sharing personal data (doxxing) or harmful content (like sharing sexualized media of women and girls without consent) through content hosts and social media platforms <sup>34</sup>. Women and girls often face gender-based violence online, adding to the widespread problem of online abuse. Many well-known women in various fields are commonly victims of online violence <sup>35</sup>.

#### **2.1.4.11 Sex Trafficking**

Sex trafficking involves the recruitment, transportation, or confinement of individuals for sexual exploitation. Those involved may use force, threats, mental and emotional abuse, and manipulation to coerce victims into providing sexual services against their consent <sup>36</sup>.

#### **2.1.4.12 Child Marriage**

Child marriage includes both official marriages and informal partnerships where one party is under 18 and the other is an adult or another minor. It remains widespread, impacting approximately 20% of girls globally who marry before reaching adulthood <sup>37</sup>. Child marriage often stems from fundamental gender inequalities, leading to a greater effect on girls. Globally, the rate of child marriage for boys is only about one-sixth that of girls. This tradition deprives girls of their childhood and endangers their well-being. Girls who marry before turning 18 face higher chances of experiencing domestic violence and are less likely to pursue further education<sup>37</sup>.

#### **2.1.4.13 Consequences of Gender-Based Violence**

Gender-based violence has significant repercussions for both perpetrators and victims. These consequences are closely linked to various forms of violence. Physical violence can impact both the

psychological well-being and physical health of individuals. Prolonged exposure to physical and psychological violence can result in lasting somatic symptoms for victims, blurring the distinction between physical and psychological violence <sup>4</sup>. Survivors of sexual violence often experience adverse effects, such as depression, resulting from their exposure to unwanted sexual actions directed at them <sup>38</sup>.

The effects of violence are linked with harmful tendencies, leading to negative outcomes that are deemed undesirable <sup>4</sup>. There have been a significant number of deaths due to violence in Nigeria, particularly in Port Harcourt. About thirty-five percent of these deaths in Port Harcourt were caused by physical violence involving firearms <sup>39</sup>.

Recently in Nigeria, several young individuals committed suicide by consuming sniper, an insecticide. This tragic outcome was attributed to instances of gender-based violence. One of the individuals involved took this drastic action following rejection from their caregiver <sup>40</sup>.

The health impacts of gender-based violence (GBV), including domestic, intimate partner, and sexual violence, are severe and traumatic for victims or survivors. They commonly experience various health problems, such as physical injuries, mental and behavioural issues, and sexual and reproductive health challenges <sup>41</sup>.

The immediate health problems include injuries to various parts of the body such as the face, ears, head, nose, eyes, teeth, neck, upper torso, as well as cuts, burns, and fractures. Chronic health issues resulting from gender-based violence include fatigue, headaches, chronic

abdominal pain, physical limitations, persistent pain, fibromyalgia, early death, and digestive problems <sup>41</sup>.

## **2.2 Theoretical Framework**

One of the major features of the research process is a theoretical framework, which is described as a blueprint that guides a whole dissertation could be approached philosophically,

epistemologically, methodologically, and analytically <sup>42</sup>. A theoretical framework provides the ground for establishing the credibility of a research process or study.

The framework is aimed at enabling the findings of research or studies to be more acceptable, meaningful, and generalize <sup>43</sup>. Similarly, the life wire of every research study is its theoretical framework, which defines how a specific research problem is formulated and provides the guidelines for investigating the research problem as well as the researcher's inference from the investigation <sup>44</sup>.

A theoretical framework makes available the foundation whereby all knowledge for a study is metaphorically constructed; it provides the support and structure for the basis for the study's problem statement, purpose, justification, significance, and research questions <sup>42</sup>. The experience of a theoretical framework is also likened to the task of architectural development, which serves as the basis of all constructional activities of a building <sup>42</sup>. The extant study is built on Socio-ecological model.

### **2.2.1 Socio-ecological Model**

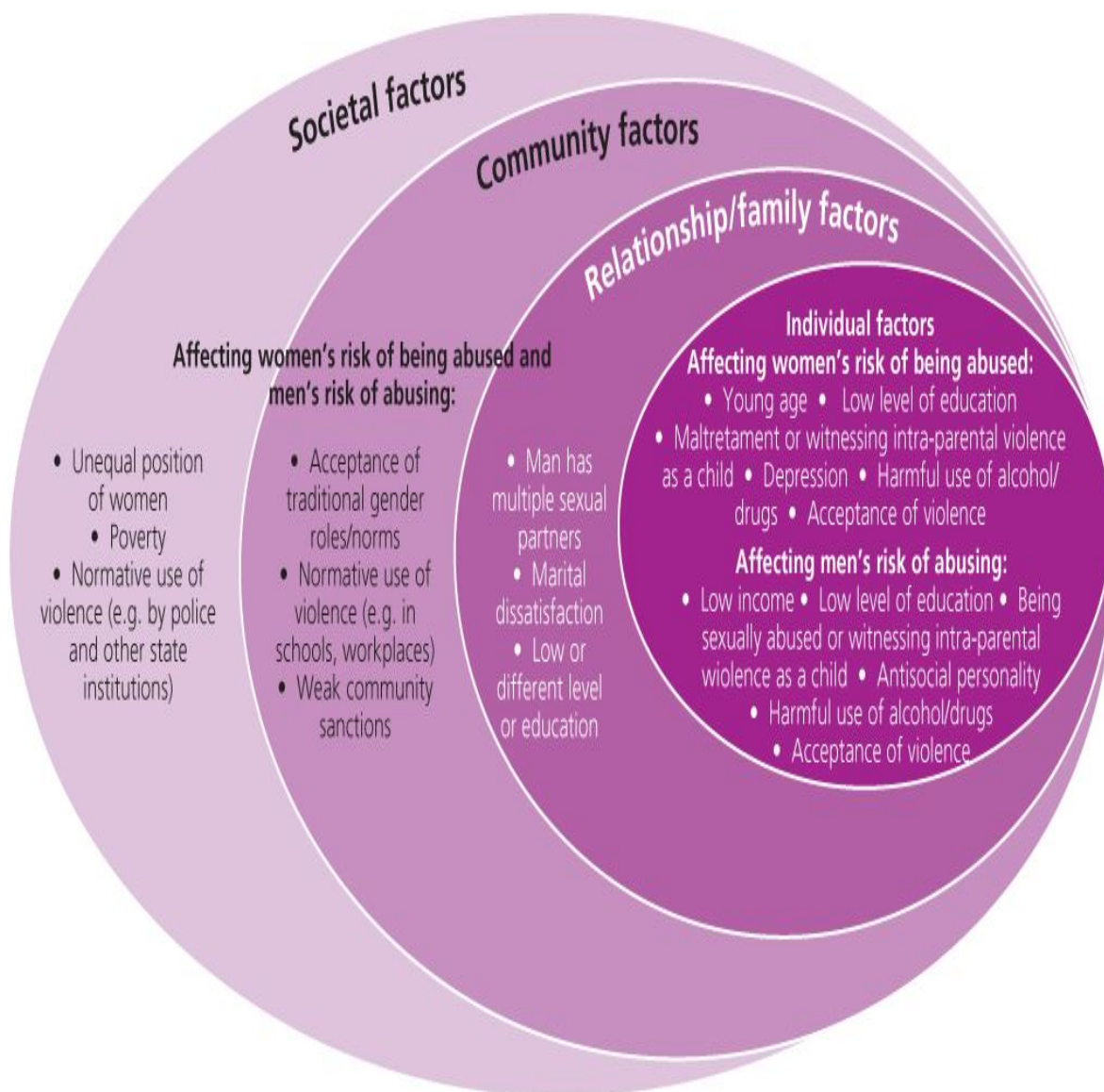
The Socio-ecological model originated from Lewin's theoretical legacies, known as a field of theory <sup>45</sup>. The theory seems to be the best in expatiating the critical risk factors for GBV. The Socio-ecological model considers the multiplicity of factors predisposing GBV and the interactions of these factors at various levels of operations comprising the individual, relationship, community, and society <sup>46</sup>. Suggesting that in elucidating behaviour, all factors that are interdependently dynamic in the field must be acknowledged <sup>45</sup>.

The Ecological Theory is a theory that highlights factors that could trigger GBV from the societal level to the individual level. This model divides the factors affecting the women and men's risk of being into four levels comprising societal factors (poverty, unequal position of women in society, and the use of force by police along with other state institutions);

community factors (cultural gender roles/norms, weak community sanctions, and the normative use of violence especially in schools, and workplaces); relationship/family factors (multiple sexual partners, marital dissatisfaction, and low or disparity in statuses and education); and individual factors (age, low level of education, witnessing intra-personal violence and maltreatment as a child, depression, substance abuse, violence acceptance, low income, being sexual abuse as a child, and antisocial personality) <sup>47</sup>.

**Figure 2.2** illustrates the factors associated with violence.

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**Figure 2.2 Socio-ecological Factors** <sup>47</sup>

### **2.2.2 Previous Applications of the Socio-ecological Model**

The Socio-ecological model was applied to a study, which aimed to explore the factors hindering the utilization of contraceptive services among adolescents in Southeast Nigeria. This qualitative investigation was conducted in six communities within Ebonyi state, involving 81 in-depth interviews and six focus group discussions with stakeholders including policymakers, community leaders, health service providers, and parents of adolescents. Utilizing pre-tested interview guides, all sessions were audio recorded and transcribed for analysis.

The data analysis followed a thematic framework approach, incorporating adaptation of the socio-ecological model to synthesize findings. These findings emphasized the critical role of the socio-ecological model in comprehensively understanding the intricate factors influencing contraceptive service utilization among Nigerian adolescents across various levels, including individual, interpersonal, community-cultural, organizational-health systems, and societal dimensions. This insight provides a foundation for evidence-based strategies aimed at improving contraceptive service access and utilization among adolescents in Nigeria <sup>48</sup>.

A cross-sectional study was conducted, employing previously validated instruments to survey adolescents, with analyses comprising descriptive statistics, ANOVA tests, and stepwise nonlinear regression models adjusted for cluster robustness. Utilizing Structural Equation Modelling (SEM), a four-step model was employed to explore factors associated with adolescent sugar-sweetened beverage (SSB) intake. These steps included demographics, intrapersonal factors (e.g., attitudes, subjective norms, behavioural control, intentions, health literacy, media literacy, public health literacy), interpersonal factors (e.g., caregiver's SSB behaviours and rules), and environmental factors (e.g., home SSB availability).

The study identified several significant factors associated with adolescent SSB intake, encompassing intrapersonal attitudes and literacy, caregiver rules and behaviours, and home

SSB availability. These findings underscore the importance of addressing multiple levels of influence in interventions targeting SSB consumption among rural Appalachian adolescents <sup>49</sup>.

A study was conducted which was aimed to identify the barriers and facilitators influencing children's participation in physical activity during leisure time. Data collection involved focus groups and individual drawings among 98 eight- to eleven-year-olds from six schools in Cuenca, Spain. Guided by the socio-ecological model, the study considered individual characteristics (age and sex) and various environmental factors such as family, friends, timing, out-of-school schedule, safety, and weather.

Results revealed that children's leisure physical activity opportunities were shaped by their schedules, influenced by family dynamics and parental concerns. Findings have highlighted the significant role of family organization, the imbalance between work and family life, limited spontaneous outdoor activities in urban settings, parental control over leisure activities, and concerns about safety, particularly affecting younger children and girls. These findings underscore the interplay of factors across different levels of the socio-ecological model, emphasizing the necessity of comprehensive interventions and policies to promote active lifestyles in children <sup>50</sup>.

The Socio-ecological Model was also utilised for Health Promotion to investigate the factors impacting stress levels and academic success among undergraduate students at a post-secondary institution in Southwestern Ontario, Canada. Through 38 semi-structured interviews with students and on-campus staff, conducted using a qualitative, phenomenological approach, the study identified overarching themes across various socio-ecological levels.

These levels encompassed individual, interpersonal, institutional, community, and public policy factors, reflecting demographic, psychological, emotional, social, physical, and academic dimensions affecting students' academic stress. The model facilitated a

comprehensive analysis, allowing for the identification of both positive and negative factors at each level, emphasizing the intricate nature of influences on student well-being and academic outcomes. Communication emerged as a key aspect in addressing these factors, advocating for enhanced strategies to promote awareness and accessibility of campus services.

Notably, factors at the individual, interpersonal, and institutional levels were found to be particularly influential, underscoring the importance of targeted interventions to support students' mental health and academic success. Overall, the study's application of the Socio-Ecological Model provided valuable insights into the complex dynamics shaping student experiences, offering a holistic framework for understanding and addressing factors contributing to stress and academic achievement <sup>51</sup>.

### **2.2.3 Applicability of the Socio-ecological Model**

The pertinence of the socio-ecological framework was underscored in understanding gender-based violence (GBV), given its comprehensive approach to examining various levels of influence on individuals and communities. This framework offered several key insights into GBV:

Firstly, it adopted a multilevel perspective, encompassing individual, interpersonal, community, societal, and policy levels, allowing for a holistic understanding of the complexity of GBV.

Secondly, it facilitated a contextual understanding by exploring the interactions between individuals and their environments, shedding light on how social norms, cultural beliefs, institutional practices, and policies contributed to GBV.

Thirdly, it emphasized the importance of prevention and intervention strategies targeting multiple levels of influence, enabling interventions to address GBV at individual, relationship, community, and societal levels. Furthermore, its adaptability to diverse contexts and

populations made it a versatile tool for understanding and addressing GBV in various settings, including universities.

Finally, it enabled a comprehensive analysis of the factors contributing to GBV, considering individual characteristics, interpersonal relationships, community dynamics, societal norms, and policy environments. In conclusion, the socio-ecological framework provided a valuable lens for understanding the complexity of GBV and devising multifaceted interventions aimed at addressing its root causes across different levels <sup>52</sup>.

The socioecological framework's relevance was asserted in understanding gender-based violence, particularly in conflict settings. Several points were highlighted in underscoring its significance.

Firstly, the framework recognized the multifaceted nature of gender-based violence, elucidating how individual, relational, community, and societal factors intertwined to influence its occurrence and perpetuation.

Secondly, it aided in identifying drivers crucial for effective prevention and intervention strategies by facilitating the understanding of underlying causes across various societal levels.

Thirdly, the framework acknowledged the importance of contextual understanding, emphasizing factors beyond individual behaviours, such as social norms and institutional practices, in shaping violence.

Additionally, adapting the framework to conflict settings enabled the capture of unique dynamics, addressing specific challenges and vulnerabilities present in such contexts.

Furthermore, the framework informed policy analysis, planning, and programming approaches, allowing for the development of comprehensive interventions by understanding interconnected factors contributing to violence.

Lastly, by emphasizing power dynamics and social norms, the framework empowered individuals and communities to challenge structures perpetuating gender-based violence, emphasizing the importance of advocacy efforts. In conclusion, the socioecological framework offered a comprehensive approach to understand and address gender-based violence in conflict settings, enhancing efforts to combat violence effectively <sup>53</sup>.

A study was conducted to assert the socio-ecological framework's relevance in understanding gender-based violence (GBV), highlighting its comprehensive multi-level approach to examining contributing factors. Key points included its consideration of factors at individual, interpersonal, community, and societal levels, facilitating a holistic understanding of GBV's occurrence.

Moreover, the framework acknowledged intersecting forms of oppression and discrimination, such as gender, race, class, and sexuality, contributing to varying risks of violence across diverse populations. It also recognized the role of social norms, cultural beliefs, and institutional structures in perpetuating or challenging GBV, emphasizing the importance of gender-equitable norms and power dynamics.

By informing comprehensive prevention and intervention strategies targeting individual behaviours, relationship dynamics, community attitudes, and broader societal norms, the framework guided policy decisions aimed at preventing and responding to GBV effectively. In conclusion, the socio-ecological framework offered a valuable lens for understanding the complex nature of GBV and promoting gender equality and social justice <sup>52</sup>.

## **2.3 Review of Empirical Studies**

The empirical reviewed evidence as it relates to the study's aim of assessing and comparing the prevalence and determinants of gender-based violence among adolescents in private and public secondary schools.

### **2.3.1 Knowledge of GBV**

A study was conducted in Tanzania aiming to assess the knowledge, perceptions, and experiences of gender-based violence (GBV) health services among adolescent girls and young women (AGYW). Employing a mixed-methods approach, the study utilized quantitative surveys and qualitative in-depth interviews to collect data from the participants. The findings regarding AGYW's knowledge of GBV revealed that a significant proportion demonstrated moderate to good understanding of how GBV is defined and its constituents.

However, noticeable gaps existed in knowledge concerning GBV health services provided at local health facilities, particularly regarding services such as forensic evidence collection. Despite having a good grasp of GBV, participants showed limited awareness of the roles and availability of GBV health services, leading to low utilization. Strengths of the study include its mixed-methods design, enabling a comprehensive exploration of the topic by triangulating quantitative and qualitative data. The qualitative component provided valuable insights into the lived experiences and perceptions of AGYW regarding GBV health services.

Moreover, the study's focus on a vulnerable population and its collaboration with civil society organizations working with AGYW in Tanzania bolstered the relevance and applicability of the findings. However, limitations such as the relatively small sample size of in-depth interviews and the potential for social desirability bias in self-reported data were noted. Future research could benefit from larger sample sizes and longitudinal designs to delve deeper into the factors influencing knowledge and utilization of GBV health services among AGYW in Tanzania<sup>54</sup>.

A study, which aimed to determine differences in knowledge, perceptions, beliefs, and opinions about Gender-Based Violence (GBV) across gender and employment sectors was conducted in South Africa. The study utilized a cross-sectional mixed-method design, conducting an online survey with two open-ended questions. The Perception about GBV Prevention among Employees (GBVPREV) questionnaire was developed and tested, with

statistical analyses including Cronbach's alpha, Exploratory Factor Analysis (EFA), one-way ANOVA, and Tukey HSD.

Findings revealed significant differences among respondents regarding knowledge of adult experiences, violence against children, perceptions, beliefs, and opinions on GBV. Most respondents, particularly females with tertiary education in the private sector, were highly aware of GBV prevalence in South Africa. Employees emphasized the need for collaboration across all sectors to address GBV, support for victims and perpetrators in private sector organizations, and societal encouragement for victims to come forward.

Strengths of the study include its focus on a national sample from various sectors, the development of a comprehensive questionnaire, and the utilization of both quantitative and qualitative analyses. However, gaps may include the limited representation of public sector employees in the survey and the reliance on self-reported data, which could introduce bias <sup>55</sup>.

A study conducted in Nigeria's South-South Region to assess the level of Gender-Based Violence (GBV) knowledge among young adults, determine the proportion of affected individuals, and explore associations between GBV knowledge and socio-demographic characteristics. Employing a community-based cross-sectional and descriptive approach, incorporating qualitative and quantitative techniques, 427 young adults were randomly recruited, achieving a response rate of 96.7%. Semi-structured questionnaire was used for quantitative data collection, complemented by ten key informant interviews and two focus group discussions for qualitative data.

Findings indicated that a significant proportion of young adults exhibited moderate knowledge about GBV, with 78.7% able to describe it and 72.95% identifying various forms of GBV. Notably, 47.9% reported experiencing GBV, primarily physical and sexual violence.

The most reported health/psychological outcomes were shame and fear/anxiety. Study limitations include the focus on urban settings, potentially neglecting rural areas or older women's prevalence of GBV.

Additionally, reasons for higher GBV rates in Cross River State compared to Akwa Ibom State were not explored, necessitating further investigation. Strengths include the comprehensive approach, combining quantitative and qualitative methods to offer a holistic understanding of GBV among young adults. The high response rate and diverse data collection techniques enhance the study's reliability and validity, contributing valuable insights to existing literature on GBV in the region <sup>56</sup>.

A study aimed to evaluate the knowledge and patterns of Gender Based Violence (GBV) was conducted in Oyo State among residents of Idi-Arere in Ibadan, Oyo State, Nigeria. Employing a cross-sectional descriptive research design, the study sought to examine the prevalence and comprehension of GBV within the community. Data collection involved administering a validated structured questionnaire to 220 respondents aged 10-59 years.

Findings concerning GBV knowledge indicated that 37.81% of participants possessed a satisfactory understanding of gender-based violence. The research highlighted a statistically significant correlation between respondents' educational attainment and their knowledge of GBV, underscoring the influential role of education in shaping individuals' awareness of the issue. Limitations of the study include its modest sample size and the potential for response bias owing to the sensitive nature of the subject matter. More so, the study's focus on a specific community in Oyo State may restrict the applicability of its findings to broader populations.

Nevertheless, notable strengths of the study encompass the use of validated questionnaire, adherence to ethical standards, and the application of statistical techniques to derive meaningful insights. In summary, the study contributes valuable perspectives on GBV

awareness among Idi-Arere residents, accentuating the significance of education in addressing and mitigating gender-based violence within the community <sup>57</sup>.

A cross-sectional study conducted among 219 in-school secondary students in Lagos assessed the knowledge, perception, and experience of gender-based violence using simple random sampling methods. The study found that 54% of the respondents were predominantly females within the age range of 14 to 16 years. The study revealed that most of them lived with both parents (79%). The respondents who have heard about gender-based violence were approximately 65%, of which only 2% of them were able to correctly define GBV. The proportion who thought that the likelihood of girls suffering gender-based violence was very high (84%). Surprisingly, about 10% in this study affirmed that sexual abuse was not a form of gender-based violence. About 29% of the respondents reported having experienced gender-based violence specifically of sexual form <sup>58</sup>.

### **2.3.2 Prevalence of GBV**

A study aimed to examine the connection between exposure to gender-based violence (GBV) and depressive symptoms among adolescent girls in Uttar Pradesh and Bihar, India. The research utilized data from the Understanding the lives of adolescents and young adults (UDAYA) project survey conducted in 2016 by the Population Council under the guidance of the Ministry of Health and Family Welfare, Government of India.

The survey involved 12,972 adolescent girls aged 15-19 years and focused on socio-demographic characteristics, GBV exposure, and depressive symptoms. The findings indicated that approximately five percent of adolescent girls aged 15-19 years reported encountering physical violence by a parent in the preceding 12 months. However, the study's scope was limited to adolescent girls in the specified age group and regions of Uttar Pradesh and Bihar, potentially restricting the generalizability of the results to other geographical areas or age cohorts.

Furthermore, the research did not explore the specific types of gender-based violence experienced by adolescent girls, which could provide more nuanced insights into the relationship between different forms of violence and depressive symptoms. In conclusion, while the study contributes valuable insights into the link between GBV and depressive symptoms among adolescent girls in India, there exists a need for further research to address the identified gaps and deepen our understanding of this important issue <sup>59</sup>.

A study was conducted to identify the prevalence and associated factors of Gender-Based Violence (GBV) among Baso high school female students in Debre Berhan town, Ethiopia. The study employed an institution-based cross-sectional design and utilized a self-administered structured questionnaire to collect data from 350 female students. The researchers used stratified sampling to select participants and conducted both bivariate and multivariate logistic regression analyses to evaluate the association between independent variables and GBV.

The findings of the study revealed that the prevalence of GBV during the lockdown was 36.2%, with a lifetime prevalence of 47.2%. Specifically, the lifetime prevalence of sexual violence and physical violence among the students was 27.99% and 37.99%, respectively. Factors such as educational performance, monthly pocket money received from parents, free discussion about reproductive issues, and previous experience of sexual intercourse were identified as determinants of gender-based violence among the students. Despite providing valuable insights into the prevalence and determinants of GBV among high school female students in Debre Berhan, the study had certain limitations.

The cross-sectional design restricted the ability to establish causal relationships between variables. Additionally, the study was conducted in a single institution, which may limit the generalizability of the findings to other settings. On the other hand, the strength of the study lies in its focus on a critical issue like GBV, particularly during the lockdown period,

providing relevant and timely information. The use of rigorous statistical analyses, such as logistic regression, enhanced the robustness of the findings. However, further large-scale studies are recommended to estimate the national prevalence of GBV and identify root causes, addressing the gaps in the existing literature on gender-based violence among secondary school students in Ethiopia <sup>60</sup>.

A study was conducted among 20,999 women aged 19-59 years of Rio Grande do Sul who reported violence between 2010 and 2014. The study aimed to characterize the situations of GBV. The study asserted that those who said most were within the age bracket of 19-29 years. The most common form of GBV was physical violence. The perpetrators were mostly men, partners, or ex-partners of the victims. The study revealed weaknesses in the reporting channel and the referral system <sup>61</sup>.

An institution-based cross-sectional study was conducted in Ethiopia, involving 302 randomly selected 2nd and 3rd-year female students attending private colleges in Harar Town. The study aimed to assess the prevalence and factors associated with gender-based violence (GBV). The results revealed an overall GBV prevalence of 57.7%, with 36.2% experiencing physical violence, 47% facing sexual violence, and 56.4% enduring emotional or verbal violence. Attempted and completed rape rates were found to be 36.7% and 28.8%, respectively <sup>62</sup>.

In investigating the prevalence, forms, and determinants of GBV and VAWG, a pilot study was conducted using four WhatsApp groups with a total sample size of 14 participants who lived or had resided in Calabar, Cross River State. The study focused on gender-based violence (GBV) and violence against women and girls (VAWG) in Nigeria. The findings revealed that a significant number of women perceived GBV and VAWG as increasing <sup>63</sup>.

A retrospective cross-sectional study was conducted to investigate the prevalence and patterns of gender-based violence (GBV) among survivors receiving care at the GBV unit in Enugu State University Teaching Hospital, Nigeria. The study aimed to provide insights into the

incidence and characteristics of GBV cases in the region. The authors employed a rigorous methodology, utilizing data collected from survivors of GBV who sought care at the hospital's GBV unit. Essential GBV care services were provided in accordance with WHO guidelines, including basic empathetic counselling, HIV and STI screening, post-exposure prophylaxis, emergency contraception, and referrals to appropriate support services.

The findings of the study revealed that a significant proportion of reported GBV cases occurred among females, particularly in the age group of 20-39 years. Sexual-based violence was more prevalent than physical or emotional abuse, with a peak in reported cases in 2019. The study also highlighted a higher incidence of GBV in urban areas compared to rural areas, with a notable increase in cases reported during the third quarter of the year. While the study provides valuable insights into the prevalence and patterns of GBV in Enugu, Nigeria, there are some notable gaps that should be addressed in future research. These include the need for a more comprehensive understanding of the factors contributing to GBV, as well as the long-term impact of such violence on survivors.

Additionally, the study's reliance on retrospective data may limit the ability to capture real-time trends in GBV incidence. Despite these limitations, the study's strengths lie in its focus on a critical public health issue and its contribution to the existing literature on GBV in Nigeria. The findings underscore the importance of targeted interventions and support services for GBV survivors, as well as the need for continued research to address this pervasive issue in the community <sup>64</sup>.

A comparative cross-sectional study was conducted among 270 in-school adolescents to investigate the prevalence and factors associated with GBV in both private and public secondary schools. Ten schools were selected in Ilorin South Local Government, Kwara State. They utilized a self-administered questionnaire to elicit information on outcome variables. Participants were recruited through a four-stage stratified sampling method. The study found

those who experienced at least one form of GBV in both public and private schools were 89.1% and 84.8% respectively.

The commonest form of GBV experienced by in-school adolescents was psychological violence (72.5% in public and 69.2% in private). Concerning sexual violence, those in public schools (41.4%) had higher experience compared to those in private schools (37.4%). The study documented that the female counterparts were less likely to encounter psychological and physical violence compared to the males. The in-school adolescents who had encountered parental violence and were in a relationship had higher odds to experience sexual and psychological violence <sup>65</sup>.

Although the study showed strength in the design, comparing both public and private schools as well as male and female, it was limited to social desirability and fear of repercussion along with shame <sup>66</sup>.

A cross-sectional study conducted among 219 in-school secondary students in Lagos assessed the knowledge, perception, and experience of gender-based violence using simple random sampling methods.

The study found that 54% of the respondents were predominantly females aged 14 to 16 years. The study revealed that most lived with both parents (79%). The respondents who have heard about gender-based violence were approximately 65%, of which only 2% were able to define GBV correctly. The proportion who thought girls were likely to suffer gender-based violence was very high (84%). Surprisingly, about 10% of this study affirmed that sexual abuse was not a form of gender-based violence. A considerable number (29%) of the respondents reported having experienced gender-based violence, specifically in the sexual form <sup>67</sup>.

### **2.3.3 Reporting Channels for GBV**

A study was conducted among 20,999 women aged 19-59 years of Rio Grande do Sul who reported violence between 2010 and 2014. The study aimed to characterize the situations of GBV. The study asserted that those who reported mostly were within the age bracket of 19-29 years. The most common form of GBV was physical violence. The perpetrators were mostly men, partners or ex-partners of the victims. The study revealed some weaknesses in the reporting channel along with the referral system <sup>61</sup>.

In the study conducted by the Soko in Kabwe District, Zambia, the aim was to examine the knowledge, screening, and reporting practices of health professionals towards gender-based violence (GBV) in the form of physical abuse from intimate partners among women.

The study employed a quantitative cross-sectional approach involving 207 health professionals from various disciplines, with data collected through a structured questionnaire and analysed using SPSS version 20. The Chi-square test was utilized to determine associations between demographic variables, knowledge levels, screening, and reporting practices. The findings revealed that while many respondents demonstrated high levels of knowledge on GBV, the screening and reporting of GBV cases to legal authorities were suboptimal, with only 54% of health professionals screening and 31.4% reporting such cases.

The study identified significant relationships between respondents' professions and their screening practices, training, and reporting practices, as well as knowledge levels and reporting practices on GBV. Regarding the reporting channel of GBV, the study highlighted a gap in the insufficient and inadequate reporting practices of health professionals to legal authorities despite their high levels of knowledge on GBV. The research recommended further investigation into the factors contributing to these shortcomings and emphasized the need for training and ongoing sensitization in GBV to enhance reporting practices. The strengths of the study lie in its successful achievement of the main objective of examining health

professionals' knowledge and practices towards screening and reporting GBV among women in Kabwe District.

However, the study also acknowledged limitations, such as the need for additional research to explore barriers to screening and reporting GBV, including the lack of policy guidelines or institutional knowledge on the matter. In conclusion, the study provided valuable insights into the knowledge, screening, and reporting practices of health professionals regarding GBV in Kabwe District, underscoring the importance of addressing gaps in reporting channels and enhancing training to improve reporting practices in the fight against gender-based violence <sup>68</sup>.

A study was conducted to determine the proportion of survivors of sexual and gender-based violence (SGBV) in Mayuge District, Uganda, who report SGBV and the factors associated with reporting. The study utilized a cross-sectional design and analysed data from SGBV survivors in eight villages in Mayuge district. Modified Poisson Regression was employed for data analysis.

The findings revealed that only 31.9% of the participants had reported the SGBV they experienced. Factors influencing reporting included age, education level, reliance on financial support from partners, gender, and marital status. For instance, survivors aged 45 years and older, those with higher than primary school education, and those relying on financial support from partners were less likely to report SGBV. Female survivors and those who were separated or widowed were more likely to report their experiences.

Regarding the reporting channels of GBV, the study found that formal reporting to health workers, police, social services organizations, local leaders, religious leaders, or counsellors was limited among survivors. The study identified gaps in understanding the reporting behaviour of survivors of emotional, physical, socio-economic, and sexual violence. The research focused on a specific geographical area and may not be generalizable to other settings. Additionally, the study acknowledged limitations in establishing temporality between

exposure variables and reporting due to its cross-sectional design. Strengths of the study include the use of a quantitative approach and the inclusion of various forms of SGBV in the analysis.

The study also highlighted the need for further qualitative research to explore institutional barriers to reporting SGBV. Overall, the study provides valuable insights into the reporting patterns of SGBV survivors in Mayuge District, Uganda, and underscores the importance of tailored interventions to enhance reporting and support services for survivors<sup>69</sup>.

A study aimed to develop and test a Social Norms and Beliefs about Gender-Based Violence (GBV) Scale to measure harmful social norms associated with GBV was conducted in low-resource and humanitarian settings. The study employed a mixed methods approach, including formative research with key stakeholders and psychometric testing with a sample of 602 community members in Somalia and South Sudan. The findings revealed that the scale demonstrated good factor structure, internal consistency, and reliability, with significant differences observed by setting and sex.

Regarding the reporting channel of GBV, the study did not directly investigate the relationship between the Social Norms and Beliefs about GBV Scale and community members' reports on their experiences, perpetration, or witnessing of GBV. The authors acknowledged this limitation, as well as the absence of a separate validation sample for confirmatory factor analysis. Additionally, the decision not to inquire about personal experiences with GBV during scale development or testing may have implications for the scale's validity in capturing the full spectrum of GBV-related attitudes and behaviours.

Strengths of the study include the comprehensive mixed methods design, large sample size across diverse sites, and the scale's potential utility in various low-resource and fragile settings. However, gaps exist in terms of not exploring the scale's relationship with actual GBV experiences reported by community members and the lack of a separate validation sample for

confirmatory factor analysis. These limitations suggest areas for further research to enhance the scale's validity and applicability in measuring harmful social norms associated with GBV 70.

#### **2.3.4 Determinants of GBV**

In investigating the prevalence, forms, and determinants of GBV and VAWG, a pilot study with a total sample size of 14 participants employed a content analysis, which was collated and analysed in a descriptive format under the major themes comprising prevalence, forms, manifestation and determinants responsible for GBV and VAWG in Nigeria. It was found that GBV and VAWG were perceived by a significant proportion of women as increasing and the most common forms of this violence are sexual, verbal, emotional, financial, and physical violence.

The reported determinants of heightened GBV and VAWG comprise tradition and culture, preference for polygamy, socioeconomic conditions, lack of adequate state intervention, posturing of religious institutions, and fear of stigmatization. These factors were observed to continuously sustain the wrong treatment of women and girls. Most of the tradition and cultural practices favouring GBV and VAWG were seeing women as inferior to men; fattening-room practice; expectation of women to serve men; expectations of married women to be quiet, submissive, and obedient; treating women as maids in some families, and grooming boys and men in a way that they contribute to the problem <sup>63</sup>.

An institution-based cross-sectional study was conducted in Ethiopia to assess the prevalence and factors associated with GBV among 302 randomly selected 2<sup>nd</sup> and 3<sup>rd</sup>-year female students attending private colleges in Harar Town. The study adopted descriptive and logistic regression analyses with an adjusted odds ratio of 95% confidence interval with a 0.5 significant level. The found revealed that the overall prevalence of GBV was 57.7% (172). About 36.2% of the participants had experienced physical violence, forty-seven per cent had

experienced sexual violence, and who have suffered from emotional or verbal violence 56.4%. The proportion of those who attempted and completed rape was 36.7% and 28.8% respectively.

The study found some significant predictors such as age (less than or equal to 19 years); those with monthly pocket money  $\leq$  240 Ethiopian Birr; Orthodox religion; Amhara ethnicity; living alone in a rented apartment; having a partner like a husband or a boyfriend; having a roommate with a boyfriend; studying at the pharmacy department. The study concluded that a substantial proportion of students were GBV survivors while they were in college.

The study submitted the following limitations. First, the study did not assess a cause-and-effect relationship between the dependent and the independent variables. Second, there could have been an increased bias of social desirability along with the non-response rate from the self-administered questionnaire influencing the underestimated prevalence of GBV. Finally, the determinants centred on were socio-demographic factors, which were minimal to reflect the many drivers of GBV <sup>62</sup>.

A study assessed three major groups in the university community such as professional or administrative staff, academic and research staff, and students. The participants for this study were recruited through email and reminders were done through the school intranet sites. The survey was done online in South Africa. The study found that the majority of GBV students experienced were perpetrated by men. Rape was reported to occur majorly when victims or survivors were under the influence of substances. Students were less exploited by members of staff. Contra-power harassment was also documented in the study.

Concerning the patterns associated with the relationship between acceptance of rape myths and GBV experience, the study found that rape myths were rejected by women who had had GBV experience. On the other hand, it was contrary to white men who had experienced GBV accepting the myths of rape compared to white men who had not experienced GBV. The study

reflected the need of establishing a hegemonic masculine identity in male victims. The study summarized by reporting a relatively low acceptance of rape myths; widespread self-blame and victim-blame that did not account for the low degree of GBV reports to officials. One major limitation of this study was the students' protest that ensue at the time of data collection, which was responsible for the relatively low response rate of about 1350 participants <sup>71</sup>.

A study examined the exposure of 2462 in-school adolescents to intimate partner and family violence and beliefs concerning violence against women and girls. This cross-sectional study used a convenience sampling method in Nigeria and South Africa. The findings revealed that the likelihood of exposure to intimate partner and family violence and endorsing violence against women and girls among in-school adolescents in Nigeria were higher than in South Africa. It also revealed that female in-school adolescents were less likely to endorse violence against women and girls than their male counterparts. The following determinants were associated with higher endorsement of violence against women and girls: age, male, country, especially Nigeria, relationship (those in a relationship), and exposure to violence in the family<sup>72</sup>.

An institution-based cross-sectional study was conducted in Ethiopia, involving 302 randomly selected 2nd and 3rd-year female students attending private colleges in Harar Town. The study aimed to assess the prevalence and factors associated with gender-based violence (GBV). The study identified significant predictors of GBV, including age ( $\leq 19$  years), monthly pocket money  $\leq 240$  Ethiopian Birr, Orthodox religion, Amhara ethnicity, living alone in a rented apartment, having a partner (husband or boyfriend), having a roommate with a boyfriend, and studying at the pharmacy department <sup>62</sup>.

A study conducted aimed at identifying GBV survivors in college concluded that a substantial proportion of students were GBV survivors while they were in college. The study submitted the following limitations. First, the study did not assess a cause-and-effect relationship

between the dependent and the independent variables. Second, there could have been an increased bias of social desirability along with the non-response rate from the self-administered questionnaire influencing the underestimated prevalence of GBV. Finally, the determinants centred on were socio-demographic factors, which were minimal to reflect the many drivers of GBV <sup>62</sup>.

In a comparative cross-sectional study of 270 in-school adolescents from both private and public secondary schools in Ilorin South Local Government, Kwara State, factors associated with gender-based violence (GBV) were investigated. Female students were less likely to encounter psychological and physical violence than males. Those who experienced parental violence and were in a relationship had higher odds of experiencing sexual and psychological violence. The study's strengths included comparing different school types and genders, but limitations included social desirability, fear of repercussion, and shame in reporting <sup>65</sup>.

#### **2.4 Summary of Gaps in Literature Reviewed**

Based on the review of empirical studies, several gaps in the literature necessitate conducting a cross-sectional study on the "Prevalence and Determinants of Gender-Based Violence among Adolescents in Private and Public Secondary Schools in Lagos State" through the lens of the Socio-ecological model.

Firstly, most studies focused on specific geographical regions, limiting the generalizability of their findings to the context of Lagos State. Furthermore, the cross-sectional nature of many studies restricted the ability to establish causal relationships between variables, which could be addressed by adopting a socio-ecological perspective to explore the multi-level determinants of gender-based violence (GBV).

Secondly, few studies examined the intersectionality of GBV with other forms of discrimination or explored the broader range of drivers beyond socio-demographic factors.

The Socio-ecological model could provide a comprehensive framework to investigate the interplay of individual, interpersonal, community, and societal factors contributing to GBV among adolescents.

Thirdly, while studies identified gaps in reporting channels and practices, further investigation is needed to understand the factors influencing these shortcomings, particularly within the educational settings of Lagos State. The Socio-ecological model could illuminate the multi-level barriers to reporting GBV and inform the development of effective reporting channels tailored to the local context.

In conclusion, conducting a cross-sectional study on the "Prevalence and Determinants of Gender-Based Violence among Adolescents in Private and Public Secondary Schools in Lagos State" through the lens of the Socio-ecological model would address the identified gaps by providing a comprehensive understanding of the multi-level factors influencing GBV, exploring the intersectionality of GBV with other forms of discrimination, incorporating qualitative insights, and investigating reporting channels and barriers within the specific context of Lagos State.

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## Chapter Three

### Methodology

#### 3.1 Study Area

The study was conducted in Lagos State. Lagos State is a metropolitan city that makes up one of the 36 states of Nigeria and shares a boundary with the country – the Republic of Benin. Lagos inhabitants were a population of about 17,500,000, and the city covered a land area of 3,577km<sup>2</sup>. The mean population density of Lagos was approximately 2,500/km<sup>2</sup> <sup>1</sup>.

Bounded by the city at its northern and eastern borders is Ogun state, while behind its southern borders is the Atlantic Ocean. The state has three senatorial districts such as Lagos Central senatorial district, Lagos East senatorial district, and Lagos West senatorial district.

There are 20 LGAs in Lagos State and 246 wards. Yoruba and English/Pidgin English are the widely used languages, although other Nigerian tribes such as Hausa, Ibo, Efik and others reside in the city. Lagos comprises all walks of life including academia, petty traders, artisans, the business world, civil service, private-sector workers, and farmers. The metropolitan status of Lagos as well as its being a major commercial hub in Nigeria makes it an ideal location for this study because of its fair representation of different strata of the society.

There are about 799 public secondary schools in Lagos State. The private secondary schools are 18,000, out of which only 5,105 are government-approved, while about 12,895 are not approved by the Lagos State government <sup>2</sup>.

### **3.2 Research Design**

This study employed a cross-sectional research design. This design was conducted to describe the differences in prevalence and determinants of GBV among adolescents in private and public secondary schools in Lagos.

### **3.3 Population of the Study**

The study population consisted of all adolescents – male and female between the ages of 10-19 years in secondary schools, who were currently residing in Lagos for more than 6 months and gave consent to the study.

#### **Inclusion criteria**

- i. The study focused on adolescents, both male and female, aged 10-19 years, who were currently attending private or public secondary schools in Lagos State.
- ii. Adolescents who had lived in Lagos for more than 6 months were considered for participation.
- iii. The study involved adolescents who willingly provided their consent, or for those under 18, those who provided assent with the consent of their parents or guardians.

#### **Exclusion criteria**

- i. Adolescents, ages 10-19 years who had not lived in Lagos for more than 6 months were excluded from the study.
- ii. Adolescents below 18 years whose parents/guardians gave informed consent but refused to assent were excluded from the study.

iii. Adolescents who were very sick or mentally sick were also excluded from the study as they might not have been able to concentrate or provide reliable information.

### 3.4 Sample and Sampling Technique

The sample size was determined by using the following formula for comparing two proportions.

$$n_i = \{P_1(1 - P_1) + P_2(1 - P_2)\} \frac{Z_{\alpha/2}^2}{\epsilon^2}$$

Where:

- i. The  $n_i$  is the sample size that is required in each comparison group ( $i = 1, 2$ )
- ii. The proportions of interest in each comparison group are  $P_1$  and  $P_2$ .  $P_1$  = Proportion of adolescents in public schools and  $P_2$  = Proportion of adolescents in private schools.
- iii.  $Z_{1-\alpha/2}$  = Two-sided standard Z-score is the critical value of normal distribution at 1.96 with the corresponding confidence level of 95%.
- iv. Margin of error,  $\epsilon = 0.05$  (5%)<sup>3</sup>.

The value of  $P_1$  that maximized the sample size was derived from a study documenting the prevalence of school violence in public secondary schools. The study asserted that the shooting or bombing of teachers and fellow students accounted for 11.57%<sup>4</sup>.

$$P_1 = 11.57\%$$

While for the  $P_2$ , the present study proposed a difference of 10% prevalence of school violence between the private and public secondary schools

$$P_2 = 10.413\%$$

$$n_i = \{0.1157(1-0.1157) + 0.10413(1-0.10413)\} \frac{1.96^2}{0.05^2} = 300.5675 \sim 301$$

The samples of size  $n_1=301$  adolescents in public schools and  $n_2=301$  adolescents in public schools.

The total sample size (N) was 602. To accommodate potential non-response, the study implemented a contingency of 20%. This adjustment involved multiplying 602 by 20%, resulting in 120.4. To obtain the final sample size, 120.4 was added to 602, yielding 722.4, which was rounded to 723. Thus, the final minimum sample size stood at 723.

Final minimum sample size = 723

The study employed a multistage sampling technique to recruit adolescents from secondary schools in Lagos State, Nigeria. The sampling process was conducted as follows:

#### **Stage 1: Selection of Senatorial District**

One senatorial district, the Lagos Central Senatorial District, was randomly selected from the three senatorial districts in Lagos State (Lagos Central, Lagos East, and Lagos West).

#### **Stage 2: Selection of Local Government Area (LGA) and LCDA**

Yaba LCDA and Mainland local government area with a population of 500,000 according to 2006 population census with a projected population of about 700,000 as at 2023 were randomly selected from the Lagos East Senatorial District.

#### **Stage 3: Selection of Schools**

A comprehensive list of all public and private secondary schools in the selected LGA was obtained. The schools were stratified into two groups: public and private schools. Using proportional allocation, nine schools were selected, with four from the public-school stratum and five from the private school stratum. The selection of schools within each stratum was done using a simple random sampling technique. **See Appendix VIII** for the list and name of the selected schools.

## **Stage 4: Selection of Participants**

Within each selected school, a complete list of students in the appropriate age range (adolescents) was obtained. A systematic random sampling technique was employed to select participants from each school, ensuring a proportional representation based on the school's population size.

During the data collection period, a total of 709 adolescents were recruited, with 430 from public secondary schools and 279 from private secondary schools. It is important to note that the sampling process aimed to ensure representativeness and minimize selection bias by employing random selection techniques at various stages.

The multistage sampling approach allowed for a cost-effective and logistically feasible method of data collection while maintaining the scientific rigor necessary for a cross-sectional study.

### **3.5 Study Variables**

#### **3.5.1 Independent Variables**

Determinants included socio-ecological factors such as individual factors, family factors, community factors, societal factors, and knowledge of GBV.

#### **3.5.2 Dependent Variables**

The prevalence of GBV violence (the measures of prevalence, sexual and psychological violence) was examined.

### **3.6 Description of the Research Instrument**

The research instrument for the study was a semi-structured questionnaire. Concerning the assessment of psychological and sexual violence, the study adapted and modified the instrument used for a baseline study in Uganda <sup>4</sup>.

The research instrument consisted of data about participants' socio-ecological information, GBV knowledge-related information, information on the prevalence of GBV, and reporting channels for GBV toward GBV. In total, the questionnaire consisted of 98 items.

- i. Section A: Socio-ecological factors: This section has 28 items covering individual factors (9 items), family factors (10 items), community factors (7 items), and societal factors (2 items).
- ii. Section B: Knowledge of Gender-Based Violence (GBV): This section has 18 items assessing the respondents' knowledge of psychological violence (6 items) and sexual violence (12 items).
- iii. Section C: Prevalence of GBV: This section has 33 items, with the first part focusing on psychological information (16 items) and the second part on sexual information (17 items).
- iv. Section D: Reporting channels for GBV: This section has 4 items inquiring about reporting channels for sexual abuse/violence and emotional/psychological abuse/violence.

### **3.7 Reliability and Validity of Research Instrument**

The instrument was subjected to face, content, and construct validity by experts in the field of public health. This ensured that the instrument tested all relevant areas of the study that it aimed to measure. Regarding reliability, the test and retest approach were used to ascertain the instrument's reliability. A pretest was conducted, and the researcher administered 20 copies of the instrument to participants who shared similar characteristics to the study's sample and who met the eligibility criteria. However, they did not participate in the actual study.

The instrument was administered to 20 in-school adolescents and re-administered to the same in-school adolescents after a week to determine the consistency of responses and to avoid

confounding variables. The data collected were calculated for a reliability coefficient, and the expected Cronbach Alpha was 0.8, which fell within the range of greater than or equal to 0.7 with  $p < 0.05$ . This method aided the researcher in checking and controlling any likely effect(s) that might have affected the reliability of the instrument adversely. In addition, this pretest method helped the researcher achieve precision, a high degree of both internal and external validity, and ease the data collection process.

### **3.8 Method of Data Collection**

First, community entry was made to the four selected LGAs, and the different heads of schools were met for data collection. The intention of the research was communicated to them to solicit their cooperation and support during the study. Eleven (11) research assistants were engaged for assistance in administering the instruments. This group included five in-school OND students in Community Health, two educators holding BSc degrees in Education, one undergraduate studying medical laboratory science, and three graduates with BSc in Public Health.

The eleven research assistants were trained over three days on the content and method of administration of the questionnaire, including the maintenance of ethical standards by the researcher. The researcher and the trained research assistants administered the questionnaire to the participants and ensured hundred-percentage retrieval from respondents after filling the instrument. The data was elicited from in-school adolescents. The data collection mode was cross-sectional.

### **3.9 Method of Data Analysis**

Data management and analysis were performed using Statistical Package for Social Sciences (SPSS) version 26.0 and Python 3. Descriptive statistics was generated for all variables. While the inferential statistics was done using Chi-square and logistic regression statistical tools at a

0.05 level of significance. Python 3 was used for the multivariate analysis (logistic regression analysis).

Firstly, multicollinearity was assessed among the predictor variables for logistic regression. To accomplish this, a correlation analysis was conducted to examine the pairwise relationships between the predictor variables. This analysis helped identify variables that were highly correlated with each other (**Appendix VII**). The cutoff of  $>0.5$  was used to filter highly correlated variables. Some researchers use correlation coefficient thresholds of 0.5 or higher <sup>5</sup>.

To address multicollinearity, Principal Component Analysis (PCA) was utilized to reduce the dimensionality of the dataset variables. PCA is a dimensionality reduction technique that transforms the original variables into a new set of orthogonal variables known as principal components. These components are linear combinations of the original variables and are designed to be uncorrelated with each other.

By examining the variance explained by each principal component, variables that contributed little to the overall variance in the dataset were dropped from the analysis. This process helped mitigate multicollinearity issues by retaining only the most informative variables while reducing the risk of overfitting the logistic regression model. Following the PCA-based dimensionality reduction, logistic regression analysis was conducted using the remaining predictor variables.

Logistic regression is a statistical method used to model the relationship between a binary outcome variable (in this case, the prevalence of GBV) and one or more predictor variables. The logistic regression model estimates the probability of the outcome variable based on the values of the predictor variables, considering their respective coefficients. The logistic regression model was fitted to the data, and the significance of the predictor variables was

assessed. Variables that were found to be statistically significant ( $p < 0.05$ ) were considered important predictors of the prevalence of GBV among adolescents in Lagos.

### **3.9.1 Estimating Variables**

The utilization of cumulative percentage served as a metric to estimate the variables knowledge and prevalence of Gender-Based Violence (GBV) among respondents. Within the scope of this assessment, two distinct dimensions of knowledge regarding GBV among adolescents were considered: knowledge of psychological violence and knowledge of sexual violence. Also, two distinct dimensions of prevalence concerning GBV among adolescents were considered: prevalence of psychological violence and prevalence of sexual violence.

#### **Knowledge of Psychological Violence among Adolescents**

Responses to questions 2 and 3 in Section B were scrutinized. For question 3, respondents indicating "yes" were assigned a score of "1", while those answering "no" received a score of "0". Adolescents who responded "yes" to question 2 and accurately identified at least 60% of the items (3 or more) in question 3 as indicative of psychological violence were classified as having "Good knowledge." Conversely, respondents answering "No" to question 2 or identifying less than 60% of the items in question 3 were categorized as having "Poor knowledge."

#### **Knowledge of Sexual Violence among Adolescents**

Evaluation focused on responses to question 4 in Section B. Like question 3, respondents were scored "1" for "yes" and "0" for "no" and missing data i.e. those that did not response. Adolescents who correctly identified at least 60% of the items (4 or more) in question 4 as pertaining to sexual abuse or violence were classified as having "Good knowledge." Those identifying less than 60% of the items in question 4 were categorized as having "Poor knowledge."

### **Knowledge of GBV among Adolescents**

Findings from the assessments of psychological and sexual violence knowledge were integrated. Adolescents demonstrating "Knowledge" of both emotional and sexual violence were considered to possess "Good knowledge" of GBV. Conversely, adolescents "Lacking knowledge" of either emotional or sexual violence were classified as having "Poor knowledge" of GBV.

### **Prevalence of Psychological Violence among Adolescents**

The prevalence of psychological violence among adolescents was assessed by examining responses to question 5 in Section C. Respondents were categorized into two distinct levels: "Experienced psychological violence" and "Did not experience psychological violence."

Those individuals indicating experiencing at least three of the behaviours listed in question 5 were considered to have "Experienced psychological violence." Conversely, respondents who did not report experiencing at least three of the specified behaviours were categorized as "Did not experience psychological violence."

### **Prevalence of Sexual Violence among Adolescents**

In the assessment of sexual violence prevalence among adolescents, responses to questions 12 and 15 in Section C were evaluated. Respondents indicating, they had experienced either of the options listed in question 12 ("Were forced to do against your will and did not want") or any of the sexual acts enumerated in question 15 were classified as having "Experienced sexual violence." Conversely, individuals who did not report experiencing any of the specified sexual acts were categorized as "Did not experience sexual violence."

### **Prevalence of GBV among Adolescents**

The findings from the assessments of psychological and sexual violence prevalence were integrated. Adolescents who experienced both psychological and sexual violence were

considered to have experienced GBV. Conversely, adolescents who did not experience either psychological or sexual violence were classified as having 'Did not experience' GBV.

### **3.10 Ethical Considerations**

Ethical approval was sought from the Ethical Review Committee of Lead City University and Lagos State University Teaching Hospital, Health Research Ethics Committee. Approval was obtained from Lagos State Universal Basic Education (SUBEB) and Lagos State Ministry of Health. Permission to conduct the study was obtained from the Ministry of Education and the principals of selected secondary schools in Lagos State.

Informed written consent was sought from participants recruited for the study. However, any participants who were less than 18 years old were given assent forms to be signed by them while their guardians or parents signed the informed consent before they could take part in the study. The researcher ensured that participants' data were processed following the Data Protection Bill 2020 as well as the Nigeria Data Protection Regulations 2019 (NDPR).

The participants were assured that all data collected would be kept strictly confidential. They were assured of protection from harm. All participants' data were stored safely. In the event of a data breach, the participants' consent information was kept separately from their responses to minimize risk. The participants were assured that the information they gave would not be shared with anybody else, except for the sole purpose of this research. Also, data collected were kept under lock and key to prevent unauthorized access.

## Endnotes

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## **Chapter Four**

### **Results and Discussion of Findings**

This chapter presents the investigation of the prevalence and determinants associated with gender-based violence (GBV) among adolescents in private and public secondary schools in Lagos State. The research findings are presented in detail, addressing key variables such as adolescents' knowledge of GBV, the prevalence of GBV, reporting channels for GBV and the determinants of GBV among adolescents in Lagos secondary schools.

From the distribution of 723 questionnaires, a total of 709 were retrieved. The discarded responses comprised incomplete copies of the questionnaire, resulting in a response rate of 98.06%. The distribution across public and private schools was as follows: 279 from private schools and 430 from public schools. This distribution deviated from the initial plan outlined in the methodology, which aimed for a sample size of  $n_1 = 301$  adolescents from public schools and  $n_2 = 301$  adolescents from private schools.

The disparity in distribution between public and private schools can be attributed to the larger student population of public schools in contrast to private schools. Public schools, characterized by their larger student populations, offered greater accessibility for the research study, thereby resulting in a higher response rate from the selected institutions. Conversely, private schools, with their smaller student bodies. This factor contributed to the lower response rate observed in private schools during this study.

Statistical analyses, including descriptive and inferential techniques, were conducted using SPSS version 26 to analyse the data. Descriptive analysis was conducted using frequencies, tables, charts, and percentages to quantify and enhance understanding of the responses. Moving to the bivariate analysis stage, the Chi-square test was employed to examine differences between the variables of study.

The study employed logistic regression analysis to conduct multivariate analysis, aiming to identify predictor variables associated with GBV among adolescents. The analysis controlled for potential confounders to ensure the reliability of the findings. Results were expressed as Odds Ratios with 95% confidence intervals, highlighting statistical significance at  $p < 0.05$ . Key findings were presented systematically, accompanied by tables and charts, in line with the study's research questions and variables. This chapter contributes to scholarly discourse on GBV among adolescents in the educational environment of Lagos State, moving beyond mere data compilation to explore the complex dynamics of the issue.

## 4.1 Socio-ecological Data Analysis

### 4.1.1 Individual Factors

**Table 4.1 Individual factors**

Variables	Public school (n = 430)	Private School (n = 279)	Overall (N =709)
	n(%)	n(%)	n(%)
<b>Age</b>			
10 - 14 years	55(12.8)	127(45.5)	182(25.7)
15 - 19 years	375(87.2)	152(54.5)	527(74.3)
Mean	16.1±1.400	14.4±1.652	15.4±1.716
<b>Sex</b>			
Male	179(41.6)	74(26.5)	253(35.7)
Female	251(58.4)	205(73.5)	456(64.3)
<b>Educational level</b>			
JSS 1-3	1(0.2)	66(23.7)	67(9.4)
SSS 1&2	420(97.7)	149(53.4)	569(80.3)
SSS 3	9(2.1)	64(22.9)	73(10.3)
<b>Religion</b>			
Christianity	250(58.1)	159(57.0)	409(57.7)
Islam	169(39.3)	117(41.9)	286(40.3)
Tradition	7(1.6)	2(0.7)	9(1.3)
Others	4(0.9)	1(0.4)	5(0.7)
<b>Alcohol consumption</b>			
Yes	43(10.0)	29(10.4)	72(10.2)
No	380(88.4)	242(86.7)	622(87.7)
No response	7(1.6)	8(2.9)	15(2.1)
<b>Have you been physically maltreated in the past?</b>			
Yes	78(18.1)	26(9.3)	104(14.7)
No	348(80.9)	236(84.6)	584(82.4)
No response	4(0.9)	17(6.1)	21(3.0)
<b>Have you been forced into having sex in the past?</b>			
Yes	45(10.5)	20(7.2)	65(9.2)
No	381(88.6)	250(89.6)	631(89.0)
No response	4(0.9)	9(3.2)	13(1.8)
<b>Have you been emotionally abused in the past?</b>			
Yes	102(23.7)	62(22.2)	164(23.1)
No	321(74.7)	202(72.4)	523(73.8)
No response	7(1.6)	15(5.4)	22(3.1)

Source: Researcher's Field Survey (2023)

Table 4.1 presents one of socio-ecological factors such as the individual factors among adolescents in both public and private secondary schools in Lagos State. The table provides a breakdown of various variables including age, sex, educational level, religion, alcohol consumption, and experiences of gender-based violence.

Regarding age distribution, many respondents in public schools were aged 15 to 19 years (375 individuals, 87.2%), whereas in private schools, the majority fell within the 10 to 14 years age group (127 individuals, 45.5%). The overall age distribution indicates a higher proportion of respondents aged 15 to 19 years (527 individuals, 74.3%). The mean age of respondents in public schools was 16.1 years ( $\pm 1.400$ ), whereas in private schools it was 14.4 years ( $\pm 1.652$ ), with an overall mean age of 15.4 years ( $\pm 1.716$ ).

In terms of sex, females were predominant across both public and private schools, constituting 58.4% and 73.5% of respondents respectively, resulting in an overall female representation of 64.3%. Conversely, males comprised 41.6% of respondents in public schools and 26.5% in private schools, with an overall representation of 35.7%.

Regarding educational level, most respondents in public schools were in Senior Secondary School (SSS) 1&2 (420 individuals, 97.7%), whereas in private schools, a significant portion were in Junior Secondary School (JSS) 1-3 (66 individuals, 23.7%). The overall distribution shows that the majority were in SSS 1&2 (569 individuals, 80.3%).

In terms of religion, Christianity was the predominant faith among respondents in both public (58.1%) and private (57.0%) schools, followed by Islam (39.3% in public and 41.9% in private schools). A smaller proportion identified with traditional beliefs or other religions.

Regarding alcohol consumption, a similar percentage of respondents reported consuming alcohol in both public (10.0%) and private (10.4%) schools, resulting in an overall prevalence of 10.2%.

Concerning experiences of gender-based violence, a higher percentage of respondents in public schools reported being physically maltreated (18.1%) compared to those in private schools (9.3%), with an overall prevalence of 14.7%. Similarly, a higher proportion of respondents in public schools reported experiencing emotional abuse (23.7%) compared to private schools (22.2%), resulting in an overall prevalence of 23.1%. However, the prevalence of forced sexual activity was slightly higher among respondents in private schools (7.2%) compared to public schools (10.5%), with an overall prevalence of 9.2% (Table 4.1).

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#### 4.1.2 Family Factors

**Table 4.2 Family factors (A)**

Variables	Public school	Private School	Overall
	(n = 430)	(n = 279)	(N =709)
	n(%)	n(%)	n(%)
<b>Do you have a boyfriend/girlfriend?</b>			
Dating	150(34.9)	17(6.1)	167(23.6)
Courting	15(3.5)	4(1.4)	19(2.7)
Not applicable	252(58.6)	243(87.1)	495(69.8)
No response	13(3.0)	15(5.4)	28(3.0)
<b>The relationship you are into is it abusive?</b>			
Yes	17(4.0)	6(2.2)	23(3.2)
No	174(40.5)	54(19.4)	228(32.2)
Not applicable	208(48.4)	207(74.2)	415(58.5)
No response	31(7.2)	12(4.3)	43(6.1)
<b>Do you have any sexual partners?</b>			
Yes	34(7.9)	6(2.2)	40(5.6)
No	370(86.0)	258(92.5)	628(88.6)
No response	26(6.0)	15(5.4)	41(5.8)
<b>Parental/Guardian's level of education</b>			
Primary	31(7.2)	11(3.9)	42(5.9)
Secondary	221(51.4)	89(31.9)	310(43.7)
Tertiary	114(26.5)	132(47.3)	246(34.7)
No formal education	42(9.8)	24(8.6)	66(9.3)
No response	22(5.1)	23(8.2)	45(6.3)
<b>Parental/Guardian's occupation</b>			
Business	322(74.9)	193(69.2)	515(72.6)
Civil Service	42(9.8)	34(12.2)	76(10.7)
Farmer	7(1.6)	1(0.4)	8(1.1)
Artisan	21(4.9)	11(3.9)	32(4.5)
Others (Healthcare, Education, Service Industry, Legal, House help, and No job)	16(3.7)	22(7.9)	38(5.4)
No response	22(5.1)	18(6.5)	40(5.6)
<b>Family type</b>			
Monogamous family	202(47.0)	176(63.1)	378(53.3)
Polygamous family	91(21.2)	51(18.3)	142(20.0)
Single parent	108(25.1)	39(14.0)	147(20.7)
No response	29(6.7)	13(4.7)	42(5.9)

Source: Researcher's Field Survey (2023)

Table 4.2 presents the socio-ecological factors, specifically focusing on family factors, within the context of gender-based violence among adolescents in both public and private secondary schools in Lagos State. The variables examined include the presence of romantic relationships, abusive dynamics within these relationships, sexual partners, parental or guardian education levels, occupation types, and family structures.

Regarding romantic relationships, the data indicate that a higher proportion of adolescents in public schools reported being involved in dating or courting compared to those in private schools. Specifically, 34.9% of public-school students reported dating, whereas only 6.1% of private school students did so. Moreover, 3.5% of public-school students reported courting, in contrast to 1.4% of private school students. However, a considerable portion of participants from both public and private schools indicated that these questions were not applicable to them, with 58.6% and 87.1%, respectively, in public and private schools.

Concerning the abusive nature of relationships, a small percentage of adolescents reported experiencing abuse within their relationships. In public schools, 4.0% confirmed experiencing abuse, while in private schools, this figure was lower at 2.2%. However, a significant number of participants, 48.4% in public schools and 74.2% in private schools, reported the question as not applicable.

Regarding sexual partners, a higher percentage of adolescents from public schools reported having sexual partners compared to those from private schools (7.9% versus 2.2%). However, the majority in both groups reported not having sexual partners, with 86.0% in public schools and 92.5% in private schools.

Analysis of parental or guardian education levels revealed variations among the respondents. In public schools, the majority reported their parents or guardians having secondary education (51.4%), followed by tertiary education (26.5%). Conversely, in private schools, a larger

proportion reported tertiary education (47.3%) followed by secondary education (31.9%). A smaller percentage reported parents with primary education or no formal education.

Regarding parental or guardian occupation, the majority across both public and private schools were engaged in business (74.9% and 69.2%, respectively). Other common occupations included civil service and artisanal work. However, there were slight differences in the distribution of occupations between public and private school respondents.

Family type also varied among the participants. In public schools, monogamous families were the most common (47.0%), followed by single-parent families (25.1%) and polygamous families (21.2%). In contrast, among private school respondents, monogamous families were even more prevalent (63.1%), followed by single-parent families (14.0%) and polygamous families (18.3%). A small percentage of participants did not respond to questions regarding family type across both school types (**Table 4.2**).

**Table 4.3 Family factors (B)**

<b>Variables</b>	<b>Public school (n = 430)</b>	<b>Private School (n = 279)</b>	<b>Overall (N =709)</b>
	<b>n(%)</b>	<b>n(%)</b>	<b>n(%)</b>
<b>Parents' Marital status</b>			
Cohabited	18(4.2)	9(3.2)	27(3.8)
Married	303(70.5)	229(82.1)	532(75.0)
Separated	71(16.5)	19(6.8)	90(12.7)
Divorced	14(3.3)	5(1.8)	19(2.7)
Never married	8(1.9)	9(3.2)	17(2.4)
No response	16(3.7)	8(2.9)	24(3.4)
<b>Perceive family economic status</b>			
Low income	73(17.0)	24(8.6)	97(13.7)
Middle income	262(60.9)	150(53.8)	412(58.1)
High income	69(16.0)	97(34.8)	166(23.4)
No response	26(6.0)	8(2.9)	34(4.8)
<b>Live with</b>			
Alone	9(2.1)	5(1.8)	14(2.0)
Relatives	37(8.6)	23(8.2)	60(8.5)
Parent	350(81.4)	227(81.4)	577(81.4)
Grandparent	27(6.3)	15(5.4)	42(5.9)
No response	7(1.6)	9(3.2)	16(2.3)
<b>Which one best describes your parent (parenting style) or caregiver(s)?</b>			
Permissive	124(28.8)	65(23.3)	189(26.7)
Authoritative	100(23.3)	130(46.6)	230(32.4)
Neglectful	22(5.1)	10(3.6)	32(4.5)
Authoritarian	52(12.1)	19(6.8)	71(10.0)
No response	132(30.7)	55(19.7)	187(26.4)

Source: Researcher's Field Survey (2023)

Table 4.3 presents an aspect of socio-ecological factors pertaining to family dynamics and their potential influence on the prevalence of gender-based violence (GBV) among adolescents in both public and private secondary schools in Lagos State. The data, reveals several key insights. Firstly, concerning parents' marital status, many students in both public and private schools reported having married parents, with proportions of 70.5% and 82.1%, respectively. Conversely, smaller percentages reported parental separation, cohabitation, divorce, or being never married, with slight variations between the two school types. Secondly, perceptions of family economic status differed notably between public and private school students. In public schools, the majority perceived their families as middle income (60.9%), whereas in private schools, a higher proportion perceived their families as high income (34.8%).

However, across both settings, a significant number of students did not provide a response regarding their family's economic status. Thirdly, in terms of living arrangements, most students reported living with their parents, irrespective of school type, though variations were observed in the proportions of students living with relatives or grandparents. Finally, regarding parenting styles, authoritative parenting emerged as the predominant style reported by students in private schools (46.6%), whereas permissive parenting was more prevalent among students in public schools (28.8%). Notably, a considerable proportion of students across both settings did not respond to questions about parenting style. Overall, these findings shed light on the diverse socio-ecological factors within families and their potential implications for GBV prevalence among adolescents in Lagos State, highlighting variations between public and private school environments (Table 4.3).

### 4.1.3 Community Factors

**Table 4.4 Community factors**

Variables	Public school	Private School	Overall
	(n = 430)	(n = 279)	(N =709)
	n(%)	n(%)	n(%)
<b>The beating of women is common in your community?</b>			
Yes	99(23.0)	21(7.5)	120(16.9)
No	222(51.6)	161(57.7)	383(54.0)
Not Sure	104(24.2)	75(26.9)	179(25.2)
No response	5(1.2)	22(7.9)	27(3.8)
<b>The beating of men is common in your community?</b>			
Yes	65(15.1)	21(7.5)	86(12.1)
No	279(64.9)	173(62.0)	452(63.8)
Not Sure	78(18.1)	77(27.6)	155(21.9)
No response	8(1.9)	8(2.9)	16(2.3)
<b>Verbal abuse is common in your community</b>			
Yes	173(40.2)	94(33.7)	267(37.7)
No	166(38.6)	110(39.4)	276(38.9)
Not Sure	79(18.4)	64(22.9)	143(20.2)
No response	12(2.8)	11(3.9)	23(3.2)
<b>The issue of rape is common in your community</b>			
Yes	63(14.7)	29(10.4)	92(13.0)
No	277(64.4)	172(61.6)	449(63.3)
Not Sure	83(19.3)	66(23.7)	149(21.0)
No response	7(1.6)	12(4.3)	19(2.7)
<b>The issue of sexual harassment is common in your community?</b>			
Yes	118(27.4)	37(13.3)	155(21.9)
No	227(52.8)	151(54.1)	378(53.3)
Not Sure	74(17.2)	79(28.3)	153(21.6)
No response	11(2.6)	12(4.3)	23(3.2)
<b>Are there any sanctions in your community concerning violence</b>			
Yes	119(27.7)	58(20.8)	177(25.0)
No	192(44.7)	112(40.1)	304(42.9)
Not Sure	105(24.4)	102(36.6)	207(29.2)
No response	14(3.3)	7(2.5)	21(3.0)
<b>If there are sanctions in your community concerning violence, are they strong?</b>			
Yes	89(20.7)	36(12.9)	125(17.6)
No	143(33.3)	100(35.8)	243(34.3)
Not Sure	165(38.4)	126(45.2)	291(41.0)

No response	33(7.7)	17(6.1)	50(7.1)
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Source: Researcher's Field Survey (2023)

Table 4.4 presents the socio-ecological factors related to gender-based violence (GBV) across public and private secondary schools in Lagos State. The variables assessed include perceptions of the prevalence of violence in their communities, specifically regarding the beating of women and men, verbal abuse, rape, sexual harassment, and the existence and strength of sanctions against violence.

Regarding the beating of women, 23.0% of students from public schools and 7.5% from private schools reported it as common in their communities, leading to an overall prevalence of 16.9%. Conversely, a higher percentage of students from private schools (57.7%) than from public schools (51.6%) reported not witnessing such incidents. When asked about the beating of men, a smaller proportion of students overall (12.1%) perceived it as common, with more respondents from public schools (15.1%) reporting its prevalence compared to those from private schools (7.5%).

Verbal abuse was reported as common by 40.2% of students in public schools and 33.7% in private schools, resulting in an overall prevalence of 37.7%. On the issue of rape, 14.7% of students from public schools and 10.4% from private schools acknowledged its prevalence, constituting an overall prevalence of 13.0%. Similarly, sexual harassment was perceived as common by 27.4% of students from public schools and 13.3% from private schools, with an overall prevalence of 21.9%.

Concerning sanctions against violence, 25.0% of respondents overall indicated their existence in their communities. However, a larger proportion of students from public schools (27.7%) reported their presence compared to those from private schools (20.8%). Regarding the strength of these sanctions, only 17.6% of respondents overall perceived them as strong, with a higher percentage of students from public schools (20.7%) holding this view compared to

those from private schools (12.9%). These findings indicate varying perceptions of GBV prevalence and community responses among adolescents in Lagos State, with differences observed between students from public and private schools (Table 4.4).

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#### 4.1.4 Societal factors

**Table 4.5 Societal factors**

Variables	Public school (n = 430)	Private School (n = 279)	Overall (N =709)
	n(%)	n(%)	n(%)
<b>What kind of movies do you watch frequently?</b>			
Action	172(40.0)	81(29.0)	253(35.7)
Romance	66(15.3)	36(12.9)	102(14.4)
Drama	109(25.3)	73(26.2)	182(25.7)
Horror	15(3.5)	21(7.5)	36(5.1)
Mystery	8(1.9)	10(3.6)	18(2.5)
All (Action, Romance, Drama, Horror, and Mystery)	16(3.7)	19(6.8)	35(4.9)
Others	20(4.7)	13(4.7)	33(4.7)
Cartoon/Animation	5(1.2)	9(3.2)	14(2.0)
No response	19(4.4)	17(6.1)	36(5.1)
<b>Which social group are you active in?</b>			
Academic Clubs	43(10.0)	30(10.8)	73(10.3)
Social Clubs	151(35.1)	59(21.1)	210(29.6)
Religious Clubs	1(0.2)	15(5.4)	16(2.3)
Unclear Clubs	91(21.2)	22(7.9)	113(15.9)
More than one club	1(0.2)	4(1.4)	5(0.7)
None	14(3.3)	44(15.8)	58(8.2)
No response	129(30.0)	105(37.6)	234(33.0)

Source: Researcher's Field Survey (2023)

The Table 4.5 presents data on socio-ecological factors related to gender-based violence among adolescents in private and public secondary schools in Lagos State. Regarding movie preferences, most respondents across both public and private schools reported frequently watching action movies, with 40.0% in public schools and 29.0% in private schools. Romance movies were the second most frequently watched genre, with 15.3% in public schools and 12.9% in private schools. Drama movies were also popular among adolescents, comprising 25.3% in public schools and 26.2% in private schools. Horror movies were less commonly watched, with only 3.5% of respondents in public schools and 7.5% in private schools indicating frequent viewing. Similarly, a small percentage of respondents reported frequently watching mystery movies. Notably, a higher proportion of private school students reported watching movies across all genres compared to their counterparts in public schools.

In terms of social group participation, social clubs were the most common across both public and private schools, with 35.1% of respondents in public schools and 21.1% in private schools being active members. Academic clubs were also popular, with 10.0% of respondents in public schools and 10.8% in private schools indicating participation. Religious clubs had minimal representation in public schools (0.2%) but were more prevalent in private schools (5.4%). Interestingly, a considerable proportion of respondents, particularly in public schools, did not specify their club participation (30.0%). Additionally, a significant percentage of private school students reported belonging to no club (15.8%), contrasting with only 3.3% in public schools. Overall, the data suggest variations in movie preferences and club participation between students in private and public secondary schools, highlighting potential differences in their socio-ecological contexts that may influence experiences of gender-based violence.

## 4.2 Research Questions and Hypotheses Data Analysis

### 4.2.1 Research Questions

Research One: What is the knowledge of GBV among adolescents in private and public secondary schools in Lagos?

**Table 4.6 Knowledge of psychological violence related question items (A)**

Variables	Public school (n = 430)			Private School (n = 279)		
	Yes	No	No response	Yes	No	No response
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Have you heard of psychological violence?	229(53.3)	168(39.1)	33(7.7)	208(74.6)	60(21.5)	11(3.9)
When someone is subjected to discriminatory language	250(58.1)	140(32.6)	40(9.3)	207(74.2)	60(21.5)	12(4.3)
Humiliating someone in front of others	291(67.7)	113(26.3)	26(6.0)	236(84.6)	35(12.5)	8(2.9)
Bullying someone	281(65.3)	129(30.0)	20(4.7)	226(81.0)	43(15.4)	10(3.6)
lock someone in a room, toilet, basement, or a scary place as punishment	257(59.8)	149(34.7)	24(5.6)	205(73.5)	66(23.7)	8(2.9)
Tell someone that no one else would ever want me	226(52.6)	166(38.6)	38(8.8)	193(69.2)	72(25.8)	14(5.0)

Source: Researcher's Field Survey (2023)

The table 4.6 presents the findings regarding the knowledge of psychological violence among adolescents in private and public secondary schools in Lagos State. The data is presented in terms of the frequency and percentage of responses to specific question items related to psychological violence.

In public schools, 53.3% of respondents indicated that they had heard of psychological violence, while 39.1% reported they had not, and 7.7% did not respond to the question. In comparison, in private schools, a higher proportion of respondents, 74.6%, reported having heard of psychological violence, with 21.5% indicating they had not, and 3.9% did not respond.

Regarding discriminatory language, 58.1% of adolescents in public schools stated they were aware of it, while 32.6% reported they were not, and 9.3% did not provide a response. In private schools, a similar trend was observed, with 74.2% indicating awareness, 21.5% unaware, and 4.3% not responding.

The data also reveals insights into other forms of psychological violence. For instance, in public schools, 67.7% of respondents acknowledged knowledge of humiliating someone in front of others, while 26.3% did not, and 6.0% did not respond. In private schools, a significantly higher proportion, 84.6%, reported awareness of this form of violence, with 12.5% indicating unawareness, and 2.9% not responding.

Similarly, most respondents in both public and private schools were familiar with bullying someone, with 65.3% and 81.0% respectively reporting awareness. The proportions of those unaware or not responding were notably lower in private schools compared to public schools.

Additionally, knowledge regarding locking someone in a room, toilet, basement, or a scary place as punishment was prevalent among respondents in both public and private schools,

with higher awareness observed in private schools. However, the percentage of respondents indicating unawareness was notably higher in public schools.

Finally, the question about telling someone that no one else would ever want them also yielded interesting findings. While a majority of respondents in both public and private schools were aware of this form of psychological violence, the proportion of those indicating unawareness was higher in public schools compared to private schools.

Overall, the findings suggest variations in the knowledge of psychological violence among adolescents in private and public secondary schools in Lagos State, with generally higher awareness observed among students in private schools across all question items. However, it is crucial to note the presence of respondents who did not provide a response, indicating potential gaps in knowledge or reluctance to engage with the survey questions.

**Table 4.7 Knowledge of psychological violence related question items (B)**

Variables	Overall (N =709)		
	Yes	No	No response
	n(%)	n(%)	n(%)
Have you heard of psychological violence?	437(61.6)	228(32.2)	44(6.2)
When someone is subjected to discriminatory language	457(64.5)	200(28.2)	52(7.3)
Humiliating someone in front of others	527(74.3)	148(20.9)	34(4.8)
Bullying someone	507(71.5)	172(24.3)	30(4.2)
lock someone in a room, toilet, basement, or a scary place as punishment	462(65.2)	215(30.3)	32(4.5)
Tell someone that no one else would ever want me	419(59.1)	238(33.6)	52(7.3)

Source: Researcher's Field Survey (2023)

Table 4.7 presents the distribution of responses regarding the knowledge of psychological violence among adolescents in both private and public secondary schools in Lagos State. The findings indicate that most adolescents demonstrated awareness of psychological violence, with 61.6% affirming that they had heard of it. Conversely, 32.2% reported no prior knowledge, while a smaller proportion, 6.2%, provided no response.

Examining specific manifestations of psychological violence, the results show that a substantial portion of participants acknowledged familiarity with various forms of psychological abuse. For instance, 64.5% reported awareness of discriminatory language as a form of psychological violence. Additionally, 74.3% acknowledged the concept of humiliating someone in front of others, while 71.5% recognized bullying as a form of psychological violence.

Furthermore, the findings reveal that a considerable proportion of adolescents acknowledged awareness of more severe forms of psychological violence. Specifically, 65.2% reported knowledge of the practice of locking someone in a room, toilet, basement, or a scary place as a form of punishment. Similarly, 59.1% indicated awareness of the psychological abuse tactic of telling someone that no one else would ever want them.

However, it is notable that a portion of respondents demonstrated limited understanding or awareness of certain aspects of psychological violence. For instance, 28.2% indicated no knowledge of discriminatory language, while 20.9% were unaware of the concept of humiliating someone in front of others. Additionally, smaller proportions of participants were unfamiliar with other forms of psychological violence, such as bullying (24.3%), locking someone in a confined space (30.3%), and demeaning remarks regarding desirability (33.6%). The results of this study suggest a varying degree of awareness among adolescents regarding different manifestations of psychological violence. While a majority demonstrated knowledge

of psychological abuse, there were notable gaps in understanding certain aspects of this form of violence, indicating potential areas for intervention and education.

**Table 4.8 Knowledge of sexual violence related question items**

Variables	Public school	Private School	Overall
	(n = 430)	(n = 279)	(N =709)
	n(%)	n(%)	n(%)
<b>Have you heard of sexual violence?</b>			
Yes	291(67.7)	220(78.9)	511(72.1)
No	108(25.1)	46(16.5)	154(21.7)
No response	31(7.2)	13(4.7)	44(6.2)
<b>Type of sexual violence (If Yes)</b>			
	<b>(n = 291)</b>	<b>(n = 220)</b>	<b>(n = 511)</b>
<b>Rape or forced sex</b>			
Yes	196(67.4)	192(87.3)	388(74.9)
No	85(29.2)	27(12.3)	112(22.7)
No response	10(3.4)	1(0.04)	11(2.4)
<b>Coerced sex</b>			
Yes	156(53.5)	162(73.5)	318(61.4)
No	115(39.5)	46(20.8)	161(32.2)
No response	20(7.0)	12(5.7)	32(6.5)
<b>Sexual assault</b>			
Yes	186(64.0)	177(80.6)	363(70.5)
No	87(29.8)	32(14.7)	119(23.8)
No response	18(6.3)	10(4.7)	28(5.6)
<b>Being forced to kiss in the mouth</b>			
Yes	190(65.3)	168(76.4)	358(69.5)
No	89(30.6)	41(18.6)	130(26.0)
No response	12(4.1)	11(5.0)	23(4.5)
<b>Being forced to be hugged</b>			
Yes	175(60.1)	136(61.8)	311(60.9)
No	103(35.4)	72(32.7)	175(34.3)
No response	13(4.5)	12(5.5)	25(4.8)
<b>Blackmailing/threatening/intimidating one into having sex</b>			
Yes	187(64.3)	178(81.0)	365(70.9)
No	91(31.3)	34(15.5)	125(25.1)
No response	13(4.5)	8(3.6)	21(3.9)
<b>Touching someone's private parts without the person's consent</b>			
Yes	194(66.7)	183(83.2)	377(73.2)
No	85(29.2)	31(14.1)	116(23.1)
No response	12(4.1)	6(2.7)	18(3.7)
<b>Do you think sexual violence can be prevented?</b>			
Yes	329(76.5)	227(81.4)	556(78.4)
No	85(19.8)	41(14.7)	126(17.8)
No response	16(3.7)	11(3.9)	27(3.8)
<b>Do you think psychological violence can be prevented?</b>			
Yes	333(77.4)	220(78.9)	553(78.0)
No	80(18.6)	51(18.3)	131(18.5)
No response	17(4.0)	8(2.9)	25(3.5)
<b>Do you think that sexual violence can lead to suicide or suicidal attempt?</b>			
Yes	347(80.7)	234(83.9)	581(81.9)
No	65(15.1)	35(12.5)	100(14.1)
No response	18(4.2)	10(3.6)	28(3.9)
<b>Do you think that psychological violence can lead to suicide or suicidal attempt?</b>			

Yes	336(78.1)	233(83.5)	569(80.3)
No	76(17.7)	31(11.1)	107(15.1)
No response	18(4.2)	15(5.4)	33(4.7)

Source: Researcher's Field Survey (2023)

The table 4.8 presents data on the knowledge of gender-based violence (GBV) among adolescents in both private and public secondary schools in Lagos State. It outlines responses to various questions related to sexual violence awareness, perceptions about prevention, and the potential correlation between sexual or psychological violence and suicidal tendencies.

Most adolescents in both public and private schools have heard of sexual violence, with higher awareness observed among private school students (78.9%) compared to those in public schools (67.7%). Similarly, a substantial proportion of respondents from both school types reported familiarity with specific forms of sexual violence such as rape or forced sex, coerced sex, sexual assault, and various forms of unwanted physical contact or coercion.

When considering perceptions about prevention, a significant percentage of adolescents in both public and private schools believe that sexual violence and psychological violence can be prevented. Public school students exhibited slightly lower belief in the preventability of sexual violence (76.5%) compared to private school students (81.4%). Conversely, private school students showed a slightly higher belief in the preventability of psychological violence (78.9%) compared to public school students (77.4%).

Regarding the potential consequences of sexual and psychological violence, a notable proportion of respondents in both school types perceive a link between these forms of violence and suicide or suicidal attempts. Again, private school students demonstrated slightly higher awareness of the correlation between sexual violence and suicidal tendencies (83.9%) compared to public school students (80.7%). Similarly, private school students showed a slightly higher awareness of the correlation between psychological violence and suicidal tendencies (83.5%) compared to public school students (78.1%).

The findings suggest that while awareness of sexual violence is relatively high among adolescents in both private and public schools in Lagos State, there are variations in perceptions about prevention and the potential consequences of such violence. These differences may reflect varying levels of exposure to education and awareness campaigns, as well as differences in socio-economic backgrounds and school environments. Further analysis and targeted interventions may be necessary to address these disparities and enhance awareness and prevention efforts across different school settings (Table 4.8).

The table 4.8 presents the knowledge of gender-based violence (GBV), specifically focusing on sexual violence, among adolescents in private and public secondary schools in Lagos State. A total of 709 respondents participated in the study.

Regarding awareness of sexual violence, the majority (72.1%) reported having heard of it, while 21.7% indicated they had not, and 6.2% did not respond. Similarly, a substantial portion of respondents were knowledgeable about specific forms of sexual violence. For instance, 74.9% reported awareness of rape or forced sex, 70.5% were aware of sexual assault, and 73.2% were aware of touching someone's private parts without consent.

Furthermore, attitudes towards prevention of sexual violence were explored. A significant majority (78.4%) believed that sexual violence could be prevented, whereas a smaller proportion (17.8%) disagreed, and 3.8% did not respond. Similarly, a high percentage (78.0%) believed that psychological violence could be prevented.

Additionally, a considerable number of respondents recognized the severe consequences of sexual and psychological violence, with 81.9% acknowledging that sexual violence could lead to suicide or suicidal attempts, and 80.3% recognizing the same for psychological violence.

It is noteworthy that the respondents' awareness and perceptions of GBV varied across different aspects. While there was a relatively high level of awareness regarding certain forms

of sexual violence, such as rape and sexual assault, awareness levels were slightly lower for other forms, such as coerced sex and being forced to kiss or hug. However, overall, a significant portion of the respondents demonstrated awareness of GBV and recognized its potential prevention and associated severe outcomes, including suicide.

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**Table 4.9 Knowledge of GBV**

Variables	Public school (n = 430)		Private School (n = 279)		Overall (N =709)	
	Poor	Good	Poor	Good	Poor	Good
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Knowledge of Psychological Violence	171(39.8)	259(60.2)	54(19.4)	225(80.6)	225(31.7)	484(68.3)
Knowledge of Sexual Violence	157(36.5)	273(63.5)	54(19.4)	225(80.6)	211(29.8)	498(70.2)
Knowledge of GBV	203(47.2)	227(52.8)	72(25.8)	207(74.2)	275(38.8)	434(61.2)

Source: Researcher's Field Survey (2023)

The table 4.9 presents the findings regarding the knowledge of Gender-Based Violence (GBV) among adolescents in both private and public secondary schools in Lagos State. The data is segregated based on the type of school attended, namely public and private, and further analysed collectively as an overall representation.

In public schools, the knowledge of psychological violence among adolescents appears to be skewed, with 39.8% having poor knowledge and 60.2% possessing good knowledge. Conversely, in private schools, the distribution leans heavily towards good knowledge, with only 19.4% exhibiting poor understanding compared to 80.6% with good knowledge. The overall data reflects a similar trend, with a notable discrepancy between public and private schools, where 31.7% of adolescents from public schools demonstrate poor knowledge of psychological violence compared to 68.3% from private schools exhibiting good knowledge in this aspect.

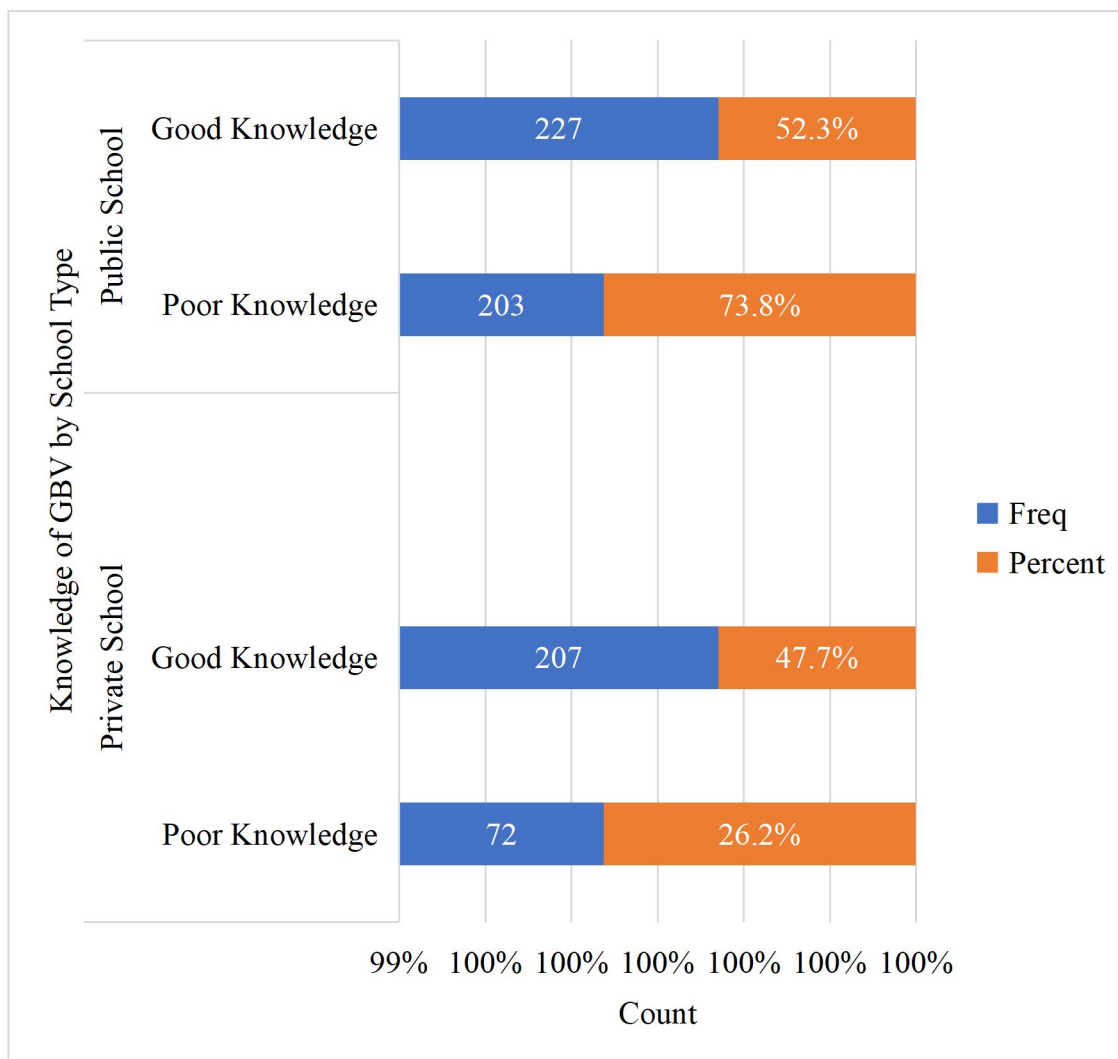
Regarding knowledge of sexual violence, the disparity between public and private schools is again evident. In public schools, 36.5% of adolescents have poor knowledge, whereas a majority of 63.5% exhibit good knowledge. Conversely, in private schools, the vast majority (80.6%) have good knowledge, with only 19.4% displaying poor understanding. The overall representation mirrors this trend, with 29.8% of adolescents showing poor knowledge in public schools compared to 70.2% in private schools demonstrating good knowledge of sexual violence.

Examining the overall knowledge of GBV, adolescents in public schools display a slightly higher level of knowledge compared to those in private schools. In public schools, 47.2% exhibit good knowledge, whereas 52.8% demonstrate poor knowledge. Conversely, in private schools, 74.2% of adolescents possess good knowledge, with 25.8% having poor understanding. The collective data indicates that 38.8% of adolescents from public schools

exhibit good knowledge of GBV, while the majority (61.2%) from private schools have good knowledge in this domain.

The findings suggest that adolescents in private schools generally possess a higher level of knowledge regarding GBV, psychological violence, and sexual violence compared to their counterparts in public schools. This discrepancy underscores potential disparities in educational programs, resources, or social environments between public and private educational institutions, highlighting areas where targeted interventions or educational initiatives may be warranted to address gaps in knowledge and awareness of GBV among adolescents.

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**Figure 4.1 Stacked bar showing the Knowledge of GBV by School type**

Source: Researcher's Field Survey (2023)

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The report presented a stacked bar chart in Figure 4.1 to depict the distribution of knowledge regarding gender-based violence (GBV) across different school types. The visual representation segregated the data into two distinct categories: "Good Knowledge" and "Poor Knowledge," further subdivided by the nature of the educational institution, namely public and private schools.

In the context of public schools, the findings revealed that 227 respondents, constituting 52.30% of the sample, exhibited good knowledge of GBV. However, a considerable proportion of 203 respondents, accounting for 73.80%, demonstrated poor knowledge regarding the subject matter.

Conversely, the data pertaining to private schools indicated that 207 respondents, or 47.70% of the sample, possessed good knowledge of GBV. A smaller percentage of 72 respondents, representing 26.20%, exhibited poor knowledge within the private school setting.

The stacked bar chart facilitated a clear comparison of the distribution of GBV knowledge between public and private schools. It highlighted the contrasting patterns, wherein private schools exhibited a higher percentage of respondents with good knowledge of GBV, while public schools demonstrated a higher percentage of respondents with poor knowledge on the subject.

Research Question Two: What is the prevalence of GBV among adolescents in private and public secondary schools in Lagos?

**Table 4.10 Prevalence of psychological violence related question items (A)**

Variables	Public school (n = 430)		
	Yes	No	No response
	n(%)	n(%)	n(%)
Threaten me with telling my secrets to others	156(36.3)	246(57.2)	28(6.5)
Insults me by saying that I am useless	275(64.0)	133(30.9)	22(5.1)
Insults my family	249(57.9)	160(37.2)	21(4.9)
Lock me in a room, toilet, basement, or a scary place as punishment	88(20.5)	315(73.3)	27(6.3)
Threaten me with hurting physically or using violence against me	143(33.3)	267(62.1)	20(4.7)
Threaten me with abandoning me	125(29.1)	278(64.7)	27(6.3)
Threaten me with hurting someone or something I love	197(45.8)	207(48.1)	26(6.0)
Humiliates me in front of other people	241(56.0)	185(38.4)	24(5.6)
Give me offensive, hurtful nicknames	257(59.8)	150(34.9)	23(5.3)
Does not listen to me when I speak	216(50.2)	190(44.2)	24(5.6)
Reward my aggressive behaviours towards my friends or others	192(44.7)	206(47.9)	32(7.4)
Talks me into doing things that make me feel bad afterwards	188(43.7)	215(50.0)	27(6.3)

Source: Researcher's Field Survey

The table 4.10 presents the prevalence of psychological violence among adolescents in private and public secondary schools in Lagos, Nigeria. In the public-school sample, varying proportions of respondents indicated experiencing different forms of psychological violence. Notably, a considerable proportion (64.0%) reported being insulted by being told they are useless, followed by insults directed towards their families (57.9%). Additionally, a significant number of respondents reported being given offensive or hurtful nicknames (59.8%) and being humiliated in front of others (56.0%). Threats of physical harm or violence were also prevalent, with 33.3% reporting threats of physical violence and 29.1% reporting threats of abandonment. Furthermore, a notable proportion (45.8%) reported being threatened with hurting someone or something they love.

**Table 4.11 Prevalence of psychological violence related question items (B)**

Variables	Private School (n = 279)		
	Yes	No	No response
	n(%)	n(%)	n(%)
Threaten me with telling my secrets to others	112(40.1)	156(55.9)	11(3.9)
Insults me by saying that I am useless	169(60.6)	97(34.8)	13(4.7)
Insults my family	154(55.2)	111(39.8)	14(5.0)
Lock me in a room, toilet, basement, or a scary place as punishment	42(15.1)	224(80.3)	13(4.7)
Threaten me with hurting physically or using violence against me	90(32.3)	171(61.3)	18(6.5)
Threaten me with abandoning me	77(27.6)	190(68.1)	12(4.3)
Threaten me with hurting someone or something I love	102(36.6)	162(58.1)	15(5.4)
Humiliates me in front of other people	170(60.9)	97(34.8)	12(4.3)
Give me offensive, hurtful nicknames	137(49.1)	127(45.5)	15(5.4)
Does not listen to me when I speak	130(46.6)	137(49.1)	12(4.3)
Reward my aggressive behaviours towards my friends or others	83(29.7)	177(63.4)	19(6.8)
Talks me into doing things that make me feel bad afterwards	111(39.8)	152(54.5)	16(5.7)

Source: Researcher's Field Survey (2023)

The table 4.11 illustrates that in private schools, similar patterns of psychological violence were observed, albeit with some variations in prevalence rates. Insults regarding personal uselessness were reported by 60.6% of respondents, while 55.2% reported insults directed at their families. Moreover, a substantial proportion of respondents reported being given offensive nicknames (49.1%) and being humiliated in front of others (60.9%). Threats of physical harm or violence were reported by 32.3% of respondents, while 27.6% reported threats of abandonment.

Comparatively, in public schools, a higher proportion of respondents reported being threatened with telling their secrets to others (36.3%) compared to private schools (40.1%). However, private school respondents reported a higher prevalence of being rewarded for aggressive behaviours towards friends or others (29.7%) compared to public schools (44.7%).

**Table 4.12 Prevalence of psychological violence related question items (C)**

Variables	Overall (N =709)		
	Yes	No	No response
	n(%)	n(%)	n(%)
Threaten me with telling my secrets to others	268(37.8)	402(56.7)	39(5.5)
Insults me by saying that I am useless	444(62.6)	230(32.4)	35(4.9)
Insults my family	403(56.8)	271(38.2)	35(4.9)
Lock me in a room, toilet, basement, or a scary place as punishment	130(18.3)	539(76.0)	40(5.6)
Threaten me with hurting physically or using violence against me	233(32.9)	438(61.8)	38(5.4)
Threaten me with abandoning me	202(28.5)	468(66.0)	39(5.5)
Threaten me with hurting someone or something I love	299(42.2)	369(52.0)	41(5.8)
Humiliates me in front of other people	411(58.0)	262(37.0)	36(5.1)
Give me offensive, hurtful nicknames	394(55.60)	277(39.1)	38(5.4)
Does not listen to me when I speak	346(48.8)	327(46.1)	36(5.1)
Reward my aggressive behaviours towards my friends or others	275(38.8)	383(54.0)	51(7.2)
Talks me into doing things that make me feel bad afterwards	299(42.20)	367(51.8)	43(6.1)

Source: Researcher's Field Survey (2023)

Table 4.12 presents the prevalence of psychological violence among adolescents in private and public secondary schools in Lagos State. The table outlines various question items related to psychological violence, along with the corresponding frequencies and percentages.

Among the participants surveyed, a significant proportion reported experiencing psychological violence in various forms. For instance, 37.8% of respondents indicated that they had been threatened with the disclosure of their secrets to others, while 62.6% reported being insulted by being told they are useless. Similarly, 56.8% stated that they had experienced insults directed towards their families.

Regarding more severe forms of psychological violence, 18.3% of respondents reported being locked in a room, toilet, basement, or other scary places as a form of punishment. Furthermore, 32.9% indicated that they had been threatened with physical harm or violence, while 28.5% reported threats of abandonment.

Emotional manipulation and humiliation were also prevalent among the surveyed adolescents. For instance, 42.2% stated that they had been threatened with hurting someone or something they love, and 58.0% reported being humiliated in front of others. Additionally, 55.6% indicated that they had been given offensive or hurtful nicknames.

Communication dynamics were also highlighted in the survey results, with 48.8% of respondents reporting that they were not listened to when they spoke. Furthermore, 42.2% stated that they had been talked into doing things that made them feel bad afterwards.

The table also highlights concerning behaviours related to aggression and reinforcement of negative actions. For example, 38.8% of respondents reported that their aggressive behaviours towards friends or others were rewarded. Additionally, 42.2% indicated that they had been encouraged to engage in activities that had negative emotional consequences. The findings from Table 4.12 underline the prevalence of psychological violence among adolescents in both

private and public secondary schools in Lagos State. These results emphasize the importance of addressing and mitigating such forms of violence to ensure the well-being and mental health of adolescents within educational settings.

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**Table 4.13 Prevalence of psychological violence related question items (D)**

Variables	Public school	Private School	Overall
	(n = 430)	(n = 279)	(N =709)
	n(%)	n(%)	n(%)
<b>The person(s) who did any of these behaviours listed above to you, was it, someone, you knew?</b>			
No	110(25.6)	68(24.4)	178(25.1)
None	29(6.7)	16(5.7)	45(6.3)
Yes	291(67.7)	195(69.9)	486(68.5)
<b>If you knew the person, how are you related?</b>			
Father	19(4.4)	10(3.6)	29(4.1)
No response	75(17.4)	58(20.8)	133(18.8)
None	20(4.7)	23(8.2)	43(6.1)
Mother	29(6.7)	12(4.3)	41(5.8)
Brother/sister	21(4.9)	6(2.2)	27(3.8)
School teacher	9(2.1)	12(4.3)	21(3.0)
Friends/Classmates	158(36.7)	117(41.9)	275(38.8)
Neighbour	65(15.1)	22(7.9)	87(12.3)
Family relatives	19(4.4)	7(2.5)	26(3.7)
Strangers	2(0.5)	5(1.8)	7(1.0)
Others	13(3.0)	7(2.5)	20(2.8)
<b>Have you ever done any of these behaviours listed, was it someone you knew?</b>			
No	220(51.2)	160(57.3)	380(53.6)
None	40(9.3)	26(9.3)	66(9.3)
Yes	170(39.5)	93(33.3)	263(37.1)
<b>If you have done such to anyone, how are you related?</b>			
Father	9(2.1)	2(0.7)	11(1.6)
No response	162(37.7)	112(40.1)	274(38.6)
None	51(11.9)	47(16.8)	98(13.8)
Mother	20(4.7)	3(1.1)	23(3.2)
Brother/sister	12(2.8)	5(1.8)	17(2.4)
School teacher	10(2.3)	8(2.9)	18(2.5)
Friends/Classmates	109(25.3)	82(29.4)	191(26.9)
Neighbour	42(9.8)	9(3.2)	51(7.2)
Family relatives	5(1.2)	3(1.1)	8(1.)
Strangers	1(0.2)	2(0.7)	3(0.4)
Others	9(2.1)	6(2.2)	15(2.1)

Source: Researcher's Field Survey (2023)

Table 4.13 presents the prevalence of psychological violence among adolescents in private and public secondary schools in Lagos State. In the overall sample (N = 709), 68.5% of respondents reported experiencing psychological violence. Among Public school students, 67.7% reported experiencing psychological violence, while 69.9% of private school students reported similar experiences. Regarding familiarity with the perpetrators, most respondents from both public and private schools indicated that the individuals who engaged in the listed behaviours were known to them. Specifically, 67.7% of public-school students and 69.9% of private school students reported knowing the perpetrators.

In terms of the relationship between the respondents and the perpetrators, the data reveal several patterns. Among those who knew the perpetrators, the most frequently cited relationships were friends/classmates, accounting for 38.8% of responses in the overall sample. This was followed by neighbours (12.3%) and family relatives (3.7%). A noteworthy proportion of respondents chose not to specify their relationship with the perpetrator, with 18.8% and 20.8% of respondents from public and private schools respectively opting for "no response."

Regarding perpetration of psychological violence, 37.1% of respondents overall admitted to engaging in such behaviours. This was slightly higher among public school students (39.5%) compared to private school students (33.3%). Like the victimization data, the majority of perpetrators reported knowing their victims. Among those who admitted to perpetrating psychological violence, friends/classmates were again the most frequently cited category of victims, comprising 26.9% of responses in the overall sample.

The data also shed light on the relationship between the perpetrators and their victims. Among those who admitted to perpetrating psychological violence, friends/classmates were the most common victims, accounting for 26.9% of responses in the overall sample. This was followed by neighbours (7.2%) and family relatives (1.1%). A notable portion of perpetrators did not

specify their relationship with the victim, with 38.6% and 40.1% of respondents from public and private schools respectively choosing "no response."

The findings from Table 4.13 underscore the high prevalence of psychological violence among adolescents in both public and private secondary schools in Lagos State. The data highlight the significant role of interpersonal relationships, particularly among peers, in both victimization and perpetration of psychological violence. Additionally, the high rates of non-response regarding the relationship between victims and perpetrators suggest potential barriers to disclosure and further emphasize the importance of addressing psychological violence in school settings.

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**Table 4.14 Prevalence of sexual violence related question items (A)**

<b>Variables</b>	<b>Public school (n = 430)</b> n(%)	<b>Private School (n = 279)</b> n(%)	<b>Overall (N =709)</b> n(%)
<b>Have you already had sexual intercourse?</b>			
No	319(74.2)	239(85.7)	558(78.7)
Non	25(5.8)	22(7.9)	47(6.6)
Yes	86(20.0)	18(6.5)	104(14.7)
<b>If you have had sexual intercourse, at what age did you have your first sexual encounter?</b>			
<15 years	27(6.3)	11(3.9)	37(5.2)
15 years and above	31(7.2)	0(0.0)	32(4.5)
No response	372(86.5)	268(96.1)	640(90.3)
Mean	13.4±3.685	10.3±3.849	12.9±3.858
<b>Was the sexual encounter something you?</b>			
Longed for at that time	30(7.0)	6(2.2)	36(5.1)
Did not want but wished you accepted	20(4.7)	9(3.2)	29(4.1)
Were forced to do against your will	30(7.0)	7(2.5)	37(5.2)
Did not want	17(4.0)	4(1.4)	21(3.0)
Not applicable to me	291(67.7)	228(81.7)	519(73.2)
No response	42(9.8)	25(9.0)	67(9.4)
<b>If forced, how were you forced to indulge in the sexual act?</b>			
Use of physical force	27(6.3)	6(2.2)	33(4.7)
Threat to use a weapon such as a knife	10(2.3)	3(1.1)	13(1.8)
Threat to use a weapon such as a gun	4(0.9)	4(1.4)	8(1.1)
Intimidation or blackmail	12(2.8)	7(2.5)	19(2.7)
Not applicable to me	299(69.5)	233(83.5)	532(75.0)
Others (Not forced; I was confused; Threatened to leak her secret)	4(0.9)	1(0.4)	5(0.7)
No response	74(17.2)	25(9.0)	99(14.0)
<b>Where did the incidence occur?</b>			
Home	60(14.0)	16(5.7)	76(10.7)
School	16(3.7)	6(2.2)	22(3.1)
In a car	10(2.3)	3(1.1)	13(1.8)
Others	31(7.2)	4(1.4)	35(4.9)
No response	211(49.1)	164(58.8)	375(52.9)
Not applicable to me	102(23.7)	86(30.8)	188(26.5)

Source: Researcher's Field Survey (2023)

Table 4.14 presents the prevalence of sexual violence-related question items among adolescents in private and public secondary schools in Lagos State. Looking at the first question item, which asks if the respondents have had sexual intercourse, the data shows that a higher percentage of students in private schools (85.7%) answered "No" compared to those in public schools (74.2%). Conversely, a greater percentage of students in public schools (20.0%) reported having had sexual intercourse compared to those in private schools (6.5%). When considering the overall prevalence, 78.7% of students reported not having had sexual intercourse, while 14.7% reported having had sexual intercourse.

Moving to question the next item, which asks about the age of first sexual encounter for those who have had sexual intercourse, the data reveals that more students in public schools (6.3%) had their first sexual encounter before the age of 15 compared to those in private schools (3.9%). However, a significant portion of respondents did not provide a response to this question, particularly in private schools (96.1%). The mean age of first sexual encounter was slightly higher among students in public schools (13.4 years) compared to those in private schools (10.3 years).

The table explores the circumstances surrounding the sexual encounter. It is evident that fewer students in private schools (2.2%) reported being forced to engage in sexual activity against their will compared to those in public schools (7.0%). Additionally, a higher percentage of students in public schools (4.7%) reported not wanting the sexual encounter but wished they had accepted it compared to those in private schools (3.2%). Most respondents in both public and private schools indicated that the question was not applicable to them, with higher proportions in private schools (81.7%) compared to public schools (67.7%).

Regarding question item on mode of sexual act, which investigates the methods of coercion used in the sexual act, the data indicates that a greater percentage of students in public schools (6.3%) experienced physical force compared to those in private schools (2.2%). Other

methods such as intimidation or blackmail were reported by 2.8% of students in public schools and 2.5% in private schools. The majority of respondents across both public and private schools indicated that the question was not applicable to them.

Finally, the table examines the location of the sexual incidents. A higher percentage of incidents occurred at home for students in public schools (14.0%) compared to those in private schools (5.7%). However, a significant proportion of respondents did not provide a response to this question, particularly in public schools (49.1%). A notable proportion of respondents in both public and private schools indicated that the question was not applicable to them.

The prevalence of gender-based violence (GBV) among adolescents in private and public secondary schools in Lagos State varies across different question items. While certain aspects, such as the incidence of sexual intercourse, show disparities between private and public-school students, other factors like coercion methods and incident locations demonstrate similarities across both school types.

**Table 4.15 Prevalence of sexual violence related question items (B)**

Variables	Public school (n = 430)			Private School (n = 279)		
	Yes	No	No response	Yes	No	No response
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Has anyone ever asked you to have sex with him/her when you were not willing (Whether vaginal or anal)?	122(28.4)	294(68.4)	14(3.3)	41(14.7)	223(79.9)	15(5.4)
Has anyone ever forced you to undress?	64(14.9)	344(80.0)	22(5.1)	11(3.9)	253(90.7)	15(5.4)
Has anyone ever forced you to touch their private parts or be touched on your private parts?	94(21.9)	322(74.9)	14(3.3)	35(12.5)	227(81.4)	17(6.1)
Has anyone ever been forced to kiss you on the mouth?	126(29.3)	287(66.7)	17(4.0)	37(13.3)	233(83.5)	9(3.2)
Has anyone ever been forced to hug you?	167(38.8)	248(57.7)	15(3.5)	73(26.2)	195(69.9)	11(3.9)
Has anyone ever made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?	119(27.7)	294(68.4)	17(4.0)	28(10.0)	238(85.3)	13(4.7)
Has anyone ever made you look at their private parts or wanted to look at yours?	84(19.5)	328(76.3)	18(4.2)	39(14.0)	228(81.7)	12(4.3)
Have ever experienced any other sexual act without penetration?	72(16.7)	334(77.7)	24(5.6)	36(12.9)	230(82.4)	13(4.7)

Source: Researcher's Field Survey (2023)

Table 4.15 shows the prevalence of various forms of sexual violence among adolescents in private and public secondary schools in Lagos State. In public schools, 28.4% of respondents reported being asked to have sex against their will, while 14.7% of those in private schools reported similar experiences. Regarding being forced to undress, 14.9% of students in public schools and 3.9% in private schools reported such incidents. Additionally, 21.9% of students in public schools and 12.5% in private schools reported being forced to touch or be touched on their private parts. Notably, 29.3% of students in public schools and 13.3% in private schools reported being forced to kiss on the mouth.

Moreover, 38.8% of students in public schools and 26.2% in private schools reported instances of being forced to hug, indicating a substantial prevalence across both types of institutions. Regarding exposure to sexual content against their will, 27.7% of students in public schools and 10.0% in private schools reported being made to watch sex videos or view sexual pictures. Additionally, 19.5% of students in public schools and 14.0% in private schools reported being made to look at private parts or having others want to look at theirs.

Furthermore, 16.7% of students in public schools and 12.9% in private schools reported experiencing other sexual acts without penetration. The findings highlight significant levels of sexual violence experienced by adolescents in both private and public secondary schools in Lagos State. These experiences encompass a range of coercive behaviours, including unwanted sexual advances, forced physical contact, and exposure to sexual content, suggesting a pressing need for interventions and support mechanisms to address and mitigate the prevalence of gender-based violence in school settings.

**Table 4.16 Prevalence of sexual violence related question items (C)**

Variables	Overall (N =709)		
	Yes	No	No response
	n(%)	n(%)	n(%)
Has anyone ever asked you to have sex with him/her when you were not willing (Whether vaginal or anal)?	163(23.0)	517(72.9)	29(4.1)
Has anyone ever forced you to undress?	75(10.6)	597(84.2)	37(5.2)
Has anyone ever forced you to touch their private parts or be touched on your private parts?	129(18.2)	549(77.4)	31(4.4)
Has anyone ever been forced to kiss you on the mouth?	163(23.0)	520(73.3)	26(3.7)
Has anyone ever been forced to hug you?	240(33.9)	443(62.5)	26(3.7)
Has anyone ever made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?	147(20.7)	532(75.0)	39(4.2)
Has anyone ever made you look at their private parts or wanted to look at yours?	123(17.3)	556(78.4)	30(4.2)
Have ever experienced any other sexual act without penetration?	108(15.2)	564(79.5)	37(5.2)

Source: Researcher's Field Survey (2023)

In Table 4.16, the initial query asked if the respondent had been pressured into engaging in sexual activity against their will, either vaginal or anal. Findings showed that 23.0% of respondents replied affirmatively, 72.9% responded negatively, and 4.1% did not offer a response. In relation to being coerced to undress, 10.6% of respondents answered positively, 84.2% responded negatively, and 5.2% did not provide a response.

When inquired about experiences of unwanted touching on private parts, 18.2% of respondents answered affirmatively, while 77.4% responded negatively, and 4.4% did not provide a response. Regarding instances of being coerced into kissing on the mouth, 23.0% responded positively, 73.3% responded negatively, and 3.7% did not provide a response.

In relation to being compelled to hug someone, 33.9% of respondents answered affirmatively, 62.5% answered negatively, and 3.7% did not provide a response. When inquired about being forced to watch sexual content against their will, 20.7% answered affirmatively, while 75.0% responded negatively, and 4.2% did not reply. In relation to being coerced to view or show private body parts, 17.3% acknowledged such experiences, whereas 78.4% denied it, with 4.2% choosing not to answer. In response to a question about engaging in non-penetrative sexual activities, 15.2% answered affirmatively, 79.5% answered negatively, and 5.2% did not provide a response.

**Table 4.17 Prevalence of sexual violence related question items (D)**

Variables	Public school (n = 430)	Private School (n = 279)	Overall (N =709)
	n(%)	n(%)	n(%)
<b>The person(s) who did any of these acts listed above to you, was it, someone, you knew?</b>			
No	212(49.3)	154(55.2)	236(33.3)
Non	66(15.3)	41(14.7)	366(51.6)
Yes	152(35.3)	84(30.1)	107(15.1)
<b>If you knew the person, how are you related?</b>			
Father	10(2.3)	3(1.1)	13(1.8)
No response	153(35.6)	122(43.7)	275(38.8)
None	66(15.3)	51(18.3)	117(16.5)
Mother	16(3.7)	9(3.2)	25(3.5)
Brother/sister	11(2.6)	6(2.2)	17(2.4)
School teacher	6(1.4)	4(1.4)	10(1.4)
Friends/Classmates	95(22.1)	51(18.3)	146(20.6)
Neighbour	54(12.6)	19(6.8)	73(10.3)
Family relatives	4(0.9)	8(2.9)	12(1.7)
Others	15(3.5)	6(2.2)	21(3.0)
<b>Have you ever done any of these acts listed above, was it someone you knew?</b>			
No	247(57.4)	189(67.7)	436(61.5)
Non	77(17.9)	48(17.2)	125(17.6)
Yes	106(24.7)	42(15.1)	148(20.9)
<b>If you have done such to anyone, how are you related?</b>			
Father	9(2.1)	1(0.4)	10(1.4)
No response	190(44.2)	153(54.8)	343(48.4)
None	88(20.5)	74(26.5)	162(22.8)
Mother	11(2.6)	1(0.4)	12(1.7)
Brother/sister	4(0.9)	8(2.9)	12(1.7)
School teacher	11(2.6)	6(2.2)	17(2.4)
Friends/Classmates	66(15.3)	23(8.2)	89(12.6)
Neighbour	26(8.4)	10(3.6)	46(6.5)
Family relatives	1(0.2)	0(0.0)	1(0.1)
Others	14(3.3)	3(1.1)	17(2.4)

Source: Researcher's Field Survey (2023)

Table 4.17 displays the prevalence of sexual violence-related question items among students in both public and private schools. The table provides detailed insights into various aspects related to sexual violence, including the relationship between the perpetrator and the victim, as well as the perpetration of such acts by the respondents themselves.

First, concerning the relationship between the victim and the perpetrator, it is observed that a significant portion of the respondents, 33.3% overall, reported that the perpetrator was someone they knew. This finding is consistent across both public (49.3%) and private (55.2%) schools. Notably, a higher percentage of respondents from private schools reported knowing the perpetrator compared to those from public schools.

When examining the specific relationships between the victim and the perpetrator among those who knew the perpetrator, it is notable that the most reported perpetrators were friends or classmates, with 20.6% of respondents overall identifying them as such. Additionally, a considerable proportion of victims reported that the perpetrator was a neighbour (10.3%) or a family member (1.7%).

Regarding perpetration, 61.5% of respondents overall reported never having committed any of the listed acts of sexual violence. However, a significant proportion (20.9%) acknowledged having engaged in such acts, with 24.7% of respondents from public schools and 15.1% from private schools admitting to it.

Among those who admitted to perpetrating sexual violence, a majority (48.4%) chose not to specify the relationship between themselves and the victim. However, for those who did provide information, friends or classmates were the most reported victims (12.6% overall), followed by neighbours (6.5%). Table 4.17 underscores the prevalence of sexual violence among students, with a substantial portion reporting victimization by someone they knew. Moreover, a notable proportion of respondents admitted to perpetrating such acts, with friends or classmates being the most frequently reported victims.

**Table 4.18 Prevalence of GBV**

Variables	Public school (n = 430)		Private School (n = 279)		Overall (N =709)	
	Did not experience	Experienced	Did not experience	Experienced	Did not experience	Experienced
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Prevalence of Psychology Violence	111(25.8)	319(74.2)	71(25.4)	208(74.6)	182(25.7)	527(74.3)
Prevalence of Sexual Violence	177(41.2)	253(58.8)	151(54.1)	128(45.9)	328(46.3)	381(53.7)
Overall Prevalence of GBV	214(49.8)	216(50.2)	159(57.0)	120(43.0)	373(52.6)	336(47.4)

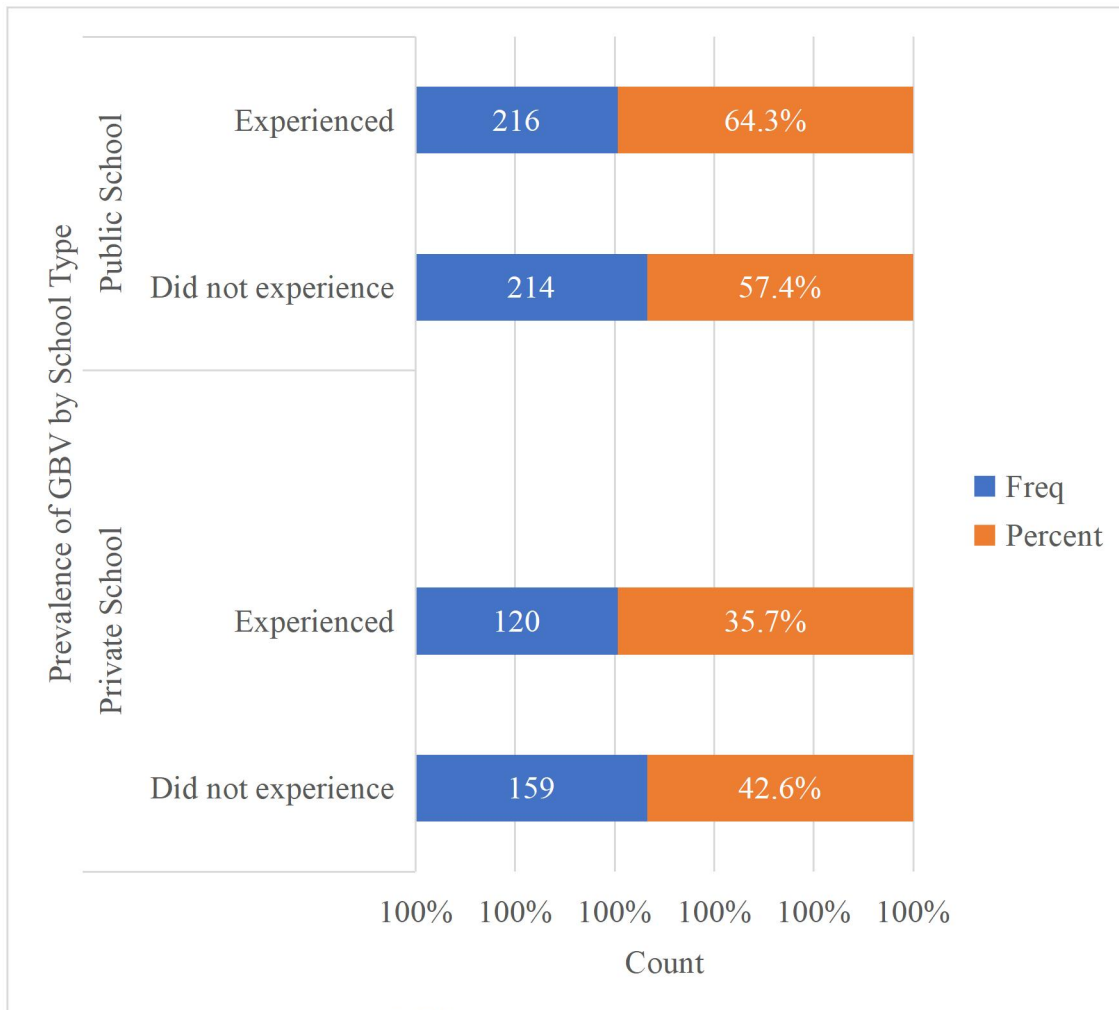
Source: Researcher's Field Survey (2023)

Table 4.18 illustrates the prevalence of Gender-Based Violence (GBV) among students, disaggregated by school type (public and private) and overall. The table encompasses both the experience and non-experience of psychological violence, sexual violence, and overall GBV, providing a comprehensive understanding of the prevalence rates within the sampled population.

Regarding psychological violence, the data reveal that a substantial proportion of students experienced this form of violence, with 74.3% of the overall sample reporting such experiences. Specifically, 74.2% of students from public schools and 74.6% from private schools reported experiencing psychological violence. Conversely, 25.7% of the overall sample did not report experiencing psychological violence.

Turning to sexual violence, the findings indicate that a significant portion of students reported experiencing this form of GBV, with 53.7% of the overall sample reporting such experiences. Notably, 58.8% of students from public schools and 45.9% from private schools reported experiencing sexual violence. Conversely, 46.3% of the overall sample did not report experiencing sexual violence.

Examining the overall prevalence of GBV, which encompasses both psychological and sexual violence, the data reveal that more than half of the sampled students, accounting for 52.6% of the overall sample, reported experiencing GBV. Specifically, 50.2% of students from public schools and 43.0% from private schools reported experiencing GBV. Conversely, 47.4% of the overall sample did not report experiencing GBV. Table 4.18 highlights the widespread prevalence of GBV among students, with a considerable portion of the sampled population reporting experiences of psychological and sexual violence.



**Figure 4.2 Stacked bar showing the Prevalence of GBV by School type**

Source: Researcher's Field Survey (2023)

In the interpretation of Figure 4.2, the report employed a stacked bar chart to illustrate the prevalence of gender-based violence (GBV) across different school types. The visual representation was categorized into two distinct categories: "Did not experience" and "Experienced," further stratified by the nature of the educational institution, namely public and private schools.

For public schools, the data indicated that 216 respondents, constituting 64.30% of the sample, did not experience GBV incidents. Conversely, 214 respondents, accounting for 57.40%, reported experiencing GBV within the public secondary school setting.

Regarding private schools, the findings revealed that 120 respondents, or 35.70% of the sample, did not encounter GBV situations. However, a substantial proportion of 159 respondents, representing 42.60%, acknowledged experiencing GBV within private secondary school setting.

The stacked bar chart facilitated a clear comparison of the prevalence of GBV between public and private schools. It highlighted the contrasting patterns, wherein public schools exhibited a slightly higher percentage of respondents who did not experience GBV, while private schools demonstrated a higher percentage of respondents who reported experiencing GBV incidents.

Research Question Three: What are the reporting channels for GBV among adolescents in private and public secondary schools in Lagos?

**Table 4.19 Reporting channels for GBV**

Variables	Public school (n = 430)	Private School (n = 279)	Overall (N =709)
	n(%)	n(%)	n(%)
<b>Do you have someone/place you report the occurrence of sexual abuse/violence?</b>			
No	293(68.1)	185(66.3)	478(67.4)
Non	50(11.6)	41(14.7)	91(12.8)
Yes	87(20.2)	53(19.0)	140(19.7)
<b>Do you have someone/ place you report the occurrence of emotional or psychological abuse/violence?</b>			
No	284(66.0)	165(59.1)	449(63.3)
Non	55(12.8)	43(15.4)	98(13.8)
Yes	91(21.2)	71(25.4)	162(22.8)
<b>If you have someone/ place, who/where do you report to for sexual abuse?</b>			
Family members	38(8.8)	46(16.5)	84(11.8)
Friends/Peers	6(1.4)	4(1.4)	10(1.4)
Educational Institution	5(1.2)	6(2.2)	11(1.6)
Law Enforcement/Authorities	34(7.9)	9(3.2)	43(6.1)
Others	5(1.2)	3(1.1)	8(1.1)
No response	342(79.5)	211(75.6)	553(78.0)
<b>If you have someone/ place, who/where do you report to for emotional or psychological abuse?</b>			
Family members	37(8.6)	45(16.1)	82(11.6)
Friends/Peers	5(1.2)	1(0.4)	6(0.8)
Educational Institution	8(1.9)	8(2.9)	16(2.3)
Law Enforcement/Authorities	29(6.7)	7(2.5)	36(5.1)
Others	9(2.1)	6(2.2)	15(2.1)
No response	342(79.5)	212(76.0)	554(78.1)

Source: Researcher's Field Survey (2023)

Table 4.19 presents the reporting channels for Gender-Based Violence (GBV) among students in both public and private schools. The table offers insights into whether students have access to someone or a place where they can report incidents of sexual abuse/violence and emotional or psychological abuse/violence, as well as the specific entities they would report to in such cases.

In terms of reporting sexual abuse/violence, most respondents across all categories indicated that they did not have someone or a place to report such incidents. Specifically, 67.4% of the overall sample, comprising 68.1% of students from public schools and 66.3% from private schools, reported lacking a reporting channel for sexual abuse/violence. Among those who did have a reporting channel, the proportion was relatively small, with 19.7% of the overall sample reporting positively. The figures for reporting emotional or psychological abuse/violence were somewhat similar, with 63.3% of the overall sample indicating a lack of reporting channels, and 22.8% reporting positively.

Regarding the specific entities to whom students would report incidents of sexual abuse/violence, family members were the most cited, with 11.8% of the overall sample indicating them as a reporting option. Law enforcement or authorities were also mentioned, albeit less frequently, with 6.1% of the overall sample choosing this option. However, a significant portion of respondents did not provide a response regarding their preferred reporting channel, with 78.0% of the overall sample failing to specify.

Similarly, for reporting emotional or psychological abuse/violence, family members were the most cited reporting option, with 11.6% of the overall sample indicating them as a preferred channel. Law enforcement or authorities were mentioned by 5.1% of the overall sample. Again, a substantial proportion of respondents did not provide a response regarding their preferred reporting channel, with 78.1% of the overall sample omitting this information.

Table 4.19 highlights a concerning lack of reporting channels for GBV among students, with a significant majority indicating a lack of access to such channels. Additionally, among those who do have access, there appears to be limited utilization of formal reporting entities such as law enforcement or educational institutions.

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Research Question Four: What are the determinants of GBV among adolescents in private and public secondary schools in Lagos?

**Table 4.20 Association between individual factors and prevalence of GBV**

Variables	Public school		Chi-Square	p-value	Private School		Chi-Square	p-value
	Did not experience	Experienced			Did not experience	Experienced		
	n(%)	n(%)			n(%)	n(%)		
<b>Age</b>								
10 - 14 years	27(49.1)	28(50.9)	0.012	0.914	79(62.2)	48(37.8)	2.587	0.108
15 - 19 years	187(49.9)	188(50.1)			80(52.6)	47.4)		
<b>Sex</b>								
Male	83(46.4)	96(53.6)	1.417	0.234	44(59.5)	30(40.5)	0.251	0.617
Female	131(52.2)	120(47.8)			115(56.1)	90(43.9)		
<b>Educational level</b>								
JSS 1-3	0(0.0)	1(100.0)			50(75.8)	16(24.2)		
SSS 1&2	209(49.8)	211(50.2)	12.703	0.002*	78(52.3)	71(47.7)	1.111	0.574
SSS 3	5(55.6)	4(44.4)			31(48.4)	33(51.6)		
<b>Religion</b>								
Christianity	127(50.8)	123(49.2)			78(49.1)	81(50.9)		
Islam	82(48.5)	87(51.5)	0.345	0.951	80(68.4)	37(31.6)	11.636	0.009*
Tradition	3(42.9)	4(57.1)			1(50.0)	1(50.0)		
Others	2(50.0)	2(50.0)			0(0.0)	1(100.0)		
<b>Alcohol consumption</b>								
No	203(53.4)	177(46.6)	14.061	0.000*	146(60.3)	96(39.7)	7.083	0.008*
Yes	10(23.3)	33(76.7)			10(34.5)	19(65.5)		
<b>Have you been physically maltreated in the past?</b>								
No	186(53.4)	162(46.6)	10.313	0.001*	145(61.4)	91(38.6)	23.728	0.000*
Yes	26(33.3)	52(66.7)			3(11.5)	23(88.5)		
<b>Have you been forced into having sex in the past?</b>								
No	201(52.8)	180(47.2)	9.171	0.002*	147(58.8)	103(41.2)	1.446	0.167
Yes	13(28.9)	32(71.1)			9(45.0)	11(55.0)		
<b>Have you been emotionally abused in the past?</b>								
No	179(55.8)	142(44.2)	18.419	0.000*	127(62.9)	75(37.1)	16.197 <sup>c</sup>	0.000*
Yes	32(31.4)	70(68.6)			21(33.9)	41(66.1)		

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

In Table 4.20, the bivariate analysis examines the association between individual factors and the prevalence of Gender-Based Violence (GBV) among students in both public and private schools. The table is divided into several variables, including age, sex, educational level, religion, alcohol consumption, and experiences of physical maltreatment, forced sex, and emotional abuse.

Age appears to have no significant association with the prevalence of GBV among students, as indicated by the chi-square test ( $\chi^2 = 0.012$ ,  $p = 0.914$  for public schools;  $\chi^2 = 2.587$ ,  $p = 0.108$  for private schools). Similarly, sex does not show a significant association with GBV prevalence in either public ( $\chi^2 = 1.417$ ,  $p = 0.234$ ) or private schools ( $\chi^2 = 0.251$ ,  $p = 0.617$ ).

However, there is a notable association between educational level and GBV prevalence. In public schools, students in Junior Secondary School (JSS) 1-3 exhibit a higher prevalence of GBV compared to those in Senior Secondary School (SSS) 1&2 ( $\chi^2 = 12.703$ ,  $p = 0.002$ ). Conversely, in private schools, no significant association is found between educational level and GBV prevalence ( $\chi^2 = 1.111$ ,  $p = 0.574$ ).

Religion shows a significant association with GBV prevalence in private schools ( $\chi^2 = 11.636$ ,  $p = 0.009$ ), with students identifying as Muslims reporting a higher prevalence compared to those of other religions. However, no significant association is observed in public schools ( $\chi^2 = 0.345$ ,  $p = 0.951$ ).

Alcohol consumption also demonstrates a significant association with GBV prevalence in both public ( $\chi^2 = 14.061$ ,  $p = 0.000$ ) and private schools ( $\chi^2 = 7.083$ ,  $p = 0.008$ ). Students who consume alcohol are more likely to experience GBV compared to non-drinkers. Experiences of physical maltreatment, forced sex, and emotional abuse are all significantly associated with GBV prevalence in both public and private schools. Students who have experienced these forms of abuse are more likely to report experiencing GBV.

The analysis in Table 4.20 presents various individual factors associated with the prevalence of GBV among students. While age and sex do not show significant associations, educational level, religion, alcohol consumption, and experiences of abuse demonstrate notable correlations with GBV prevalence, underscoring the importance of addressing these factors in efforts to prevent and address GBV among students.

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**Table 4.21 Association between family factors and prevalence of GBV**

Variables	Private School		Chi-Square	p-value	Public school		Chi-Square	p-value
	Did not experience	Experienced			Did not experience	Experienced		
	n(%)	n(%)			n(%)	n(%)		
<b>Do you have a boyfriend/girlfriend?</b>								
Dating	7(41.2)	10(58.8)			51(34.0)	99(66.0)		
Courting	3(75.0)	1(25.0)	2.229	0.328	7(46.7)	8(53.3)	23.053	0.000*
Not applicable	139(57.2)	104(42.8)			148(58.7)	104(41.3)		
<b>The relationship you are into is it abusive?</b>								
No	23(42.6)	31(57.4)			63(36.2)	111(63.8)		
Yes	3(50.0)	3(50.0)	5.308	0.070	5(29.4)	12(70.6)	27.086	0.000*
Not applicable	124(59.9)	83(40.1)			128(61.5)	80(38.5)		
<b>Do you have any sexual partners?</b>								
No	151(58.5)	107(41.5)	4.207	0.040*	188(50.8)	182(49.2)	7.384	0.007*
Yes	1(16.7)	5(83.3)			9(26.5)	25(73.5)		
<b>Parental/Guardian's level of education</b>								
Primary	7(63.6)	4(36.4)			14(45.2)	17(54.8)		
Secondary	58(65.2)	31(34.8)	4.320	0.229	111(50.2)	110(49.8)	1.713	0.634
Tertiary	68(51.5)	64(48.5)			61(53.5)	53(46.5)		
No formal education	13(54.2)	11(45.8)			18(42.9)	24(57.1)		
<b>Parental/Guardian's occupation</b>								
Business	111(57.5)	82(42.5)			155(48.1)	167(51.9)		
Civil Service	22(64.7)	12(35.3)	1.998	0.736	22(52.4)	20(47.6)	1.870	0.760
Farmer	1(100.0)	0(0.0)			3(42.9)	4(57.1)		
Artisan	6(54.5)	5(45.5)			9(42.9)	12(57.1)		
Others (Healthcare, Education, Service Industry, Legal, House help, and No job)	11(50.0)	11(50.0)			10(62.5)	6(37.5)		
<b>Family type</b>								
Monogamous family	102(58.0)	74(42.0)			99(49.0)	103(51.0)		
Polygamous family	25(49.0)	26(51.0)	1.284	0.526	47(51.6)	44(48.4)	.389	0.823
Single parent	22(56.4)	17(43.6)			51(47.2)	57(52.8)		

\*Significance (p&lt;0.05)

Source: Researcher's Field Survey (2023)

Table 4.21 presents the results of bivariate analysis examining the relationship between family factors and the prevalence of gender-based violence (GBV) among students in private and public schools. The table provides insights into various family-related variables and their association with the experience of GBV.

Regarding the relationship status of the respondents, the analysis indicates that there is a significant association between having a boyfriend or girlfriend and experiencing GBV among students in public schools ( $\chi^2 = 23.053$ ,  $p < 0.001$ ). Specifically, a higher proportion of students who reported being in a dating relationship experienced GBV compared to those who were not dating. However, this association was not significant among students in private schools ( $\chi^2 = 2.229$ ,  $p = 0.328$ ). Furthermore, the analysis suggests a significant association between experiencing GBV and perceiving the relationship as abusive, both among students in private schools ( $\chi^2 = 27.086$ ,  $p < 0.001$ ) and public schools ( $\chi^2 = 5.308$ ,  $p = 0.070$ ).

Another significant finding relates to the presence of sexual partners, which shows a significant association with experiencing GBV among students in both private ( $\chi^2 = 7.384$ ,  $p = 0.007$ ) and public schools ( $\chi^2 = 4.207$ ,  $p = 0.040$ ). Specifically, a higher proportion of students with sexual partners reported experiencing GBV compared to those without sexual partners.

The level of parental or guardian education was not found to be significantly associated with the prevalence of GBV among students in both private ( $\chi^2 = 4.320$ ,  $p = 0.229$ ) and public schools ( $\chi^2 = 1.713$ ,  $p = 0.634$ ). Similarly, no significant association was observed between parental or guardian occupation and the prevalence of GBV among students in private ( $\chi^2 = 1.998$ ,  $p = 0.736$ ) and public schools ( $\chi^2 = 1.870$ ,  $p = 0.760$ ).

Lastly, the analysis examined the association between family type and the prevalence of GBV.

While there was no significant association found among students in private schools ( $\chi^2 =$

1.284,  $p = 0.526$ ), a significant association was observed among students in public schools ( $\chi^2 = 0.389$ ,  $p = 0.823$ ).

Table 4.21 provides valuable insights into the relationship between family factors and the prevalence of GBV among students in private and public schools. The findings underscore the complex interplay between various family-related variables and the experience of GBV, highlighting the importance of considering familial influences in addressing and preventing GBV among young individuals.

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**Table 4.22 Association between family factors and prevalence of GBV**

Variables	Private School		Chi-Square	p-value	Public school		Chi-Square	p-value
	Did not experience	Experienced			Did not experience	Experienced		
	n(%)	n(%)			n(%)	n(%)		
<b>Parents' Marital status</b>								
Cohabited	3(33.3)	6(66.7)			12(66.7)	6(33.3)		
Married	138(60.3)	91(39.7)			150(49.5)	153(50.5)		
Separated	6(31.6)	13(68.4)	11.182	0.025*	34(47.9)	37(52.1)	2.942	0.568
Divorced	1(20.0)	4(80.0)			8(57.1)	6(42.9)		
Never married	6(66.7)	3(33.3)			3(37.5)	5(62.5)		
<b>Perceived family economic status</b>								
Low income	11(45.8)	13(54.2)			35(47.9)	38(52.1)		
Middle income	85(56.7)	65(43.3)	1.152	0.562	139(53.1)	123(46.9)	5.250	0.072
High income	56(57.7)	41(42.3)			26(37.7)	43(62.3)		
<b>Live with</b>								
Alone	2(40.0)	3(60.0)			3(33.3)	6(66.7)		
Relatives	8(34.8)	15(65.2)	5.839	0.120	15(40.5)	22(59.5)	2.645	0.450
Parent	132(58.1)	95(41.9)			180(51.4)	170(48.6)		
Grandparent	10(66.7)	5(33.3)			13(48.1)	14(51.9)		
<b>Which one best describes your parent (parenting style) or caregiver(s)?</b>								
Permissive	43(66.2)	22(33.8)			58(46.8)	66(53.2)		
Authoritative	68(52.3)	62(47.7)	10.149	0.017*	49(49.0)	51(51.0)	.391	0.942
Neglectful	3(30.0)	7(70.0)			11(50.0)	11(50.0)		
Authoritarian	6(31.6)	13(68.4)			23(44.2)	29(55.8)		

\*Significance ( $p < 0.05$ )

Source: Researcher's Field Survey (2023)

Table 4.22 presents the results of bivariate analysis examining the association between family factors and the prevalence of Gender-Based Violence (GBV) among students in private and public schools. The analysis evaluates various family-related variables such as parents' marital status, perceived family economic status, living arrangements, and parenting styles.

In terms of parents' marital status, the analysis indicates significant associations with the experience of GBV among students in both private and public schools ( $\chi^2 = 11.182$ ,  $p = 0.025$ ). Specifically, students whose parents were separated or divorced were more likely to report experiencing GBV compared to those whose parents were married or cohabited. However, no significant association was found between parents' marital status and GBV prevalence among students in public schools ( $\chi^2 = 2.942$ ,  $p = 0.568$ ).

Regarding the perceived family economic status, no significant associations were observed with GBV prevalence among students in private schools ( $\chi^2 = 1.152$ ,  $p = 0.562$ ) or public schools ( $\chi^2 = 5.250$ ,  $p = 0.072$ ). However, there was a trend indicating that students from families with high-income levels were more likely to report experiencing GBV compared to those from low or middle-income families, particularly in public schools.

Examining living arrangements, the analysis revealed no significant associations between living with relatives, parents, or grandparents and GBV prevalence among students in either private ( $\chi^2 = 5.839$ ,  $p = 0.120$ ) or public ( $\chi^2 = 2.645$ ,  $p = 0.450$ ) schools. However, there was a slight trend suggesting that students living with relatives were more likely to report experiencing GBV.

Regarding parenting styles, a significant association was found between authoritarian parenting style and GBV prevalence among students in private schools ( $\chi^2 = 10.149$ ,  $p =$

0.017). Specifically, students with authoritarian parents were more likely to report experiencing GBV compared to those with permissive or authoritative parents. However, no significant association was observed between parenting styles and GBV prevalence among students in public schools ( $\chi^2 = 0.391, p = 0.942$ ).

Table 4.22 highlights several family-related factors associated with the prevalence of GBV among students in private and public schools. Specifically, parents' marital status and authoritarian parenting style were significantly associated with GBV prevalence among students in private schools, while no significant associations were found among students in public schools.

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**Table 4.23 Association between community factors and prevalence of GBV**

Variables	Private School		Chi-Square	p-value	Public school		Chi-Square	p-value
	Did not experience n(%)	Experienced n(%)			Did not experience n(%)	Experienced n(%)		
<b>The beating of women is common in your community?</b>								
Not Sure	32(42.7)	43(57.3)			58(55.8)	46(44.2)		
No	101(62.7)	60(37.3)	8.638	0.013*	116(52.3)	106(47.7)	8.127	0.017*
Yes	13(61.3)	8(38.1)			37(37.4)	62(62.6)		
<b>The beating of men is common in your community?</b>								
Not Sure	33(42.9)	44(57.1)			43(55.1)	35(44.9)		
No	110(63.6)	63(36.4)	9.514	0.009*	146(52.3)	133(47.7)	9.555	0.008*
Yes	11(52.4)	10(47.6)			21(32.3)	44(67.7)		
<b>Verbal abuse is common in your community</b>								
Not Sure	32(50.0)	32(50.0)			41(51.9)	38(48.1)		
No	77(70.0)	33(30.0)	11.339	0.003*	93(56.0)	73(44.0)	6.127	0.047*
Yes	46(48.9)	48(51.1)			74(42.8)	99(57.2)		
<b>The issue of rape is common in your community</b>								
Not Sure	33(50.0)	33(50.0)			47(56.6)	36(43.4)		
No	106(61.6)	66(38.4)	3.720	0.156	149(53.8)	128(46.2)	22.474	0.000*
Yes	14(48.3)	15(51.7)			14(22.2)	49(77.8)		
<b>The issue of sexual harassment is common in your community?</b>								
Not Sure	41(51.9)	38(48.1)			39(52.7)	35(47.3)		
No	89(58.9)	62(41.1)	1.047	0.592	133(58.6)	94(41.4)	23.321	0.000*
Yes	21(56.8)	16(43.2)			37(31.4)	81(68.6)		
<b>Are there any sanctions in your community concerning violence</b>								
Not Sure	54(52.9)	48(47.1)			54(51.4)	51(48.6)		
No	68(60.7)	44(39.3)	1.546	0.462	106(55.2)	86(44.8)	9.152	0.010*
Yes	31(53.4)	27(46.6)			45(37.8)	74(62.2)		
<b>If there are sanctions in your community concerning violence, are they strong?</b>								
Not Sure	66(52.4)	60(47.6)			83(50.3)	82(49.7)		

No	64(64.0)	36(36.0)	3.354	0.187	76(53.1)	46.9)	4.427	0.109
Yes	19(52.8)	17(47.2)			35(39.3)	54(60.7)		

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

Table 4.23 illustrates the results of bivariate analysis examining the relationship between community factors and the prevalence of Gender-Based Violence (GBV) among students in private and public schools. The table provides insights into the perceptions of various forms of violence within the respondents' communities, as well as the existence and strength of sanctions against violence.

Regarding the perception of violence against women in the community, the analysis reveals that in both private and public schools, respondents who reported experiencing GBV were more likely to be uncertain about the prevalence of women being beaten compared to those who did not experience GBV. Moreover, among respondents from private schools, those who did not experience GBV were more likely to deny the commonality of beating women in their community, as evidenced by the statistically significant chi-square value ( $\chi^2 = 8.638$ ,  $p = 0.013$ ).

Similarly, concerning the perception of violence against men, respondents who experienced GBV were more likely to be uncertain about the prevalence of beating men in both private and public-school settings. Notably, in both school types, respondents who did not experience GBV were more inclined to deny the commonality of beating men, with statistically significant chi-square values observed for both private ( $\chi^2 = 9.514$ ,  $p = 0.009$ ) and public ( $\chi^2 = 9.555$ ,  $p = 0.008$ ) schools.

The analysis also examines perceptions of verbal abuse, rape, and sexual harassment in the community. Across these variables, respondents who experienced GBV tended to be more uncertain about the prevalence of these forms of violence in their community. Furthermore, in

some instances, respondents who did not experience GBV were more likely to deny the commonality of these forms of violence, particularly in private schools, as indicated by statistically significant chi-square values for verbal abuse (private:  $\chi^2 = 11.339$ ,  $p = 0.003$ ; public:  $\chi^2 = 6.127$ ,  $p = 0.047$ ) and sexual harassment (private:  $\chi^2 = 23.321$ ,  $p = 0.000$ ; public:  $\chi^2 = 23.321$ ,  $p = 0.000$ ).

Regarding the existence of sanctions against violence in the community, respondents who experienced GBV were more likely to be uncertain about the presence of sanctions, particularly in public schools. However, respondents who did not experience GBV were more inclined to assert the existence of sanctions against violence in their community, with statistically significant chi-square values observed for public schools ( $\chi^2 = 9.152$ ,  $p = 0.010$ ).

Finally, regarding the perceived strength of sanctions, respondents who experienced GBV tended to be more uncertain about the strength of sanctions against violence in both private and public schools. However, respondents who did not experience GBV were more likely to perceive the sanctions as strong, particularly in public schools, although the chi-square values did not reach statistical significance. Table 4.23 reveals the complex relationship between community factors and the prevalence of GBV among students.

**Table 4.24 Association between societal factors and prevalence of GBV**

Variables	Private School		Public school		Chi-Square value	p-value	Chi-Square value	p-value				
	Did not experience	Experienced	Did not experience	Experienced								
	n(%)	n(%)	n(%)	n(%)								
<b>What kind of movies do you watch frequently?</b>												
Action	58(71.6)	23(28.4)	89(51.7)	83(48.3)	15.319	0.032*	9.326	0.23				
Romance	19(52.8)	47.2)	24(36.4)	42(63.6)								
Drama	35(47.9)	38(52.1)	59(54.1)	50(45.9)								
Horror	10(47.6)	11(52.4)	7(46.7)	8(53.3)								
Mystery	6(60.0)	4(40.0)	6(75.0)	2(25.0)								
All (Action, Romance, Drama, Horror, and Mystery)	7(36.8)	12(63.2)	6(37.5)	10(62.5)								
Others	7(53.8)	6(46.2)	11(55.0)	9(45.0)								
Cartoon/Animation	7(77.8)	2(22.2)	3(60.0)	2(40.0)								
<b>Which social group are you active in?</b>												
Academic	17(56.7)	13(43.4)	18(41.9)	25(58.1)					2.508	0.775	6.386	0.27
Social Clubs	38(64.4)	21(35.6)	78(51.7)	73(48.3)								
Religious	7(46.7)	8(53.3)	0(0.0)	1(100.0)								

Unclear	12(54.5)	10(45.5)	49(53.8)	42(46.2)
More than one	2(50.0)	2(50.0)	0(0.0)	1(100.0)
None	23(52.3)	21(47.7)	4(28.6)	10(71.4)

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\*Significance ( $p < 0.05$ )

Source: Researcher's Field Survey (2023)

In Table 4.24, a bivariate analysis investigates the association between societal factors, such as movie preferences and social group activities, and the prevalence of Gender-Based Violence (GBV) among students in both private and public schools. The analysis provides insight into how these factors may correlate with experiences of GBV.

Regarding movie preferences, significant associations are observed between certain genres and the prevalence of GBV. In private schools, students who frequently watched horror movies were more likely to have experienced GBV compared to those who did not (52.4% vs. 47.6%,  $p = 0.032$ ). However, in public schools, although there was a higher prevalence of GBV among those who watched horror movies, the association was not statistically significant (53.3% vs. 46.7%,  $p = 0.23$ ). No significant associations were found between other movie genres and GBV prevalence in either private or public schools.

Testing social group activities, the analysis reveals varying patterns of association with GBV prevalence. In private schools, there were no significant associations between participation in academic, social, or unclear clubs and GBV prevalence. However, students active in religious clubs were observed to have a notably higher prevalence of GBV compared to those not active in such clubs (100% vs. 53.3%,  $p = 0.27$ ), although this association was not statistically significant. In public schools, active participation in academic clubs was associated with a higher prevalence of GBV compared to non-participation (58.1% vs. 41.9%,  $p = 0.775$ ). Additionally, students not active in any club had a significantly higher prevalence of GBV compared to those involved in social or unclear clubs (71.4% vs. 48.3% and 46.2%, respectively).

The in Table 4.24 underscores the complex relationship between societal factors and the prevalence of GBV among students. While certain movie preferences and social group activities show associations with GBV prevalence, the nature of these associations varies between private and public-school settings.

**Table 4.25 Association between Knowledge of GBV and prevalence of GBV**

Knowledge of GBV	Overall Prevalence of GBV		Chi-Square	p-value
	Did not experience	Experienced		
	n(%)	n(%)		
Poor Knowledge	163(59.3)	112(40.7)		
Good Knowledge	210(48.4)	224(51.6)	8.001	0.005*

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

Table 4.25 presents the results examining the relationship between knowledge of Gender-Based Violence (GBV) and the prevalence of GBV among the respondents. Among respondents with poor knowledge of GBV, 59.3% reported not experiencing GBV, while 40.7% reported having experienced it. Conversely, among those with good knowledge of GBV, 48.4% reported not experiencing GBV, and 51.6% reported having experienced it.

The Chi-Square test statistic was calculated to determine the association between knowledge of GBV and the prevalence of GBV. The analysis revealed a statistically significant relationship ( $\chi^2 = 8.001$ ,  $p < 0.005$ ), indicating that there is a meaningful association between knowledge of GBV and the prevalence of GBV among the respondents.

The p-value of 0.005 indicates that the association between knowledge of GBV and the prevalence of GBV is significant at the 0.05 level. This finding suggests that respondents with good knowledge of GBV were more likely to report experiencing GBV compared to those with poor knowledge. Table 4.25 demonstrates the importance of knowledge of GBV in understanding its prevalence among respondents. The results indicate that individuals with good knowledge of GBV were more likely to report experiencing GBV.

**Table 4.26 Logistic regression of individual's factors of prevalence of GBV among adolescents in both private and public schools**

Variable	Coeff(B)	std err	Odd Ratio (OR)	Confidence Interval (CI)		P-value
				Lower	Upper	
Age	-0.0816	0.224	0.92164	-0.521	0.358	0.716
Sex	0.0583	0.183	1.06003	-0.301	0.417	0.75
Educational level	0.4845	0.217	1.62336	0.06	0.909	0.025*
Religion	-0.168	0.151	0.84535	-0.465	0.129	0.267
Alcohol consumption	-0.4258	0.256	0.65325	-0.928	0.076	0.097
Past physical Abuse	-0.7411	0.239	0.47659	-1.209	-0.273	0.002*
Past sexual violence experience	0.4267	0.294	1.53219	-0.15	1.004	0.147
Past emotional abuse	-0.6828	0.196	0.5052	-1.067	-0.299	0.000*

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

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Table 4.26 shows the results of a logistic regression analysis examining individual factors associated with the prevalence of Gender-Based Violence (GBV) among adolescents in both private and public schools. Age, as indicated by the coefficient of -0.0816, showed a negative association with the prevalence of GBV, although this association was not statistically significant ( $p = 0.716$ ), with an odds ratio of 0.92164. Similarly, sex showed a positive coefficient of 0.0583, suggesting a slight increase in the odds of experiencing GBV for certain genders, albeit not statistically significant ( $p = 0.75$ ).

Educational level emerged as a significant predictor of GBV prevalence ( $p = 0.025^*$ ), with a coefficient of 0.4845. Adolescents with higher educational levels were more likely to experience GBV, with an odds ratio of 1.62336. Religion did not show a significant association with GBV prevalence ( $p = 0.267$ ), as indicated by the coefficient of -0.168 and an odds ratio of 0.84535.

Alcohol consumption showed a negative coefficient of -0.4258, indicating a potential protective effect against GBV, although this association did not reach statistical significance ( $p = 0.097$ ), with an odds ratio of 0.65325. Past experiences of physical abuse, sexual violence, and emotional abuse were all significantly associated with GBV prevalence ( $p = 0.002^*$ ,  $p = 0.147$ , and  $p = 0.000^*$ , respectively). Adolescents who reported past physical abuse (Coeff: -0.7411, OR: 0.47659), past sexual violence experience (Coeff: 0.4267, OR: 1.53219), and past emotional abuse (Coeff: -0.6828, OR: 0.5052) exhibited varying degrees of increased odds of experiencing GBV. The analysis highlights the influence of educational level, past experiences of abuse, and potentially alcohol consumption on the prevalence of GBV among adolescents.

**Table 4.27 Logistic regression of family factors of prevalence of GBV among adolescents in both private and public schools**

Variable	Coeff(B)	std err	Odd Ratio (OR)	Confidence Interval (CI)		P-value
				Lower	Upper	
In Relationship	-0.2483	0.126	0.78013	-0.496	-0.001	0.049*
Abusive relationship	-0.4801	0.174	0.61872	-0.82	-0.14	0.006*
Sexual partners	-0.4738	0.264	0.62263	-0.992	0.044	0.073
Parental/Guardian's level of education	0.266	0.093	1.30474	0.084	0.448	0.004*
Parental/Guardian's occupation	-0.0034	0.058	0.99661	-0.116	0.11	0.952
Family type	-0.018	0.091	0.98216	-0.197	0.161	0.843
Parents' Marital status	0.0249	0.096	1.02521	-0.163	0.212	0.795
Perceived family economic status	-0.0373	0.121	0.96339	-0.275	0.201	0.759
Live with	-0.2986	0.155	0.74186	-0.603	0.006	0.055
Parenting style	-0.0075	0.056	0.99253	-0.117	0.102	0.893

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

Table 4.27 reveals the results of a multivariate logistic regression analysis examining the association between family factors and the prevalence of gender-based violence (GBV) among adolescents in both private and public schools. The analysis accounts for various family-related variables, providing insights into their impact on the likelihood of experiencing GBV. Among the variables considered, being in a relationship appears to have a significant association with GBV prevalence, as indicated by the negative coefficient (-0.2483) and the corresponding odds ratio (OR) of 0.78013.

This suggests that adolescents who were in relationships were less likely to experience GBV compared to those who were not in relationships. Similarly, being in an abusive relationship is also significantly associated with a lower likelihood of experiencing GBV, supported by the negative coefficient (-0.4801) and the OR of 0.61872.

Regarding parental and guardian factors, a higher level of education is positively associated with the prevalence of GBV, with a coefficient of 0.266 and an OR of 1.30474. This indicates that adolescents with parents or guardians with higher education levels were more likely to experience GBV. However, the occupation of parents or guardians does not show a significant association with GBV prevalence, as evidenced by the coefficient close to zero and a non-significant p-value.

Family type, parents' marital status, perceived family economic status, living arrangement, and parenting style do not exhibit significant associations with GBV prevalence, as indicated by their coefficients and p-values. This suggests that these factors may not play a substantial role in influencing the likelihood of adolescents experiencing GBV.

It is noteworthy that some variables, such as sexual partners and living arrangements, show trends towards significance ( $p < 0.1$ ) but do not reach conventional levels of significance ( $p < 0.05$ ). This indicates potential associations that warrant further investigation with larger sample sizes or different analytical approaches.

The results of Table 4.27 demonstrate the varying influences of family factors on the prevalence of GBV among adolescents. Factors such as being in a relationship and the level of parental education appear to be significant predictors of GBV prevalence, while other variables show weaker or non-significant associations. These findings contribute to a better understanding of the familial determinants of GBV among adolescents and underscore the importance of addressing these factors in interventions aimed at preventing and mitigating GBV.

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**Table 4.28 Logistic regression of community factors of prevalence of GBV among adolescents in both private and public schools**

Variable	Coeff(B)	std err	Odd Ratio (OR)	Confidence Interval (CI)		P-value
				Lower	Upper	
Perception of Commonality of Women Being Beaten in Community	-0.0021	0.134	0.9979	-0.266	0.261	0.987
Perception of Commonality of men Being Beaten in Community	0.0322	0.155	1.03272	-0.271	0.336	0.835
Psychological abuse in the community	0.0981	0.111	1.10307	-0.119	0.315	0.376
Incidence of rape in the community	-0.17	0.143	0.84366	-0.45	0.11	0.235
Sexual harassment in the community	-0.0828	0.132	0.92054	-0.342	0.177	0.532
Sanctions in the community concerning violence	-0.1584	0.125	0.85351	-0.404	0.087	0.206
Strength of Community Violence Sanctions	0.0822	0.114	1.08567	-0.141	0.306	0.471

Source: Researcher's Field Survey (2023)

Table 4.28 presents the results of a logistic regression analysis examining the association between community factors and the prevalence of gender-based violence (GBV) among adolescents in both private and public schools. The perception of the commonality of women being beaten in the community was found to have a coefficient of -0.0021 with a standard error of 0.134, resulting in an odds ratio of 0.9979. This indicates that for every one-unit increase in the perception of the commonality of women being beaten, the odds of GBV prevalence decreased by approximately 0.21%, although this association was not statistically significant ( $p = 0.987$ ).

Similarly, the perception of the commonality of men being beaten in the community showed a coefficient of 0.0322 with a standard error of 0.155, yielding an odds ratio of 1.03272. However, this association was not statistically significant ( $p = 0.835$ ).

Psychological abuse in the community displayed a coefficient of 0.0981 with a standard error of 0.111, resulting in an odds ratio of 1.10307. Despite the odds ratio indicating a positive association between psychological abuse and GBV prevalence, this relationship did not reach statistical significance ( $p = 0.376$ ).

Regarding specific forms of violence, the incidence of rape in the community had a coefficient of -0.17 with a standard error of 0.143, yielding an odds ratio of 0.84366. Although this coefficient suggests a negative association between rape incidence and GBV prevalence, the association was not statistically significant ( $p = 0.235$ ).

Similarly, sexual harassment in the community showed a coefficient of -0.0828 with a standard error of 0.132, resulting in an odds ratio of 0.92054. This association was not statistically significant ( $p = 0.532$ ). The presence of sanctions in the community concerning violence demonstrated a coefficient of -0.1584 with a standard error of 0.125, yielding an odds ratio of 0.85351. Although this coefficient suggests a negative association between the

presence of sanctions and GBV prevalence, the association did not reach statistical significance ( $p = 0.206$ ).

Lastly, the strength of community violence sanctions displayed a coefficient of 0.0822 with a standard error of 0.114, resulting in an odds ratio of 1.08567. However, this association was not statistically significant ( $p = 0.471$ ). The results of the multivariate logistic regression analysis suggest that various community factors may be associated with the prevalence of GBV among adolescents. However, none of the associations observed in this study reached statistical significance, indicating the need for further research to elucidate the complex relationship between community factors and GBV prevalence.

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**Table 4.29 Logistic regression of societal factors of prevalence of GBV among adolescents in both private and public schools**

Variable	Coeff(B)	std err	Odd Ratio (OR)	Confidence Interval (CI)		P-value
				Lower	Upper	
kind of movies individual watches	0.0166	0.037	1.01674	-0.057	0.09	0.658
Social group individual actively belongs to	-0.0118	0.037	0.98827	-0.085	0.062	0.754
Knowledge of GBV	0.4414	0.188	1.55488	0.073	0.81	0.019*

\*Significance (p<0.05)

Source: Researcher's Field Survey (2023)

Table 4.29 shows the results of a logistic regression analysis examining the societal factors associated with the prevalence of gender-based violence (GBV) among adolescents in both private and public schools. The coefficient (Coeff) for the variable "kind of movies individuals watch" is 0.0166, with a standard error of 0.037. The odds ratio (OR) associated with this variable is 1.01674, suggesting that for every one-unit increase in the kind of movies individuals watch, the odds of experiencing GBV increase by a factor of approximately 1.017. However, the association between the kind of movies individuals watch and the prevalence of GBV is not statistically significant ( $p = 0.658$ ).

Similarly, the coefficient for the variable "social group individuals actively belong to" is -0.0118, with a standard error of 0.037. The odds ratio associated with this variable is 0.98827, indicating that for every one-unit increase in the social groups individuals actively belong to, the odds of experiencing GBV decrease by a factor of approximately 0.988. Nevertheless, like the previous variable, the association is not statistically significant ( $p = 0.754$ ).

In contrast, the variable "knowledge of GBV" shows a statistically significant association with the prevalence of GBV among adolescents. The coefficient for this variable is 0.4414, with a standard error of 0.188. The odds ratio linked to knowledge of GBV is 1.55488, indicating that adolescents with greater knowledge of GBV are approximately 1.555 times more likely to experience GBV compared to those with less knowledge. Knowledge demonstrated statistical significance ( $p = 0.019$ ).

While the kind of movies individuals watch and the social groups, they belong to do not show significant associations with the prevalence of GBV among adolescents, knowledge of GBV emerges as a significant predictor. Adolescents with greater knowledge of GBV are more likely to experience GBV, highlighting the importance of targeted interventions aimed at enhancing awareness and prevention strategies regarding GBV among adolescents.

#### 4.2.2 Hypothesis

The hypothesis tested in this study:

H<sub>0</sub>1. There is no difference between the prevalence of GBV among adolescents in private and public secondary schools in Lagos.

**Table 4.30 Differences between prevalence of GBV and School Type**

	School Type		chi2	p-value
	Private School	Public school		
	(n = 279)	(n = 430)		
Overall Prevalence of GBV	n(%)	n(%)		
Did not experience	159(57.0)	214(49.8)	3.256	0.0712
Experienced	120(43.0)	216(50.2)		

Source: Researcher's Field Survey (2023)

Table 4.30 presents the results examining the differences in the prevalence of Gender-Based Violence (GBV) between adolescents attending private and public secondary schools in Lagos. The table contains data on the overall prevalence of GBV, categorized into whether the respondents experienced GBV or not, along with corresponding frequencies and percentages for each school type.

The analysis reveals that there is no statistically significant difference in the prevalence of GBV between adolescents in private and public secondary schools in Lagos. Among respondents from private schools, 43.0% reported experiencing GBV, while 50.2% of those from public schools reported the same. Conversely, a higher proportion of respondents from private schools, 57.0%, indicated that they did not experience GBV compared to 49.8% of those from public schools. However, the chi-square test indicates that the difference in prevalence between the two school types was not statistically significant ( $\chi^2 = 3.256$ ,  $p = 0.0712$ ).

These findings suggest that while there may be some variation in the reported prevalence of GBV between private and public secondary schools in Lagos, this difference does not reach statistical significance. Thus, it can be inferred that the prevalence of GBV among adolescents in both types of schools is comparable.

### **4.3 Discussion of Findings**

Gender-based violence (GBV) among adolescents is a significant public health concern that has garnered increasing attention in recent years <sup>1</sup>. Despite efforts to address this issue, gaps persist in understanding the prevalence, reporting channels, and determinants of GBV particularly in educational settings <sup>2</sup>. This study aimed to bridge these gaps by investigating GBV among adolescents in private and public secondary schools in Lagos.

The study revealed notable age disparities between public (mean age: 16.1 years) and private (mean age: 14.4 years) school students, suggesting potential differences in the developmental stages and vulnerability to GBV. Additionally, the higher prevalence of females in private schools (73.5%) compared to public schools (58.4%) may indicate gender-specific dynamics influencing GBV experiences.

Regarding educational levels, the predominance of Senior Secondary School (SSS) 1&2 students in both public (97.7%) and private (76.3%) schools suggests that the study population was primarily composed of older adolescents, potentially impacting their perceptions and experiences of GBV. The study's findings on the dominance of Christianity in both public (58.1%) and private (57.0%) schools, followed by Islam, highlight the potential influence of religious and cultural factors on GBV perceptions and attitudes.

These results are consistent with prior research indicating that older adolescents are more susceptible to gender-based violence (GBV), highlighting gender-specific patterns in experiences of violence and underscoring the influence of religious and cultural factors on perceptions of violence <sup>3</sup>.

Notably, the comparable alcohol consumption rates between public (10.0%) and private (10.4%) schools suggest that substance use may not be a significant differentiating factor in GBV experiences across these settings. However, the higher instances of physical maltreatment in public schools (18.1%) compared to private schools (9.3%), and the higher rates of forced sex in private schools (10.5%) compared to public schools (7.2%), indicate potential differences in the types and contexts of GBV experienced by students in these educational environments.

Moreover, the higher prevalence of emotional abuse in public schools (23.7%) compared to private schools (22.2%) suggests that the manifestations of GBV may vary across school types, necessitating tailored interventions and support systems.

These results are consistent with prior studies that stress the connection between alcohol misuse and GBV, showing how alcohol can worsen GBV incidents <sup>4</sup>. The data emphasizes the significance of addressing alcohol consumption, infectious diseases, and GBV together to tackle these interconnected health issues more effectively <sup>5</sup>.

The first question of this current study sought to assess the knowledge of GBV among adolescents in private and public secondary schools in Lagos. The findings of this study suggest varying levels of awareness and knowledge of GBV among adolescents in private and public secondary schools in Lagos.

Notably, private school students demonstrated higher awareness of psychological and sexual violence compared to their counterparts in public schools. Moreover, private school students exhibited greater overall knowledge of GBV, with 74.2% demonstrating good understanding compared to 52.8% in public schools.

When comparing these findings with previous studies, several insights emerge. A study conducted in Tanzania which focused on adolescent girls and young women (AGYW) and found that while there was a moderate to good understanding of GBV among participants, there were notable gaps in knowledge concerning GBV health services <sup>6</sup>.

Similarly, the study in Nigeria's South-South Region found that a significant proportion of young adults exhibited moderate knowledge about GBV, with a considerable number reporting personal experiences of GBV. These findings align with the current study's observations of varying levels of awareness and understanding of GBV among adolescents in Lagos <sup>7</sup>.

However, there was a study that explored differences in knowledge, perceptions, and beliefs about GBV across gender and employment sectors. While their findings also emphasized the importance of collaboration across sectors to address GBV, they did not specifically focus on adolescent populations. Nonetheless, the emphasis on collaboration resonates with the socio-ecological approach employed in the current study, highlighting the broader societal factors influencing GBV perceptions <sup>8</sup>.

Furthermore, a study which investigated GBV knowledge among residents of a specific community in Nigeria, concluded that educational attainment significantly correlated with GBV awareness. This aligns with the current study's findings, which suggest that private school students, likely with higher educational opportunities, demonstrated greater knowledge of GBV compared to their counterparts in public schools <sup>9</sup>.

The implications of these findings suggest that educational opportunities and societal norms, play a significant role in shaping adolescents' awareness and knowledge of GBV. This underscores the importance of holistic interventions targeting multiple levels of influence, from individual knowledge to broader societal attitudes and norms.

In terms of significance and contribution, this study adds valuable insights into the landscape of GBV awareness among adolescents in Lagos, Nigeria. By highlighting the disparities between private and public-school settings, it underscores the need for targeted interventions to address knowledge gaps and promote gender equality and violence prevention in educational settings. The findings of this study underscore the importance of considering socio-ecological factors in understanding adolescents' knowledge and awareness of GBV.

By comparing with previous research, this study contributes to the growing body of literature on GBV awareness and prevention, emphasizing the need for multifaceted interventions to address this pervasive issue.

This current study, which second question, determined to appraise the prevalence of GBV among adolescents in private and public secondary schools in Lagos. The findings of this study revealed that psychological violence is prevalent in both private and public secondary schools in Lagos, with friends or classmates identified as the primary perpetrators. Additionally, sexual violence is more common in public schools compared to private schools, with similar patterns of perpetration by friends or classmates. Although the overall prevalence of GBV is slightly higher in public schools, the difference is not statistically significant.

Comparing these findings with previous studies provides valuable insights into the broader context of GBV among adolescents. For instance, the connection between exposure to GBV and depressive symptoms among adolescent girls in India was examined, highlighting the global significance of GBV as a public health issue. While the prevalence rates reported in the current study are higher, similarities exist in terms of the perpetration of GBV by peers <sup>10</sup>.

Similarly, determinants of GBV among high school female students in Ethiopia were identified, emphasizing the importance of socio-demographic factors in shaping GBV experiences. These findings resonate with the current study's observations of varying prevalence rates across different educational settings <sup>11</sup>.

However, the prevalence and patterns of GBV among survivors in Nigeria was also explored, focusing on survivors seeking care at a hospital's GBV unit. While the study differs in scope, it underscores the pervasive nature of GBV across different contexts, aligning with the socio-ecological perspective adopted in the current study <sup>12</sup>.

The implications of these findings indicate that peer dynamics and school environments, significantly shape adolescents' experiences of GBV. Moreover, the disparities between private and public schools underscore the importance of contextual considerations in designing interventions to combat GBV among adolescents.

This study offers valuable insights into GBV prevalence among adolescents in Lagos, Nigeria, employing a socio-ecological approach to provide a comprehensive understanding of the intricate interplay of individual, interpersonal, and societal factors in shaping GBV experiences. These insights can inform targeted interventions and policies aimed at preventing GBV and promoting gender equality in educational settings. By comparing and contrasting with previous research, this study contributes to the growing literature on GBV prevention and intervention strategies, emphasizing the necessity for context-specific approaches to tackle this pervasive issue.

The third question in this current study research was to investigate the reporting channels for GBV among adolescents in private and public secondary schools in Lagos. The study found significant trends in reporting channels, with a majority of students lacking access to avenues for reporting sexual and emotional or psychological abuse/violence.

Family members emerge as the most cited option for reporting both types of abuse/violence. Interestingly, private school students show a higher inclination towards reporting family members compared to their counterparts in public schools.

Comparing these findings with previous studies, notable similarities and differences emerged. Reporting practices of health professionals towards GBV in Zambia were examined, highlighting suboptimal reporting despite high levels of knowledge on GBV <sup>13</sup>.

Similarly, a study explored reporting patterns among survivors of sexual and gender-based violence (SGBV) in Uganda, revealing limited formal reporting to various authorities. While

these studies focus on different populations and settings, they corroborate the current study's findings of gaps in reporting channels for GBV <sup>14</sup>.

A scale was developed to measure harmful social norms associated with GBV, emphasizing the importance of understanding community attitudes and beliefs. Although this study does not directly address reporting channels, it underscores the broader socio-cultural context that influences reporting behaviour, complementing the socio-ecological perspective adopted in the current study <sup>15</sup>.

These findings have significant implications within the socio-ecological framework. They underscore the multifaceted nature of reporting behaviour, influenced by individual, interpersonal, and societal factors. The prominence of family members as reporting channels reflects the interpersonal level of the socio-ecological model, highlighting the role of social networks in shaping reporting decisions. Furthermore, the differences observed between private and public-school students suggest the importance of contextual factors, such as socio-economic status and institutional support, in influencing reporting behaviour.

The findings of this study contribute valuable insights into the reporting channels for GBV among adolescents in Lagos. By identifying gaps in access to reporting avenues and differences between private and public-school students, the study informs targeted interventions to improve reporting practices and support mechanisms. Additionally, the study sheds light on the broader socio-cultural context that influences reporting behaviour, highlighting the need for comprehensive approaches to address GBV at multiple levels of influence.

Understanding reporting channels for GBV is crucial for developing effective intervention strategies and support services. The findings of this study are highly relevant within the Nigerian context, where GBV remains a pervasive issue with significant implications for public health and social well-being. By highlighting the challenges faced by adolescents in

accessing reporting channels, the study underscores the importance of addressing systemic barriers and promoting a supportive environment for survivors.

The study investigated the determinants of GBV among adolescents in private and public secondary schools in Lagos. The study revealed that several significant determinants of GBV prevalence, including educational level, past experiences of physical, sexual, and emotional abuse, being in a relationship, and parental education level. Interestingly, the study found no statistically significant differences in the determinants of GBV between private and public secondary schools.

The current study compared findings with previous studies, there are both agreements and discrepancies.

Fakunmoju and Rasool explored exposure to intimate partner and family violence among in-school adolescents in Nigeria and South Africa, identifying factors such as age, gender, and exposure to violence in the family as determinants of endorsing violence against women and girls. While their study focused on a broader range of violence types and contexts, the findings align with the current study's identification of past experiences of abuse and being in a relationship as determinants of GBV. However, the current study did not find gender differences in GBV determinants, contrary to previous findings that female adolescents were less likely to endorse violence against women and girls <sup>16</sup>.

Similarly, a study was conducted in Ethiopia to assess the prevalence and factors associated with GBV among female college students, identifying predictors such as age, religion, ethnicity, and relationship status. While their study focused on a different demographic group and setting, some determinants identified, such as relationship status and exposure to violence, are consistent with the findings of the current study. However, some limitations were highlighted regarding the assessment of cause-and-effect relationships and the potential bias

in self-reported data, which are relevant considerations for interpreting the current study's findings<sup>17</sup>.

Additionally, a study investigated factors associated with GBV among in-school adolescents in Nigeria, finding that female students were less likely to encounter psychological and physical violence than males. The study also identified parental violence and relationship status as predictors of experiencing GBV, consistent with the current study's findings. However, limitations were noted relating to social desirability and reporting biases, which may also apply to the current study<sup>18</sup>.

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These findings have theoretical implications for understanding the determinants of GBV among adolescents within the socio-ecological framework. By identifying individual, interpersonal, and familial factors associated with GBV, the study highlights the complex interplay of various levels of influence on adolescents' experiences of violence. Moreover, the lack of significant differences in determinants between private and public schools suggests that broader societal factors may outweigh educational setting-specific influences on GBV prevalence.

The findings of this study contribute to our understanding of the determinants of GBV among adolescents in Lagos State, Nigeria. By identifying factors such as educational level, past experiences of abuse, and family characteristics as significant predictors of GBV, the study provides valuable insights for policymakers, educators, and practitioners working to address this pressing public health issue.

Furthermore, the study's focus on adolescents in both private and public schools enhance its relevance and applicability to diverse educational settings. Understanding the determinants of GBV among adolescents is crucial for developing targeted interventions and support services to prevent violence and promote gender equality. The findings of this study have practical implications for policymakers and stakeholders in Lagos State, highlighting the need for comprehensive strategies that address individual, interpersonal, and familial factors contributing to GBV prevalence among adolescents.

The limitations of this study include its primary focus on sexual and psychological violence, which narrowed the scope of GBV forms explored and restricted the generalizability of the findings. Additionally, participant reluctance to disclose GBV experiences may have introduced reporting bias, potentially affecting data accuracy. The cross-sectional design limited the ability to establish causal relationships, and the uneven distribution of respondents

between public and private schools could impact the representativeness of the sample. Despite these challenges, efforts such as community engagement were employed to mitigate these limitations.

The strengths of the study lie in its use of a socio-ecological framework, which enabled a comprehensive analysis of individual, relational, community, and societal factors influencing GBV. The large sample size and use of validated instruments enhanced the reliability of the findings. Additionally, the study's focus on adolescents in both private and public schools provided comparative insights, offering valuable data to inform targeted GBV interventions and policy development.

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## Chapter Five

### Conclusion

#### 5.1 Summary of Findings

The study investigated socio-ecological factors influencing gender-based violence (GBV) among adolescents in private and public secondary schools in Lagos State. It revealed notable individual factors, such as age disparities between public (mean age: 16.1 years) and private (mean age: 14.4 years) school students, and a higher prevalence of females in private schools (73.5%) compared to public schools (58.4%).

Educational levels predominantly fell within Senior Secondary School (SSS) 1&2 in public schools (97.7%) and SSS 1&2 in private schools (76.3%). Christianity emerged as the dominant religion in both public (58.1%) and private (57.0%) schools, followed by Islam. Notably, alcohol consumption rates were comparable between public (10.0%) and private (10.4%) schools, while instances of physical maltreatment were higher in public (18.1%) than private (9.3%) schools, along with higher rates of forced sex in private (10.5%) compared to public (7.2%) schools. Emotional abuse was also more prevalent in public (23.7%) than private (22.2%) schools.

The study found varying perceptions of GBV among adolescents, particularly regarding knowledge and awareness. Research One highlighted higher awareness of psychological violence in private (74.6%) compared to public (53.3%) schools. Similarly, knowledge of sexual violence was higher in private (78.9%) than public (67.7%) schools. Both private and public-school students exhibited a high belief in the preventability of sexual (private: 81.4%, public: 76.5%) and psychological (private: 78.9%, public: 77.4%) violence. Overall, private school students demonstrated greater awareness across most GBV aspects, with 61.6% demonstrating awareness of psychological violence and 72.1% of sexual violence.

Regarding GBV prevalence, psychological violence was prevalent in both public (74.2%) and private (74.6%) schools, with known perpetrators predominantly friends or classmates (38.8%). Sexual violence prevalence was higher in public (58.8%) than private (45.9%) schools, with friends or classmates being the most common perpetrators (20.6%). Overall GBV prevalence was 52.6%, slightly higher in public (50.2%) than private (43.0%) schools, though not statistically significant ( $p=0.0712$ ).

The study findings reveal significant trends in reporting channels for gender-based violence (GBV) among secondary school students in Lagos. A majority of students lacked access to reporting channels for GBV, with 67.4% reporting no means to report sexual abuse/violence and 63.3% having no avenues for reporting emotional or psychological abuse/violence. Family members were the most commonly cited option for reporting both types of abuse/violence, with 11.8% citing family members for sexual abuse/violence and 11.6% for emotional or psychological abuse/violence.

Despite the prevalence of family members as preferred reporting channels, a substantial proportion of respondents did not provide a response regarding their preferred reporting channels for both types of abuse/violence. No significant differences were observed between public and private schools regarding the lack of reporting channels for GBV. However, private school students were more inclined to report family members as their preferred reporting channel for both sexual and emotional or psychological abuse/violence compared to students in public schools.

Determinants of GBV showed that educational level was a significant predictor of GBV prevalence ( $p = 0.025$ ,  $OR = 1.62336$ ). Past experiences of physical abuse ( $p = 0.002$ ,  $OR = 0.47659$ ), sexual violence ( $p = 0.147$ ,  $OR = 1.53219$ ), and emotional abuse ( $p = 0.000$ ,  $OR = 0.5052$ ) were associated with increased odds of experiencing GBV. Family factors, such as being in a relationship ( $OR = 0.78013$ ) and parental education level ( $OR = 1.30474$ ), were

also significant determinants. However, no statistically significant differences were found in determinants of GBV between private and public secondary schools.

## **5.2 Conclusion**

In conclusion, the findings of this study shed light on various socio-ecological factors influencing the prevalence and dynamics of gender-based violence (GBV) among adolescents in both public and private secondary schools. Individual factors, including age distribution, gender, educational levels, and religious affiliations, along with family and community contexts, such as parental education, family structure, and community perceptions of violence, were identified as influential elements. Additionally, societal factors, including media consumption and participation in social groups, played roles in shaping adolescents' experiences and perceptions of GBV. Knowledge of GBV varied among respondents, with private school students generally showing higher awareness.

Despite differences in knowledge, the prevalence of GBV, encompassing psychological and sexual violence, was significant among both public and private school students. Reporting channels for GBV incidents were lacking for many respondents, highlighting gaps in support structures. The study also identified various determinants of GBV, including educational level, past experiences of abuse, relationship status, and parental education. However, no significant disparities in GBV prevalence were found between students in public and private schools. These findings underscore the complex interplay of individual, familial, societal, and community factors in shaping the landscape of GBV among adolescents, emphasizing the need for comprehensive interventions addressing these multifaceted influences to effectively prevent and mitigate GBV in educational settings.

### 5.3 Recommendations

Based on the results obtained from this investigation, the following recommendations are proposed:

1. **Implement Comprehensive GBV Education:** Develop and integrate comprehensive gender-based violence (GBV) education programs into the curriculum of both public and private secondary schools in Lagos State. These programs should focus on raising awareness about different forms of GBV, promoting healthy relationship dynamics, and providing information about available support services and reporting channels.
2. **Strengthen Reporting Mechanisms:** Enhance reporting mechanisms for GBV incidents within school settings by establishing confidential and accessible reporting channels. This could involve setting up dedicated reporting desks manned by trained personnel and facilitating partnerships with local authorities and non-governmental organizations to ensure prompt and appropriate responses to reported cases.
3. **Provide Supportive Services:** Establish support services within schools to provide counselling and psychosocial support to victims/survivors of GBV. These services should be confidential, non-judgmental, and culturally sensitive, aiming to empower students to overcome the trauma of GBV experiences and build resilience.
4. **Engage Parents and Guardians:** Conduct awareness campaigns and workshops targeting parents and guardians to educate them about the prevalence and consequences of GBV among adolescents. Encourage open communication within families to foster supportive environments and empower parents/guardians to recognize and address signs of GBV affecting their children.
5. **Foster Community Partnerships:** Collaborate with community leaders, local authorities, and relevant stakeholders to create safer and more supportive environments for

adolescents. This could involve initiatives such as community-based awareness programs, strengthening sanctions against perpetrators of GBV, and promoting positive social norms and attitudes towards gender equality.

#### **5.4 Contribution to Knowledge**

This study contributes to the existing literature by providing valuable insights into the prevalence and determinants of gender-based violence (GBV) among adolescents in both public and private secondary schools in Lagos State, Nigeria. By examining socio-ecological factors, knowledge levels, prevalence rates, reporting channels, and determinants of GBV, the findings enhance our understanding of the multifaceted nature of this pervasive issue within educational settings. Additionally, the study identifies significant differences and similarities between public and private schools, highlighting the need for tailored interventions to address GBV effectively across diverse socio-economic contexts.

#### **5.5 Suggested Areas for Further Research**

There should be further study through longitudinal research to investigate the long-term impacts of gender-based violence (GBV) on adolescents' mental health, academic performance, and socio-economic outcomes. Such longitudinal studies would offer valuable insights into the progression of GBV experiences over time and the efficacy of intervention strategies.

There should be further study employing qualitative research methods to gain deeper insights into the lived experiences of adolescents regarding GBV. In-depth interviews and focus group discussions can provide nuanced understandings of adolescents' perceptions and help-seeking behaviours related to GBV within school environments.

There should be further study to design and evaluate school-based interventions aimed at preventing GBV and fostering positive relationship behaviours among adolescents. These

intervention studies would assess the effectiveness of various approaches, such as educational programmes, peer support initiatives, and bystander intervention training, in mitigating GBV incidence and creating supportive school environments.

There should be further study conducting comparative analyses across diverse regions and contexts to identify contextual factors influencing the prevalence of GBV and responses to it. Comparative research would enable cross-cultural learning and facilitate the development of contextually relevant interventions to address GBV on a global scale.

There should be further study exploring the intersectionality of GBV with other forms of discrimination and marginalization, including gender, socio-economic status, disability, and sexual orientation. Intersectional analyses can uncover the unique challenges faced by different groups of adolescents and inform inclusive approaches to GBV prevention and support.

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## Appendices

### Appendix A: Consent Form

Department of Public Health

Faculty of Basic Medical and Applied Sciences

Lead City University Ibadan, Oyo State, Nigeria

Dear Parents/Guardians,

I am a postgraduate student at the Lead City University, conducting research to evaluate the prevalence and determinants of gender-based violence among adolescents in private and public secondary schools in Lagos State. This study aims to shed light on the prevalence, knowledge, and determinants related to gender-based violence (GBV) among secondary school students.

I kindly request your consent to allow your child/ward to participate voluntarily in this academic study. The information collected will remain completely confidential and will only be used for research purposes. To protect the privacy of participants, the resulting data will be anonymized through coding to prevent the disclosure of identities. No actual names or identifying details of participants will be included in any reports stemming from this study.

Please note that participation is optional, and you or your child/ward may decline or withdraw consent at any time. However, their experiences could provide valuable insights to further scholarship in this area. I appreciate your consideration of this invitation and assure you that ethical standards will be upheld regarding any contributions.

**For underage adolescents:** I hereby provide consent for my child/ward to participate in this study:

Tick if you agree [  ] or refuse [  ]

**For older adolescents:** I hereby consent to participate in this study:

Tick if you agree [  ] or Refuse [  ]

Thank you for your cooperation and support.

Sincerely,

**Rotimi Ayodele**

**Principal Investigator**

**LCU/PG/001496**

**Appendix B: Assent Form**

**Department of Public Health**

**Faculty of Basic Medical and Applied Sciences**

**Lead City University Ibadan, Oyo State, Nigeria**

Dear Respondent,

I am a postgraduate student at the Lead City University institution. I am engaged in research with the aim of evaluating the prevalence and determinants of gender-based violence among adolescents in private and public secondary schools in Lagos State. This study intends to elucidate prevalence, knowledge, and determinants for GBV among secondary school students.

I would be grateful for your voluntary participation in this academic study. The information collected will remain completely confidential and only be used for research purposes. To protect respondents' privacy, the resulting data will be anonymized via coding to preclude disclosure of identities. No actual names or identifying details of participants will be included in any reports stemming from this study. Please note that participation is optional, and you may decline or withdraw consent at any time. However, your experiences could provide very valuable insights to further scholarship in this area. I appreciate your consideration of this invitation and will ensure ethical standards are upheld regarding any contributions.

I hereby assent to participate in this study: **Tick if you agree [ ] or refuse [ ]**

Thanks for your cooperation.

Sincerely,

**Rotimi Ayodele**

**Principal Investigator**

Lead City University Ibadan DO NOT COPY

## Appendix C: Research Instrument

### Prevalence and Determinants of Gender-Based Violence Among Adolescents in Private and Public Secondary Schools in Lagos State

Questionnaire No: \_\_\_\_\_

We know that many young people have had experiences such as unwanted sexual abuse /violence and/or psychological maltreatment or abuse experiences as children or adults. These experiences may not have been discussed with anyone because of their sensitive nature and thinking about them makes one upset. In some circumstances, they are completely forgotten and in other circumstances, they are frequently recalled. Please try and respond to the questions as this will help find working solutions to the problem locally and nationally.

#### Section A: Socio-ecological factors

##### Individual factors

1. School type: 1). Private school [  ] 2). Public school [  ]
2. Age? \_\_\_\_\_ years
3. Sex: 1). Male [  ] 2). Female [  ]
4. Educational level: 1). JSS 1-3 [  ] 2). SSS 1&2 [  ] 3). SSS 3
5. Religion: 1) Christianity 2) Islam [  ] 3) Tradition [  ] 4) Others (specify) \_\_\_\_\_
6. Do you take alcohol? 1) Yes [  ] 2) No [  ]
7. Have you been physically maltreated in the past? 1) Yes [  ] 2) No [  ]
8. Have you been forced into having sex in the past? 1) Yes [  ] 2) No [  ]
9. Have you been emotionally abused in the past? 1) Yes [  ] 2) No [  ]

## Family factors

10. Do you have a boyfriend/girlfriend? 1) Dating [ ] 2) Courting [ ] 3) Not applicable [ ]
11. The relationship you are into is it abusive? 1) Yes [ ] 2) No [ ] 3) Not applicable to me [ ]
12. Do you have any sexual partners? 1) Yes [ ] 2) No [ ]
13. Parental/Guardian's level of education: 1) Primary [ ] 2) Secondary [ ] 3) Tertiary [ ] 4) No formal education [ ]
14. Parental/Guardian's occupation: 1) Business [ ] 2) Civil servant [ ] 3) Farmer [ ] 4) Artisan [ ] 5) others (specify) \_\_\_\_\_
15. Family type: 1) Monogamous family [ ] 2) Polygamous [ ] 3) Single parent [ ]
16. Parents' Marital status: 1) Cohabited [ ] 2) Married [ ] 3) Separated [ ] 4) Divorced [ ] 5) Never married [ ]
17. Your perceived family economic status: 1) Low income [ ] 2) middle income [ ] 3) High income [ ]
18. Live with: 1) Alone [ ] 2) relatives [ ] 3) Parent [ ] 4) Grandparent [ ] 5) others (specify) \_\_\_\_\_
19. Which one best describes your parent (parenting style) or caregiver(s)? 1) Rarely give or enforce rules and allows you to avoid a problem or conflict (permissive) [ ] 2) Sets clear rules and expectations and open communication with natural consequences (authoritative) [ ] 3) Provide little guidance or attention, low responsiveness (neglectful) [ ] 4) sets strict rules and punishment including one-way communication with little consideration of child's social-emotional and behavioural needs (authoritarian) [ ]

## Community factors

20. The beating of women is common in your community? 1) Yes [ ] 2) No [ ] 3) Not sure [ ]
21. The beating of men is common in your community? 1) Yes [ ] 2) No [ ] 3) Not sure [ ]
22. Verbal abuse is common in your community. 1) Yes [ ] 2) No [ ] 3) Not sure [ ]
23. The issue of rape is common in your community. 1) Yes [ ] 2) No [ ] 3) Not sure [ ]
24. The issue of sexual harassment is common in your community. 1) Yes [ ] 2) No [ ] 3) Not sure [ ]
25. Are there any sanctions in your community concerning violence? 1) Yes [ ] 2) No [ ] 3) Not sure [ ]

26. If there are sanctions in your community concerning violence, are they strong? 1) Yes [ ] 2) No [ ] 3) Not sure [ ]

**Societal factors**

27. What kind of movies do you watch frequently? 1) Action [ ] 2) Romance [ ] 3) Drama [ ] 4) Horror [ ] 5) Mystery [ ] 6) Others (specify)

\_\_\_\_\_

28. Which social group are you active in? (specify)

\_\_\_\_\_

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**Section B: knowledge of GBV**

1. Have you heard of sexual violence? 1). Yes [ ] 2). No [ ]

2. Have you heard of psychological violence? 1). Yes [ ] 2). No [ ]

<b>3. Which of the following describes emotional (psychological) abuse or violence?</b>	<b>Yes</b>	<b>No</b>
1. When someone is subjected to discriminatory language		
2. Humiliating someone in front of others		
3. Bullying someone		
4. lock someone in a room, toilet, basement, or a scary place as punishment		
5. Tell someone that no one else would ever want me		
<b>4. Which of the following describes sexual abuse or violence?</b>	<b>Yes</b>	<b>No</b>
1. Rape or forced sex		
2. Coerced sex		
3. Sexual assault		
4. Being forced to kiss in the mouth		
5. Being forced to be hugged		
6. Blackmailing/threatening/intimidating one into having sex		
7. Touching someone's private parts without the person's consent		
8. Do you think sexual violence can be prevented?		
9. Do you think psychological violence can be prevented?		
10. Do you think that sexual violence can lead to suicide or suicidal attempt?		
11. Do you think that psychological violence can lead to suicide or suicidal attempt?		

## Section C: Prevalence of GBV

### Psychological information

Tick for the following whichever you have experienced or not.

5. Which of these behaviours has someone done to you that made you sad?	Yes	No
1. threaten me with telling my secrets to others		
2. insults me by saying that I am useless		
3. insults my family		
4. lock me in a room, toilet, basement, or a scary place as punishment		
5. threaten me with hurting physically or using violence against me		
6. threaten me with abandoning me		
7. threaten me with hurting someone or something I love		
8. humiliates me in front of other people		
9. give me offensive, hurtful nicknames		
10. does not listen to me when I speak		
11. reward my aggressive behaviours towards my friends or others		
12. talks me into doing things that make me feel bad afterwards		

6. The person(s) who did any of these behaviours listed above to you, was it, someone, you knew? 1). Yes [ ] 2). No [ ]

7. If you knew the person, how are you related? 1). Father [ ] 2). Mother [ ] 3). Brother/sister [ ] 4). School teacher [ ] 5). Friends/Classmates [ ] 6). Neighbour [ ] 7). Family relatives (specify) \_\_\_\_\_ 8). Any Other (Specify) \_\_\_\_\_

8. Have you ever done any of these behaviours listed, was it someone you knew? 1). Yes [ ] 2). No [ ]

9. If you have done such to anyone, how are you related? 1). Father [ ] 2). Mother [ ] 3). Brother/sister [ ] 4). School teacher [ ] 5). Friends/Classmates [ ] 6). Neighbour [ ]

- 7). Family relatives (specify) \_\_\_\_\_ 8). Any Other (Specify) \_\_\_\_\_

### Sexual information

10. Have you already had sexual intercourse? 1). Yes [ ] 2). No [ ]
11. If you have had sexual intercourse, at what age did you have your first sexual encounter?  
1). Age (specify) \_\_\_\_\_ years 2). Not applicable to me [ ]
12. Was the sexual encounter something you: 1) Longed for at that time [ ] 2). Did not want but wished you accepted [ ] 3). Were forced to do against your will [ ] 4). Did not want [ ] 5). Not applicable to me [ ]
13. If forced, how were you forced to indulge in the sexual act? 1). Use of physical force [ ] 2). Threat to use a weapon such as a knife [ ] 3). Threat to use a weapon such as a gun [ ] 4). Intimidation or blackmail [ ] 5). Not applicable to me [ ] 6). Others (Specify) \_\_\_\_\_
14. Where did the incidence occur? 1). Home [ ] 2). School [ ] 3). In a car [ ] 4). Others (Specify) \_\_\_\_\_

15. Tick for the following whichever you have experienced or not	Yes	No
1. Has anyone ever asked you to have sex with him/her when you were not willing (Whether vaginal or anal)?		
2. Has anyone ever forced you to undress?		
3. Has anyone ever forced you to touch their private parts or be touched on your private parts?		
4. Has anyone ever been forced to kiss you on the mouth?		
5. Has anyone ever been forced to hug you?		
6. Has anyone ever made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?		
7. Has anyone ever made you look at their private parts or wanted to look at yours?		
8. Have ever experienced any other sexual act without penetration?		

16. The person(s) who did any of these acts listed above to you, was it, someone, you knew?  
1). Yes [ ] 2). No [ ]
17. If you knew the person, how are you related? 1). Father [ ] 2). Mother [ ] 3). Brother/sister [ ] 4). School teacher [ ] 5). Friends/Classmates [ ] 6). Neighbour [ ] 7). Family relatives (specify) \_\_\_\_\_ 8). Any Other (Specify) \_\_\_\_\_

18. Have you ever done any of these acts listed above, was it someone you knew? 1). Yes [ ]  
2). No [ ]
19. If you have done such to anyone, how are you related? 1). Father [ ] 2). Mother [ ] 3).  
Brother/sister [ ] 4). School teacher [ ] 5). Friends/Classmates [ ] 6). Neighbour [ ] 7).  
Family relatives (specify) \_\_\_\_\_ 8). Any Other (Specify)  
\_\_\_\_\_

**Section D: Reporting channels for GBV**

20. Do you have someone/place you report the occurrence of sexual abuse/violence? 1).  
Yes [ ] 2). No [ ]
21. Do you have someone/ place you report the occurrence of emotional or psychological  
abuse/violence? 1). Yes [ ] 2). No [ ]
22. If you have someone/ place, who/where do you report to for sexual abuse? Please State:  
\_\_\_\_\_
23. If you have someone/ place, who/where do you report to for emotional or psychological  
abuse? Please State: \_\_\_\_\_

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## Appendix D: Approval Letter



**Lead City University (LCU)**

*Motto: Knowledge for Self-reliance*

*Lagos - Ibadan Expressway, Toll Gate Area, Ibadan, Oyo State, Nigeria*

*Email: lcu.hrec@lcu.edu.ng*



**University Research Ethics Committee**

**PROJECT TITLE:** PREVALENCE DETERMINANTS AND COPING MECHANISM OF GENDER-BASED VIOLENCE AMONG ADOLESCENTS IN PRIVATE AND PUBLIC SECONDARY SCHOOLS IN LAGOS STATE

**PROJECT NUMBER:** LCU-REC/22/189.

### APPROVAL LETTER

The above-named proposal has been adequately reviewed; the protocol and safety guidelines satisfy the conditions of LCU-REC policies regarding experiments that use human subjects. Therefore, the study under its reviewed state is hereby approved by the LCU-Research Ethics Committee.

**Prof. Olusola Ladokun**

*Name of LCU-REC Chairman*

**Dr. Folahanmi Akinsolu**

*Name of LCU-REC Secretary*

**This approval is given with the investigator's Declaration as stated below;**

**By signing below I agree/certify that:**

1. I have reviewed this protocol submission in its entirety and that I am fully cognizant of, and in agreement with all submitted statements.
2. I will conduct this research study in strict accordance with all submitted statements except where a change may be necessary to eliminate apparent immediate hazard to a given research subject.
  - I will notify the LCU-REC promptly of any change in research procedures necessitated in the interest of the safety of a given research subject.
  - I will request and obtain LCU-REC approval of any proposed modification to the research protocol or informed consent document(s) prior to implementing such modifications.

3. I will ensure that all co-investigator and other personnel assisting in the conduct of this research study have been provided a copy of the entire current version of the research protocol and are fully informed of the current (a) study procedures (including procedure modifications); (b) informed consent requirements and process; (c) potential risks associated with the study participation and the steps required to be taken to prevent or minimize these potential risks; (d) adverse events reporting requirements; (e) data and record-keeping; and (f) the current REC approval status of the research study.
4. I will respond promptly to all requests for information or materials solicited by the REC or REC Office.
5. I will submit the research study in a timely manner for the REC renewal approval.
6. I will not enroll any individual into this research study until such time I obtain his/her written informed consent, or if applicable, the written informed consent of his/her authorized representative (i.e unless the REC has granted a waiver of the requirement to obtain informed consent).
7. I will employ and oversee an informed consent process that ensures that potential research subjects understand fully the purpose of the research study, the nature of the research procedures they are being asked to undergo, the potential risks of these research procedures, and their rights as a research study volunteer.
8. I will ensure that the research subjects are kept fully informed of any new information that may affect their willingness to continue to participate in the research study.
9. I will maintain adequate, current, and accurate records of research data, outcomes, and adverse events to permit an ongoing assessment of the risks/benefits ratio of research study participation.
10. I am cognizant of, and will comply with, current federal regulations and REC requirements governing human subject research including adverse event reporting requirements.
11. I will make a reasonable effort to ensure that subjects who have suffered adverse event associated with research participation receive adequate care to correct or alleviate the consequences of the adverse event in the extent possible.
12. I will ensure that the conduct of this research study adheres to Good Clinical Practice guidelines.

**Mrs Rotimi Ayodele**

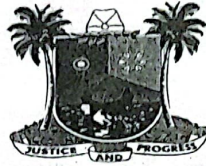
Principal Investigator's Name

.....*Rotimi*.....*2.16.23*.....

Principal Investigator's Signature and Date

# Appendix E: Ethical

## Approval



### Lagos State Government

ED.IV/HQ/AMS/S.A.86/VOL.VIII/162

12<sup>th</sup> December 2022

Rotimi Ayodele  
Department of Public Health,  
Lead City University,  
Ibadan.

#### APPROVAL TO CONDUCT RESEARCH

Please refer to the above subject.

I have the directive of the Tutor General/Permanent Secretary to convey the approval to research on "Prevalence, Determinants and Coping Mechanisms of GBV among Adolescents in Private and Public Secondary Schools in Lagos State."

The research is expected to be carried out in the following schools:

1. Aje Senior Comprehensive High School, Sabo
2. Birrel Avenue Senior High School, Sabo
3. Fazl-I-Omar Senior High School, Iwaya
4. Wesley Girls Senior Secondary School, Yaba.

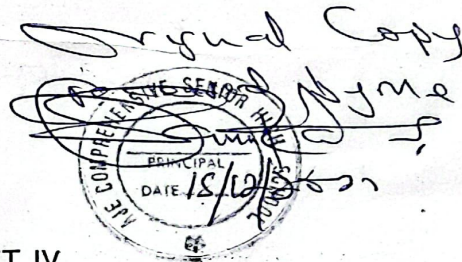
Please note that this approval is subject to the following conditions:

- i. Normal school activities will not be disrupted.
- ii. The research will be conducted at NO COST to the students.
- iii. You have been directed to liaise with the Principals of the selected schools to agree on a convenient time and date.

Thank you.

**ABIORO, A.A.**

For: Tutor General/Permanent Secretary



**EDUCATION DISTRICT IV**  
(Apapa, Mainland & Surulere LGAS)

8, MCEWEN STREET, SABO, YABA, LAGOS.  
Tel: 07056893701, 08032440625 | E-mail: tgsdistrict4@gmail.com

**Mission:**  
To develop and sustain excellence in education

**Appendix F1: Field Photograph: Students Filling Out the Research**

**Instrument and the Principal Investigator**

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**Appendix F2: Field Photograph: Students Filling Out the Research Instrument and the Principal Investigator**



**Appendix F3: Field Photograph: Students Filling Out the Research Instrument and the Principal Investigator**



**Appendix F4: Field Photograph: Students Filling Out the Research Instrument and the Principal Investigator**



**Appendix F5: Field Photograph: Students Filling Out the Research Instrument and the Principal Investigator**



**Appendix G: Results of the Correlation**

	11	10	9	8	7	6	5	4	3	2	1	0
0	-0.04	0.14	0.19	-0.04	0.08	0.07	-0.28	0.01	-0.24	-0.19	0.30	-0.23
1	0.13	-0.12	-0.01	0.00	0.33	-0.41	-0.21	0.14	0.10	0.13	-0.07	0.17
2	-0.04	-0.20	-0.02	-0.07	0.00	-0.03	0.18	0.13	-0.40	0.39	0.21	0.00
3	-0.23	-0.29	-0.02	-0.12	-0.28	0.03	-0.17	-0.20	0.27	-0.10	-0.09	-0.00
4	-0.42	-0.20	-0.18	0.31	-0.04	0.10	-0.14	0.01	-0.21	-0.20	-0.08	0.11
5	-0.03	-0.04	-0.17	0.01	0.20	-0.18	0.28	-0.19	-0.10	-0.22	-0.10	0.20
6	-0.08	-0.07	-0.13	0.00	0.10	0.20	0.09	0.02	-0.28	-0.23	-0.12	0.21
7	0.10	0.12	0.10	-0.03	0.21	-0.13	0.18	-0.10	-0.22	-0.34	-0.04	0.18
8	0.10	-0.02	-0.09	-0.30	-0.18	-0.02	-0.13	0.17	-0.14	0.07	-0.30	0.20
9	0.11	0.04	0.01	-0.32	-0.13	-0.03	-0.21	0.19	-0.23	0.03	-0.28	0.23
10	0.10	-0.10	0.14	0.09	-0.13	0.12	-0.13	0.19	-0.11	-0.07	-0.00	0.19
11	-0.13	0.10	0.24	0.01	-0.20	0.09	0.13	0.22	0.03	-0.09	-0.02	0.21
12	-0.11	0.23	0.39	0.07	-0.11	0.19	0.10	0.33	0.10	-0.01	0.08	0.13
13	0.08	0.17	-0.40	-0.14	0.10	0.21	-0.10	0.28	0.07	-0.28	0.22	-0.01
14	-0.07	0.03	-0.38	-0.04	0.14	0.12	-0.02	0.41	0.13	-0.03	0.28	0.07
15	-0.03	-0.03	0.11	-0.07	0.12	-0.17	0.47	0.23	0.21	-0.11	0.03	0.09
16	0.33	-0.38	0.21	0.34	-0.02	0.10	0.00	0.12	0.03	-0.10	0.10	0.09
17	-0.20	-0.18	0.09	-0.33	-0.12	-0.40	-0.09	0.04	-0.01	-0.22	0.23	0.01
18	0.10	-0.13	0.01	-0.10	0.18	0.23	-0.09	-0.28	0.19	0.13	0.11	0.20
19	0.11	-0.12	0.00	-0.24	0.17	0.23	-0.13	-0.11	0.14	0.17	0.13	0.27
20	-0.03	0.11	0.24	-0.00	0.07	0.13	0.09	-0.21	0.08	-0.09	0.13	0.23
21	-0.44	0.01	0.01	-0.12	-0.02	0.12	-0.08	-0.17	-0.03	0.04	0.13	0.28
22	-0.09	0.10	-0.01	-0.02	-0.00	-0.00	0.11	-0.19	0.03	0.00	0.21	0.30
23	0.17	0.20	-0.03	0.29	-0.18	-0.19	-0.11	-0.07	0.00	0.08	0.23	0.28
24	-0.01	0.17	-0.14	0.40	-0.13	-0.23	-0.24	-0.03	-0.10	0.13	0.10	0.24
25	-0.30	-0.23	0.11	0.01	0.21	-0.23	-0.12	0.20	0.23	0.12	0.04	0.09
26	0.08	-0.19	-0.38	-0.00	-0.44	0.01	0.41	0.01	-0.02	0.14	0.17	0.04
27	-0.00	-0.13	0.21	-0.17	0.07	0.03	0.01	0.04	-0.44	0.10	0.32	-0.13
28	-0.31	0.03	-0.01	0.21	0.20	0.10	0.08	0.07	-0.04	0.38	-0.27	0.03



8	2	7	6	2	5	4	2	3	2
0.30	-0.49	0.21	-0.49	0.10	-0.27	0.12	0.12	0.12	0.12
-0.02	-0.10	0.02	-0.10	-0.18	-0.09	-0.20	-0.20	-0.20	-0.20
0.19	-0.13	0.22	-0.13	0.21	0.44	-0.29	-0.29	-0.29	-0.29
-0.03	-0.01	0.03	-0.01	0.03	0.01	-0.12	-0.12	-0.12	-0.12
-0.03	-0.04	0.00	-0.04	-0.03	-0.04	-0.12	-0.12	-0.12	-0.12
0.01	-0.24	-0.13	-0.24	-0.01	0.07	0.10	0.10	0.10	0.10
-0.03	0.13	-0.00	0.13	0.03	-0.17	-0.23	-0.23	-0.23	-0.23
0.03	0.11	0.10	0.11	0.11	0.01	0.30	0.30	0.30	0.30
0.04	0.14	-0.03	0.14	-0.23	-0.13	0.03	0.03	0.03	0.03
-0.38	-0.20	0.00	-0.20	0.20	0.03	0.03	0.03	0.03	0.03
-0.01	0.01	-0.04	0.01	-0.02	0.14	0.11	0.11	0.11	0.11
-0.01	-0.00	0.09	-0.00	-0.02	-0.10	-0.00	-0.00	-0.00	-0.00
0.00	-0.03	0.02	-0.03	-0.03	-0.01	-0.03	-0.03	-0.03	-0.03
0.00	0.02	0.09	0.02	-0.07	0.00	-0.24	-0.24	-0.24	-0.24
-0.10	0.08	-0.09	0.08	-0.02	0.00	0.33	0.33	0.33	0.33
-0.02	-0.04	0.12	-0.04	-0.10	0.00	-0.17	-0.17	-0.17	-0.17
0.07	-0.04	0.00	-0.04	0.00	-0.03	0.09	0.09	0.09	0.09
0.03	0.09	-0.04	0.09	0.10	-0.07	0.23	0.23	0.23	0.23
-0.13	-0.22	0.41	-0.22	-0.39	-0.10	0.07	0.07	0.07	0.07
0.08	0.17	-0.28	0.17	0.32	0.00	0.02	0.02	0.02	0.02
0.08	0.10	0.03	0.10	-0.01	0.24	0.14	0.14	0.14	0.14
0.02	-0.12	-0.03	-0.12	-0.23	0.30	0.08	0.08	0.08	0.08
0.01	0.02	0.02	0.02	0.23	-0.48	-0.40	-0.40	-0.40	-0.40
0.03	-0.33	-0.30	-0.33	-0.13	0.03	-0.03	-0.03	-0.03	-0.03
-0.04	0.39	0.43	0.39	0.08	0.03	0.13	0.13	0.13	0.13
0.02	-0.07	-0.02	-0.07	0.09	-0.04	0.04	0.04	0.04	0.04
0.01	-0.18	0.10	-0.18	0.02	-0.19	0.23	0.23	0.23	0.23
-0.24	0.34	-0.24	0.34	-0.39	-0.27	0.00	0.00	0.00	0.00
0.07	-0.10	-0.04	-0.10	0.11	-0.28	0.33	0.33	0.33	0.33

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## Appendix H: List of Schools Selected

School Type	SN	School Name
Public schools	1	Fazil-Omar Senior High School Iwaya
	2	Birrel Avenue Senior High School Sabo
	3	Aje Senior Comprehensive High School Sabo
	4	Wesley Girls Senior Secondary School Yaba
Private Schools	1	Seylek Private School Secondary
	2	Prudence City College Montgomery Yaba
	3	Seylek City College
	4	Great Khilafat School
	5	Reagan Memorial School

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## Bio-data

### A. Personal Data:

1. **Full Name:** Rotimi AYODELE
- Address:** 3, Olonode Street, Alagomeji, Yaba Lagos State
- E-mail Address:** ayodeleamope@yahoo.com
- Phone No:** 07062147166
2. **Date and Place of Birth:** 11th May, 1965, Lagos State.
3. **Nationality:** Nigerian
4. **Marital Status:** Married
5. **Number of Children:** 1
6. **Name of Spouse:** Mr. Rotimi Banji
7. **Name and Address of Next of Kin:** Rotimi Samuel, No 3, Olonode Street, Alagomeji, Yaba Lagos State.
8. **Date of Assumption of Duty in the Establishment:** August 2004
9. **Status on First Appointment in the Current Establishment:** Principal Community Health Officer
10. **Present Position:** Deputy Director
11. **Date of Last Promotion:** July 1st, 2021
12. **Date of Confirmation of Appointment:** July, 1991
13. **Present Salary:** Nil
14. **Faulty:** School of Community Health
15. **Department:** Community Health
16. **Present Position:** Retired

### B. Educational Background:

#### 1. Educational Institutions Attended with Dates and Qualification

- i. **Primary Education** St. Peter's Pry. School Warri 1971 -1977

<b>ii. Secondary Education</b>	Nazareth College Ibonwon-Epe 1977 - 1982
<b>iii. Higher Educational Institutions Attended with Date &amp; Qualification</b>	<p>Masters in Environmental Health Science</p> <p>BSc. Health Education</p> <p>Diploma in Education (PGD Edu, PHC tutor)</p> <p>Certificate in Health Management and Administration</p> <p>Diploma in Community Health officer</p> <p>Certificate in Community Health Officer</p> <p>First School Leaving Certificate</p> <p>West Africa school Certificate</p> <p>Ladoke Akintola University of Technology, Ogbomosho 2015 - 2016</p> <p>Lagos State University Ojo Campus, Lagos 2008 - 2011</p> <p>Federal School for Teachers Health Science UCH Ibadan 2003 - 2004</p> <p>Federal School for Teachers Health Science UCH Ibadan 1999</p> <p>School of Hygiene, Eleyele, Ibadan 1995 – 1998</p> <p>School of Health Technology, Lagos 1985 – 1987</p> <p>Nazareth College, Ibonwon, Epe-Lagos 1977 – 1982</p> <p>Torufa primary School, Warri, Bendel State 1972 – 1977</p>

## **C. Work Experience**

### **Ikeja Local Government**

Post held: Entry level staff

1988 -1990

### **Ibadan South East Local Government Oyo State**

Post held: One Year Internship

1988 - 1999

### **Agege Local Government**

Post held: Primary Health Care Department

1990 - 2004

### **Lagos State College of Health Technology**

Post held: HOD/Deputy Provost/Acting Provost

2004 - 2023

## **D. Awards and Fellowships**

### **i. Awards**

Long Service Award from Lagos State Government

Nil

### **ii. Fellowship**

## **E. Membership of**

### **Academic/Professional Bodies**

Member of the Association of Community Health Practitioners of Nigeria (ACHPN)

## **F. Publications**

- **Reduction in the incidence of puerperal Psychosis among women of child bearing age**
- **The use of condom in the control of HIV and AIDS**
- **Knowledge attitude of Adolescents in Agege LG Towards HIV\AIDS**
- **Prevalence of HIV and TB co-infection among patients attending directly observed treatment short course**
- **Prevalence, determinants, and coping mechanisms of gender-based violence among**

**adolescents in private and public Secondary School in Lagos state**

**G. Major Conferences Attended with Dates**

- i. 19<sup>th</sup> National Women’s Conference organised by the Committee of Wives of Lagos State Officials (COWLSO) 22<sup>nd</sup>-24<sup>th</sup> October, 2019.
- ii. Lagos State University (LASU) 3<sup>rd</sup> Research Fair 7<sup>th</sup> September, 2021.
- iii. International Executive Training: Global Perspectives for Innovation and National Development – Kigali, Rwanda 5<sup>th</sup>-7<sup>th</sup> December, 2022.

**H. Referees**

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**The University Compliance Certification**

This is to certify that this thesis was written by Rotimi AYODELE in the Department of Public Health, Faculty of Basic Medical/Applied Sciences, Lead City University, Ibadan in full compliance with the approved University Format and Style.

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Signature

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Date

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