Annals of Health Research

IN THIS ISSUE

- Physical Violence among Secondary School Students
- Plasma Fibrinogen and Hb1Ac in Diabetes Mellitus
- Bronchial Asthma Control in Secondary School Students
- TPTE Expression in Epithelial Ovarian Cancer
- Parents' Knowledge of Childhood Epilepsy
- Tetanus Toxoid Vaccination in Pregnancy
- Sarcoma Botryoides of the Bladder
- Vulva Haematoma following Sexual Assault

PUBLISHED BY THE MEDICAL AND DENTAL CONSULTANTS ASSOCIATION OF NIGERIA, OOUTH, SAGAMU, NIGERIA.
www.mdcan.oouth.org.ng
ORIGINAL RESEARCH

Perceptions and Experiences of Physical Violence Among Public Secondary School Students in Lagos State

Ogunyemi AO*1, Abiola AO1, Olufunlayo TO1, Ogunnubi OP2, Onajole AT1

1Department of Community Health and Primary Care, 2Department of Psychiatry, College of Medicine, University of Lagos, Lagos State, Nigeria

*Correspondence: Dr AO Ogunyemi, Department of Community Health and Primary Care, College of Medicine, University of Lagos, Lagos State. E-mail: aoogunyemi@cmul.edu.ng; ORCID – https://orcid.org/0000-0002-6131-0446.

Abstract

Background: Physical violence (PV) in secondary schools is an apparent challenge that requires urgent attention because of its adverse outcomes. It has led to the destruction of school properties and disruption of teaching and learning, thus resulting in poor academic grades and even death.

Objectives: To assess the perceptions and experiences of physical violence among selected senior secondary students in Lagos State.

Methods: The study utilised a cross-sectional design with a multistage sampling technique to recruit respondents from four secondary schools in Lagos State. Data were collected using a self-administered questionnaire adapted from the Global School Health Survey and the Youth Risk Behaviour Survey (GSHS, 2004).

Results: Majority (82.7%) of the respondents had correct knowledge of the health consequences of youth violence, and 78.3% knew that both victims and perpetrators are at risk of injury or death. About 62.5% agreed that youth violence is an essential issue in adolescence, and 85.2% favoured administrative sanctions against offenders. Violent acts such as physical attacks were experienced by 40.7%, while 42.2% and 7.7% experienced physical fights and belonged to a school gang. Involvement in a physical fight was significantly associated with belonging to a school gang (p<0.001) and being a victim of bullying (p<0.001).

Conclusion: Physical violence is a common behaviour among senior secondary school students. Belonging to a gang and being a victim of bullying was associated with physical violence. Targeted education on avoiding physical violence and risky behaviours is recommended in schools.

Key words: Bullying, Gang, Physical fights, Secondary school, Violence, Youth violence.

Introduction

Physical violence perpetrated by young people is one of the most visible forms of violence in the society, and it is a global health issue. [1] Adolescents and young adults are the main victims and perpetrators of violence in almost every country. [1] According to the World Health Organisation (WHO), nearly half of the world’s population is under 30 years. The majority of the youth between the ages of 10 and 29 years live in under-developed countries. [2] The WHO defines youth violence as the intentional use of physical force or power, threatened or actual, exerted by or against children, adolescents or young adults aged 10-29 years, which results in or has a high likelihood of resulting in injury, death,
psychological harm, mal-development, or deprivation. [3,4] Physical violence occurs when someone uses a part of their body or an object to control a person’s actions. It includes the use of physical force which results in pain, discomfort or injury; hitting, pinching, hair-pulling, arm-twisting, strangling, burning, stabbing, punching, pushing, slapping, beating, shoving, kicking, choking, biting, force-feeding, or any other rough treatment; threats with a weapon or object, and murder. [5,6]

Worldwide, an estimated 200,000 homicides occur among youths aged 10-29 years each year. [1] Youth homicide rates vary dramatically between and within countries, and young males constitute both the majority of perpetrators and victims of homicide. [1] The rates of youth violence have increased in many developing countries. Non-fatal violent injuries involve greater use of fists, feet, knives and clubs, resulting in non-fatal injuries, mental health problems, reproductive health problems and other health problems. [7] A significant proportion of in-school adolescents aged 10-21 years are particularly at risk of exposure to and even engagement in violence and criminal acts due to urbanisation and westernisation. [8-10] The problem of youth engagement in violence cannot be viewed in isolation from other problematic social behaviours in this age bracket. They often have social issues such as truancy and dropping out of school, substance abuse, compulsive lying and sexually transmitted diseases. [11] Many youths of this age range are at their most impressionistic stage, and they tend to imitate. Therefore, they are more manipulated and influenced by their peers, who encourage them to commit delinquent acts. [12]

In Istanbul, Turkey, high school students of age 14 to 18 years reported beating (34.5%) as the commonest aggressive behaviour experienced. [13] A study in Ghana revealed that about 40% of the students reported exposure to physical attacks in the year before the survey. [14] In Nigeria, a study done among 360 students in three secondary schools in Rivers State revealed that the prevalence of physical aggression was 13.3%. [15] Over five years, the police also recorded about 1.4 million violent crimes in Nigeria. The predisposing factors included conflicts in politics, religion, secret cultism, land disputes, and religious fanaticism. [16]

Globally, violence in secondary schools is an apparent problem that requires urgent attention because of its negative consequences on the society. It has led to deaths, the destruction of school properties, and the disruption of teaching and learning, resulting in poor academic performances. Previous studies on physical violence and its patterns among high school students have been conducted in other parts of the country except for Lagos State. [15,17,18] Therefore, the present study aimed to determine the perceptions and experiences of public secondary school students in cosmopolitan Lagos State. The findings may help guide the development of appropriate concrete measures to avert and curb the menace.

Methods

Study area
This study was conducted in Lagos State, which comprised sixteen urban and four rural Local Government Areas (LGA). [19] There are three hundred and nineteen public senior secondary schools distributed across the twenty LGA in Lagos state. [20]

Study design
A cross-sectional design was adopted, and a multistage sampling technique was used to recruit respondents from four secondary schools across the state. The study population were students of public senior secondary schools aged 15 years and above.

Sample size determination
The minimum sample size of 383 was calculated using the Cochran formula for descriptive study: 
\[ N = \frac{z^2pq}{d^2} \]
With a 95% confidence interval and a previously reported prevalence of physical fight and bullying of 47.9% from a study in Ibadan, Oyo State and a 0.05 level of precision. [21] This calculated minimum size was increased to 405 to account for about 5% non-response.

**Sampling technique**
A multistage sampling technique was used to select the respondents for this study. Stage one was the selection of the district. Based on their locations, all the public secondary schools in Lagos State are managed under six educational districts, namely Districts I, II, III, IV, V and VI. Two districts (V and VI) were selected from the six using a simple random sampling method by balloting. In stage two, a list of all the senior public secondary schools in Districts V (Apapa LGA) and VI (Ikeja LGA) was obtained from the Lagos State Ministry of Education. Two senior public schools were selected by simple random sampling (balloting) from each of the two selected districts to make four senior public schools. Stage three involved the purposive selection of all the senior secondary class I (SSI) and II (SSII) students in each of the schools. The first screening question was applied. All those who were 15 years old and above were recruited from each arm of the SSII, followed by those in SSI until the desired sample size was reached. The maximum number of students selected from each school was derived by proportionate sampling.

**Tools and methods of data collection**
The data collection was carried out using a semi-structured, self-administered questionnaire adapted from the Global School Health Survey and the Youth Risk Behaviour Survey questionnaire. [22, 23] Information on socio-demographic parameters, knowledge of the risk factors, patterns and health consequences of violence and high-risk lifestyle activities were also collected.

**Pre-testing**
The questionnaire was pre-tested among 52 students in a senior public secondary school in Surulere LGA. Appropriate corrections were made to the questionnaire, and it was adopted for the survey. Two research assistants who had a minimum of ‘O’ level qualification were recruited after a one-day training on administering the questionnaires. The training covered the information sheet, definition of the key terminologies and the assessment of correctly filled questionnaires.

**Ethical consideration**
Approval for this study was obtained from the Health, Research and Ethics Committee of the Lagos University Teaching Hospital (ADM/DCST/HREC/2258). Permission was also obtained from the Lagos State Ministry of Education, the respective Districts of Education in charge of the schools and the school principal of each of the four schools. Written informed consent was obtained from each respondent, and they were assured of their confidentiality.

**Statistical analysis:**
The Statistical Package for Social Sciences (SPSS) version 21.0 (IBM Corp Armonk, NY) was used for data entry and analysis. Associations between categorical variables were tested using the Chi-Squared test and Fisher’s Exact test where applicable. The data were presented in frequency tables and cross tabulations, and the level of significance was set at less than 0.05.

**Results**
The majority (87.4%) of the students were aged between 15 and 17 years, with a mean age of 16.4±1.0 years. There were more males (51.6%) than females, and the respondents mostly (87.4%) belonged to the SSII class. More than half (55.8%) were Yoruba, while 5.7% were Hausa. Almost two-thirds (63.5%) of respondents in this study were Christians, as depicted in Table I.
Table I: Socio-demographic characteristics of the respondents

| Parameters       | Frequency (n = 405) | Percentage |
|------------------|---------------------|------------|
| **Age (Years)**  |                     |            |
| 15-17            | 354                 | 87.4       |
| 18-20            | 51                  | 12.6       |
| **Sex**          |                     |            |
| Male             | 209                 | 51.6       |
| Female           | 196                 | 48.4       |
| **Class**        |                     |            |
| Senior Secondary II | 354              | 87.4       |
| Senior Secondary I  | 51                 | 12.6       |
| **Ethnicity**    |                     |            |
| Yoruba           | 226                 | 55.8       |
| Igbo             | 81                  | 20.0       |
| Hausa            | 23                  | 5.7        |
| Others           | 75                  | 18.5       |
| **Religion**     |                     |            |
| Christian        | 257                 | 63.5       |
| Islam            | 143                 | 35.3       |
| Others           | 5                   | 1.2        |

In Table II, 82.7% of the respondents correctly noted that youth violence might have harmful effects on health. About 84.9% knew of the intentional and non-intentional injury caused by youth violence, and 78.3% knew that both victims and perpetrators are at risk. Twenty-one per cent of the respondents knew that substance abuse is a risk factor for engagement in youth violence. Binge eating (92.8%) and alcoholism (60.0%) were the risky behaviours associated with youth violence. More than a third (36.5%) also knew that reckless sexual behaviour is associated with youth violence. The proportion of respondents who correctly identified the following as the consequences of youth violence included: brain damage (81.5%), permanent disability (59.3%), depression (63.7%), substance abuse (73.8%), suicide attempt (70.9%), reduced concentration (62.5%), stress (53.5%) and death (80.0%).

The perception of respondents about youth violence is presented in Table III. Close to three-quarters (73.8%) of the respondents did not agree with the admiration of adolescents who engaged in youth violence. Also, 79.9% disagreed with the notion that the acts of bullying by girls made them more attractive. The majority (77.1%) of the respondents also disagreed that boys engaged in physical fights were more attractive. Close to two-thirds (63.4%) agreed that youth violence is an issue that should be addressed in adolescence, and 82.0% were in favour of administrative sanctions on anyone involved in youth violence.

Close to half (40.7%) of the respondents had been physically assaulted since the age of 13 years, and most (74.5%) of them had at least one attack in the preceding three months. Less than half (42.2%) had had a physical fight since they were aged 13 years, 16.4% had not been engaged in a physical fight (PF) in the preceding three months, while only 7.7% belonged to a school gang.

The persons engaged in a physical fight by the respondents were mainly their friends (72.4%). Others included family members (5.3%) and boyfriend/girlfriend (10.5%). More than half (54.4%) did not require treatment after their last physical fight within the previous three months. Out of 44 students who fought on school property, approximately a third (36.4%) did so on more than four occasions (Table IV).
Table II: Correct knowledge of Youth Violence (YV) among the respondents

| Items                                             | Frequency (n = 405) | Percentage |
|---------------------------------------------------|---------------------|------------|
| **Knowledge of Youth Violence***                  |                     |            |
| YV is harmful to a person’s health                | 335                 | 82.7%      |
| YV can cause both intentional and unintentional   | 344                 | 84.9%      |
| Injury                                            |                     |            |
| Young people are most at risk for injury/death from YV | 199                 | 49.1%      |
| Both victims and perpetrators are at risk          | 317                 | 78.3%      |
| Substance abuse is the leading risk factor for engagement in YV | 85                 | 21.0%      |
| **Risky behaviour for Youth Violence***           |                     |            |
| Alcohol Misuse                                    | 243                 | 60.0%      |
| Binge Eating                                      | 376                 | 92.8%      |
| Cigarette Smoking                                 | 224                 | 55.3%      |
| Substance Use                                     | 144                 | 35.6%      |
| Risky Sexual Behaviour                            | 148                 | 36.5%      |
| **Health consequences of Youth Violence***        |                     |            |
| Brain Damage                                      | 330                 | 81.5%      |
| Permanent Disability                              | 240                 | 59.3%      |
| Depression                                        | 258                 | 63.7%      |
| Substance Abuse                                   | 299                 | 73.8%      |
| Suicide Attempt                                   | 287                 | 70.9%      |
| Reduced Concentration                             | 253                 | 62.5%      |
| Stress                                            | 216                 | 53.3%      |
| Death                                             | 324                 | 80.0%      |

Table V revealed a statistically significant association between involvement in physical fights and age, gender, belonging to a gang, being a victim of bullying, and behavioural risk factors (cigarette smoking, alcoholism, sexual activity, and substance abuse). There was no statistically significant association between involvement in a physical fight and suicidal ideation.

**Discussion**

The respondents in this study were senior secondary school students within the age bracket of 15 to 20 years. The higher proportion of boys over girls in the schools buttresses the gender differences of males above females in school enrolment. According to the Nigerian Bureau of Statistics, this pattern of sex ratio is more pronounced in rural settings. [24] The presence of more males in this and other studies on violence further reinforces the theory of the male gender being inclined toward inter-personal violence. [25] Also, there is a link between the male hormone (testosterone) and physical aggression, which may contribute to a higher tendency for violence among males than females. [26] The global school health survey standardised across many countries, including Nigeria, is for school-aged students aged 13 to 17 years [22]. The majority of the students in this study fall within this age group.

Adequate knowledge and the right perception of physical violence among secondary school students is a significant step toward addressing the menace of youth violence. The general health knowledge, with correct responses, on the harmful effects of violence in the present study was high (82.7%).
Table III: Respondent’s perception of Youth Violence (YV)

| Statements                                         | Negative n (%) | Positive n (%) |
|----------------------------------------------------|----------------|----------------|
| **Perception of YV**                               |                |                |
| I admire adolescents who engage in YV              | 106 (26.2)     | 299 (73.8)     |
| Boys who engage in YV have more friends           | 224 (55.3)     | 181 (44.7)     |
| Girls who engage in YV have more friends          | 206 (50.9)     | 199 (49.1)     |
| The act of bullying makes boys look more attractive| 91 (22.4)      | 314 (77.6)     |
| The act of bullying makes girls look more attractive| 81 (20.1)     | 324 (79.9)     |
| The act of engaging in a physical fight makes boys look more attractive | 93 (22.9) | 312 (77.1) |
| The act of engaging in a physical fight makes girls look more attractive | 79 (19.4) | 326 (80.6) |
| **Perception of sanctioning YV**                   |                |                |
| I am in favour of administrative sanctions for anyone involved in YV | 73 (18.0) | 332 (82.0) |
| YV is an issue that should be addressed in adolescence | 148 (36.6) | 257 (63.4) |

However, when asked which category of people (old, middle-aged and young) was most likely to suffer injury or death from violence, just about half (49.1%) of the respondents gave correct answers. This is similar to findings in an Egyptian study where adolescents demonstrated less satisfactory knowledge of forms of gender violence. [27] The respondents demonstrated knowledge of the health consequences of violence, which is in line with other studies. [28,29]

Another significant finding in this study is that more than three-quarters (77.6%) of the respondents disagreed with the notion that engagement in bullying makes boys more attractive. This is similar to the finding in a study in North America that utilised a bullying prevention program and was conducted among children aged 8-15 years. The baseline data revealed that 80.0% of the respondents had a positive attitude towards bullying and felt sadness, fear and pity. On the other hand, 69.3% had a negative attitude towards bullying and considered it a joke. [30] Most (82.0%) of the respondents in the present study strongly agreed with the statement that “administrative sanctions be given to those involved in youth violence”. Almost two-thirds (63.4%) had a positive attitude toward the issue of "youth violence should be addressed in adolescence". This is consistent with a US study among youths on sanctions regarding gun use but not possession. [30] The majority of the students (85%) in the US study agreed that there should be stricter laws concerning background checks for gun purchases. It was also noted that nearly three-quarters of students (74%) agreed or strongly agreed with the statement that "schools that have properly trained and armed non-teaching staff would become safer". [30]

More males were involved in physical violence than females in this study, which is significantly consistent with other studies in the literature. [15,21] More than a third (40.7%) experienced or perpetrated the physical attack, and 42.2% engaged in a physical fight. Other studies reported a lower prevalence of physical violence of 33.3% in Oyo State, [17] 28.0% in Ondo State, [18] but higher proportions (78.0%) [15] were reported in Rivers State, all within Nigeria and 54.9% in Ghana. [31] The most common pattern of bullying in this study was hitting, shoving or kicking in 29.5% of cases, followed by bullying via sexual gestures and jokes. In contrast, a study in Rivers State reported verbal aggression in 48.0% of respondents and physical attack in 20.8%. [15] The prevalence of engagement in a physical
Physical Violence among Students

fight in this study is higher than 35.5% in a nationally representative sample of United States 9-12th grade students, [32] 19.3% in Pakistan, [33] 15.9% in Thailand [34] and lower than 47.9% reported in Ibadan [21] where involvement in physical fighting was reported.

The US, Pakistan and Malaysia studies may have had a lower prevalence due to disciplinary measures or sanctions that may apply to those involved in fighting on school grounds.

Table IV: Prevalence of physical attack and physical fight among the respondents

| Variables                                        | Frequency (n = 405) | Percentage |
|--------------------------------------------------|--------------------|------------|
| Been physically attacked since aged 13 years      |                    |            |
| Yes                                              | 165                | 40.7       |
| No                                               | 240                | 59.3       |
| Frequency of physical attack in the last three months |           |            |
| Not at all                                       | 42                 | 25.5       |
| Once                                             | 40                 | 24.2       |
| Twice                                            | 19                 | 11.5       |
| Thrice                                           | 38                 | 23.0       |
| ≥Four times                                      | 26                 | 15.8       |
| Physical fight (PF) since aged 13 years           |                    |            |
| Yes                                              | 171                | 42.2       |
| No                                               | 234                | 57.8       |
| If Yes, frequency in the last three months        |                    |            |
| Not at all                                       | 28                 | 16.4       |
| Once                                             | 49                 | 28.7       |
| Twice                                            | 38                 | 22.2       |
| Thrice                                           | 18                 | 10.5       |
| ≥Four times                                      | 38                 | 22.2       |
| Last person in a physical fight with              |                    |            |
| Total Stranger                                    | 16                 | 10.5       |
| Friend                                           | 110                | 72.4       |
| Boy/Girl Friend                                  | 16                 | 10.5       |
| Family Member                                    | 8                  | 5.3        |
| Others                                           | 2                  | 1.3        |
| Frequency of treatment from a physical fight in the past three months |        |            |
| Not at all                                       | 74                 | 54.4       |
| Once                                             | 27                 | 19.9       |
| Twice                                            | 18                 | 13.2       |
| Thrice                                           | 1                  | 0.7        |
| ≥Four times                                      | 16                 | 11.8       |
| Frequency of physical fights on school property   |                    |            |
| Once                                             | 18                 | 40.9       |
| Twice                                            | 9                  | 20.5       |
| Thrice                                           | 1                  | 2.3        |
| ≥Four times                                      | 16                 | 36.3       |
| Belong to a Gang                                  |                    |            |
| Yes                                              | 31                 | 7.7        |
| No                                               | 374                | 92.3       |

About 15.3% of the respondents in the present study needed hospital treatment as a result of engaging in physical fights within the preceding three months, and 10.9% fought at least once on school property. These figures are higher than those obtained from studies of secondary school students in Malaysia and Taif, Saudi Arabia. [6,35] Again, these differences may be attributed to the fact that the present study was carried out in public schools only, where sanctions are not too strict compared to the private and public school mix of Malaysian and Taif studies. In the present study, 70.9% of respondents had seriously considered suicide.
This is higher than 7.3% obtained in a Pakistani survey among 13-15-years old students that had suicidal ideation. [30] In recent times, the tabloids and news in Nigeria have shown a rising trend of suicidal attempts and actual suicide among different age groups. [36] It is estimated that 79% of suicide occurs in low- and middle-income countries where resources and required personnel are scarce. [37]

### Table V: Association between the respondent's variables and involvement in a physical fight

| Variables                  | Engaged in Physical Fight (n=405) | χ²  | df | P value |
|----------------------------|-----------------------------------|-----|----|---------|
| Age Group (Years)          | Yes (%)                          | No (%)      |     |         |
| 15-17 (n =354)             | 142 (40.1)                       | 212 (59.9)  | 5.1 | 0.024   |
| 18-20 (n =51)              | 29 (57.1)                        | 22 (42.9)   |     |         |
| Sex                       | Male (n =209)                    | 102 (48.8)  | 107 (51.2) | 7.7 | 0.006   |
|                           | Female (n =196)                  | 69 (35.2)   | 127 (64.8) |     |         |
| Belong to a gang           | Yes (n =31)                      | 23 (74.2)   | 8 (25.8)    | 14.1| <0.001  |
|                           | No (n =374)                      | 148 (39.6)  | 226 (60.4)  |     |         |
| Victim of Bullying         | Yes (n =188)                     | 107 (56.9)  | 81 (43.1)   | 31.0| <0.001  |
|                           | No (n =217)                      | 64 (29.5)   | 153 (70.5)  |     |         |
| Suicidal Ideation          | Yes (n =42)                      | 22 (52.4)   | 20 (47.6)   | 2.0 | 0.16    |
|                           | No (n =363)                      | 98 (27.0)   | 265 (73.0)  |     |         |
| Smoke Cigarette           | Yes (n =24)                      | 17 (70.8)   | 7 (29.2)    | 8.6 | 0.003   |
|                           | No (n =381)                      | 154 (40.4)  | 227 (59.6)  |     |         |
| Alcohol Use               | Yes (n =34)                      | 21 (61.8)   | 13 (38.2)   | 5.8 | 0.016   |
|                           | No (n =371)                      | 150 (40.4)  | 221 (59.6)  |     |         |
| Sexually Active           | Yes (n =57)                      | 33 (57.9)   | 24 (42.1)   | 6.7 | 0.01    |
|                           | No (n =348)                      | 138 (39.7)  | 210 (60.3)  |     |         |
| Substance Abuse           | Yes (n =21)                      | 14 (66.7)   | 7 (33.3)    | 5.4 | 0.02    |
|                           | No (n =384)                      | 157 (40.9)  | 227 (59.1)  |     |         |

Risky lifestyle behaviours such as cigarette smoking, alcohol use, sexual activity and substance abuse were associated with violent behaviour. The United States Youth Risk Behaviour Survey reported that youths involved in smoking, alcohol and substance abuse are more likely to engage in youth violence. [38] Other studies also showed a similar relationship between smoking, alcohol, substance use and physical violence. [26,33,39] age and gender were also found to directly influence physical violence among the respondents in the present study. The study in Taif showed a relationship between behavioural risk factors and physical violence but not demographic characteristics of students. This study also found that being a gang member and a victim of bullying was associated with physical fights. This is comparable to the finding in the Oyo State study, which reported the same conclusion. [17]

Despite the contributions of this study to knowledge, it has some limitations. Some risk factors such as personal (genetics), family (history of violence) and environmental factors (neighbourhood) that may contribute to violence were not assessed in this study. Another limitation was the reliance on self-report measures with increased mono-
informant bias. However, the effects of these limitations were reduced by reassuring the students of the anonymity of their responses and ensuring privacy during the data collection process.

Conclusion

Physical violence is common among secondary schools in Lagos, affecting almost half of the students surveyed. Age, gender, and behavioural risk factors such as bullying, cigarette smoking, alcohol intake, and substance abuse were associated with physical violence. The school authorities can tackle fighting within the school premises and can mobilise the use of bystanders among the students to prevent physical fights and bullying on school premises. There is a need for stakeholders to introduce violence prevention into the curricula of secondary schools.

Authors' contribution: OAO conceived the study, and OAO, AOA, and OAT designed the study. OAO did literature review, data acquisition, data analysis and manuscript drafting. All the authors participated in data interpretation, revision of the manuscript for sound intellectual contents and approved the final version of the manuscript.

Conflict of Interest: None.

Funding: Self-funded.

Publication History: Submitted 16 March 2022; Accepted 14 May 2022.

References

1. World Health Organization. Youth Violence Fact Sheet. 2020. Available at: http://www.who.int/mediacentre/factsheets/fs356/en/. Accessed 03 March 2021.

2. World Health Organisation. Violence Prevention: The evidence. World Health Organization/Liverpool John Moores. University Press; 2009.

3. National Center for Injury and Prevention Control—CDC. Youth violence: the problem and overview of CDC’s efforts. Available at: http://www.cdc.gov/ncipc/factsheets/vyoverview.htm. Accessed 22 April 2021.

4. World Health Organization. Youth violence. Available at: http://www.who.int/violence_injury_prevention/violence/youth/en/. Accessed 22 April 2021.

5. Violence Prevention Initiative. Defining Violence and Abuse. Available at https://www.gov.nl.ca/vpi/about/defining-violence-and-abuse/. Accessed 05 May 2022.

6. Meyer SR, Stockl H, Vorfeld C, Kamenov K, García- Moreno C. A scoping review of measurement of violence against women and disability. PLoS ONE 2022 17: e0263020. https://doi.org/10.1371/journal.pone.0263020

7. World Health Organization. Injuries and Violence. Key facts. 2021. Available at: https://www.who.int/news-room/factsheets/detail/injuries-and-violence. Accessed 05 May 2022.

8. Usman IG. Violence: An Achilles' heel in the attitude of the Nigerian insurgent youths and a threat to national security: Counselling strategies as panacea. Eur J Bus Soc Sci 2013; 1: 96-106.

9. Seals D, Nguye A, Beyer K. Youth exposure to violence in an urban setting. Urban Studies Res 2014. Article ID 368047. https://dx.doi.org/10.1155/2014/368047

10. Ferdooos A, Ashiq A. Impact of urbanisation on juvenile delinquency: A study of Muzaffarabad jail. Int J Crim Soc 2015; 8: 1-8.

11. Gubbels J, van der Put CE, Assink, M. Risk Factors for School Absenteeism and Dropout: A Meta-Analytic Review. J Youth Adolescence 2019; 48: 1637–1667. https://doi.org/10.1007/s10964-019-01072-5
12. Vipene JB, Agi WC, Chikwendu V. Teachers and Parents Perceptions of factors that influence Juvenile Delinquency and Counselling Strategies in Public secondary schools in Port Harcourt Metropolis. Int J Inn Psy Soc Dev 2020; 8: 45-57.

13. Kaya F, Bilgin H, Singer MI. Contributory factors to aggressive behaviours in high school students in Turkey. J Sch Nurs 2012; 28: 56-69.

14. Ohene S-A, Johnson K, Atunah Jay-S, Owusu A, Borowsky IW. Sexual and physical violence victimisation among senior high school students in Ghana: Risk and protective factors. Soc Sci Med 2015; 146: 266-275.

15. Onukwufor J. Physical and Verbal Aggression among Adolescent Secondary School Students in Rivers State of Nigeria. Int J Educ Learning Dev 2013; 1: 73-84.

16. Federal Bureau of Investigation. Violence, its causes, and effective prevention strategies. 2011.

17. Olukayode OO, Oyedele OA, Idoewu SJ. Incidence of bullying among secondary school students in Akinyele Local Government Area of Oyo State. IFE PsychologIA. 2018; 26: 140-145. https://doi.org/10.10520/EJC-119cde4dc1

18. Alude O. Managing bullying problems in Nigerian secondary schools: Some counselling interventions for implementation. Bangladesh e-J Soc 2011; 11: 138-145.

19. Lagos. New World Encyclopedia. Available at https://www.newworldencyclopedia.org /entry/Lagos. Accessed 12 May 2022.

20. Ministry of Education- Lagos State. Ministry of education. Available at https://education.lagosstate.gov.ng/. Accessed 05 April 2022.

21. Owoaje ET, Ndubuisi NM. Peer youth physical violence among senior secondary school in southwest Nigeria. Injury Prevention 2010; 16: A170-A171. https://doi.org/10.1136/IP.2010.029215.610

22. Global School-based Student Health Survey (GSHS). Nigeria 2004 GSHS Questionnaire. Available at: http://www.who.int/chp/gshs/Nigeria_questionnaire_2004.pdf?ua=1 Access on 12 June 2015.

23. Youth Risk Behavior Survey. Atlanta, Ga: Centers for Disease Control and Prevention. Center for Chronic Disease Prevention and Health Promotion; 1993.

24. Nigeria Bureau of Statistics. Statistical Report on Men and Women in Nigeria. Available at nigerianstat.gov.ng. 2016. Accessed 12 May 2021.

25. Dreher JC, Dunne S, Pazderska A, Frodl T, Nolan JJ, O’Doherty JP. Testosterone causes both prosocial and antisocial status-enhancing behaviors in human males. Proceedings of the National Academy of Sciences. 2016; 11633-11638. https://doi.org/10.1073/pnas.1608085113

26. Mahmoud AD. Knowledge, attitudes and practices of adolescents in Upper Egypt on gender-based violence, with a focus on early girls’ marriage. J Egypt Public Health Assoc 2015; 90: 109-114. https://doi.org/10.1097/01.EXP.0000471203.34165.bd

27. Adewuya AO, Oladipo EO. Prevalence and associated factors for suicidal behaviours (ideation, planning, and attempt) among high school adolescents in Lagos, Nigeria. Eur Child Adolesc Psychiatr 2020; 29: 1503-1512. https://doi.org/10.1007/s00787-019-01462-x
29. World Health Organisation 2016. Fact sheet. Violence against women: Intimate partner and sexual violence against women. http://www.who.int/mediacentre/factsheets/fs239/en/Violence against women. Accessed 22 April 2021.

30. Stoddard SA. Predicting violent behavior: The role of violence and future educational aspirations during adolescence. J Adolesc 2015; 44: 191-203. https://doi.org/10.1016/j.adolescence.2015.07.017

31. Bernie AJ, Nyarko AS, Dapaah JM, Appiah SCY, Newton-Awuviry K. Understanding youth violence in Kumasi: Does community socialisation matter? A cross-sectional study. Urban Studies Res 2017 (2): 10. https://doi.org/10.1155/2017/1565602

32. Ali B, Swahn MH, Sterling KL. Attitudes about violence and involvement in peer violence among youths: Findings from a high-risk community. J Urban Health 2011; 88: 1158-1174. https://doi.org/10.1007/s11524-011-9601-6

33. Shaikh MA, Abio A, Celedonia KL, Lowery Wilson M. Physical Fighting among School-Attending Adolescents in Pakistan: Associated Factors and Contextual Influences. Int J Env Res Public Health 2019; 16: 5039. https://doi.org/10.3390/ijerph16245039

34. Sirirassamee T, Sirirassamee B. Health risk behavior among Thai youth: national survey 2013. Asia Pac J Public Health 2015; 27: 76-84. https://doi.org/10.1177/1010539514548759

35. Altowairqi MM. Physical violence behavior among male secondary school students in Taif: prevalence and correlates. Int J Sci & Eng Res. 2018. Available at https://www.ijser.org/researchpaper/Physical-violence-behavior-among-male-secondary-school-students-in-Taif-prevalence-and-correlates.pdf Accessed 05 May 2022.

36. Olibamoyo O, Ola B, Coker O, Adewuya A, Onabola A. Trends and patterns of suicidal behaviour in Nigeria: Mixed-methods analysis of media reports from 2016 to 2019. S Afr J Psychiatr 2021; 27: 1572. https://doi.org/10.4102/sajpsychiatry.v27i1.1572

37. World Health Organisation. National suicide prevention strategies: progress, examples and indicators. World Health Organization, Geneva. 2018.

38. Jones CM, Clayton HB, Roehler DR, Ko JY, Esser MB, Brookmeyer KA, Hertz MF. Prescription Opioid Misuse and use of Alcohol and Other Substances Among High School Students – Youth Risk Behavior Survey, United States, 2019. Available at https://www.cdc.gov/mmwr/volumes/69/su/pdfs/su6901a5-H1.pdf. Accessed 05 May 2022.

39. Abu-Rmeileh NME, Alderete E, Husseiní A, Livaudais-Toman J, Perez-Stable EJ, et al. Country and gender differences in the association between violence and cigarette smoking among youth. Confl Health 2020; 14: 87. https://doi.org/10.1186/s13031-020-00332-7

This is an Open Access document licensed for distribution under the terms and conditions of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc/4.0). This permits unrestricted, non-commercial use, reproduction and distribution in any medium, provided the original source is adequately cited and credited.