

Original Paper

Experience and Perpetration of Violent Behaviours among Secondary School Students in Ibadan, Nigeria

Ajuwon Ademola J^{1*}, Fawole Funmilayo O² and Osungbade Kayode O³

¹Department of Health Promotion and Education, ²Epidemiology, Medical Statistics and Environmental Health, ³Community Medicine, College of Medicine, University of Ibadan, Nigeria

ABSTRACT

Worldwide, adolescents are disproportionately affected by violent behaviours. The nature and extent to which Nigerian adolescents have perpetrated and experienced violence has not been fully investigated. This cross-sectional survey assessed experience and perpetration of physical, sexual and psychological violent behaviours among school-based adolescents. A total of 1366 students (50.4% females and 49.6% males) randomly selected from six public secondary schools in Ibadan, Nigeria were interviewed using a 36-item questionnaire. Respondents answered questions regarding demographic profile, sexual behaviour, and the extent to which they had experienced or perpetrated physical, sexual and psychological violent behaviours. The lifetime experience of at least one of the three forms of violence was 97.9%: physical violence ranked first (94.4%), followed by psychological (77.6%) and sexual violence (34.9%). The most common types of these forms of violent behaviours experienced were slaps (84.5%), unwanted touch of breast and backside (22.7%) and being belittled (63.2%). Approximately 8% of the study group have had sex and 25% of sexually active respondents claimed that their first sexual encounter occurred in coercive circumstances. The predictors of experience of violence among males were use of alcohol, witnessing domestic violence, involving in work and parental use of alcohol. Among females parental use of alcohol and being young were predictors of violence. Reports of perpetration of physical, sexual and psychological violence among males were 75.3%, 44.9% and 13.3% respectively. Comprehensive interventions targeting students, teachers and parents are recommended to address this problem.

Keywords: Adolescents, Nigeria, Sexual behaviours, Violence

Received 10 January 2011/ Accepted 11 April 2011

INTRODUCTION

Experience of violence is a major public health problem with serious physical, mental, and reproductive health consequences (WHO, 1997). Violence of all forms, including physical abuse and sexual coercion, are widespread in many countries. Several population-based studies from different countries show that between 10% and 69% of women report that an intimate partner has physically abused them at least once in their lifetime (Heise *et al.*, 1999; Heise and Garcia-Moreno, 2002; Harvey *et al.*, 2007), and between 6% and 47% of women report attempted or completed forced sex by an intimate partner (Harvey *et al.*, 2007). Young persons, including

males and females are significantly affected by high levels of sexual violence (Harvey *et al.*, 2007). For example, a South African survey found that between 7% and 48% of adolescent girls and between 0.2% and 32% of adolescent boys reported that their first experience of sexual intercourse was forced (Harvey *et al.*, 2007).

In Nigeria, studies confirm that violence is a major health problem affecting both male and female adolescents (Ajuwon *et al.*, 2001a; Fawole *et al.*, 2002; 2003; 2005). One survey of young female hawkers shows that 65% of the sample had experienced physical violent acts including assault (Fawole *et al.*, 2002). An earlier survey of male and

*Corresponding author: Tel: +234 8034892561; E-mail: ajajuwon@yahoo.com

female adolescent students and apprentices aged 15-19 years found that about 55% of 1025 respondents had been victims of at least one sexually coercive behaviour, the most common being unwanted kiss and touch of the breast. Four percent of the same population had experienced rape which was perpetrated mainly by boyfriends and other persons well known to the victims (Ajuwon *et al.*, 2001a). A review of the incidents of rape from police records in a Nigerian city shows that within a year, a total of 124 cases were officially reported and all the victims were females whose mean age was 15.8 years (Shahu *et al.*, 2004).

In response, programs are being implemented to prevent violence and mitigate its impact among young persons in Nigeria. For example, the projects by Fawole and colleagues have educationally empowered young female apprentices working in the informal sector, hawkers operating in bus and truck stations in selected metropolis in Southwest Nigeria (Fawole *et al.*, 2003; Fawole *et al.*, 2004). Law enforcement officers have also been trained in order to prevent violence (Fawole *et al.*, 2003). Although findings from these studies have improved knowledge and understanding of the nature and extent of violence in young persons, they are fraught with three limitations. First, many of the studies focused only on female adolescents despite growing evidence that male adolescents are also vulnerable to violence (Erulkar *et al.*, 1998; Ajuwon *et al.*, 2001a; Erulkar, 2004).

In Kenya, for example, 11% of 10-24 year old youths reported experiencing sex under coercive conditions (Erulkar, 2004). Secondly, previous studies had examined experience of violence among young persons from the perspective of victims. We are not aware of published literature in Nigeria that has fully investigated the extent to which male respondents had perpetrated violent behaviours. This dimension of the problem needs to be fully investigated in order to develop comprehensive interventions to address it. Finally, previous studies have focused only on physical and sexual components of violence, none has explored, psychological dimensions of the problem, which is known to have serious consequences. This current study was developed to address these limitations.

The paper presents data from a cross-sectional survey of physical, sexual and psychological violence among secondary school students in

Ibadan, Nigeria. Schools were chosen as an ideal site for recruitment of adolescents for this study because a considerable proportion of adolescents are enrolled in schools. Schools are also appropriate setting for educating adolescents on reproductive health including violence prevention for two reasons. First, violence and other forms of harassment in schools are common in many countries (World Bank, 2007). Secondly, schools have primary socialising influence for children and adolescents and are well-respected local institutions, touching all families in a community regardless of race, ethnicity or income (Ekeh, 1987).

SUBJECTS AND METHODS

Study Setting

Ibadan, the site for the study, is a metropolis of approximately 3 million persons and capital of Oyo state. The city is divided into five smaller administrative units or Local Government Areas (LGA). The study was conducted in two of such LGAs, Ibadan North (IbN) and Ibadan North West (IbNW). The population of each area is approximately 300,000 persons who are mainly Yoruba, the major ethnic group in South-western Nigeria. Adolescents represent approximately a third of the population of these areas. The notional age for schooling in Nigeria is age six at the start of primary school (class one) which runs for six years, and twelve on commencing secondary school education. Secondary education runs for six years and comprises of a junior secondary education for three years and senior secondary for another three years, both running consecutively.

This study is situated within the ecological model in which violence is investigated as being influenced by both individual and structural factors. The individual factors include the personal demographic features of the respondents including familiar characteristics covered in the questionnaire. The structural factors include gender norms that favour violence. For example, many traditional Yoruba sexual norms condone violence directed at female adolescents and the society tends to blame victims. For example, the society believes that a male could force sex on a female if he has spent a lot of money on her. Prior to the commencement of the study, the Ethical Review Committees of the Oyo State Ministry of Health and the University College Hospital/College of Medicine, University of Ibadan, Nigeria, reviewed and approved the research.

Measures

A 36-item questionnaire was developed and used for data collection. The questionnaire had three components; demographic characteristics, context of first sexual experience, and reported experience and perpetration of physical, sexual and psychological violent behaviours. This instrument built on questionnaires from previous studies on violence (Ajuwon *et al.*, 2001a). The module on violence asked questions on whether respondents had ever experienced a list of violent physical, sexual and psychological behaviours. The questions on physical violence were worded thus "Has someone ever 'slap, throwing objects at, arm twist, or grabbed you?' and a sample of types of sexual violence asked if respondents had being a victim of 'unwanted touch of the breast and backside, forceful exposure to pornographic material, attempt to rape and rape'. The examples of psychological violent behaviors include whether "someone said something to spite, belittle or humiliate you' and 'someone threaten to kill you?'. To determine reported perpetration of violent behaviours, male respondents were asked whether or not they had ever perpetrated any of the behaviors mentioned above. Students were given the option of answering either 'Yes' or 'No' to each of these questions. Prior to its administration, the questionnaire was field tested among a group of secondary school students selected from one of the LGAs in Ibadan that was not included in the study.

Recruitment Procedures

Six public secondary schools (4 from IbNW and 2 from IbN) were randomly selected for the study. The schools are fairly comparable with respect to the fact that they are co-educational and managed by the Oyo state government. As at 2008 when data were collected, the students' population of these schools range from 1,000-2,000. The minimum sample size was calculated to be 1,200. In selected schools, the authors obtained information about the actual students' population and this was used to calculate the proportionate sample size required from each school. A list of the number of classes in each school was drawn up and half of the classes were selected. In each class, students were chosen through a systematic sampling technique using the class register. To ensure gender equity, approximately an equal number of male and female students were selected from each school.

Method of Data Collection

Six interviewers conducted face-to-face interviews with selected students. To minimise non-disclosure, a typical problem associated with sensitive issues like violence, we carefully selected and adequately trained adolescent interviewers using the World Health Organisation guidelines on research on domestic violence (WHO, 2001). The guideline emphasised the importance of confidentiality, privacy during interviews, care and support for victims, and informed consent. Written informed consent was obtained from each respondent by disclosing the purpose of the study, providing assurance of confidentiality, and encouraging voluntary participation.

Data Analysis

The authors monitored data collection and checked each administered questionnaire for completeness in the field. Open ended sections were coded and fed into the computer. The STATA software was used for data analysis. The data are presented by gender.

RESULTS

Demographic and Psychosocial Characteristics of Respondents

A total of 1363 students participated in the survey. The demographic profile of the respondents is shown in Table 1. There is approximately an equal proportion of male (49.6%) and females (50.4%). Respondents' age ranged from 9 to 24 years, median age was 14 years. Mean age for males was 14.6 ± 1.9 years and 14.3 ± 1.8 years in females. For further analysis, the eleven students aged 20 years and above were merged with those aged 15-19 years. Less than half (46%) are in senior secondary class and the majority resided with their parents (85.4%). Concerning lifestyle, 22.1% had ever consumed alcohol, while 10.2% were current drinkers. More male students (11.7%) drank alcohol than female (8.8%) students. Fourteen respondents (1%) smoked cigarettes. About half (46.4%) of the entire sample had ever worked for money; approximately a quarter (27.4%) were working at the time of the survey; most of those working were females (82.2%) compared to 62.5% males. The types of work done were mainly trading (38.9%), hawking (22.6%) and shop assistance (18.7%).

Table1: Demographic and Psychosocial Characteristics of Students

Characteristics	Total No (%)	Males No (%) 676 (49.6%)	Females No (%) 687(50.4%)
Age (years)			
10-14	686 (50.3)	320(47.3)	366(53.3)
15-19	677 (49.7)	356 (527)	315(46.7)
Class			
JSS I	378 (27.7)	184(27.2)	194(28.2)
JSS II	362 (26.6)	183(27.1)	179(26.1)
SSI	623 (45.7)	309(45.7)	314(45.7)
Marital Status			
Single	1339 (98.2)	666(98.5)	673(98.0)
Married	24 (1.8)	10(1.5)	14(2.0)
Currently Consuming Alcohol			
Yes	139 (10.2)	79(11.7)	60(8.8)
No	1224 (89.8)	597(88.3)	627(91.2)
Working Presently (634)			
Yes	460 (72.6)	193(62.5)	267(82.2)
No	174 (27.4)	116(37.5)	58(17.9)
Parents Consume Alcohol			
No	1018(74.7)	522(77.2)	496(72.2)
Yes	345(25.3)	154(22.8)	191(27.8)
Reported Violence by Parents			
No	1190(87.3)	582(86.1)	608(88.5)
Yes	173(12.7)	94(13.9)	79(11.5)

Table 2: Sexual Behaviour of Secondary School Students by Gender

Sexual Behaviour	Total (%)	Males (n=73)	Females (n=30)	Test Statistics and P-value
Sexually active	103 (7.6)	73(10.8)	30(4.4)	19.27; <0.001
Mean age at sexual initiation	13.20 ±3.4	13.04 ± 3.24	13.59±3.87	0.77; 0.44
Mean no of life time partner	2.52 ±3.1	2.72 ± 2.86	2.17 ± 3.63	0.82; 0.41
Last sexual intercourse within past one month	24(24.0)	14(19.2)	10(33.3)	0.45; 0.51
Forced first sexual encounter	26(25.2)	14(19.2)	12(40.0)	3.84;0.05
Pressurized to have sex	296 (21.7)	158 (23.4)	138(20.1)	1.97; 0.16
Level of Pressure				8.54 ; 0.003
Great	94 (31.8)	38(24.1)	56(40.6)	
Little	202 (68.2)	120(75.9)	82(59.4)	
Friends as source of pressure	192(65.3)	132(84.1)	60(43.8)	50.4; <0.001

Experience of Coerced Sexual Debut

The sexual behaviour and context of first sexual encounter are presented on Table 2. One hundred and three students (7.6%) had initiated sexual intercourse. The mean age at sexual debut was 12.9±3.2years. With respect to the context of first sexual experience, 25.2% of sexually experienced respondents claimed that they were coerced, 55.3% said they and their partners were both willing to have sex. Significantly, more female (40%) than male students (19.2%) reported that their sexual debut occurred in coercive conditions ($p<0.05$) and more females than males reported greater level of pressure to have sexual intercourse (40.6% and 24.1%) ($p<0.05$). Two hundred and ninety six students (21.7%) reported that they were being pressurised by other persons to have sexual intercourse. The pressure was mainly from friends (64.9%), and from boy/girl friends (21.3%).

Experience of Violence

Almost all (94.4%) the students had ever experienced physical violence; the prevalence in the six months preceding the survey was 71.6% (Table 3). About 81% reported they had experienced more than one type of physical violence. Slaps was the commonest form of physical violence experienced both in a lifetime and in previous six months, 84.5% and 46.7% respectively. Other types of physical violence experienced included: bites (48.6%), objects being thrown at (55.2%); twisting of the arms (39.2%), grabbing (25.1%) and use of dangerous weapon (6.8%). The main perpetrators of the violence act included brothers, classmate, friends and mothers. Mothers were the major perpetrator of slap for both male (18.7%) and female (29.7%) respondents, while classmates were the major perpetrator of objects being thrown at, 30.1% and 31.9% for male and female respectively.

Table 3: Lifetime and Six Months Experience of Violence among Secondary School Students by Gender

Type of violence	Male N (%)	Female N (%)	X ² ; P-value
Lifetime experience of violence			
Physical	652(96.5)	634(92.3)	11.10; 0.001
Sexual	206(30.5)	270(39.3)	11.68; 0.001
Psychological	555(82.1)	503(73.2)	15.28; 0.000
All violence	669(99.0)	666(97.0)	6.92; 0.009
Experience of violence six months preceding survey			
Physical	478(70.7)	498(72.5)	0.53; 0.47
Sexual	135(20.0)	206(30.0)	18.21; 0.000
Psychological	439(64.9)	377(54.9)	14.37; 0.000
All violence	572(84.6)	579(84.3)	0.03; 0.86

Table 4: Predictors of Experience in Violence among Secondary School Students by Gender

Characteristics	Males		Females	
	OR (95% CI) P	AOR (95% CI) P	OR (95% CI) P	AOR (95% CI) P
Age (Years) >15years 10 - 14	1 0.92(0.61-1.40) 0.71	-	1 1.59(1.05-2.40)0.03	1 1.60(1.06-2.43)0.03
Religion Muslim Christian	1 1.07(0.69 -1.66) 0.75	-	1 1.10(0.71- 1.72)0.67	-
Living Situation Parents Others	1 1.89(0.92-3.89) 0.08	-	1 1.04(0.59-1.86)0.88	-
Drink No Yes	1 3.42(1.68-6.96) 0.001	1 2.35(1.13-4.93)0.02	1 1.63(0.94-2.83) 0.08	-
Work No Yes	1 2.09 (1.34-3.28) 0.001	1 1.84(1.17-2.93)0.009	1 1.25(0.83-1.89) 0.29	-
Parents Consume Alcohol No Yes	1 3.58(1.76-7.28) 0.000	1 2.58(1.24-5.38) 0.01	1 2.49(1.42-4.36)0.001	1 2.50(1.43-4.39)0.001
Parents engage in Partner Violence No Yes	1 3.65(1.44-9.21) 0.006	1 2.90(1.13-7.44)0.03	1 1.32 (0.66-2.66) 0.43	-

The overall lifetime experience of any type of sexual violence was 34.9%. Multiple acts of sexual violence were experienced by 38.4%. Prevalence of sexual violence in the six months preceding the survey was 25.9%. Unwanted touching of the breast and backside was ever experienced by 22.7% while 16% experienced it in six months preceding the study. In all, 36 respondents (2.6%) had been raped and the perpetrator was a boy or girlfriend (8 or 22.2%). Fourteen (1%) were raped in the six months preceding the survey. As shown in table 3, the lifetime and recent prevalence of sexual violence was significantly higher in female than male students ($p < 0.05$). The main perpetrator of unwanted touching of the breast or backside in both males and females students were friends; 33.7% and 39.8% respectively. Attempts to have forced sex was perpetrated by neighbours on

28.6% of male and 46% of female students, while actually having forced sex was done by boy and girl friends on 57% of male and 57% of female students.

Over seventy percent respondents had ever experienced at least one form of psychological violence and multiple acts of psychological violence were experienced by 59.1% students. Prevalence of psychological violence in the six months preceding the survey was 59.6% (816). Psychological forms of violence ever experienced are being belittled (43.8%), spite (63.2%) humiliation (22.8%) and threats to take life (4.4%). Multiple acts of psychological violence were ever experienced by 52.7% (558). Spite was the commonest form of violence experienced both in a lifetime and in the last six months - 63.2% and 44.8% respectively. Gender differences in lifetime prevalence of

psychological violence showed significant differences in the occurrence of psychological violence with a greater proportion of these acts occurring in males compared with females ($p < 0.05$). The major perpetrator of psychological violence in both male and female students were friends.

Male alcohol drinkers, who work and whose parents consume alcohol or whose father had perpetrated violence on mother were more likely than others to experience violence, even after adjusting for the effect of confounders (Table 4). Students whose parents consume alcohol or engaged in spousal violence were thrice as likely to experience violence (AOR 2.58; 95%CI 1.24-5.38) and (AOR 2.90; 95%CI 1.13-7.44). Similarly, students who worked or took alcohol were 1.5 times (AOR 1.84; 95%CI 1.17-2.98) and 2.4 times (AOR 2.35; 95%CI 1.13-4.93) respectively more likely to experience violence ($P < 0.05$) (Table 4). Among females, younger students were two times more likely to experience violence than their older counterparts (AOR 1.60 95%CI 1.06-2.43). Similarly, those whose parents consume alcohol were three times more likely to have experienced violence (AOR 2.50 95%CI 1.43-4.39).

Perpetration of Violence

Of the 676 males, 75.3% had ever perpetrated physical violence. Of these, 33.7% did so in the six months preceding the survey. The commonest form of physical violence ever and currently perpetrated was slapping someone (65.7% and 42.3% respectively). This was followed by throwing objects at someone (29.4% and 17.8% respectively). Most of the acts were perpetrated on friends (30.0% and 46.7% respectively). Ninety respondents (13.3%) had ever perpetrated sexual violence, while 10.7% had done so six months before the survey. The most common type of sexual violence perpetrated was touching the breast and backside of a girl (12.1%). Eight (1.2%) students reported that they had raped someone and seven (1.0%) had made someone perform a sexual act against her will. The victims of all the sexually violent acts were girlfriends. Psychological forms of violence that had ever been perpetrated by 44.9% (304) of the respondents and had been perpetrated in the six months preceding the survey by 42.4% (287). Forty-one percent had ever said something to belittle someone else and 29% had done so in the last six months. About a third (31.9%) and 23.7% had ever said something to spite others and in the

last six months respectively. These acts were mainly directed at classmates (21.4%) and friends (49.4%) respectively.

The predictors of perpetrating violence were not living with a parent, drinking of alcohol, work experience and having parents who drink alcohol or having a father who had perpetrated violence. After adjusting for the effect of confounders, students whose parents consume alcohol were two times more likely to perpetrate violence (AOR 2.37; 95%CI 1.49-3.78), while students whose parents engaged in domestic violence were two and a half times more likely to perpetrate violence (AOR 2.47; 95%CI 1.39-4.30).

DISCUSSION

A substantial number of the students had ever worked or were working for money at the time of the study. Combining schooling and work is common in many developing countries including Nigeria (Ajuwon *et al.*, 2006; World Bank, 2007) where poverty is a major problem. For many poor families in Nigeria, children's earning from work represents a significant proportion of household income. The adolescent involvement is fraught with many risks including assault, road traffic accidents, and sexual exploitation (Orubuloye *et al.*, 1993). About a quarter of the sexually experienced students reported that first sexual intercourse was forced. The experience of forced sexual intercourse is of serious concern because it has far reaching consequences of the reproductive health of victims including infection with HIV (Van der Straten *et al.*, 1998). Also, women who have been sexually abused in childhood have greater propensity to participate in risky sexual activities as adolescents or adults thereby increasing the chances of exposure to violence (Maman *et al.*, 2001).

A high proportion of students had experienced all forms of violence. Similar findings have been reported by other Nigerian authors (Fawole *et al.*, 2004; Okoro and Obozokhai, 2005; Ikechbelu *et al.*, 2008). Predictors of experience of violence in this study include being male, alcohol consumption, being children of parents who consumed alcohol and being children of parents who engaged in spousal abuse. Use of alcohol has been consistently identified as a risk factor for experience and perpetration of violence (Harvey *et al.*, 2007). Alcohol users are also at increased risk of other reproductive health problems including sexually transmitted infections because this substance is

known to impair judgments which in turn predispose individuals to be involved in risky sexual activities. A substantial proportion of male students had perpetrated violence.

For example, while 75.3% had ever perpetrated physical violence, 44.9% and 13.3% had respectively perpetrated psychological and sexual violence against others. These high levels of violence may be a reflection of the rising incidence of violence in the Nigerian society as a whole. For example, the reports of the incidence of religious, criminal, and political violence have increased dramatically during the last decade. In addition, there have been reports of brutality perpetrated by law enforcement agents on civilians in the country (Udosen *et al.*, 2006). The frequent exposure of violence in the media may inadvertently suggest to adolescents that it is acceptable to resolve conflicts using violence. Another contributory factor is the fact that there is a major increase in alcohol availability and consumption by adolescents and other young persons in Nigeria (Odejide *et al.*, 2008).

Another explanation for high levels of violence relates to gender norms which favour perpetration of sexual violence in the country. Qualitative data from previous research in Nigeria showed that males generally perceive that a girl who refuses to accede to a request for friendship or sex is "arrogant and rude" and should be "punished" through rape (Ajuwon *et al.*, 2001b). Similar negative attitudes have been found in Tanzania where boys believed that young girls are "used to being forced" to have sex or that it is okay to beat a partner who refuses request for sex (Lary *et al.*, 2004). Thus, there is tendency that boys might believe that they have a right to have sex with a girl who has agreed to be a girl-friend. Besides, older men lure girls into sex by showing them pornographic films after which they invite the girls to practice the act (Baker and Rich, 1992).

In response to the threat of HIV, older men also seek out young girls in the mistaken belief that such girls are not sex workers and are not likely to be infected with HIV (Orubuloye *et al.*, 1993). Rape is a criminal offence in Nigeria with severe consequences, including long jail terms, but victims seldom report it because of the stigma associated with this behaviour in the country. Consequently, victims of rape and other coercive behaviours in Nigeria tend to suffer in silence while perpetrators go free.

Implications for Data Collection and Interventions

The findings of this study have implications for data collection and interventions. Face-to-face interview was used for data collection for two reasons. First, authors' experience with surveys of secondary school students in this environment shows that self-completed questionnaires typically yield poor quality data and high rates of non-responses while face-to-face interview produces good quality data. Secondly, use of the face-to-face approach was adopted to help identify students who had experienced violence and need referral and care. Thus future studies on a sensitive subject like violence among young persons should require use of face-to-face interviews. We recommend four interventions to address high prevalence of violence among students. First, students need to learn new knowledge and acquire skills that will enable them prevent violence and its consequences through a combination of formal teaching and extra-curricular approach such as peer education. Potential perpetrators must also learn how to resolve disputes without resorting to violence.

Secondly, teachers must also be targeted since they have direct supervision of students during school hours. Teachers need initial and continue education through training on how to integrate issues on violence in their lessons with the aim of improving awareness of students about violence and how this can be prevented. Teachers also need to be good role models for violence prevention. Thirdly, parents would also benefit from education on violence prevention since some of the violent behaviours may have taken place outside the school setting. Finally, interventions will be needed to influence gender norms that favour violence. The media have important role to play educating the community on the negative consequences of these norms and need to change them.

CONCLUSION

Violence is a common problem affecting both male and female secondary school adolescents in Nigeria. Adolescents are not only victims but also perpetrators of violent behaviors reflecting the rising incidence of violence in the Nigerian society as a whole. Comprehensive interventions including education, skills acquisition targeting students, teachers and parents are required to address this problem. While positive co-existence with peers is encouraged among adolescents, role modeling functions of parents and teachers are fostered through stable family structures and training.

Societal values of female gender would improve if effective communication, mutual respect and trust are used to resolve sex-related issues.

ACKNOWLEDGEMENTS

This study was supported financially by the Special Programme of Research, Development and Research Training in Human Reproduction of the World Health Organisation, Geneva, Switzerland. We thank Dr. Iqbal Shah and Ms. Nicky Sabatini-Fox of the WHO for their administrative support. Professor Kofi Asare's helpful comments on an earlier version of this paper are appreciated. We thank Mr. Sam Adedapo who coordinated field work, the teachers and students who participated in this project.

REFERENCES

Ajuwon AJ, Olley BO, Akin-Jimoh I and Akintola O (2001a). The Experience of Sexual Coercion among Adolescents in Ibadan, Nigeria. *Afr J Reprod Health*. **5**(3):120-131

Ajuwon AJ, Akin-Jimoh I, Olley BO and Akintola O (2001b). Perceptions of Sexual Coercion: Learning from Young Persons in Ibadan, Nigeria. *Reprod Health Matters*. **9** (17): 128-136

Ajuwon AJ, McFarland W, Hudes ES, Adedapo S, Okikiolu T and Lurie P (2002). HIV Risk-related Behavior, Sexual Coercion, and Implications for Prevention Strategies among Female Apprentice Tailors in Ibadan, Nigeria. *AIDS and Behavior*. **6** (3): 229-235

Ajuwon AJ, Olley BO, Akintola O and Akin-Jimoh I (2004). Sexual Coercion in Adolescents: Exploring the Experience of Rape Victims in Ibadan, Nigeria. *Health Edu*. **104** (1):8-17

Ajuwon AJ, Olaleye A, Faromoku B and Ladipo O (2006). Sexual Behaviour and Experience of Sexual Coercion among Secondary School Students in Three States in North-eastern Nigeria. *BMC Public Health*. **6**:310

Baker GK and Rich S (1992). Influences on Adolescent Sexuality in Nigeria and Kenya: Findings from Recent Focus-Group Discussions. *Studies in Family Planning*. **23** (3): 199-210

Ekeh HE (1987). Intervening in Social and Behavioural Dimensions of Tropical Diseases Control among Secondary Schools Children: An

Extra-curricular Approach. Ph.D thesis of the University of Ibadan.

Erulkar AS, Karueru JPM, Kaggwa G, Kingola N Nyagah FK and Ochieng B (1998). Adolescent Experiences and Lifestyles in Central Province of Kenya. A Baseline Report. Population Council, Kenya.

Erulkar A (2004). Experiences of Sexual Coercion among Kenya. *Inter Fam Plan Pers*. **30**: 182-189

Fawole OI, Ajuwon AJ, Osungbade KO and Faweya OC (2002). Prevalence of Violence against Young Female Hawkers in Three Cities in Southwestern Nigeria. *Health Edu*. **102** (5): 230-238

Fawole O, Ajuwon AJ, Osungbade KO and Faweya O (2003). Interventions for Violence Prevention among Female Hawkers in Motor-parks in South-Western Nigeria: A Review of Effectiveness. *Afr J Reprod Health*. **7** (1):71-82

Fawole OI, Ajuwon AJ and Osungbade KO (2004). Violence and HIV/AIDS Prevention among Female out-of-School Youths in South-western Nigeria: Lessons Learnt from Interventions Targeted at Hawkers and Apprentices. *Afr J Med Med Sci*. **33**:347-353

Harvey A, Garcia-Moreno G and Butchart A (2007). Primary Prevention of Intimate-partner Violence and Sexual Violence. Background Paper for WHO Expert Meeting, May 2-3, 2007, Geneva, Switzerland.

Heise L, Ellsberg M and Gottenmoeller M (1999). Ending Violence against Women. *Population Reports*, Series L, **XXVII** (11): 1-44

Heise L and Garcia-Moreno C (2002). Violence by Intimate Partners. In *World Report on Violence and Health* (ed Krug ET, Pahlberg LL, Mercy JA, Zwi AB and Lozamo R). World Health Report. Pp: 87-113

Ikechbelu JI, Udigwe GO, Ezechukwu CC, Ndinechi AG and Ikechbelu NN (2008). Sexual Abuse among Juvenile Female Street Hawkers in Anambra State, Nigeria. *Afr J Reprod Health*. **12**(2): 111-119

Lary H, Maman S, Katebalila M, McCauley A and Mbwambo J (2004). Exploring the Association between HIV and Violence: Young People's Experiences with Infidelity, Violence and Forced sex

in Dar Es Salam, Tanzania. *Internatn Fam Plan Persp.* **30** (4): 200-206

Maman S, Mbwanbo J, Hogan M, Kilonzo G, Sweat M and Weiss E (2001). HIV and Partner Violence: Implications for HIV Voluntary Counseling and Testing Programs in Dar es Salaam. Population Council, New York, NY.

Odejide O, Omigbodun O, Ajuwon A, Makanjuola V, Bamgboye A and Oshiname F (2008). Focus Group Results. In: *Swimming with Crocodiles* (Ed. Martinic M and Measham). International Center for Alcohol Policies Series on Alcohol and Society. Pp: 120-132

Okoro FI and Osawemen O (2005). Sexual Harassment: The Experience of Out-of-school Teenagers in Benin City, Nigeria. *Afr J Reprod Health.* **9** (3): 118-127

Orubuloye IO, Caldwell P and Caldwell J (1993). The Role of High Risk Occupation in the Spread of AIDS: Truck Drivers and Itinerant Market Women in Nigeria. *Internatn Fam Plan Persp.* **19**: 43-48

Shaahu V, Ajuwon AJ, Onadeko MO and Lawoyin T (2004). A Review of Incidents of Rape from Police Records in Ibadan, Nigeria. *Afr J Med Med Sci.* **33**: 275-278

UNIFEM (1998). "A World Free of Violence against Women". *United Nations Inter-Agency Global Video Conference*, UNIFEM, New York

Udosen AM, Etiuma AU, Ugare GA and Bassey OO (2006). Gunshot Injuries in Calabar, Nigeria: An Indication of Societal Violence and Police Brutality. *Afr Health Sci.* **6** (3): 170-172

Van der Staten A, King R, Grinstead O, Vittinghoff E, Serufillira A and Allen S (1998). Sexual Coercion, Physical Violence and HIV Infection among Women in Steady Relationships in Kigali, Rwanda. *AIDS and Behavior.* **2**(1): 61-72

World Bank (2007). Learning for Work and Life, In World Development Report: Development and the Next Generation, Washington DC. Pp: 68-95

World Health Organisation (2001). Putting Women's Safety First: Ethical and Safety Recommendations for Research on Domestic Violence against Women. WHO: Geneva, Switzerland

World Health Organisation (1997). Violence against Women: A Priority Health Issue. WHO, Geneva, Switzerland