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ASSESSMENT OF HEALTH IMPLICATIONS OF VIOLENCE AMONG SECONDARY SCHOOL STUDENTS IN IBADAN NORTH LOCAL GOVERNMENT AREA OF OYO STATE, NIGERIA

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Abstract

Children experience violence in their homes, schools and from other children. Often times, they are subjected to violence in the guise of discipline. This study assessed the health implication of violence among secondary school students in Ibadan North Local government Area of Oyo State, Nigeria. Two research questions were raised and answered. A sample of 500 secondary school students participated in the study. The data collected with Learners Questionnaire (LQ) with reliability coefficient of 0.78 were analysed using descriptive and inferential statistics set at $p < 0.05$ level of significance. The results showed that corporal/physical violence (85%) is the most prevalent violence, followed by sexual violence (64%). The significant implication of violence on the health of students was $t = (498), -84.67$. It was recommended that efforts should be made to engage health education officials, teachers, students, parents, and community leaders to make the school a healthy place.

Keywords: Corporal/physical violence, sexual violence, students, health education, peer/ cyber-bullying

Introduction

Violence has been defined in many ways by many people. The World Health Organization (2002) defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation. The Concise Oxford Dictionary (1978) defines violence as unlawful exercise of physical force. In summary, violence involves a perpetrator inflicting injury upon a victim, which in most cases may lead to death, emotional and psychological trauma.

Violence against children and young people is a matter of great concern to most people around the world and very little is known about the phenomenon besides the fact that it occurs in all countries, whether rich or poor, stable or unstable, and that it is extremely difficult to eradicate. In Africa, as in elsewhere around the world, children are seen as gift and the most precious in society and a means for parents to secure their future. In traditional African societies, children are to be protected and supported, and assisted to reach their full potential. This is not the case in the present day Nigeria as they are the most vulnerable and the most resilient. Since the last decade, there have been reported cases of violence against children such as torture, kidnapping, shootings, sexual harassment, rape, corporal punishment and so on. However there is no proper documentation of most of these violent acts.

In response, an in-depth study of violence against children was commissioned by the UN Secretary General as directed by the General Assembly Resolution 57/90 of 2002 to provide a global picture. The report provided information that various types of violence exist against children within the family, schools, alternative care institutions, detention facilities, and communities. In 2002, the World Health Organization (WHO) reported that 53,000 children were murdered worldwide. A survey from many countries showed that between 20 and 65 percent of school aged children reported to have been bullied verbally or physically. Furthermore, WHO (2002) estimated that 150 million girls and 73 million boys under 18 years were sexually abused. About 100 to 140 million girls and women in the world underwent some form of Female Genital Mutilation (FGM) or the other.

The consequences of violence can be devastating. These may include but not limited to, brain injuries, bruises and fractures, poor interpersonal relationship and communication, learning problems, emotional/psychological problems like anxiety, depression, aggression or attempted suicide, use of drugs, sexual indulgence and health problems such as HIV/AIDS and sexually transmitted infections (STIs). Above all, most of the impacts can result in early death while those who survive live with physical and emotional scars (UNICEF, 2006)

In West and Central Africa, thousands of children are trafficked every year. Sexual violence and rape of children appears to be spiralling, inexcusably fuelled by armed conflicts, extreme poverty and HIV/AIDS. In Nigeria, sexual abuse of children often takes place behind closed doors and is unreported and undetected. The fact that figures do not exist does not mean that children are not abused (Ogundipe and Obinna, 2007). There are thousands of children living on

the streets of Lagos and other major cities, neglected by their parents or abandoned, exposed to so many hazards and threats.

There had been various efforts by the Nigerian government to combat the insurgence of violence among children, as revealed in the establishment of the National Agency for the Prohibition of Trafficking in Persons (NAPTIP) to coordinate the mechanisms for rescuing, rehabilitating and reintegrating child victims of trafficking and prosecuting perpetrators. Other positive step along this line is the commissioning of a survey in 2000 by the Centre for Law Enforcement Education (CLEEN), the results of which revealed physical assault as one of the most common complaints against police by juvenile offenders, and corporal punishment was found to be frequently used in custody: 26% of young offenders reported being flogged very frequently, 13% frequently, 44% sometimes and 17% never (Alemika and Chukwuma, 2001). Issues of violence have probably been studied the most systematically in Western countries (Olweus, 1999, 2001; Pepler 1997, 2001; Smith, 2003).

Existing comparative and cross-cultural research on school violence have found that the percentage of children that experience violence and bullying in schools varies significantly between countries. For instance, the 2001/02 Health Behaviour in School-age Children (HBSC) survey, which was administered in developed and transitional countries in Central and Eastern Europe, revealed that, on the average, 35% of school children reported they had been bullied within the past two months, with the percentage ranging from 15% in Sweden to 64% in Lithuania (Smith, 2003). In a study conducted by UNICEF in Kosovo, it was found that 18% of children in Serbian areas and 33% in Albanian areas reported that violence happens in school (Haarr, 2006). Both HBSC survey and the UNICEF Kosovo study found that most violence and bullying was verbal in nature, and that if left unchecked, they could lead to more extreme physical bullying. The 2001/2002 HBSC survey also revealed the percentage of school-aged children that engage in physical fights to range from 25% in Finland to 49% in Lithuania.

In some countries, the focus has also been on sexual violence or gender-based violence in schools and its negative effect on girls' experiences in schools. Often sexual violence and harassment is 'motivated by the desire to punish and humiliate girls because of their sex or sexuality, or by sexual interest. In most cases, sexual violence and harassment intimidates, humiliates and diminishes girls' sense of self-worth and can cause girls to prematurely dropout of school. Contemporary research on school violence is also focused on identifying the

factors that put children at increased risk of being the victims and/or perpetrators of school violence, including risk factors such as family environment (e.g., exposure to family violence and attachment to parents), children's anger and aggression tendencies, and school attachment. Some of this research has found that risk factors for perpetrating school violence include family problems, low parental attachment, tendencies for anger.

The occurrence of violence in schools has negative effects not only on the school climate and environment, but also on the children that are exposed to the violence (victims and witnesses) along with the perpetrators. Children that experience school violence can suffer physical symptoms (e.g., headache, stomach ache, backache, and dizziness), psychological distress (e.g., bad temper, nervous, anxious, depressed, passive, and overly cautious), and experience negative educational outcomes (e.g., lower grades, absenteeism, and absence of bonding with peers and teachers in schools). The impact of school violence can be more serious if the violence is repeated or severe in nature, and if victims' lack adequate support and protection. This has high and great implication for health practitioners. However, there is a dearth of information on the status of violence against children in schools in Nigeria

In countries around the world, children spend a significant amount of time in school. Both parents and children expect schools to be safe and nurturing environments that support and promote children's education and development (Haarr, 2011). Unfortunately, many children are exposed to violence and discrimination in school, which has been proven to negatively impact their school attendance, ability to learn, and academic performance. School violence has also resulted in children prematurely dropping out before graduation. Ultimately, children exposed to school violence can be denied their rights, including the right to education (Urumova, 2012).

Peer bullying involves unwanted aggressive behaviour among school-aged children, including real or perceived power imbalance. The behaviour is repeated or has the potential to be repeated overtime. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose. Discrimination involves the prejudicial or distinguishing treatment of a child based upon his/her gender, nationality or ethnic status, socioeconomic status, religion, or a disability. Corporal punishment involves any punishment in which physical force is used and intended to cause some degree of pain or discomfort however light it may be. Most involves hitting, slapping, and spanking children with the hand or with an implement. But, it

can also involve kicking, shaking, or throwing children, scratching, pinching, biting, pulling hair or boxing ears, forcing children to stay in uncomfortable positions, burning, scalding or forced ingestion (e.g., washing children's mouths with soap or forcing them to swallow hot spices) and physical aggression (Pepler, 1997, 2001; Smith, 2003).

Research has also found that it is not uncommon that some children are victims of different types of violence, so-called poly-victims. Poly-victims can be victims of abuse and neglect in the home and family setting, violence and bullying by peers, and corporal punishment by school staff. Research has shown that children that are poly-victims are likely to score high on anger and aggression scales, to have family problems, and to have experienced recent life adversities (e.g., death of a family member or loss of a parent). Some countries have also focused on the problem of children bringing weapons to school. Over the past decade, the problem of weapon-carrying in school has become particularly evident in the United States as there have been several mass shootings on campuses.

In recent years, public perceptions of school violence has been shaped largely by the media's focus on extreme incidents of school violence, such as physical fights between students and school shootings; however, such events are very rare and account for only a small proportion of violence in schools (Pinheiro, 2006). Since the 1970s, the volume of research on school violence has grown significantly in industrialized countries, particularly the United States, Canada, and Western European countries. In transitional and developing countries, research on violence in schools is more limited; nevertheless, there have been efforts to document school violence among children and by school staff in transitional countries (Jimerson, 2012; Pinheiro, 2006).

There is increasing recognition that health and educational outcomes are inextricably linked, and that the school can be an ideal setting through which to strive for both. School violence is a great threat to global development as well as the attainment of Millennium Development Goals (MDGs). Violence is found in schools, institutions (such as orphanages and other residential care), on the streets, in the workplace and in prisons. Children experience violence in their homes, schools and from other children. Often times, children are subjected to violence in the family in the guise of discipline. This study therefore assessed health implication of violence among secondary school students in Ibadan North Local Government Area of Oyo State, Nigeria. The research questions answered were:

1. What is the prevalence of various types of violence against Secondary School students in Ibadan North Local Government Area of Oyo State?

2. Is there any significant difference of violence between the Junior Secondary School and Senior Secondary students in Ibadan North Local Government Area, Oyo State?

Methodology

This is a survey research. Multistage sampling technique was adopted for the study. The selected schools were stratified into Junior and Senior Secondary schools. In each stratum, 250 students were randomly selected, making a total of five hundred (500) students that were used in the study from all the secondary school students in Ibadan North Local Government Area of Oyo State. One instrument, the Learners' Questionnaire (LQ), with reliability coefficient of 0.78 was used to collect data from all the respondents. Data collected were analysed using descriptive and inferential statistics of t-test at $p < 0.05$ level of significance.

Results and Discussion

In the study, a total of 238 (47.6%) male and 262 (52.4%) female students participated in the study. In the junior school, a total of 118 (47.2%) boys and 132 (52.8%) girls, and in the senior school, 120 (48%) boys and 130 (52%) girls participated in the study. The principals were 10 males and 10 females, while parents were made up of 60 males and 40 females respectively. A total of 250 students from both Junior and Senior schools participated in the study.

Table 1 shows the prevalence of violence in secondary schools in Ibadan North Local Government Area. The result showed that physical violence (85%), sexual violence (64%) and psychological violence (60%) accounted for the bulk of violence against children in schools. Other types of violence reported among students in secondary schools in Ibadan North Government Area included gender-based violence (35%), and health-related violence (13%). A comparison of the prevalence of violence in the Junior and Senior schools revealed that all forms of violence were more in the Junior than in the Senior, except for sexual violence. Corporal/physical violence was higher in the senior school (90%) compared to the junior (79%). Psychological violence was also less prevalent in the junior school (61%) than in the senior school (66.8%). In the junior school, health-related violence was 11%, but in the senior school, health related violence was about 2% of the students. Sexual violence was however more prevalent in the senior school (54.7%) than in the junior (48%).

Table 1: Types and prevalence of violence in secondary schools by gender and school type

Violence Type	School Type		N	Senior	N	N	%
	Junior	Female					
	Male	Female					
Corporal/Physical	105(89%)	93(70.5%)	79.0%	115(95.8%)	110(84.6%)	90.0%	425 85
Sexual	44(37.2%)	76(57.6%)	48.0%	91(75.8%)	109(83.8%)	54.7%	320 64
Psychological	43(36.4%)	110(83%)	61.0%	67(55.8%)	100(77.0%)	38.0%	300 60
Gender-based	36(30.5%)	39(29.5%)	30.0%	42(35.0%)	58(44.6%)	40.0%	175 35
Health-related	4(3.38%)	36(27.2%)	16.0%	7(5.8%)	20(15.4%)	10.8%	67 13
Extortion	7(5.9%)	10(7.6%)	6.8%	19(15.8%)	24(18.4%)	17.2%	60 12
Cyber-bullying	3(2.54%)	12(9.1%)	6.0%	16(13.3%)	24(18.4%)	16.0%	55 11
Peer-bullying	1(0.85%)	3(2.27%)	1.6%	22(18.3%)	19(14.6%)	16.4%	45 9
Discrimination	5(4.23%)	7(5.30%)	4.8%	8(6.67%)	25(19.2%)	13.2%	45 9
Use of Weapon	4(3.38%)	1(0.76%)	2.0%	22(18.3%)	3(2.30%)	10.0%	30 6

From literature, child abuse, youth violence and domestic violence are conceived as inextricably interwoven. It is asserted that where youth violence prevails, there is the tendency for increased violence against children in school. At present in the Ibadan North Local Government, there are incidences of youth insurgency, especially in motor parks at Agodi-Gate, Sango and Bodija, among others, in the Local Government Area. Although the findings seem to correlate with the situation in the Local Government Area, it will need further investigation. The result of the study revealed that gender-based violence is evenly distributed among students in the Junior and Senior schools which is in contrary to the result of a study where different types of violence is inflicted on students based on their gender (Chege, 2001). This is in agreement with the result of the National Crime Victimization Survey (NCVS), (2005) where the average annual domestic violence rate per 1,000 persons (age 12 or older) for intimate partners and/or relatives was 5.9 for females and 2.1 for males. About one-third of the victims reported they were physically attacked; two-thirds were threatened with attack or death. The study revealed that about 85% of learners in both junior and senior secondary schools had experienced corporal/physical violence with the bulk in the senior schools (90%) through students' report of being personally victimized.

However, sexual violence was higher in the senior secondary school than in junior schools. About half (50.5%) of the female victims suffered an injury, but only 4.5 percent were seriously injured. This is expected considering the fact that puberty, growth and the development of secondary characteristics are pronounced at the senior secondary stage. It is the stage at which most sexual consciousness is experienced. Therefore sexual violence might be more common at this level. This might also be the reason why gender-based violence was also more prevalent at the

senior secondary schools (40.0%) than at the junior schools (30.0%). The study also reported that violence through the use of weapon was more prevalent in among the male students in both junior (3.38%) and senior (18.3%) than females.

In the analysis of the implication of violence on the health of the secondary school students, table 2 shows that there is a significant implication of violence on the health of the students $t(498) = -84.675$, $p < 0.05$. Moreover, it revealed that all the various types of violence has devastating effect on the health of students and more importantly the rate of sexual violence in the Senior schools, which has great implication for health education. One of the implications was the rate of unwanted pregnancy which many of the victims of this violence attempted to terminate which in most cases resulted to death. Moreover, there is dearth of teachers to inculcate sexual discipline in students..

Table 2: Summary of implication of violence on health of students

School Type	N	X	SD	T	Df	Sig.	D.
Senior	250	13.29	2.430	-84.675	498	.000*	0.96
Junior	250	12.07	2.470				
	500	25.36	5.900				

Therefore, there is the need to incorporate sexual education into the school curriculum as a teaching subject so that students can be thoroughly groomed to take the best care of themselves to prevent sexual harassment and unwanted pregnancy in school as well as in the community in order not to be careless with their health. This also calls for employment of health education specialist in our various schools to impart this desired knowledge in the learners. Impacts of school violence can be more serious if the violence is repeated or severe in nature, and if victims' lack adequate support and protection. Also, studies in the United States, Canada and Western Europe suggest that exposure to school violence, whether as victims or perpetrators, can be a predictor of future anti-social and criminal behaviour, as well as self-harming and suicidal behaviours.

Conclusion and Recommendations

Good and healthy well-being during childhood provides sound a foundation for positive health in later adolescence and adulthood; and students in a supportive school environment where they feel a sense of attachment and secured are more likely to respect their surroundings. The results of this study have revealed that positive reactions to school may increase the likelihood that students will stay in school longer, develop a commitment to learning, and use the institution to their

advantage. Thus, a positive and supportive climate at school can make a critical contribution to academic achievement. However, sexual violence was higher in the senior secondary school than in junior schools. This is expected, considering the fact that puberty, growth and the development of secondary characteristics are pronounced at the senior secondary stage. It is the stage at which high sexual consciousness is experienced. Therefore, sexual violence might be more common at this level. This might also be the reason why gender-based violence was also more prevalent at the senior secondary schools than at the junior schools. The study also reported that violence through the use of weapon was more prevalent in among the male students in both junior and senior than females.

In conclusion, children that experience school violence can suffer physical symptoms (e.g., headache, stomach ache, backache, and dizziness), psychological distress (e.g., bad temper, nervous, anxious, depressed, passive, and overly cautious), and experience negative educational outcomes (e.g., lower grades, absenteeism, and absence of bonding with peers and teachers in schools). Impacts of school violence can be more serious if the violence is repeated or severe in nature, and if victims' lack adequate support and protection. All these have a lot of implication for health education in Nigeria. In view of this, the following recommendations are made:

1. Efforts should be made to engage health education officials, teachers, teachers' unions, students, parents, health providers and community leaders to make the school a healthy place
2. All education stakeholders must strive to provide a healthy environment, school health education and school health services along with school /community project's safety promotion programmes for staff; opportunities for physical education and recreation with adequate supervision and programmes for counselling.
3. Corporal punishment should be drastically reduced in schools; where it must be administered, it should be done by the appropriate authority.
4. Sex education should be incorporated into the school curriculum so as to prepare the students for the future.
5. Government should employ health education specialist in schools to strengthen the education system.

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