

## Forms of Violence Experienced by Both Male and Female Students of a Tertiary Institution in Jos, Plateau State, Nigeria

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Received: 20 May 2020

Published: 26 May 2020

**Keywords:** *Gender-Based Violence; Students; Tertiary Institution; Plateau State*

### Abstract

#### Background

It is evident worldwide that females are the main victims of Gender-based violence (GBV), nevertheless, there is evidence that males also experience this pervasive human rights violation. Tertiary institutions have been reported as an environment which perpetuates GBV for both sexes. It presents in different forms and magnitude resulting in serious physical, mental and emotional health consequences. This study was aimed at assessing the prevalence, forms and predictors of GBV among female and male students in a tertiary institution.

## Methods

A cross-sectional study was conducted among 375 students of a tertiary institution in Jos, Plateau State who were selected using a multi-stage sampling technique. Data was collected using a self-administered questionnaire and analyzed using Epi info version 3.5.4. A p value of  $\leq 0.05$  was considered statistically significant.

## Results

Ages of respondents ranged from 17 to 49 years with a mean age of  $22.8 \pm 3.7$  years. There were 203 (54.1%) males and 172 (45.9%) females. About half of the students (50.7%) had experienced some form of violence and 60 (31.7%) believed it was attributed to their gender. More females experienced GBV (41.9%) compared to males (23.2%). The males experienced more physical violence than the females ( $p=0.323$ ) while emotional violence was experienced more by males than females ( $p=0.403$ ) though not statistically significant in both categories. However, females experienced more sexual violence than the males and the difference was statistically significant ( $p=0.002$ ). Rape was reported by 13.6% of males but more (86.4%) among females ( $p < 0.001$ ). Factors significantly associated with GBV were the female sex ( $p < 0.001$ ); being in the Law department ( $p < 0.001$ ); substance use ( $p=0.047$ ) and alcohol consumption ( $p=0.018$ ). Some of the effects of GBV were social withdrawal (35.3%), STI (31.6%), HIV (5.3%) unintended pregnancy (21.1%) and depression (20.2%).

## Conclusion

Gender-based violence prevalence in this tertiary institution is high affecting both males and females with resultant short and long-term effects. Relevant targeted interventions such as sexuality education are necessary for both male and female students for the prevention of GBV in tertiary institutions.

## Introduction

Gender-based violence (GBV) is a major public health issue that affects everyone and the youth in educational institutions are not left out, it refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature from intimate and non-intimate partners. It exacts harm on women, girls, men and boys. GBV is a violation of human rights. It denies the human dignity of the individual and harms human development [1,2].

A study conducted by World Health Organization found that schools and universities were significantly vulnerable to GBV [3]. However, this problem is not well addressed and sometimes tolerated in these educational institutions which are expected to keep children, adolescents and young adults safe and protected [4]. GBV in educational institutions is a grave impediment to the right to education and learning. Many cases of violence in educational institutions is usually under the radar and taken for granted thereby going unnoticed, unpunished and often condoned. Even though GBV for whatever reason should not be condoned,

some factors have been linked to the exposure some of which include but are not limited to vulnerability on the part of students such as inability to pay school fees, being a female, intimate relationships and peer pressure. Female students living in poverty are at particular risk of sexual exploitation, often accompanied by increased exposure to HIV [2,4]. Evidence from Sub-Saharan Africa (SSA) study showed high rates of GBV in educational institutions [2]. In a study among female students in a university in Southern Ethiopia, the study revealed different forms of violence ranging from rape, verbal harassment, and forced sexual initiation which could result to various detrimental effect [5].

GBV has several detrimental effects on those affected, students who experienced gender-based violence were more likely to report low school achievement and an increased school dropout rate compared to non-abused students [6]. Other effects of GBV that have been documented include injuries, sexual and reproductive health issues, mental health disorders, sexually transmitted infections (STIs), gynecological disorders, adverse pregnancy outcomes, an increased risk of non-communicable disease [7,8]. This reveals that educational institutions are high risk spaces for GBV and that urgent intervention is needed to make educational institutions free of violence. Several studies on GBV in educational institutions focus on females leaving out the males. This has led to a paucity of information on this public health problem among Nigerian students and more so among male undergraduates which informs the decision to carry out this study. This study therefore, aimed to determine experiences and forms of GBV among both male and female University students in Plateau State, Nigeria.

## Methods

This study was carried out in the University of Jos. It is one of forty-three federal Universities in Nigeria, located in Jos, the Plateau State capital. There are 12 faculties in the University: Agriculture, Arts, College of Health Sciences, Education, Engineering, Environmental Sciences, Law, Management Sciences, Natural Sciences, Pharmaceutical Sciences, Social Sciences, Veterinary Medicine. It has a health center, a youth center, football field and open air theatre for recreation and has a total estimated student population of about 22, 450 [9].

This was a cross-sectional study among undergraduate students using quantitative methods of data collection. The study population comprised of male and female eligible undergraduate students of the selected departments in the University who consented to participate in the study.

Sample size was determined using the Cochrane formula for sample size determination for cross sectional studies. A minimum sample size of 375 was obtained after adjusting for non-response.

Participants were selected using a multistage sampling technique. The first stage was a purposive selection of the University of Jos being the largest tertiary institution in the State, in the second stage, four faculties (Law, Health sciences, Natural Sciences and Social Sciences) were selected from the 12 faculties in the University through simple random sampling technique by balloting. One department each from the 4 faculties was then selected through simple random sampling technique by balloting (Departments of Psychology, Law, Medicine and Chemistry) in the third stage. In the final stage, proportionate allocation was carried out to select 375 students who met the inclusion criteria due to the heterogeneity in departmental student sizes.

Thereafter, data was collected using a semi-structured, self-administered questionnaire which was pretested among students in the Plateau State Polytechnique to determine areas of ambiguity and changes were made where applicable. The questionnaire had four sections which sought information on respondents' sociodemographic variables, their experience of GBV and possible forms experienced. It also explored the effects GBV experienced had on their physical, social, mental and sexual and reproductive health and well-being.

Data were organized into Microsoft Excel Spreadsheet, and was analysed and processed using Epi info version 3.5.4. Quantitative variables were described using mean and standard deviation and are summarized in frequency tables and graphs. Chi-square was used to test significance between proportions and compare qualitative variables such as form of GBV experienced and gender and a p-value of  $\leq 0.05$  was considered statistically significant.

Ethical clearance was obtained from the Jos University Teaching Hospital human research ethics committee. Permission was then obtained from the dean of selected faculties and the heads of the four departments. In seeking for these permissions, the aims and objectives of the study and benefits were clearly spelled out in the application. The objective of the study was also explained to the respondents, and an informed written consent was obtained before the administration of the questionnaire. Confidentiality and anonymity was ensured and maintained.

After the collection of data from participants, they received health education focusing on recognising GBV and its prevention through refusal skills and learning about consent.

## Results

The mean age of respondents in this study was  $22.8 \pm 3.7$  years with 212 (56.5%) of them aged between 21-25 years. More of the respondents were males 203 (54.1%) compared to females 172 (45.9%). Majority of respondents were single (340, 90.7%) and Christians (346, 92.3%) while 160 (42.7%) were from Plateau State and about a third each (123, 32.8%) were in 200 and 400 levels respectively (Table 1).

**Table 1:** Socio-demographics of respondents (n=375)

Characteristics	Frequency	Percentage (%)
<b>Age (years)</b>		
<21	96	25.6
21-25	212	56.6
26-30	56	14.9
>30	11	2.9
(Mean Age = $22.8 \pm 3.7$ years)		
<b>Sex</b>		
Female	172	45.9
Male	203	54.1

<b>Marital status</b>		
Married	33	8.8
Single	340	90.6
Separated/divorced	2	0.6
<b>Level</b>		
100	18	4.8
200	123	32.8
300	55	14.7
400	123	32.8
500	56	14.9
<b>Ethnicity</b>		
Hausa	19	5.1
Igbo	40	10.7
Yoruba	29	7.6
Plateau indigenous	160	42.7
Others*	127	33.9
<b>Religion</b>		
Christianity	346	92.2
Islam	25	6.7
Others**	4	1.1
<b>Residence</b>		
Home	67	17.9
Hostel	84	22.4
Off-campus	224	59.7

\*Other religions include -African traditional religion and atheism.

\*\*Other ethnic groups include -Idoma, Tiv, Eggon, Igala, Fulani and Ibibio.

About half of the students 190 (50.7%) had experienced some form of violence and 119 (31.7%) believed it was attributed to their gender. More females experienced GBV 72 (41.9%) compared to males 47 (23.2%). See Table 2.

**Table 2:** *Prevalence of Violence and Gender-based violence among respondents*

Characteristics	Male (%) n=203	Female (%) n=172	Total (%) n=375
Any form of violence	92 (45.3)	98 (57)	190 (50.7)
GBV	47 (23.2)	72 (41.9)	119 (31.7)

Table 3 below shows that more males 64 (52%) experienced physical violence compared to the females 59 (48%) though not statistically significant ( $p=0.323$ ). Emotional violence was experienced more by males 72 (55.4%) than females 58 (44.6%), though not statistically significant ( $p=0.403$ ). However, comparatively, more females 51(60%) reported an experience of sexual violence than the males 34 (40%) and the difference was statistically significant ( $p=0.002$ ). Attempted rape was reported by 19 (61.3%) females and 12 (38.7%) males ( $p=0.0537$ ). Whilst experiences of rape was less among male students 3 (13.6%) compared to female students 9 (86.4%). This was found to be statistically significant ( $p <0.001$ ).

**Table 3:** *Forms of violence experienced among respondents (multiple responses)*

Characteristics	Males (%)	Females (%)	Total (%)	$\chi^2$	p value
Physical	64 (52.0%)	59(48.0%)	123(100%)	0.2116	0.3225
Emotional	72 (55.4%)	58(44.6%)	130(100%)	0.0602	0.4034
Sexual	34 (40.0%)	51(60.0%)	85(100%)	8.1218	0.0022*
<b>Physical</b>					
Slapped	20(43.5%)	26(56.5%)	46(100%)	1.9332	0.0824
Shoved	5(50.0%)	5(50.0%)	10(100%)	0.0031	0.5186
Object thrown	5(50.0%)	5(50.0%)	10(100%)	0.00311	0.5186
Kicked	4(44.4%)	5(55.6%)	9(100%)	0.0634	0.3981
Beaten	11(55.0%)	9(45.0%)	20(100%)	0.0227	0.5612
Dragged	8(42.0%)	11(58.0%)	19(100%)	0.7117	0.1993
Bitten	(54.5%)	5(45.5%)	11(100%)	0.0780	0.6121
Others	4(80.0%)	1(20.0%)	5(100%)	0.5138	0.2418
<b>Emotional</b>					
Criticized Threatened	32(65.3%)	17(34.7%)	49(100%)	2.3398	0.0622
Publicly/ embarrassed	29(50.0%)	29(50.0%)	58(100%)	0.2957	0.2928
Demeaning remarks	18(48.6%)	19(51.4%)	37(100%)	0.2825	0.2968
Verbally Insulted	20(47.6%)	22(52.4%)	42(100%)	0.5399	0.2309
Others	3(60.0%)	2(40.0%)	5(100.0%)	0.0349	0.5776
<b>Sexual</b>					
Unwelcome sexual touch	18(47.4%)	20(52.6%)	38(100%)	0.5057	0.2381
Attempted rape	12(38.7%)	19(61.3%)	31(100%)	2.5960	0.0537*
Raped	3(13.6%)	19(86.4%)	22(100%)	13.7529	0.0000*
Unwanted sexual jokes	13(44.8%)	16(55.2%)	29(100%)	0.7276	0.1967
Others	1(50.0%)	1(50.0%)	2(100%)	0.3526	0.7076

Table 4 below depicts factors significantly associated with an experience of GBV were the female sex ( $p < 0.001$ ); being in the Law department ( $p < 0.001$ ); substance use ( $p = 0.047$ ) and alcohol consumption ( $p = 0.018$ ).

**Table 4:** Factors associated with GBV

Characteristics	Yes (%)	No (%)	Total (%)	$\chi^2$	p
<b>Age (years)</b>					
<21	51(33.6)	101(66.4)	152(100)	1.2208	0.7480
21-25	57(31.3)	125(68.7)	182(100)		
26-30	9 (30.0)	21 (70.0)	30(100)		
>30	2 (18.2)	9(81.8)	11(100)		
<b>Sex</b>					
Male	47 (23.2)	156 (76.8)	203(100)	14.1911	0.0001*
Female	72 (41.9)	100 (58.1)	172 (100)		
<b>Department</b>					
Medicine	27 (22.9)	91 (77.1)	118 (100)	22.1386	0.0001*
Law	49 (50.5)	48 (49.5)	97 (100)		
Psychology	19 (24.7)	58 (75.3)	77 (100)		
Chemistry	24 (28.9)	59 (71.1)	83 (100)		
<b>Ethnicity</b>					
Hausa	5(26.3)	14 (73.7)	19(100)	0.4045	0.9821
Yoruba	10(34.5)	19 (65.5)	29(100)		
Igbo	13(32.5)	27 (67.5)	40(100)		
Plateau	50(31.3)	110 (68.8)	160(100)		
<b>Residence</b>					
Hostel	30(35.7)	54(64.3)	84(100)	1.8236	0.3880
Off campus	65 (29.0)	159 (71.0)	224(100)		
Home	24 (35.8)	43(64.2)	67(100)		
<b>Smoking</b>					
Non-smokers	23 (44.2)	29 (55.8)	52 (100)	4.1815	0.0177*
Smokers	93 (44.5)	116 (55.5)	209 (100)		
<b>Substance use</b>					
Users	10 (71.4)	4(28.6)	14(100)	2.5107	0.0469*
Non users	105 (42.5)	142 (57.5)	247(100)		

\*Statistically significant

Table 5 shows some of the effects GBV had on the students. Half (50%) of the respondents who had physical effects reported bruises. About one-third (35.3%) of those who had social effects reported social withdrawal as well as one-third (36.8%) of reported health effects had impaired sexual function, 31.6% had STI and 21.1% had unintended pregnancy. 22.8% of those who reported psychological effects had mood changes. Of the reported economic effects, 16.8% spent money while 12.1% lost money as a result. The academic performance was affected among 15.8% of the respondents and 40% reported having difficulty in studying as a result.

**Table 5: Effects of GBV on respondents**

Characteristics	Frequency	Percentage (%)
<b>Physical effects</b>		
Bruises	22	50.0
Dislocation	9	20.5
Wound	8	18.2
Broken bones/teeth	3	6.8
Others	2	4.5
<b>Social effects</b>		
Social withdrawal	42	35.3
Stigmatization	21	17.6
Poor social relationship	26	21.8
School absence	14	11.8
Marital disharmony	2	1.7
Substance use	4	3.4
Sexual activities	9	7.6
Others	1	0.8
<b>Health effects</b>		
STI	6	31.6
HIV	1	5.3
Unwanted pregnancy	4	21.1
Impaired sexual function	7	36.7
Others	1	5.3
<b>Psychological effect</b>		
Depression	39	20.2
Low self-esteem	33	17.1
PTSD	9	4.7
Violence	14	7.3
Mood changes	44	22.8

Irritability	17	8.8
Suicidal thoughts	12	6.2
Loss of trust in opposite sex	23	11.9
Others	2	1.0
<b>Effects on academics</b>		
Difficulty studying	12	40.0
Poor performance	18	60.0

## Discussion

The mean age of respondents in this study was  $22.8 \pm 3.7$  years which was similar to studies in Rivers, Kano, Osun, and Borno States indicating the average age of students in tertiary institutions [10-13]. There were more males than females in this study and this was in contrast to respondents in similar studies of GBV in Ethiopia with more females, while other studies in some States in Nigeria were all females probably because most GVB studies target females with very few considering males [10-14]. Majority of respondents in this study were single and this was similar to studies in Port Harcourt and Kano State [10,11]. In this study, more than half of the students resided off campus than on campus and this was similar to the Kano study where majority (61.2%) resided off campus [11]. This is probably due to the insufficient number of hostels especially in government-owned universities which may influence their safety and expose them to violence.

The prevalence of GBV in this study was 31.7%. This was lower than the lifetime prevalence of GBV in Ethiopia among female high school students and among those who had experienced GBV during the current academic session [15]. Findings from this study indicate that more females in this study experienced GBV compared to males. In Kano State, more than half of the female students had experienced one or more forms of GBV [11]. The prevalence of GBV in this study was highest among respondents aged <21 years of age but this was not statistically significant. This was at variance with the study in Kano State where the prevalence of GBV was highest among female students aged 20-24 years though findings were also not statistically significant [11]. In a study by the California Coalition against Sexual Assault (CALCASA), it was found that females on college campuses aged 18-24 years were at greater risk for becoming victims of sexual assault, domestic violence and stalking than women in the general population [16]. Another study in Norway revealed that women aged 18-20 years experienced sexual harassments significantly more than the older age groups [14]. This could be attributed to adaptive mechanisms among students in the older age groups in developing skills in self- protection and preservation from GBV over the years compared to new students

Gender-based violence occurs in several forms, these include physical, emotional, sexual among others [1,14]. In this study, males experienced more physical violence than the females though not statistically significant ( $p=0.323$ ). In a similar study in Kano State, 22.8% of the female respondents had experienced physical violence and this was lower than the proportion of females who experienced physical violence in our study [11]. This could be attributed to under-reporting or variation in the definition of physical violence studies [14]. Findings among Brazilian university students, in another study reported males experiencing

more physical violence than females but both males and females were almost equal perpetrators of physical violence [17]. The most common type of GBV reported in this study was emotional violence and was experienced more by males than females though not statistically significant ( $p=0.403$ ). This was similar to the study in Kano State where emotional and verbal violence were found to be the most prevalent of all forms of GBV [11]. In a study on dating violence in Maiduguri, Borno State, emotional abuse was the most experienced among students and more among women than men [18]. This was similar to a study in Brazil where more females experienced psychological violence than males. However none of these associations were statistically significant [17].

In our study, the prevalence of sexual violence was significant and was experienced by more females than males ( $p=0.002$ ). This was corroborated by a study carried out among Norwegian students with a reported lifetime sexual harassment prevalence of 24.2% (women 31.3%, men 8%). Women reported substantially more sexual harassment than men [14]. This finding is in contrast to the Brazilian study where more males experienced sexual violence than their female counterparts and males also perpetrated sexual violence compared to the females [18]. However, findings in Kano State, revealed that nearly a quarter of female respondents had been sexually abused; in Port Harcourt about half of the female students had experienced sexual violence; with same finding in Maiduguri and in Ibadan where more than half of the undergraduate female students had experienced at least one form of sexual abuse in the past [10,11,19,20]. This variation can be attributed to the mixed gender population in our study compared to the female-only study population in the other studies.

In this study, both rape and attempted rape was experienced and reported by both females and males, this is usually not the norm as many believe only females are raped. However, the experience of actual rape was higher among females than the males. This is in contrast to the Norwegian study in which rape and attempted rape were experienced by a small proportion of the study population [14]. Other forms of sexual violence experienced by students included fondling/grabbing of sensitive body parts, unwanted sexual remarks and sending unwanted sexual messages just like it is reported in other studies [10,19,20].

Gender-based violence in our study was said to occur in various places, the most common of which was the hostel, closely followed by the home, on the road, in a lecturer's office, at the bar, and in the partner's home. In Port Harcourt, most acts of violence occurred in the perpetrators residence, while others occurred in the hostel and in the classroom [10]. In Maiduguri, majority of the assaults occurred in parties while others occurred in lecture room, hostels or in the bushes around the University campus. Most of the sexual assaults occurred in the evenings and night [20]. Similar places have been mentioned in all the studies indicating areas students need to be more careful being alone or at odd hours to prevent such occurrences.

Factors significantly associated with GBV in this study were the female sex; being in the Law department; substance use and alcohol consumption. This reflects some similarity with the findings in Port Harcourt and Kano where GBV was attributed to many diverse factors [10,11]. One wonders for example why GBV should be associated with level of study or some faculties or department. Perhaps further qualitative studies will be successful in exploring the association between faculties and an experience of GBV. Lack of regards for equality is obviously the reason for higher cases of GBV among particular gender and marital status

and in some cases ethnicity. We cannot agree less about the need for equality in every sphere of life if we desire meaningful development and respect for human rights. GBV have also been associated with other factors, the study in Ethiopian found that sexual conduct, alcohol consumption and growing up in families where violence was perpetrated were risk factors linked to higher chances of being violated [14].

The effects of GBV are detrimental and varied. These effects range from physical, emotional, mental, health and economic amongst others. In this study, half of the respondents who had physical effects reported bruises, about one-third reported social withdrawal as well as health effects such as impaired sexual function and STI and others had unintended pregnancy. Psychological effects such as mood changes was reported by some of the respondents. Others reported difficulty in studying with poor academic performance as a result of the traumatic experience of GBV. This calls for an intervention which was not part of this study considering that there might be under-reporting of cases as a result of social desirability bias because of the sensitive nature of the questions [21].

## Conclusion

Gender-based violence prevalence in this tertiary institution is high affecting both males and females with resultant short and long- term effects. Emotional forms of GBV is the most prevalent form in this study and sexual violence was seen more among females than males. The female gender and an abuse of substances was the most associated with an experience of GBV.

## Recommendation

Further qualitative research may lend more insight into the interrelationships of significant factors and an experience of GBV among students in tertiary institutions. Relevant targeted promotive and preventive interventions such as sexuality and sexual health education are necessary to teach both males and female students how to recognize GBV, teach refusal skills and the importance of consent to prevent this public health problem and abuse in tertiary institutions.

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