Gender inequality in education: An Investigation into the effects of School Management Practices on Health Behaviours of Female Students. (A Study of Selected Senior Secondary Schools in Lagos State)

GENDER INEQUALITY IN EDUCATION: An Investigation into the effects of School Management Practices on Health Behaviours of Female Students.

(A Study of Selected Senior Secondary Schools in Lagos State).

BY

EYANUKU JULIUS PAUL

UB: 14004399

SUBMITTED FOR THE DEGREE OF PHILOSOPHY

PhD

SCHOOL OF HEALTH STUDIES

DIVERSITY AND INCLUSION MANAGEMENT

UNIVERSITY OF BRADFORD, UK

OCTOBER 2020

ACKNOWLEDGEMENTS

I would like to appreciate all the students, teachers and principals, who participated in this study.

My deepest appreciation goes to Professor Udy Archibong and Dr.Sean Walton for their support and excellent supervision throughout the course of this study.

I would also like to thank my wife, Lola and my children, Samuel, George and Emmanuel for their understanding and support.

Finally, to my friends and colleagues, I say a very big thank you for the support and encouragement .

ABSTRACT

This research explores gender inequality in education, with a focus to examine the implications of gender disparities in schools on girls' health and education. The study sought to investigate whether school management practices is a possible factor impacting the health behaviours of female students in senior secondary schools in Lagos, Nigeria. The study employed mixed methods design and gathered primary data in two consecutive phases, in line with sequential explanatory design. Data in Phase one was gathered through the use of questionnaire while phase 2 gathered primary data using semi-structured interviews to complement survey data. The sample frame included 2 public secondary schools, 42 students, 9 teachers, 1 vice principal and 2 principals. Quantitative data were analyzed using Statistical Package for Social Sciences (SPSS), while qualitative data were analyzed with help of ATLAS.ti. The findings of the study revealed school related barriers that influence high absenteeism and dropout among girls. Further findings also show the schools lack appropriate school management policies that promote healthful behaviours and encourage positive learning environment for girls. The researcher recommends leadership and school management training for school principals and their deputies, improving quality of health instruction in the curriculum, developing strict policy against school-related gender-based violence and adopting health-promoting policies.

Key words: Behaviour, Diversity, Education, Health behaviour, Gender, Gender inequality, School, School management practices, Secondary school, Students.

ACKNOWLEDGEMENTS

I would like to appreciate all the students, teachers and principals, who participated in this study.

My deepest appreciation goes to Professor Udy Archibong and Dr.Sean Walton for their support and excellent supervision throughout the course of this study.

I would also like to thank my wife, Lola and my children, Samuel, George and Emmanuel for their understanding and support.

Finally, to my friends and colleagues, I say a very big thank you for the support and encouragement .

TABLE OF CONTENTS

Cover page i
Abstract ii
Acknowledgement iii

Chapter One: Introduction 1
1.1 Introduction 1
1.2 Background to the Study 3
1.3 Research Questions 5
1.4 Aims and Objectives of the Study 5
1.5 Significance of the Study 6
1.6 Limitation and Scope of the Study 8
1.7 Summary of Chapter one 9

Chapter Two: Literature Review 10
2.1 Introduction 10
2.2 Search Strategy 11
2.3 Eligibility Criteria 12
2.4 Quality Assessment 13
2.5 Literature Review 20
2.5.1 Gender and Inequality 20
2.5.2 Gender Inequality in Nigeria 29
2.5.3 Gender – based Violence 33
2.5.4 Impacts of COVID-19 on Women and girls 43
2.6 Gender Inequality in Education 45
2.6.1 The Concept of Education 45
2.7 Education and Health Behaviours 51
2.7.1 Health Behaviours 51
2.7.2 Effect of Education on Health 52
2.7.3 Health Literacy 54
2.8 School Management and School Climate 60
2.8.1 School Management Practices and Students' Performance 60
2.8.2 School Management 60
2.8.3 Available health programs in Nigeria Schools 65
2.8.4 Time and Resources allocated to Health instructions in the School 66
2.8.5 School Management Practices and School Climate 68

2.8.6 School-Related Gender-Based Violence....70
2.8.7 School Policy on Sexual Harassment....73
2.9 Summary of Chapter Two....75
Chapter Three: Methodology....76
3.1 Introduction....76
3.2 Review of Research Questions....76
3.3 Pragmatism....76
3.3.1 Ontology and Epistemology....78
3.4 Methodology....83
3.5 Mixed Method Design....84
3.5.1 Rationale for choosing a Mixed Method Design....85
3.6 Sampling Technique....87
3.6.1 Multi-Stage Sampling....87
3.7 Sources of Data....90
3.8 Research Design....90
3.8.1 Mixed-Methods Sequential Explanatory Design....90
3.9 Data Analysis....99
3.10 Thematic Analysis....99
3.11 Trustworthiness of the Study....100
3.12 Ethical Consideration....104
Chapter Four: Presentation of Findings: Phase 1....160
5.1 Introduction....160
5.2 Sampling Approach....160
5.3 Exploration of Findings....165
Chapter Five: Presentation of Findings: Phase 2....160
4.1 Introduction....107
Chapter Six: Discussion of Findings....222
6.1 Introduction....222
6.2 Discussion of Findings (Phase 1)....227
6.3 Discussion of Findings (Phase 2)....239
6.4 Summary of Findings based on Themes....248
6.5 Summary from Document Analysis....250
6.6 Strengths of the Study....251
6.7 Limitations of the Study....253

Chapter Seven: Conclusions and Recommendations....255
7.1 Introduction....255

7.2 Conclusion 255
7.3 Recommendations 259
7.4 Further Recommendations for future Research 264
References 265
Appendix I: Research Participants Information Sheet for Female Students only 288
Appendix II: Research Participants Information Sheet for Principals and Teachers 290
Appendix III: Consent form 293
Appendix IV: Questionnaire to assess Female Students' Practices, Knowledge and Attitude to Health 294
Appendix V: Interview Guide to Teachers and School Principals 300

List of Tables

Table 2.1: Showing a summary of Primary studies reviewed 16
Table 2.2: Critical Appraisal Skills Programme (CASP) Checklist for Qualitative Studies 17
Table 2.3: Clearinghouse Labor and Evaluation (CLEAR) Checklist for Qualitative Studies 18
Table 3.1: Inclusion and Exclusion criteria for Students 94
Table 3.2: Inclusion and Exclusion criteria for the Interview Phase 98
Table 4.1: The number of Schools in the selected Local Government Area of Lagos State 108
Table 4.2: Showing Question Groups 111
Table 4.3: Showing number of Participants and number of Valid Questionnaires returned 112
Table 4.4: Questionnaire item 1 (Q1) 113
Table 4.5: Questionnaire item 2 (Q2) 115
Table 4.6: Questionnaire item 3 (Q3) 116
Table 4.7: Questionnaire item 4 (Q4) 118
Table 4.8: Questionnaire item 5 (Q5) 119
Table 4.9: Questionnaire item 6 (Q6) 120
Table 4.10: Questionnaire item 7 (Q7) 121
Table 4.11: Questionnaire item 8 (Q8) 123
Table 4.12: Questionnaire item 9 (Q9) 125

Table 4.13: Questionnaire item 10 (Q10) 127
Table 4.14: Questionnaire item 11 (Q11) 129
Table 4.15: Questionnaire item 12 (Q12) 131
Table 4.16: Questionnaire item 13 (Q13) 132
Table 4.17: Questionnaire item 14 (Q14) 134
Table 4.18: Questionnaire item 15 (Q15) 135
Table 4.19: Questionnaire item 16 (Q16) 137
Table 4.20: Questionnaire item 17 (Q17) 139
Table 4.21: Questionnaire item 18 (Q18) 141
Table 4.22: Questionnaire item 19 (Q19) 143
Table 4.23: Questionnaire item 20 (Q20) 144
Table 4.24: Questionnaire item 21 (Q21) 146
Table 4.25: Questionnaire item 22 (Q22) 147
Table 4.26: Questionnaire item 23 (Q23) 149
Table 4.27: Questionnaire item 24 (Q24) 151
Table 4.28: Questionnaire item 25 (Q25) 153
Table 4.29: Questionnaire item 26 (Q26) 154
Table 4.30: Questionnaire item 27 (Q27) 155
Table 4.31: Questionnaire item 28 (Q28) 157
Table 4.32: Questionnaire item 29 (Q29) 159
Table 4.33: Questionnaire item 30 (Q30) 160
Table 5.1: Showing distribution of Participants by Job Title 162
Table 5.2: Distribution of Participants according to years of Teaching Experience 164
Table 5.3: Age distribution of Participants 164
Table 5.4: Distribution according to Gender 165
Table 6.1: Presentation of major Findings from the Survey 226
Table 6.2: Major Findings from the Interviews 236
Table 7.1: Assessment of the Knowledge Level and Perception of Health amongst Secondary School Girls 256

Table 7.2: Investigation of the Attitudes of Female Secondary School Students in Lagos State, Nigeria to Health Education 257

Table 7.3: Exploration of the Secondary School Management Practices in Lagos State and its impact on the Health Behaviour of Females Students 258

Table 7.4: Recommendations based on the In-School Barriers identified in the Study 263

List of Figures .....

Figure 2.1: PRISMA Flow Diagram 19
Figure 4.1:Participants responses to Questionnaire item 1 (Q1) 114
Figure 4.2:Participants responses to Q2 116
Figure 4.3:Participants responses to Q3 117
Figure 4.4:Participants responses to Q4 119
Figure 4.5:Participants responses to Q5 120
Figure 4.6:Participants responses to Q6 121
Figure 4.7:Participants responses to Q7 122
Figure 4.8:Participants responses to Q8 124
Figure 4.9:Participants responses to Q9 126
Figure 4.10:Participants responses to Q10 128
Figure 4.11:Participants responses to Q11 130
Figure 4.12:Participants responses to Q12 132
Figure 4.13:Participants responses to Q13 133
Figure 4.14:Participants responses to Q14 134
Figure 4.15:Participants responses to Q15 136
Figure 4.16:Participants responses to Q16 138
Figure 4.17:Participants responses to Q17 140
Figure 4.18:Participants responses to Q18 142
Figure 4.19:Participants responses to Q19 144
Figure 4.20:Participants responses to Q20 145
Figure 4.21:Participants responses to Q21 147
Figure 4.22:Participants responses to Q22 148
Figure 4.23:Participants responses to Q23 150
Figure 4.24:Participants responses to Q24 152
Figure 4.25:Participants responses to Q25 154
Figure 4.26:Participants responses to Q26 155
Figure 4.27:Participants responses to Q27 156

Figure 4.28:Participants responses to Q28.....158
Figure 4.29:Participants responses to Q29.....159
Figure 4.30:Participants responses to Q30.....161
Figure 5.1:Conceptual Framework 168
Figure 5.2:School A Participants views on the Research 169
Figure 5.3:Participants from School B's view about the Topic.....170
Figure 5.4: ATLAS.ti Network Output on Summary of Respondents' viewpoints on the Research topic..... 171
Figure 5.5: Teachers' perception of gender inequality in school A 173
Figure 5.6: Shows responses of School B Participants..... 174
Figure 5.7: ATLAS.ti Network Output on Summary of Participants Responses on Challenges faced by Females Students..... 177
Figure 5.8: ATLAS.ti Network Output on Reasons for abseentism among female students 181
Figure 5.9: ATLAS.ti Network Output on Preventing Drop-our rate among Female Students 186
Figure 5.10: ATLAS.ti Network Output on Importance of Health Programmes to Students 190
Figure 5.11:School A Participants on Health Education in School Curriculum.....194
Figure 5.12:School B responses on Health in School Curriculum 195
Figure 5.13:School A responses on Challenges of Teaching Health Education 197
Figure 5.14:School B Responses on Challenges of Teaching Health Education 198
Figure 5.15: School A Responses on Mode of Teaching Health Education 199
Figure 5.16: School B Responses on Mode of Teaching Health Education 200
Figure 5.17: School A Responses on Schools' Influence on Students' Health Behaviour 202
Figure 5.18: School B Responses on Schools' Influence On Students' Health Behaviour 203
Figure 5.19: School A Responses on Health Program Clubs in Schools..... 204

Figure 5.20: School B Responses on Health Program Clubs in Schools..... 205

Figure 5.21: ATLAS.ti Network Output on Functioning Health Programmes in Schools. 206

Figure 5.22: School A Responses on Teaching Sexual and Reproductive Health Education 207

Figure 5.23: School B Responses on Teaching Sexual and Reproductive Health Education 208

Figure 5.24: School A Responses On Teaching/Learning Materials For Health Education 209

Figure 5.25: School B Responses on Teaching/Learning Materials for Health Education 210

Figure 5.26: School A Responses on Inspection of Students to Assess General Cleanliness..... 211

Figure 5.27: School B Responses on Inspection of Students to Assess General Cleanliness..... 2120

Figure 5.28: School A Responses on Healthy Practices and Hygiene Behaviour among Students 213

Figure 5.29: School B Responses on Healthy Practices and Hygiene Behaviour among Students 214

Figure 5.30: ATLAS.ti Network Output on Provision made by the school to care for female student in crises..... 216

Figure 5.31: School A Responses on Reporting Cases of Sexual Harassments

..... 219

Figure 5.32: School B Responses on Reporting Cases of Sexual Harassments... 220

CHAPTER ONE

INTRODUCTION

1.1 Introduction

This research explores gender inequality in education, with a focus to examine the implications of gender disparities in schools on girls' health and education. The study also undertakes an empirical investigation into the effects of school management practices on health behaviours of female students of senior secondary schools in Lagos State. There is little definitive research in this area especially on senior secondary school students in Lagos, Nigeria. Therefore, this study focuses on this gap.

Globally, economies thrive on natural resources, innovations in technology, human capital and diversity. Diversity involves lack of discrimination as well as acceptance and recognition of individual differences along the lines of ethnicity, race, age, culture, sexual orientation, socio-economic status, physical abilities, beliefs, ideologies and gender.

Whilst gender is considered an important factor in economic, cultural and social stratification, it can also be an instrument for exclusion (United Nations Development Programme (UNDP), 2013). As such, gender inequality is a social phenomenon of disparity and unequal treatment of individuals based on their gender and it is a widespread social issue that constitutes a huge barrier to human development. Evidence from studies such as Prinsloo (2006) and Limoncelli (2010), highlight great concerns for the health of girls and women, as a result of gender-based discrimination that is entrenched in the socio-cultural practices of most societies,

particularly in developing countries (World Health Organization (WHO), 2011). Gender inequality is a global phenomenon that presents challenges to social and structural development.

While education plays an important role in challenging gender disparities and unequal societies, Limoncelli (2010) argued that the right to education is pivotal in exercising other human rights. Women and girls are severely disadvantaged without quality and inclusive education. As a result, they are denied the opportunity to learn about their rights. Limoncelli (2010) further explains that, gender inequality in education violates girls' rights to equal educational opportunities as their male counterparts. A 2012 report by Global Campaign for Education (GCE) listed Nigeria as one of the countries failing in availability of quality education for women and girls in Africa.

Although global agencies like The British Council (2014) and The World Bank Group (2017) reporting on girls' health and education highlighted huge gender gaps in education, global efforts to end gender inequality in education are gradually paying off. Prinsloo (2006) argued that children, irrespective of their gender, are now likely to have equal access to education, due to the fact that most countries in sub-Sahara Africa, including Nigeria now have free basic education. However, it is important to note that girls having equal access as boys, in relation to the rate of enrolment , does not necessarily translate to equal educational opportunities, equal retention or equal learning outcomes. Findings from several studies, including a study by United Nations Educational, Scientific and Cultural Organization (UNESCO) in 2005, on adult and youth education, revealed that female education rates were significantly

lower than male education rates in South and west Asia, Arab states and sub-Sahara Africa. Furthermore, Nmadu, Avidime, Oguntunde, Dashe, Abdulkarim, and Mandara (2010) and British council (2014) revealed that secondary school completion rate in Nigeria is lower for girls highlighting gender gaps in secondary education.

1.2 Background to the Study

Several studies, including Kobani (2014); Nmadu et al (2010) and Dauda (2007) have provided substantial evidence to show, that education is the most effective way to empower girls for lifelong success. Education teaches life skills that enable the girl-child to make positive life choices that will help her live longer and healthier. As such, the impact of girl-child education is astounding on all facets of human development. According to Aghion, Boustan, Hoxby & Vandenbussche (2005), education is vital to economic prosperity, this is proven by the rate of growth of developed countries. Investments in education are likely to provide highly skilled labour and technological innovations which are essential to economic growth. Summers (1993) argued that educating the girl-child offers the best hope of breaking the vicious cycle of female deprivation.

Education is an important tool that empowers women and girls, making them less vulnerable to gender-based violence, physical and psychological abuse. As highlighted by the British Council (2014) report on girls' education in Nigeria, the cumulative effects of not educating the girl-child may be detrimental to society, because, uneducated girls are at a higher risk of poverty, may end up less skilled with fewer life choices and ill-equipped to participate in the political, social and

economic development of their communities. Studies such as Uwameiye, and Iserameiya, (2013) Kakande (2008) and King and Hill (1993) have established links between poor education and maternal mortality, child mortality, HIV/AIDS, sexual exploitation and other forms of gendered violence. Therefore, educating a girl-child not only translates to potential long-term opportunity for advancement, but, also economic, social well-being and overall public health.

> *"Girls' health and education represent the best long term solutions to the existential problems facing the world. Girls' health and education is critical to balance"* - Jack Dorsey (CEO of Twitter Inc.) (2020).

The school is tasked with providing students with a series of learning experiences, with the aim of imparting knowledge, attitudes, values and skills required to be productive members of society (Manichander, 2016); and (Braun et al, 2010). Although the school environment offers a perfect terrain for learning and social interaction among students**,** Prinsloo (2006) argued that school dynamics may produce environments that are potentially dangerous to girls. The British Council (2014) report provided evidence that schoolgirls encounter several obstacles to quality education, such as bullying, sexual harassment, and other forms of school-related gender- based violence (SRGBV), that may jeopardize their educational achievements, thereby leading to under –participation, low educational achievement or dropout.

This study aims to demonstrate that educating the girl child goes beyond school enrolment and attendance. The study aims to investigate the learning environment and school climate to determine how they impact the quality of girls' education.

According to Bloom, Lemos, Sadun & Van Reenen (2014), school management practices could be a major reason for the disparities in the quality of education within and between countries. However, the fact that school management practices affect the health behaviours of female students of senior secondary schools is still vague.

1.3 Research questions:

The study addressed the following research questions:

i. What are the effects of gender inequality in education of female students in senior secondary schools in Lagos, Nigeria?

ii. Do school management practices affect the health behaviours of female students of the school?

1.4 Aims and Objectives of the Study

The primary aim of this research was to evaluate gender inequality in education, with a focus to investigate the effects of school management practices on health behaviours of female students using senior secondary schools in Lagos state, Nigeria.

The objectives of this research are to;

- assess the knowledge level and perception of health amongst secondary school girls;

- investigate the attitudes of female secondary school students in Lagos state, Nigeria to health education;

- explore secondary school management practices in Lagos State and its impact on the health behaviours of female students; and

- present relevant findings to draw attention to the problem and also present the research as a framework to be further developed for future policy recommendation.

1.5 Significance of the Study

Lagos is said to be a global city with the highest GDP in Nigeria, it is the most developed city in the country and one of the states with high concentration of schools. Lagos is located in the south-west with very large and extensive road networks, therefore, students in Lagos have more access to schooling compared to other parts of the country (United Nation-HABITAT, 2006; Hartley, Flew, Cunnigham, Keane & Banks 2012).

According to the British Council (2014), Nigeria has the highest number of out-of-school children in the world, majority of which, are girls. In Nigeria, most of the studies such as Nmadu et al (2010) and Kobani (2014), that investigates disparities in education, focus on Northern Nigeria or rural areas As a result, limited data exists for urban centres like Lagos.

The rationale for this study, originated from the researcher's concern for the number of out-of-school young girls in Lagos State and the prevalence of school-aged girls working as household maids, or observed hawking wares at various bus parks around Lagos during school hours. Of particular concern are the risks which these adolescent girls are constantly exposed to, and their vulnerability to different forms of gender-related abuse.

Studies such as Jayachandra (2014), Nmadu,et al (2010) and Linclove (2006), addressed educational disparities between boys and girls but failed to examine school management practices and school climate as potential determinants of girls' educational achievements. The enormous impact of female education has been established by several studies including Nmadu et al (2010) and Kobani (2014) but educating the girl child goes beyond enrolment, number of schools, availability of funds or study materials. Ensuring a safe, conducive and inclusive learning environment is paramount and this responsibility falls on the school management.

In order to answer the research questions, the researcher aims to explore more questions such as; Are schools girl-friendly? Do schools have strategies in place to encourage girls stay in school? Do schools have policies that ensure a safe and supportive learning environment for girls? Are schools employing best practices to promote equal educational opportunities? Do schools have facilities to support the health needs of adolescent girls? Do schools have programs that teach reproductive health? Are the health topics taught impactful for behavioural change? Seeking to fill these gaps, this study aims to investigate knowledge level, health habits and the school climate and how these factors influence schoolgirls' overall health and learning outcomes. The study has also aimed to investigate school organizational management and its implications for the health behaviours of female students.

The British Council (2014) report classified barriers to girl-child education into demand and supply obstacles. While demand-side barriers include challenges in accessing education, the supply-side barriers pertain to challenges within the school that disrupt girls' educational achievements. There is need to look into girl- child

education from a new perspective especially from the supply side. The researcher addressed supply-side barriers using secondary schools in Lagos State. The rationale for conducting this research in Lagos was because, Lagos is rarely considered in studies on disparities in education. The researcher hopes to use this study to draw attention to the plight of adolescent girls in schools and provide insights into the challenges that schoolgirls face, in order to encourage more studies to be carried out in this area. Thus, findings by the researcher on this study will contribute to the research gap discussed above.

1.6 Limitations and Scope of the Study.

The study could have benefited immensely from investigating a larger sample of schools from all the twenty Local Government Areas (LGAs) in Lagos State. However, due to time and financial constraints, the study was limited to only two Local government areas, randomly selected using simple random sampling. From each of the selected LGA, the researcher, using the lottery method, randomly chose one co-educational state government-owned school for the study. Simple random sampling technique was utilized, so as to eliminate bias in the study and also, because of practicability and to ease time constraint.

1.7 Summary of chapter one

Chapter one established that gender inequality in education is not only a problem of access to education for girls, it directly influences school retention and learning outcomes. While past studies have investigated access to education, this chapter identified the need to go beyond school enrolment and investigate the influence of school organizational management on schoolgirls' health and learning outcomes.

This Chapter presented questions that this study aims to provide answers to and also identified a gap in existing evidence, which is mostly focused on rural areas and the northern part of Nigeria. To contribute to the body of knowledge, this study will focus on Lagos State which is rarely considered in studies relating to gender disparities in education.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

A review of relevant literature was undertaken to provide a broad context and address fully the research aims and objectives. According to Hart (1998); Cronin, Ryan, & Coughlan (2008), literature review is an objective and critical evaluation of relevant research already undertaken. A literature review provides a framework for establishing the importance of a study, shape a larger problem to a narrower issue, build bridges between related topics as well as provide a benchmark for comparing results from other related findings (Creswell, 2014). This chapter begins with an overview of the search strategy, employed in order to conduct a comprehensive search of existing relevant research. The chapter further discusses the eligibility criteria and quality appraisal of literature discovered.

The review focuses on relevant literature to provide a sound background on gender inequality in education. Gender inequality is a broad phenomenon. As a result, the literature review begins by examining pertinent literature on gender inequality in general, to facilitate a deeper understanding of the compounding barriers that women and girls experience at family, societal and institutional levels. Gender discrimination not only affects the millions of women and girls living in Nigeria and sub-Sahara Africa, it has adverse effects on their future children and national development (United Nation Development Programme 2011; Muluneh, Stulz, Francis & Agho, 2020). Although gender inequality in education is not a new subject, Klasen (2002); Limoncelli (2010) identified the need to pay more attention to its effects, especially, its effects on girls' health and education. To this end, this chapter draws

together relevant literature that references critical statistics to paint a clearer picture of the reality of gender disparities in access to education, school participation, retention, completion rate, academic achievements and educational outcomes, to understand the nature of the issues arising from gender inequality in education, and the seriousness of the resulting effects. Finally, the chapter explores various literatures on school climate and school organizational management to seek whether school management practices is a possible factor contributing to girls' health behaviours.

The core research questions guiding this study are;

i. What are the effects of gender inequality in education on female students in senior secondary schools in Lagos, Nigeria?

ii. Do school management practices affect the health behaviours of female students in senior secondary school?

2.2 Search Strategy

For this study, literature search was conducted using electronic databases and journals to identify relevant literature and provide a critical in-depth evaluation into gender inequality in education, as well as explore factors that affect girls' retention, participation and learning outcomes. Literature was used to understand the topic, explore aspects of the central phenomenon and divide it into topical areas. A variety of literature, articles and policy documents were used to discuss each segment of the title. The literature search used search terms such as; 'effects', 'gender', 'inequality', 'education', 'school climate', 'disparity', 'female students', 'barriers', 'health behaviours', 'adolescent risky behaviours' 'unhealthy behaviours', 'school management practices', 'school policies', 'school curriculum', 'national curriculum',

‘high school students’, secondary school students’, ‘United kingdom’, ‘Sub-Sahara Africa’, ‘Nigeria’, to enhance the relevance of the citations retrieved from the various electronic databases.

Boolean operators ‘AND’ and ‘OR’ were used with the search terms to narrow and broaden the search respectively. Literature search was limited to publications in English language only. The search strategy was based on selected electronic databases such as Applied Social Science Index and Abstracts (ASSIA), Health Management Information Consortium (HMIC), Diversity Unit–British Council, ProQuest, Google Scholar and Education Research Information Centre (ERIC).

2.3 Eligibility Criteria

The following criteria were considered during the screening process;

i. the paper had to be published in English

ii. the paper had to be published between 1990 and 2020.

iii. for primary studies, the study had to be conducted in Nigeria or a developing country

iv. the paper had to contain primary data (qualitative, quantitative or mixed).

Although there are a lot of studies exploring gender inequality in education, girls’ access to education and barriers to girls’ education, studies related to school management practices and girls’ educational outcomes are limited. A preliminary literature search returned a total of 1,301 articles, duplicates were excluded leaving 859 papers and the title of each paper was screened for relevance to the research questions leaving 370 papers. 235 abstracts were excluded because they were not

consistent with the eligibility criteria. However, 81 policy papers and 38 articles that are relevant to the study and met eligibility criteria 1 and 2 were retained. The PRISMA flow diagram (figure 2.1) summarizes the selection of literature.

Retrieved papers for primary studies were limited to those conducted in Nigeria and some other developing countries. The rationale for this selection was because the outcomes of gender inequality studies and educational management studies conducted in developed nations do not reflect the same reality as developing countries. The search was limited to studies published in English between January 1990 and December 2020.

2.4 Quality Assessment

Quality appraisal was done to assess the quality of the primary studies that met the inclusion criteria to evaluate each study's key strengths and limitations. Two different tools were used for this purpose; The Critical Appraisal Skills Programme (CASP) qualitative checklist was used to appraise the quality of the qualitative studies. The CASP checklist comprised of ten questions organized under three broad topics to be considered when appraising a qualitative study (Critical Appraisal Skills Programme, 2017). The researcher also adapted ten questions from The Clearinghouse for Labour Evaluation and Research (CLEAR) checklist for reviewing quantitative studies, the questions adapted covered areas such as study design, data quality, data collection, study sample, analysis methods, findings and conclusions. Like CASP, CLEAR quantitative checklist does not use a scoring system, however, both tools require a 'yes' or 'no' or 'can't tell' response to each question on the checklist (Clearing for Labor Evaluation and Research, 2014).

A total of 16 primary studies that met the eligibility criteria, were reviewed for this study (see table 2.1 below). There were 7 quantitative, 4 qualitative and 5 mixed methods studies. The primary studies were published between 2005 and 2019, eleven of the studies were conducted in Nigeria, four were conducted in Kenya while one was conducted in Cameroon.

For clarity, the literature was organized under the following subheadings.

- Gender and inequality
- Gender inequality in Education
- Education and Health Behaviour
- School management and school climate
- School Management Practices and Students' Performance

Table 2.1 below shows a summary of the primary studies reviewed for this study.

Author(s)	Year	Methodology	Country	Study /Theme
Aransiola et al	*2013*	*Qualitative*	*Nigeria*	*Unavailability of adequate reproductive health education in schools.*
Asiyanbola	*2005*	*Quantitative*	*Nigeria*	*Patriarchy and male dominance in households*
Darki and Onobumeh	*2014*	*Quantitative*	*Nigeria*	*Availability and application of school health services.*
Egbochukwu	*2007*	*Quantitative*	*Nigeria*	*Bullying in Nigerian schools*
Esere	*2008*	*Quantitative*	*Nigeria*	*Effects of sex educational studies on adolescents*

Kanga	*2005*	*Mixed*	*Kenya*	*Gender violence experiences and strategies of resilience among high school girls in Kenya:*
Kibui et al	*2014*	*Mixed*	*Kenya*	*Conflict Management*
Kobani	*2014*	*Quantitative*	*Nigeria*	*The impact of girl-child education on community development*
Nmadu et al	*2010*	*Quantitative*	*Nigeria*	*Factors affecting girl-child education*
Nwalo and Anasi	*2010*	*Quantitative*	*Nigeria*	*Access to and use of reproductive health information*
Nzoka and Orodho	*2014*	*Mixed Methods*	*Kenya*	*School management strategies and academic performance of students*
Olatunya et al	*2014*	*Mixed Methods*	*Nigeria*	*Health instructions in Nigerian schools*
Onyeonoro et al	*2011*	*Quantitative*	*Nigeria*	*Sources of reproductive health education for adolescent girls.*
Oruko et al	*2015*	*Qualitative*	*Kenya*	*Factors responsible for high dropout among adolescent girls*
Oshi et al	*2011*	*Qualitative*	*Nigeria*	*Cultural and social inhibitions to adequate reproductive health education.*
Wirba	*2015*	*Qualitative*	*Cameroon*	*Leadership Style*

Table 2.1: Showing a summary of Primary studies reviewed

Checklist for Qualitative studies

Was there a clear statement of the aims of the research?
Is a qualitative methodology appropriate?
Was the research design appropriate to address the aims of the research?
Was the recruitment strategy appropriate to the aims of the research?
Was the data collected in a way that addressed the research issue?
Has the relationship between researcher and participants been adequately considered
Have ethical issues been taken into consideration?
Was the data analysis sufficiently rigorous?
Is there a clear statement of findings?
How valuable is the research?

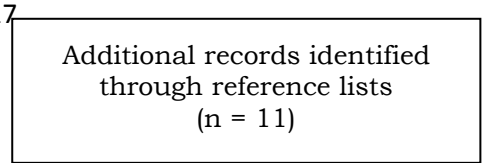
Table 2.2: Critical Appraisal Skills Programme (CASP) Checklist for Qualitative studies

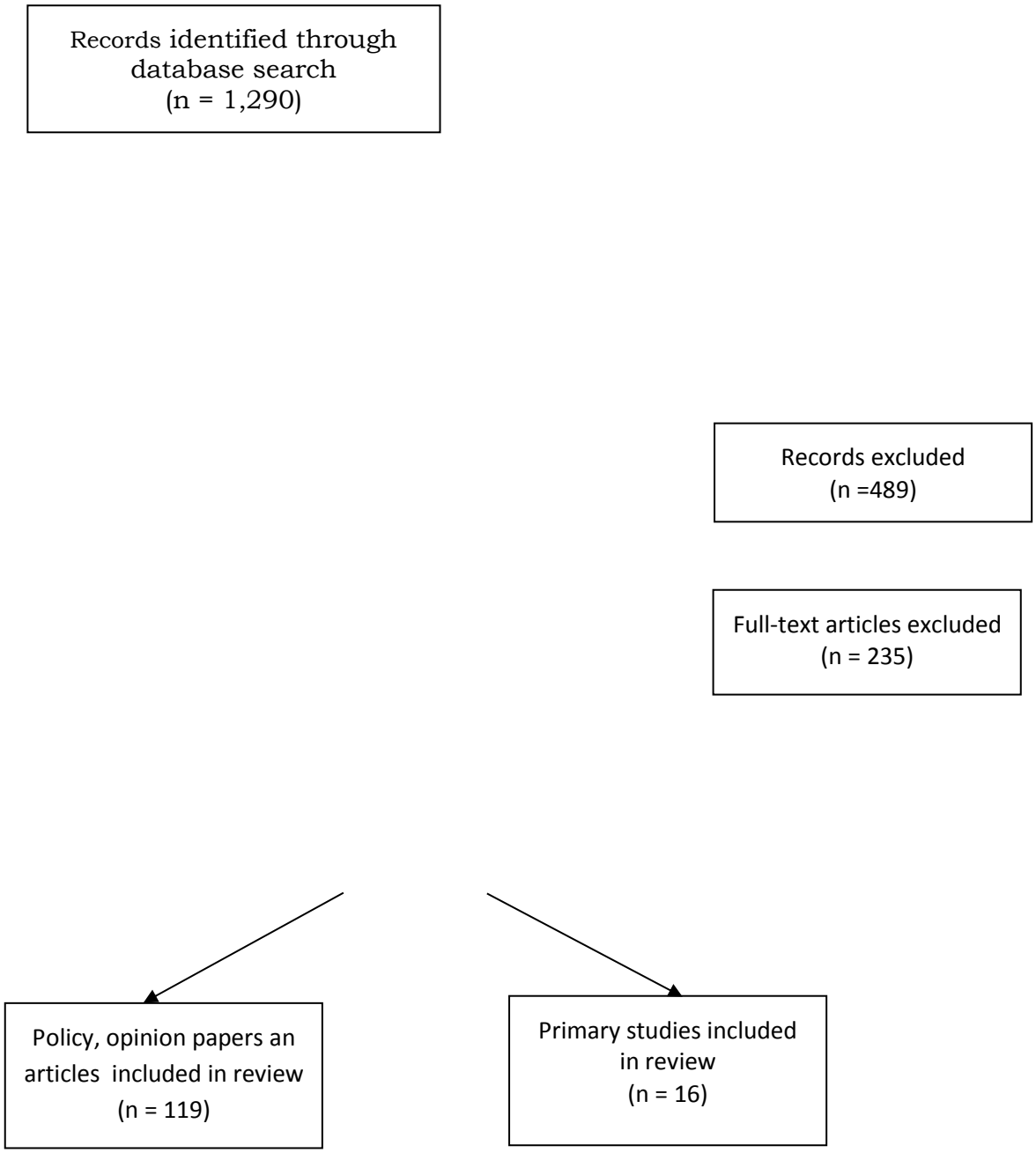
Checklist for Quantitative studies

Is the study design clear and appropriate for addressing the research?
Are key features of the design such as sampling design clearly described?
Are data sources clearly identified and appropriate for addressing the research questions?
Are data collection methods, sources and instruments clearly described and appropriate for the research questions?
Does data collection reflect methods that produce unbiased results?
Does the study examine a population relevant to the research questions?
Does the study discuss limitations of the sample and/or sampling procedure?
Are appropriate statistical procedures used?
Are findings fully supported by the data and analysis?
Are conclusions supported by the findings?

Table 2.3: Clearinghouse Labor and Evaluation Research (CLEAR) Checklist for Quantitative studies

Figure 2.1: PRISMA Flow Diagram




Records identified through database search (n = 1,290)
Records excluded (n =489)
Full-text articles excluded (n = 235)
Policy, opinion papers an articles included in review (n = 119)
Primary studies included in review (n = 16)

2.5 Literature Review

2.5.1 Gender and Inequality

The most basic categorization for individuals is the categorization by gender. Gender is a socially established definition of men and women with regards to functions, tasks and roles in the society. In most societies around the world, gender determines allocation of roles, job functions, control of resources and decision-making. According to United Nations-Habitat (2003) gender refers to cultural and social peculiarities and opportunities related with being female or male. Ridgeway and Correll (2004) explained gender as:

> *"an institutionalized system of social practices for constituting people as two significantly different categories; men and women, and organizing social relations of inequality on the basis of that difference".*

Similarly, Posey (2016) refers to the term 'gender' as the quality of belonging to a group of males or females and also the social expectations or roles attached to each group.

Inequality may be defined as lack of equality, evenness, regularity or uniformity (The Organisation for Economic Co-operation and Development (OECD), 2016). It may also refer to a condition of being unequal in size, amount, value or rank. Inequality refers to an uneven distribution of resources, or an unbalanced or unfair situation in which a particular group has more rights or better opportunities than others. Therefore, Gender Inequality describes the unequal treatment of individuals based on their gender.

World leaders gathered at the millennium summit in September 2000 and adopted 8 Millennium Development Goals (MDGs), with the aim of forming a global partnership to help developing countries attain development, by eradicating poverty and denial of basic human rights, as well as promote gender equality, education and environmental sustainability by the year 2015 (United Nations Millennium Project, 2006) .

Significant improvements were recorded in achieving many of the goals, as the United Nations' Millennium Development Agenda was reported to be the most successful global anti-poverty movement in history (Millennium Development Goals (MDG) Report (2015). However, despite the huge improvements recorded, there were major gaps and the progress made regarding the MDGs were not uniform across the world. A lot of vulnerability exists for most developing countries, with sub-Sahara Africa having the slowest progress (MDG Report, 2015).

Further, the 3rd goal of the MDGs, which was set primarily to promote gender equality and empower women, recorded huge improvements in some areas, as such, many more girls are now in school and many more women in paid employment compared to 1991 (The British Council, 2014; MDG report, 2015). Data from Nigeria's MDG end-point report (2015) reported an increase in the ratio of girls to boys in basic education from 82% in 1991 to 94% in 2013. However, Nigeria still has the highest number of out-of-school children globally, majority of which are girls (The British Council, 2014).

Millennium Development Goal end-point (2015) reported that the increase in girls' enrolment rate at primary level was not replicated at secondary and tertiary level suggesting that many girls would have dropped out of school at some point. Despite the achievements of MDG 3, gender inequality persists, women and girls continue to experience discrimination in access to quality inclusive education, employment opportunities and economic assets (MDG Report, 2015).

Nigeria is the most populated country in Africa with an estimated population of 195.5 million in 2018 (World bank, 2019). As a result of its population size, about one in every four women in sub –Sahara Africa is Nigerian. Therefore, the plight of women and adolescent girls in Nigeria is critical and it has a key role to play in deciding the progress of the whole region (British Council, 2012). As a consequence, the country holds a crucial position in the affairs of the entire sub-Saharan Africa region and may have significantly influenced the outcome of the MDGs in the region.

The UN general assembly in 2015 adopted 17 Sustainable Development Goals (SDGs) to be achieved by the year 2030 to ensure that no one is left behind by eradicating extreme poverty, promoting equality and sustainable development in order to achieve a better future for all (Parkes, Heslop, Ross, Westerveld and Unterhalter, 2016). The fifth goal of the SDGs targets gender equality to ensure a world where all legal, economic and social barriers are removed for every woman and girl. In order to achieve gender parity and empower all women and girls, SDG 5 aims to;

1. End all forms of discrimination against all women and girls;

2. Eliminate all forms of violence against all women and girls including sexual violence, trafficking and all other types of exploitation;

3. Eliminate all harmful practices such as child marriages, forced marriages and female genital mutilation;

4. Recognize and value unpaid care and domestic work through the promotion of shared responsibility within the household and the provision of infrastructure, public services, and social protection policies;

5. Ensure women's full, inclusive and effective participation and equal opportunities for leadership and representation at all levels of decision making in economic, political, and public life;

6. Ensure universal access to sexual and reproductive information, health services, support and asserting women's reproductive rights;

7. Undertake and promote reforms that give women equal rights to economic assets and resources as well as access to ownership and control over land and other forms of property, opportunities, financial services, inheritance and natural resources;

8. Intensify the use of enabling technology in particular, ICT, to promote the empowerment of women and girls;

9. Adopt and strengthen sound policies for the promotion of gender equality and the empowerment of all women and girls at all levels (UN SDG Report, 2020).

Nigeria is one of the countries lagging critically behind in gender equality as shown by the gender equality index of 2019 (Equal measures 2030, 2019). Using indicators related to health, education, access to basic services, economic participation, women's legal rights, workplace equality and pay gap as well as political representation and gender-based violence, an examination of gender index across

129 countries in 2019 puts Nigeria among the bottom 10 countries failing on gender equality.

While no country has fully eradicated gender inequality, Denmark, Finland, Sweden, Norway, Netherlands, Slovenia, Germany, Canada, Ireland and Australia ranked top on the 2019 gender index. The bottom 10 countries on the index include Sierra Leone, Liberia, Nigeria, Mali, Mauritania, Niger, Yemen, Congo, democratic Republic of Congo and Chad (Equal measures 2030, 2019).

According to The British Council (2012) report, there is a stereotype that places women below their male counterparts and in spite of various equality of rights instruments, there is still a high prevalence of discrimination against women all over the world. Although gender discrimination is prohibited by the Nigerian constitution, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (2004) notes that this prohibition has had little effect and the progress made in gender equality continued to be hindered due to customary and religious laws.

According to the UN MDG (2015) report, women are usually disadvantaged in situations of extreme hunger and poverty, having the least access to education, food, health, training and opportunities for employment and other needs. According to Gunn (2012); King and Hill (1993), most poverty-stricken families adjust to period of recession and income shocks by apportioning scarce resources to boys thereby sacrificing the education and welfare of girls.

Men and women are given different opportunities when it comes to matters such as owning property, capability to do a job, political representation and influence. As a result, societal roles are differentiated along gender lines, as the social system is structured to recognize, appreciate, and reward male roles more than it does female roles (Human Rights Watch, 2013).

Constitutional guarantees and the numerous gender policies seem to be only effective on paper and not in practice, these policies are yet to be translated into actions or mobilize any political will to make the required changes in the lives of women and girls (The British Council, 2012). Section 42 of the 1999 constitution of the Federal Republic of Nigeria protects the rights of every Nigerian against discrimination based on gender, ethnicity, origin, religion, circumstances of birth, disability, or political opinion. However, there are many gender discriminatory laws in the Nigerian constitution.

Section 353 of the Nigerian Criminal Code provides that a person who unlawfully assaults a man is guilty of a felony while section 360 of the same code states that a person who unlawfully assaults a woman or a girl is guilty of a misdemeanour (Criminal Code Act, 1990). Section 6 of the Criminal Code Act, states that the term ‘unlawful carnal knowledge’, used in connection with rape can only take place otherwise than between husband and wife, which means that a husband cannot be charged with marital rape under Nigerian Law (Criminal Code Act, 1990). Section 55 (1) of the Nigerian Labour Act (1974) restricts women from being employed on night work except women in nursing and management positions.

Section 118 (g) of the Police Act of the Federal Republic of Nigeria prohibits married women from seeking enlistment in the Nigerian Police Force. The Act also provides that women enlisted must remain unmarried for at least 3 years of service. Section 123 prohibits women in the Police force to drill under arms. Further, Section 127 the Police Act stipulates that a pregnant unmarried Police woman should be discharged from the Police Force and can only be re-instated on the approval of the Inspector General of Police (Police Act, 1990**)**. Section 26 of the 1999 constitution provides that on the basis of marriage, a man married to a foreigner can pass on his Nigerian nationality to his wife. However, a woman married to a foreigner cannot pass on her Nigerian citizenship to her husband and children.

In the sub- Saharan region, Nigeria has one of the lowest rates of female entrepreneurship and most women are concentrated in casual, low-skilled and low paid informal sector employment (The British Council, 2012). However, Igbelina-Igbokwe (2013) argued that current economic situation in Nigeria has encouraged more women to join the productive sector for means of livelihood thereby undermining the male position as the sole provider. According to Jayachandran (2014), gender pay gap is a characteristic that is common in almost all societies globally. Even countries with better gender equality outcomes struggle with fully eradicating gender pay gap and gender-based violence (Equal measures 2030, 2019). However, Jayachandran (2014) argued that gender gaps favouring males are consistently wider in poor nations than in rich countries. As a result, gender disparity reduces as economic development increases.

Compared to low income countries, high income countries are more likely to achieve gender parity, which explains why gender inequality is more pronounced in developing countries compared to developed countries (Gunn, 2012). In other words, women in developed nations have better outcomes from access to education, health facilities, socio-economic opportunities, better job potentials and independence than those in developing countries.

Disparities in gender account for the slow growth of developing countries and any society that discriminates against women lacks essential opportunities for human development (Jayachandran, 2014). Ijaiya (2006); King and Hill (1993), argued that quite a number of the economic crises plaguing the African continent, originate from social practices, that discriminate against women. These social prejudices are influenced by cultural and religious beliefs that reduce the significance of women and deny them of basic rights.

According to Child Fund International (2013), most families are living in poverty due to discrimination against women. Any society with systemic and deeply entrenched inequality is a society plagued with poverty. In a situation where half of a country's populace is poor, the entire country is negatively impacted economically. The result of which, not only affects women, but the entire society.

For gender inequality to be completely eliminated, men need to play a crucial role to understand that equality of gender does not take away from their rights, the fight for equality not only benefits the women, it benefits the entire society (Chakrabarti, 2013). Casey, Carlson, Bulls and Yager (2016) argued that involving men and boys

as stakeholders in the global fight against gender inequality is critical in achieving gender parity and eradicating gender-based violence.

Is there any justification for gender discrimination?

The Universal Declaration of Human Rights adopted by the UN in 1948 affirms that:

> *"All human beings are born equal in dignity and in rights and that all individuals are entitled to every right and freedom set forth without discrimination of any kind including discrimination based on gender".*

According to CEDAW (2004); Casey et al (2016), equal rights and social inclusion recognizes the rights of all humans to enjoy all cultural, social, economic, political and civil rights. Discrimination against women affects the principles of equality and regard for human dignity. Furthermore, gender discrimination is an obstacle that hampers the progress of family and society. It reduces female participation on equal footing with men, in the social, political, economic and cultural activities of their countries, making it more difficult to achieve the full development of the potentialities of women, in the service of their countries and humanity (CEDAW, 2004). Gender equality has a direct relationship with sustainable development, which is critical to achieving human rights for all (UNFPA, 2005). Gender equality aims to actualize a society in which every individual irrespective of their gender, whether man or woman enjoy the same rights and access to equal opportunities.

2.5.2 Gender Inequality in Nigeria

The origin of Nigeria dates back to 11,000 B.C with several prehistoric African settlements. Akpan (2017) identified colonization, trade, and oil boom as some of the prominent factors that contributed to the diverse ethnic mix of Nigeria. According

to Coleman (1960), the ethnic groups prior to their conquest by the Europeans, had their independent histories of origin but a strong patriarchal structure was common to the ethnic groups.

Ethnicity is an important cultural factor since it encompasses beliefs, values and norms that govern power relation, behavioural and psychological levels of women's participation within households and in society (Arisi and Oromareghake, 2011). There are more than 250 ethnic groups in Nigeria with different cultural norms and practices but a common theme among virtually all the ethnic groups in Nigeria, is cultural practices and beliefs that discriminate against women one way or another (Okoro, 2012). Asiyanbola (2005) in his survey of 233 households in Nigeria, found that male dominance was significant irrespective of class or education. The study revealed that gender discrimination manifested at family, societal and institutional levels. Okoro (2012) notes that gender discrimination is a common practice in Nigeria and there are very few gender friendly laws to protect the interests of women and girls.

In March 2016, a bill promoting gender equality whereby the law will approve equal rights and opportunities for women in education, job and marriage was rejected by the Nigerian Senate (Oshi 2011). Okoro (2012) argued that the bill was aimed at adopting measures to eliminate discrimination against women, promoting girls' access to education, female economic activity, equal opportunities in the society and freedom for all women. According to Okoro (2012); Muftau (2016), the general belief in most regions of the country, is that women are supposed to be homemakers, with roles that are mainly child bearing, tending to the kitchen and other domestic duties.

Such beliefs encourage discrimination against women and the girl-child. Okoro (2012) argued that while it is not a taboo for women to be homemakers, the choice whether or not to have a career or be a homemaker should be made by the individual involved and not a role that society decides.

The widespread gender disparity in Nigeria, favours men over women in virtually all sectors, men are better positioned in the social order as well as in political and economic hierarchies (Agbalajobi, 2010). However, Owoyemi and Olusanya (2014) argued that, although there has been a slight improvement in female participation in both the formal and informal sectors in Nigeria compared to the last decade, women are still significantly underrepresented in the social, economic and political sectors. According to British Council Report (2012), women in Nigeria account for only 21% of the non-agricultural paid labour force.

In his study, Asiyanbola (2005) demonstrated in a quantitative cross-sectional survey, the extent of male dominance and the general perception that the male role is basically decision making while female roles are within the confines of household chores, which include but not limited to; getting rid of household waste, shopping, fetching water, childcare, cooking, cleaning the house, and other domestic activities. The study concluded that male dominance is rampant in most household units. While it was recognized that the cross-sectional survey permitted the exploration of the significant difference between male and female roles within household units, the study design, however, is limited, because it failed to seek explanation as to why this is so.

Several studies and policy documents such as, The Global Gender Gap Report (2014), Asiyanbola (2005), Oyewunmi (1997), Okoro (2012) and Igbelina-Igbokwe (2013), in relation to the patriarchal nature of Nigeria, suggest that patriarchy is a major feature in Nigeria. The Global Gender Gap Report (2014) while examining the origin of male dominance argued that gender inequality evolved from patriarchy, which has been since the pre-colonial era even though women had their own area or sphere of jurisdiction, which society recognized and accepted.

There is a consensus that there is a clearly marked gender boundary, which originated in prehistoric society. Okoro (2012) claimed that from inception, Nigeria has always been a patriarchal society where women were perceived to be insignificant with no power, influence or personal autonomy. Igbelina-Igbokwe (2013) however argued that patriarchy was propagated by British colonizers and missionaries, according to her, women's roles in pre-colonial era were more of complimentary than subordinate, she blamed the change in gender relations on colonization, which restricted women from holding administrative positions.

Oyewunmi (1997) on the other hand argued that although patriarchy has always been a feature of African setting, He suggested that patriarchy of pre-colonial era is significantly different from patriarchy of present day. According to him, patriarchy of today has been influenced by external factors such as colonization, religion and westernization.

Okoro (2012) notes that gender bias starts from the home, male children tend to receive more recognition and are treated differently. Similarly, a study by Arisi and

Oromareghake (2011) revealed a gender preference which culturally favours the male -child. However, Jayachandran (2014) highlighted that, boys are more valued than girls because male children are needed to preserve lineage, as family lineage and family names are carried only by sons in most societies. According to Ijaya (2006), the male child is considered an heir to continue the family name, and this status entitles him to own land and property.

Jayachandran (2014) argued that patrilineality puts male children on a higher footing than their female siblings and this further widens the gender gap. Patrilineality ensures that the family name and property pass through generations and this is done through male descendants. Almost all the ethnic groups in Nigeria have a protective system of lineage whereby kinship, descent, inheritance and identity are traced through the male line. As a result, only 7.2% of women in agriculture own the land they farm, this factor constrains entrepreneurship and business activities, as well as women's access to credit facilities.

Arisi and Oromareghake (2011) pointed out that perception of gender roles and status has not changed much in Nigeria, not even with civilization and western education. However, Igbelina-Igbokwe (2013) argued that, despite the patriarchal nature of Nigeria, there has been a slight decrease in gender preference in recent times.

2.5.3 Gender-based Violence

According to the Declaration of Violence Against Women (DEVAW) adopted by the UN in 1993;

> *"Violence against women involves any act of gender-based violence, that results in, or likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life".*

Gender-based violence is a violation of women's human rights (WHO, 2020), The British Council (2012) reported that the level of gender-based violence is so high and has gone on for a long time unabated. Several studies including Alokan (2013); Hadi (2017); Ijaya (2006); Okoro (2012); Jayachandran (2014); Omoregie and Ihensekhiem (2009) have established that women and girls are vulnerable to gender-based violence.

In Nigeria, the effects of gender disparity on the lives of women and girls, especially those in the rural areas, are reflected starkly in education and health outcomes (Omoregie and Ihensekhiem, 2009). Violence against women may have potential negative health implications for women and their children (WHO, 2020). While gender-based abuses cut across all social and economic backgrounds globally, WHO (2011), and Muluneh et al (2020) found that, prevalence of gender-based violence was higher in sub-Sahara Africa.

According to Bailey and Peterson (1995), unequal power dynamics between males and females contributes majorly to violence against women. Violence is used to subdue women, in order to elevate men's position in society and make them appear superior (Hadi 2017). Gender-based violence has serious health implications for women and can impact a woman's wellbeing for the rest of her life. Women suffer physical, mental, sexual and reproductive health issues from violence such as

injuries, unplanned pregnancies, STIs, depression, chronic diseases and even death (WHO, 2020).

Gendered violence is a criminal offence and although it is punishable by law in Nigeria, victims of gender-based violence, hardly report cases of gender-based abuses due to shame, fear of victim blaming, fear of reprisal and social –stigma (Amnesty International, 2006). According to Muluneh et al (2020), gender- based violence is underreported in sub- Sahara Africa, this was attributed to a lot of barriers women face in reporting gender-based abuses. Cases of gender-based abuses are rarely prosecuted due to lack of action from law enforcement. However, the authors argued that many women do not report gender- based abuses because they lack awareness of available social services to get help from.

Many women and girls all over the world experience gender-based violence, ranging from physical violence, non-physical violence, sexual violence, intimate partner violence and cultural violence. The extent of gender discrimination varies with regards to region, status, rural-urban areas and culture. Arisi and Oromareghake (2011) argued that cultural norms and beliefs, encourage behaviors and practices that relegate women to second-class status, and render them powerless.

Gender-based social status, roles and assignments, perpetuate gender inequality to ensure male dominance and female submission. Okoro (2012) in her work, described the plight of women in Nigeria, according to her, women face a systematic social exclusion and unfair treatment in their day to day lives at family, societal and institutional levels. Hadi (2017) highlighted the plight of Pakistani women who are

vulnerable to various gender-based abuses; such as honour killing, acid attacks, forced marriages, sexual abuse, custodial abuse and torture.

According to Jayachandran, (2014), discussion on gender inequality is incomplete without due consideration to the cultural violence experienced by women and girls. While gendered violence may include; intimate partner violence, rape, trafficking, child marriage, domestic violence, gender harassment, emotional and psychological abuse (The British Council, 2012), Galtung (1990) describe cultural violence as any aspect of a culture that is used to legitimize cruelty. Cultural violence may be direct or symbolic and the goal is to justify actions that may otherwise be termed as violent, these actions are made to look and even feel right because it had been legitimized.

Although Cultural violence may apply to both men and women, Galtung (1990); Jayachandran, (2014) argued that women and girls are more likely to be victims of cultural violence. According to Hadi (2017), customary practices used to promote the subjugation of women and girls, are usually sanctified and defended as traditions and sometimes, given religious overtones while in fact, these practices are a social mechanism to ensure the compliance and subjugation of women and girls.

Cultural violence against women is an age long practice, certain beliefs and norms of some societies, in addition to patriarchal values, may have fuelled a culture of violence against women (Arisi and Oromareghake (2011); Okoro (2012); Hadi (2017). Arisi and Oromareghake (2011), gave some examples of cultural violence, which include; legitimization of wife battery in some African cultures, which is generally considered a crime in advanced societies, but accepted in these cultures as a husband's right to punish his wife. In some cultures, widows are forced to drink

the water used in washing their dead husbands' remains, in order to prove a wife was not responsible for her husband's death, but same treatment does not apply to a man when his wife dies.

Another example of cultural violence, reported to be widely practiced in West Africa by Dangme, Fon and Ewe ethnic groups in Ghana, Togo and Benin Republic is *Trokosi*. According to Ameh (2001), Trokosi is an ancient practice, whereby a female child between the ages of six and eight years, is given by her family to serve in a shrine as a way to atone for the sins committed by other members of the family. The girls in Trokosi are otherwise called "wives of the gods" or "slaves of the gods", but in reality, they are used as sex slaves by voodoo priests (Asomah, 2015).

The Trokosi practice is lifetime bondage for the girls assigned to it, and if a girl assigned to Trokosi dies, the family has to replace her with another girl (Ameh, 2001). Although Trokosi, which constitute a gross human rights violation has been practiced since the 17th century, global attention was only drawn to it in the early 1990s, and by 2000, 59% of the women and girls in Trokosi had been liberated (Ameh, 2001). However, Asomah argued that the practice might have gone underground, as a result of the global attention and laws now prohibiting Trokosi in some countries.

Arisi and Oromareghake (2011) further argued that, in some African cultures, cultural violence ensures women are still treated as lesser beings that are inferior to the men folk, and are therefore treated in manners void of respect and dignity. According to UNICEF (2014), gender inequality not only contribute to the pervasiveness of

violence against women, but also to its acceptability, gender inequality is not considered as violence in most societies who do not regard cultural violence against women as any form of social injustice to be addressed and in most of these situations, the victims themselves do not identify these violations as violence or abuse.

Okoro (2012) revealed that in most African societies, a husband has a right to beat his wife and face no repercussion whatsoever, such societies expect the woman to apologize to the man afterwards. Perception of gendered violence is gradually changing and may be negatively influencing the next generation.

Evidence of the acceptability of gendered violence in Nigeria was revealed in a survey conducted by the British Council in 2012, the survey revealed that most adolescent girls and women aged 15-24 think it is justifiable for a man to punish his wife if she refuses sex, burns the food, or goes out without his approval. Also, in another survey by Jayachandran (2014), women aged 15 to 49 reported that, a man is justified for physically abusing his wife, if she goes out without his approval or argues with him. Jayachandran (2014) showed in his study that tolerance for gender-based violence tends to be higher in developing countries compared to developed countries. The statistics showed tolerance for gender-based violence in developed countries to be less than 1% and over 85% for developing countries.

Domestic Abuse

Alokan (2013); British Council (2012) describe domestic abuse as an intentional and persistent abuse in a way that causes pain, hurt, distress or injury, it is an abusive

treatment of one family member by another, thus violating the law of basic human right. According to Alokan (2013), domestic violence is a pattern of abusive and coercive behaviours, exhibited by one partner to gain and maintain control over another partner, usually in an intimate relationship such as; marriage, family or cohabitation.

Gender inequality, according to UNICEF (2014), results in low status for women and girls in the society and within the family, along with the tendency for men to wield power which intensifies vulnerability to violence. Alokan (2013); Hadi (2017) argued that, gender-based violence is embedded in most cultures due to the patriarchal nature of such societies that encourages domestic abuse.

Several studies including Dahlberg and Krug (2002), Hadi (2017), UNICEF(2005) have established that domestic abuse is a global problem. Domestic abuse is prevalent, even in developed countries. While society uses discrimination against women as a social mechanism to force women into submission, men often use violence as a weapon of subjugation to enforce their power in the home (Hadi, 2017). According to Alokan (2013), women are usually the victims in domestic abuse situations although Dienye and Gbeneol (2009) argued that men can also be victims of domestic abuse.

Domestic abuse often include physical assault such as beating, pushing, slapping, hitting, biting, shoving, shaking, kicking, throwing objects, trying to burn or strangle, threats and attacks with a weapon. However, physical assault is not the only form of domestic abuse, according to Alokan (2013); Muluneh et al (2020) domestic violence

is not always physical; it can also be psychological or verbal. Other forms of abuse that are usually overlooked and rarely acknowledged by the victims are; marital rape, emotional abuse, excessive control, intimidation, stalking, passive or covert abuse otherwise known as neglect, psychological abuse and economic deprivation.

British Council Report (2012), Arisi and Oromareghake (2011) argued that although domestic abuse is rampant in Nigeria, there is a code of silence that conceals the nature and extent of the problem. The public usually perceive domestic violence as a private affair. Alokan (2013) argued that most victims of domestic abuse are unwilling to accept that they are being abused, this may be due to shame, pride or denial. According to Alokan (2013); British Council Report (2012); Hadi (2017) anyone regardless of education, race, age, religion, or gender can be a victim of domestic abuse.

In addition, factors such as alcohol and substance abuse, stress, frustration from financial issues, infidelity, poor self-esteem and poor impulse control may contribute to domestic violence (Arisi and Oromareghake, 2011). (Alokan 2013) further argued that in Nigeria, a woman may not only face various forms of domestic abuse from her spouse, but from her spouse's family as well, violence from in-laws includes: mistreatment, antagonism because of lack of male children, and negative cultural and traditional practices such as widow's rites. Subjecting women to any form of violence can have lasting repercussions on health and may even cause death.

Gender-based violence is likely to result in physical harm such as bruises, head injuries, broken bones, lacerations and internal bleeding or other forms of injuries

that may require medical attention and even hospitalization (Chhikara et al 2013). Pregnant victims are more likely at risk of losing their babies, pre-term labour, and injury to or death of the unborn child.

Asides physical injury, domestic abuse also poses mental harm or suffering to women. Women who are subjected to domestic abuse are more likely to be traumatised, be at risk of serious injury, psychological breakdown, or mental health issues such as stress, anxiety, depression. According to Alokan (2013) and Ijaya, (2006), Post-Traumatic Stress Disorder (PTSD) is a common psychological effect of domestic violence. Women diagnosed with PTSD often have a poor quality of life and constantly living in fear. Symptoms of PTSD include; nightmares, flashbacks, intrusive images and victims are easily startled. Symptoms tend to linger even long after the instance of abuse is over. While many studies have shown an alarming rate of domestic violence against women, these studies rarely focus on women as perpetrators of violence. However, Dienye and Gbeneol (2009) demonstrated using a 5-year retrospective study that men can be victims of domestic violence too.

According to Alokan (2013), in Nigeria, most victims of domestic abuse are usually unable to put an end to the cycle of abuse by leaving or reporting their abusers because of fear of the unknown, most victims are constrained by lack of support from family, lack of education or specialized skills for gainful employment, and lack of resources. The situation may be worse when there are children involved, therefore, most victims would rather endure the abuse in order to provide for their children.

Arisi and Oromareghake (2011) argued that most women, for fear of violence, are unable to refuse sex from their partners or negotiate safer sexual practices, thus increasing their vulnerability to unintended pregnancy, HIV and STIs, if their husbands have other sexual partners.

Apart from the effects of domestic abuse on mother's health, children exposed to domestic violence are also negatively affected (WHO, 2020). According to Alokan (2013), domestic violence could affect children psychologically and create some emotional and behavioral problems such as anxiety, aggressiveness, learning disabilities and lack of social skills. Alokan (2013) concluded that such children are more likely to also be perpetrators of domestic abuse or become complacent as victims of domestic violence.

Female Genital Mutilation

Another form of cultural violence experienced by women and girls is Female Genital Mutilation / Cutting (FGM/C1). It is a cultural practice that involves removing partially or totally, the external female genitalia for cultural reasons, using a knife, blade, or any sharp object. According to United Nations Populations Fund (UNPF) (2005), over 130 million women and girls have undergone female genital mutilation and if the exercise is not curbed, at least 2 million female children are at risk of undergoing the practice each year.

The age of mutilation varies from three months to seventeen years (Ijaya, 2006). Although Female Genital Mutilation / cutting (FGM/C) is regarded as a violation of girls' fundamental human rights and threat to health, the practice is deeply rooted in cultural beliefs. FGM/C is currently practiced in 30 countries, mostly in Africa, Asia

and the Middle East. Nigeria has the highest number of girls who undergo FGM/C and accounts for about one-quarter of women cut worldwide annually (Equal measures 2030, 2019). FGM/C is based on assumptions that have no scientific validation. Some communities where female genital mutilation is practiced believe it to be a means of controlling women's chastity, to curb promiscuity among females, to ensure purity before marriage and fidelity after marriage.

Some cultures believe FGM/C increases male intimate pleasure, while some cultures see it as part of a girl -child initiation into womanhood or a prerequisite for marriage. Some cultures erroneously believe it would enhance fertility, safe delivery and promote child survival, as an uncircumcised clitoris may obstruct the child delivery process (Equal measures 2030, 2019). However, Igbelina-Igbokwe (2013) argued that FGM/C is used to preserve the chastity of girls and ensure abstinence from sex. Although preserving chastity and ensuring abstinence from sex is commendable, it is discriminatory because the practice only restricts women and girls and not men from high risk sexual behaviours (Igbelina-Igbokwe, 2013).

Considering the fact that FGM/C is carried out by nonmedical persons, using non sterilized instruments such as knives, blades, and sharp objects on the victims, there are many potential health risks associated with the practice, and these include; risk of bleeding to death, pain and shock, severe bleeding, haemorrhaging, inability to urinate, being infected with tetanus, hepatitis and HIV (Ijaya, 2006); British Council, 2012). There are also long-term health effects such as painful intercourse, lack of feeling in the area, pelvic infections, and chronic bladder, infertility, the development of excessive scar tissue and cysts. According to British Council Report (2012),

women with the most serious form of FGM/C are 30% more likely to have complications during childbirth. FGM/C affects its victims physically, psychologically and socially.

2.5.4 Impacts of COVID-19 on Women and girls

Global efforts to curb the prevalence of domestic violence and barriers faced by women and girls, suffered a major setback in 2020 with the global outbreak of the novel Corona Virus (COVID- 19) pandemic. Evidence has shown that women and adolescent girls are more vulnerable to violence during humanitarian and health crises (Roesh, Amin, Gupta, and Garcia-Moreno, 2020). To prevent the spread of the Corona virus, lockdowns were imposed by governments globally. While lockdown proved effective in slowing the spread of COVID-19, data, although limited at the time of this thesis, revealed that aside the risk of infection of the virus, COVID-19 may have unintended negative impact on women and girls' lives.

The lockdown may have increased risks and vulnerabilities which may further exacerbate the plight of women and girls, who may be isolated from help when needed. Movement restriction may result in lack of access to safe spaces and appropriate support for women and girls, as well as lack of access to emergency and social services (Rafaelli and Hutchinson, 2020). According to WHO (2020), factors such as isolation and loneliness, stress and loss of income from closure of school and businesses, caused by the pandemic may further increase the risk of violence, especially for women and girls who are already in abusive situations, and are being forced to spend extended time with their abusers due to the lockdown.

COVID -19 pandemic may have a long lasting negative impact on women and girls in sub-Sahara Africa (Rafaelli and Hutchinson, 2020). Women may also be at risk of higher poverty rates from loss of income, increase in unplanned pregnancies, increased household work, reduced access to healthcare (Rafaelli and Hutchinson, 2020); intimate partner violence (Roesch et al, 2020); school closure may put girls at a greater risk of exposure to gender-based violence (Akmal, Hares and O'donnell, 2020); increase in loss of interest in school and school dropout (Onyema, Eucheria, Obafemi, Sen, Atonye, Sharma, Alsayed, 2020). According to Zhou, Hertog, kolpashnikova and kan, (2020), closure of schools and day care centres during the pandemic translate to women bearing the major share of household burden and childcare.

2.6 Gender Inequality in Education

2.6.1 The Concept of Education

Education is the bedrock of every society; it is a lasting process of a person's intellectual, moral, mental, physical and emotional development. Dewey (1944) defines education as a process through which a person acquires knowledge, realizes her potentials and uses the potentials for self-actualization. Education is the process of training the mind, character and abilities of an individual. It is an instrument for power, survival, prestige, greatness and advancement for all humans (Lawal, 2016).

Education, according to ICESCR (2012), is categorized as a civil right, an economic right, a social right, a cultural and a political right. According to Nmadu et al (2010), Dauda, (2007), King and Hill (1993), girl child education has a tremendous impact on

human development and it is essential in improving the status of women and girls. There is a saying that;

> *'Educate a man you educate an individual*
> *but educate a woman, you educate a nation'.*

According to Kakande (2008), this saying summarizes the importance of education of the girl child as the mother of tomorrow. It is also essential for the Girl-child to be educated in terms of her role in the society, it enables her to be useful to herself and her community. Women are tasked as mothers to be responsible for the care and well-being of their families, and they play an important role as educators of future generations (Kobani, 2014). Therefore, the lack of female education will most likely have negative influences on the individual, family, society and the economy.

Discrimination based on gender undermines the life chances of millions of women and girls; it also affects their future kids and the society at large. It was suggested by Dauda (2007); King and Hill (1993), that formal education is necessary for economic and social development, because previous studies have shown that any nation that invested in girls' education experience economic advancement. According to a study by WHO (2016), girls' education might result in realizing developmental goals if taken seriously.

Educating girls and integrating them into the labour force is thus, one way to break an intergenerational cycle of poverty. According to Uwameiye and Iserameiya (2013), education enhances women's performance in the informal sector, which enables her to support not only her family but also develop the natural Gross National Product (GNP). When women work and earn a living, economies grow, it is established that women empowerment is crucial to sustainable economic growth and

poverty reduction. Educating the girl child offers her a fair chance to realize her full potentials as well as the necessary tools and opportunities to make informed decisions.

According to British Council Report (2012), women are no doubt Nigeria's hidden and untapped resource. Investing in the girl child now will boost national productivity and increase sustainable economic growth, peace and better health for the next generation. Girls who are educated have the potential to contribute to future economic growth. There is opportunity to maximize Nigeria's demographic dividend because of the increase in the population of working age group and the systematic decline in fertility rate.

Gender disparities in education hamper female job prospects and participation in the formal sector. According to the British Council Report (2012), about six million job seekers enter the labour market every year but only 10% are able to get an employment in the formal sector, and just one third of these are females. Gender disparity in education has an important detrimental effect on the growth of the economy and appears to be a significant element contributing to the poor growth of developing countries (Klassen, 1999).

The implication for a society where women largely rely on men for survival encourages poverty and lack of autonomy, a factor, which limits their ability to influence decisions in the household. According to The British Council Report (2012); King and Hill (1993), a woman's ability to make a living is restrained by lack of education or specialized skills for gainful employment. Therefore, investing in

education for girls is not simply a question of human rights; it also makes economic sense.

Education empowers women to participate in politics as candidates and as voters, which thus give them the opportunity to partake in important decision making, that affect their lives (Uwameiye, and Iserameiya, 2013). The British Council Report (2012), revealed that in Nigeria, more women register to vote compared to men, but women are usually excluded from governance and decision-making at all levels and in all sectors. Women are politically underrepresented in Nigeria. Female representation in the upper and lower houses of Assembly fell from 7% in 2007 to 4% in the 2011 election (the African average is 19%). Only 7 of 109 Senators and 19 of 360 Representatives are women (Medupin, 2012).

One might expect that with the overwhelming proof from several studies on the importance of girl child education, the number of out of schools girls would have reduced significantly, yet, there seems to be little significant improvement. The total number of out of school children globally was estimated to be 115 million, 53% of these children are girls and about 80% of out of school girls live in sub-Saharan Africa (Nmadu et al, 2010). The British Council Report (2012) in their research emphasized that, Nigeria has the highest number of out of school girls globally, and, majority of the girls who manage to enrol in school leave school earlier than their male counterparts.

Nmadu et al (2010) conducted a study on out of school children and dropout rates in Nigeria, according to the authors, the average national literacy rates for females in

Nigeria was 48% while that of males was 73%. This is consistent with a study by UNICEF (2001), however, the gap varies from state to state, with states like Sokoto having girls' literacy rate of 15% compared to 59% for boys. While the study by Nmadu et al (2010) stressed gender inequality in education and provided insight into the statistics using a questionnaire survey of household heads and school principals, the study is limited, as it did not consider the population relevant to the research, household heads may not have full information on students' dropout rates. Findings from the study indicated that dropout rates for girls are higher than boys, however, the study overlooked the factors responsible.

Kobani (2014) on the other hand, while examining the importance of girl-child education on community development, came to a conclusion that, culture and poverty levels were the factors impeding against girl-child education. While it is commendable that Kobani (2014) examined external factors responsible, what remains to be explored is the school as a possible factor impeding girl-child education. There are quite a number of school policies and practices which may hinder girls' educational achievement, such as hostile / unsafe school environment, poor facilities, harassment, corporal punishment (British Council, 2014); and expulsion of pregnant school girls (Onyeka, Miettola, Amobi, Ilika and Vaskilampi, 2011). Further, participants in Oruko et al's (2015) focus group discussions reported menstruation, school expenses, gender imbalance, coercive sexual relationship, poor academic performance and an inequitable school environment as factors responsible for girls' school absence and drop- out.

According to UNICEF (2005), several factors contribute to low female literacy, they include; cultural bias, poverty, child labour and early marriage. In northern Nigeria,

girls are more likely to drop out of school in order to get married. According to Department for International Development (DFID) (2012), only 3% of girls in the Northern zones complete secondary school, while more than two thirds of 15–19 year old girls in Northern Nigeria are not able to read a sentence, in comparison to less than 10% in the South (British Council 2012). In other to eradicate gender discrimination, it is very crucial to give access to educational and favourable circumstances to encourage literacy amongst girls (Child Fund International 2013).

The prevalent denial of the right to education experienced by the girl child, evidence of which is shown by the low percentage of women in most professions in Nigeria and Africa in general, is a salient example of gender discrimination. Evidence suggested according to Owoyemi and Olusanya (2014), that in many parts of Nigeria, education is restricted for the girl- child, as most families prefer sending only male children to school since they will carry on the family name. Ijaya (2006); Jayachandran (2014), concluded that parents would rather invest in a son's education and welfare, because, male children are traditionally tasked with provision of old age support to their parents, since a female child will be lost to her husband's family.

The girl- child is disadvantaged without education, thereby leaving her with little or no opportunities to earn a living to be financially independent, and to be a productive member of the society. While male children get an education to excel, female children are groomed to be home makers and face so many obstacles which prevent them from having access to basic education and skills for productive employment (Igbelina-Igbokwe, 2013). In situations when women have access to education up to

the tertiary level, there is a high likelihood that they face discrimination at the workplace and are restricted from attaining certain positions because of their gender (Owoyemi and Olusanya 2014). Therefore without education, the female gender is at a gross disadvantage facing numerous detrimental challenges to her wellbeing.

Uwameiye and Iserameiya (2013) argued that education affords the girl –child, knowledge of her basic rights which is important in becoming less vulnerable to exploitation. An educated girl is more likely to object to violation of her rights compared to girls who lack education. However, Igbelina-Igbokwe (2013) argued that educated women may be more vulnerable to gender based violence in marital relationships, because financial contribution may create power struggles in the home, also, the more women are aware of their rights, the more they may challenge their spouses' authority and become less subservient, which may expose them more to battery.

2.7 Education and Health Behaviours

According to WHO (1946), health is defined not only as non-existence of diseases but the social, physical and mental well-being of an individual. Poor public health can affect the advancement of a society, considering positive health is a vital part of the quality of life of a country's population. Population health influences the productivity of a nation (WHO, 2011). Centres for Disease Control and Prevention (2010) stated that health is demonstrated by a state of physical, mental and social well-being.

2.7.1 Health Behaviours

According to Australian Institute of Health and Welfare (AIHW) (2014), health may be influenced by several factors such as genetics, environment and health behaviours. Health behavior defines any behavior that may affect a person's physical health. Positive health behaviours may influence positive health outcomes, which consist of being alive, functioning well mentally, physically and having a complete sense of well-being. Negative health behaviours may lead to negative health outcomes, which may include; mortality, morbidity, loss of function and lack of well-being. Health behaviours among adolescent girls may involve habits such as smoking, drug abuse, prostitution, and gambling.

Discrimination based on gender, evidenced by unequal access to education may influence basic health behaviors, which may lead to many health hazards for women and girls, and further increase their health risks. According to the British Council Report (2012), health hazards that women and girls face include physical abuse, psychological abuse, sexual violence, STIs, HIV/AIDS and other chronic diseases. Exposure to risk factors not only impact current health status, it may also influence future health behaviours, for example, hypertension does not cause symptoms immediately but may do so in the future. Exposure to risks factors in the home may also compromise female health behaviours, an example is the chronic obstructive pulmonary disease that affects women, it is as a result of smoking, inhaling pollutants from smoke which may be due to cooking on open fires and traditional stoves. The effect of Chronic Obstructive Pulmonary Disease (COPD) is usually severe during pregnancy, it may cause low birth weight or even still birth (WHO, 2011).

2.7,2 Effect of Education on Health

Education creates opportunities for better health (Higgins et al 2008). According to Population Reference Bureau (PRB) (2011) education has numerous economic and health benefits and people who are educated are more likely to value their health. Education is a tool used to provide information and skills that will help individuals make better choices and changes that will boost individual and societal health and well-being (Mckenzie et al 2006). Education changes the way individuals behave and the choices they make. Although, health is determined mainly by biology, it is often the choices of individuals that place biological health at risk (PRB, 2011). According to Van et al (2004), individuals without education may most likely embrace unhealthy behaviours, while those with a higher level of educational achievement are likely to adopt healthy habits.

Higgins et al (2008) notes that a person's level of education influences the health choices they make, specifically with regards to sexual habit, physical exercise, diet, and smoking. An educated person is more likely to eat healthy, avoid excessive drinking and smoking, exercise frequently and have healthier behaviors compared to an uneducated person (Feinstein et al 2006). Surveys, such as that conducted by Higgins et al (2008) showed that, people with a high level of education, are enlightened and stand a better chance of having longer life expectancy, compared to individuals with low level education.

WHO (2011) indicated that there is a link between low education levels and poor health, poor health may result in stress, low self-confidence and depression. An

educated person is more likely to take advantage of health care provision, preventative care, seek medical help when needed and are better equipped to protect themselves against potential shocks to health (Feinstein et al 2006).

In terms of health and health care, beliefs and choices are important because they have the ability to drive behaviours that have implications for overall health. According to UNESCO (2002), education influences health. As such, education is a tool that helps sustain and support a healthy lifestyle and positive choices, capable of promoting human developmental growth (Donatelle 2009). Education influences general awareness of health issues and appropriate use of health services (PRB, 2011).

From another point of view, education increases a person's income potential and with higher income, individuals are more likely to be able to afford premium health care and balanced emotional health. High level of education has been linked to personal hygiene, better health and well-being (Van et al 2004). Adolescents who are out of school are not as healthy as their peers who are admitted in mainstream schooling or who failed to attend mainstream schools (Bovet, Viswanathan, Faeh, & Warren 2006; Clark et al., 2010; Denny et al., 2004).

2.7.3 Health Literacy

Typically, education is fundamental to health literacy because health literacy enables individuals understand and make appropriate decisions in regards to their health. Education enables the development of health literacy and it is about taking advantage of the benefits of health that involves using available health information to

make informed decisions (PRB 2011). The World Health Organization (2011), defined Health literacy as;

> *"the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health."*

Health literacy goes beyond the ability to be able to read brochures, medicine booklets, pamphlets or drug prescription, it entails the skills required to adequately manage one's health and prevent diseases. Health literacy supports people's access to health information required in making healthy choices, and their capacity to use preventive measures adequately, therefore, health literacy is critical to empowerment and self-efficacy.

How might education affect health outcomes for women and girls?

It is an established fact that education is directly linked to and has an essential impact on health (Feinstein et al 2006). According to The British Council Report (2012), the importance of girls' education cannot be overemphasized, as educating girls implies educating the mothers of the future generation. The report stated that Nigeria can adequately capitalize on the potential of its people and ensure a society of healthier, educated, empowered, confident and productive citizens by investing in girls' education. As more and more women are educated, the health of the nation improves.

Education can influence parental decisions about the age at which girls marry, early marriage is one of the factors why girls drop out of school (British Council, 2012). PRB (2011) emphasized that women with at least some degree of education are more likely to marry later, use contraception which reduces the frequency and risks of childbearing, have fewer children, and are better equipped with information on child health, nutrition and other needs of children. Female education has been linked with lower fertility, reduced child mortalities, reduced maternal deaths and improved child survivals (British Council, 2012). The more education a woman has, the more likely she will have fewer children, and these children have a higher chance of being born healthy. Consequently, an educated woman is more likely take up antenatal care and use health facilities for delivery.

UNICEF (2014) highlighted that, some parents pursue marriage for their adolescent daughters in an attempt to secure a better economic future for them, and, girls may likely consent to early marriages due to family pressures, without fully understanding and preparing for the responsibilities and risks. The many risk factors that contribute to early marriages are poverty, belief that marriage will provide protection, family honour and financial stability. As a result, girls from less privileged families are more likely to marry young and have worse health consequences.

WHO (2011) cited that in most countries, female life expectancy is higher compared to their male counterparts, however, exposure to risk factors, and a number of social and health related factors combine to create a diminished quality of life for women. McAlister and Baskett (2006) posit that maternal mortality is one of the indicators used to describe a country's public health and social well-being.

According to WHO (2011), gender inequality in education poses serious health consequences for women around the world, mortality rates during pregnancy and childbirth remain high in developing nations. These countries account for 99% of all maternal deaths and 90% of all neonatal mortalities. Research by the British Council in 2012, revealed that more than half of all the girls in Northern Nigeria are already married by time they turn sixteen, and are expected to bear a child within the first year of marriage. However, there are many health risks associated with this practice.

Health outcomes from lack of education not only affect the mother, but the child as well, early pregnancies have increased risk of pre-term and low birth weight babies, as well as babies with weaker immune systems and at a high risk of malnutrition. An uneducated mother is more likely to be ignorant about healthy living habits and disease prevention measures which may affect the welfare of her family and society in general.

The British Council Report (2012) established a link between maternal education and child survival, citing that educated girls are in a position to avoid early marriage due to the number years spent in school, plan their pregnancies and have better maternal and child health outcomes. Caldwell (1981) conducted a survey in Nigeria to explain how maternal education subsequently determines the level of infant and child mortality. Through the survey, it was established that maternal education is a significant determinant of child survival.

According to the British Council Report (2012), female health outcomes in Nigeria is on the poor side, Nigeria holds 2% of the world population but has about 10% of all

maternal deaths globally, it is estimated that an average of 144 women die every day in Nigeria due to childbirth, which is equal to 1 maternal death every ten minutes. The maternal mortality rate in Nigeria is 545 deaths per 100,000 live births which is almost twice the world average.

British Council report (2012) cited that over 90% of females with tertiary education make use of health facilities compared to only 11% of females without any education. According to Uwameiye and Iserameiya (2013) a woman who is unable to read could be prone to misuse of medicine, which can be fatal for young children. Improved maternal health is often linked with reduced fertility, because women are less exposed to the risks associated with giving birth. Having fewer childbirth means that adequate money or resources are available to provide more care to those who need it (British Council, 2012).

According to Omorodion (2015), when compared to girls in their 20s, adolescent girls under the age of 15 are 7 times more likely to die giving birth, while girls aged 15-19 are twice likely to die during childbearing. These deaths are largely due to physiological immaturity of the girls where the birth canal and pelvis are not fully developed to accommodate child bearing. Also, early pregnancies increase the risk of obstetric fistula, a condition that is very serious and devastating to women (WHO, 2011).

Furthermore, secondary education provides relevant information to students about puberty and the gradual changes in the human body as it matures and this may be effective in avoiding confusion or misinformation by their peers. Also, educated girls are more likely to know the basic facts about HIV/AIDS, avoid risky behaviors,

practice safe sex and insist on protection to avoid unplanned pregnancies, contraction of HIV and STIs (Population Reference Bureau, 2011).

According to Caldwell (1981), the impact of education is decisive, as it changes both the educated and the attitudes of other people towards them. He argued that an educated woman is more likely to break tradition and challenge familial practices with regards to child care and people are less likely to fight that challenge. Also, educated women are in position to adopt and use basic health activities which in turn will increase their likelihood of having healthy and better-nourished children, and their children are more likely to survive.

According to Population Reference Bureau (2011), mothers with at least secondary school education are twice likely to use health facilities, communicate effectively with health providers and vaccinate their children compared to those with no education. In view of the above, a child born to a woman who is educated has a higher probability of survival past the age of 5, than a child born to an illiterate woman. An uneducated mother is more likely to be ignorant about healthy living habits and disease prevention measures which may affect the welfare of her family and society in general.

2.8 School Management and School Climate

2.8.1 School Management Practices and Students' Performance

2.8.2 School Management

Management is an essential part of any organization. It involves organizing and coordinating activities of an institution to achieve set objectives. According to Manichander (2016); Braun et al (2010), the school is tasked with providing the students with a series of learning experiences with the aim of imparting knowledge, attitudes, values and skills required to be productive members of society.

Manichander (2016); Suneera (2014) defines school management as the process of achieving effective and efficient teaching in a school through planning, organising, controlling and evaluating human and material resources. School management or educational management involves the use of management principles and techniques in designing, developing and allocating resources towards achievement of educational goals. School management practices are management frameworks which are value-focused, student-centered and school-based, it aims at improving teaching standards in schools, as well as learning outcomes. Accordingly, it entails using the principles of management in crafting and organizing relevant means of achieving educational goals (Okumbe, 2001). It is not an independent component but part of the educational system and operates within a defined structure of authorities and responsibilities as seen in countries such as Hong Kong, USA, UK and even Nigeria (UNICEF, 2007). It is presumed that the involvement of the different stakeholders would enhance transparency and improve decision making processes.

In order to help gain perspective on leadership style of secondary school principals in Cameroon, participants spoke of limited leadership training for school administrators as an impediment to the schools' development (Wirba, 2015). The study highlighted that, lack of formal training in leadership, pose many challenges

that affect the work of school principals. This is consistent with Nzoka and Orodho's (2014) descriptive survey where the authors explored the different strategies employed by school managers to improve students' academic performance.

Similarly, Kibui, Kibera and Bradshaw (2014) demonstrated through the use of mixed methods design, the importance of management training and conflict management skills for school teachers and administrators. However, lack of management skill training was identified as a key factor why the strategies fell short and did not achieve the desired results. While the participants in Wirba's (2015) qualitative study understand coordination as part of their roles as principals, their opinions differ on priorities for allocating scarce resources.

The pertinence of education to a nation's development is an established paradigm, looking at the growing literature on school management practices by researchers and educationists. It is apparent that proper management practice by schools generally is crucial in all areas of their dealings (UNESCO, 2005). Bloom et al (2014) posit that adoption of these managerial practices differs significantly across countries. Nonetheless, Nzoka & Orodho (2014) while examining the effects of school management strategies on students' academic performance in Kenya, report that the effectiveness of the strategies is appraised by how well these schools are able to fulfil desires of the societies where they operate.

The impact of school management practices on educational outcomes has been established by numerous studies (Tavares, 2015; Elmore, 2004; Meier and O'Toole Jr, 2003; Waters et al 2003). What these studies have failed to show is, whether

educational management has any influence on students' health behaviours and since health is an integral part of the educational process, there is need for more studies to explore the connection between school management practices and students' health behaviours.

There is also a need to evaluate if there is any connection between school policies and low enrolment and high rates of dropouts amongst girls in Nigeria, which begs the question "What can schools and policy makers do to encourage girls to stay in school, to empower themselves or contribute to national development, leaving the females, most especially the vulnerable ones to compete in a "man's world". Note, however that gender issue is just one of the several elements influencing achievements (Eurydice, 2010). This document further states that:

> *gender inequality is a concern in most countries. The most common goal of gender equality policies in education is to challenge traditional gender roles. Countries may focus on combating gender-based harassment and violence, enhancing the representation of women in decision-making bodies or counteracting gender-based attainment patterns (p.12).*

And this starts at the base, educating the female child. It is therefore, important to incorporate female health topics in the school curriculum. According to Offorma (2005), curriculum is a planned learning experiences packaged for learners to enable them grow to the extent of intelligently exercising control of subsequent knowledge. In European countries, attempts are made to introduce gender disparity and gender health amongst others as topics or an inter-disciplinary subject in secondary school curricula (Eurydice 2010).

The school is required to produce human resources equipped with specialized knowledge to enhance and sustain national development. To achieve this goal, Manichander (2016) concluded that it is important for school curriculum to be relevant to real life situations. According to Ahmadi & Lukman (2015), curriculum may be defined as an explicit requisite of educational level that must be passed by student in their course of studies.

The UK Education ACT of 2002; Section 78 (1 and 2) mandated a balanced curriculum for every funded school in the UK to enhance the physical, socio-cultural, moral, and mental growth of students at the school and prepare them for opportunities and challenges in life (UK Department of Education, 2014). In March 2017, The UK government mandated all schools in England to include Sex and Relationship Education (SRE) in their school curricula (Greenings, 2017). As earlier stated, the Nigerian secondary school curriculum is flexible enough to accommodate studies on sex, gender and sexuality (adolescent sexual health), male and female reproductive systems, teenage pregnancy, abstinence, contraception, STIs, amongst others. The question now is, how readily available are these programmes in the Nigerian schools?

Esere (2008) conducted a pre-test, post-test study on 24 school- going adolescents to determine whether sex education would reduce at-risk sexual behaviour among adolescents. The study showed that students in the intervention group after being exposed to treatment (sex education), reported less at-risk behaviours compared to the control group. The study found that sex education and reproductive health topics have not been fully incorporated into secondary school curricula in Nigeria, sexuality

and sexual health are topics that are rarely discussed openly as discussion on sex are regarded as taboos.

This finding is consistent with Oshi et al's (2011) qualitative study based on in-depth interviews of 60 secondary school teachers where the participants all said they were not teaching their students sex education. Findings from the study showed that none of the participants had received any special training on how to teach sex education, and there was no clearly stated curriculum on sex education in public secondary schools in Nigeria.

While Oshi et al's (2011) study used a methodology that is appropriate to the aims of the research, a key limitation of the study is that ethical issues were not discussed by the authors. Findings from Aransiola et al (2013) also confirmed that reproductive health education was not being taught in public secondary schools in Nigeria. The study evaluated teacher's perspectives on sexual and reproductive health interventions for in-school adolescents in Nigeria using in-depth interviews. While the participants favoured the introduction of sexual and reproductive health education into the curriculum, there was however a difference in opinion as to what should be included in the curriculum as some participants were opposed to teaching about sex and contraceptive use.

2.8.3 Available health programs in Nigerian Schools

UNICEF (2006) document submits that a healthful school environment always considers the well-being of its learners. These learners benefit from immunization, school feeding, counselling, sick-bay to school dispensaries but this is not enough.

Darki and Onobumeh (2014) surveyed the availability and application of health services in schools using questionnaire administered to 116 respondents (head teachers and deputy head teachers), the survey showed a correlation between availability of school health services and health habits of students. However, an important limitation of the study was that the study did not examine a population relevant to the research questions.

Teachers spend more time with students, therefore, opinion of teachers would have been more appropriate on health habits of the students. The authors (Darki and Onobumeh, 2014) are of the opinion that comprehensive school health programs should be integrated into schools' curriculum and should be planned sequentially to include school partnerships approach and events packaged to encourage all round growth and progress of secondary school students.

The world over, health and education are inseparable. This is because healthy adolescents are likely to have better learning outcomes and are likely to learn more effectively. School health instructional programmes provide knowledge on important health concerns of secondary school students who are in their developmental stage in life (Olatunya et al 2014).

Conversely, there is need for adequate time and resources to be allocated to health instruction in schools. Olatunya et al (2014) carried out a cross sectional descriptive survey and found that 67.2% of the schools taught health instructions once a week. Thirty-two percent (32%) of them went for twice a week but then none of the schools surveyed gave health instruction thrice in a week. The authors also found that the

health lesson periods were merged with physical education for 45 minutes to 1 hour in all the schools surveyed.

2.8.4 Time and resources allocated to Health instruction in the schools

When it comes to resources, the ability to source for and the gather the necessary means to finance quality teaching and learning in secondary schools in Nigeria is a major issue, especially, in Nigeria where there are multiple contenders for the limited and ill-appropriated resources and most of these schools do not benefit from these available resources (Olatunya et al, 2014). As a result of these challenges identified, health instructional programmes are not readily available in the Nigerian school systems. However, instead of waiting on government forever, schools could be expectant whilst investing in specialized staff through school-community partnerships as a revenue source.

They should also learn to formulate good health policies that would enhance their efforts. Participants in Nwalo and Anasi's (2010) descriptive survey of in-school adolescent girls in Lagos, reported the various sources of information on reproductive health and how accessible these sources were. According to the participants, information from parents was the most accessible followed by books, television, siblings, music and songs, radio and friends. However, the study would have been more useful it had examined the content and mode of delivery of the information from these sources.

In contrast, Onyeonoro et al (2011) revealed through their study that girls reported information from peers as the highest source of information on sexuality, while the

participant chose information from parents as the least source. While the study described key features of the sampling design, the authors did not note the limitations of the sampling procedure. However, both studies (Nwalo and Anasi, 2010; Onyeonoro et al, 2011) showed convincing evidences that school is not top on the list of sources of information on reproductive health information. These studies point to the fact that female health topics are not fully incorporated in the school curricula.

2.8.5 School Management Practices and School Climate

A positive school climate promotes effective teaching which in turn influences students' learning, engagement and academic achievement (Konold, Cornell, jia and Malone, 2018); (Rapti, 2012). Several studies including (Chirkina and Khavenson, 2018); Rapti (2012) have established the relationship between school organizational management and school climate.

According to Loukas (2007), school climate refers to the atmosphere of a school which includes the feelings, personality and attitudes that are elicited by a school's environment. It refers to the social characteristics of a school in terms of values, norms, interpersonal relationships among students and members of staff as well as learning / teaching emphasis, expectations, shared approaches and practices. However, Marshall (2004); (Chirkina and Khavenson, 2018) argued that the concept of school climate is multidimensional and covers a broad and extensively diverse range of complex elements which in addition to the social characteristics, include physical and academic components.

While the social characteristics involve factors such as fair and equitable treatment of all students as well as are the values and norms of a school as regards the quality of interpersonal relationships among students, teachers and non-teaching staff (Loukas, 2007), the physical dimension includes elements such as safety and comfort of students and staff while in the school environment, availability of resources, appearance of school physical structures, organization of the classrooms, school size, and student-teacher ratio (Marshall, 2004). The academic dimension of school climate include the quality of instruction, content of classroom modules,

school curriculum, in addition to expectations for student educational achievement (Chirkina and Khavenson, 2018). Studies such as Konold et al (2018); Rapti (2012); (Chirkina and Khavenson, 2018); have established links between school climate, student engagement and students' academic achievements.

According to Ruus, Veisson, Leino, Ots, Pallas, Sarv and Veisson (2007), students' perception of school climate and teachers' attitudes toward students influence the students psychological and physiological well being as well as academic success. A positive school climate can influence student behavioural, psychological and emotional functioning which in turn can increase academic motivation and educational achievement (Loukas, 2007). School climate has been shown to impact all the members of the school community (Payne, 2018). Therefore, improving the school climate directly influence teacher motivation which in turn can influence students' academic achievements (Rapti, 2002).

Although school climate has been found to be one of the significant factors in academic achievement (Chirkina and Khavenson, 2018), Thapa (2013) argued that school climate has been found to impact students' physical and mental health. It can also influence students' behaviours such as rates of bullying, drugs and alcohol use, students' delinquency and aggressive behaviours. Barnes, Brynard and Wet (2012); Egbochukwu (2007) concluded that school violence is lower in schools with a better school culture and climate. Although Thapa (2013) argued that schools with better perceived structure, positive student-teacher relationship and fair discipline practices are likely to have less behavioural problems among the students, Eliot, Cornell,

Gregory and Fan (2009) concluded that supportive school climate encourages help-seeking attitudes for bullying and peer violence.

2.8.6 School-Related Gender-based violence

A school is supposed to be a safe place where all students irrespective of their gender, have equal participation and educational opportunities. Prinsloo (2006) described a safe school as one that is danger- free where all learners and members of staff may learn, teach or work without the fear of intimidation, ridicule, harassment, humiliation or violence. Although the school environment offers a perfect terrain for learning and social interaction among students, Prinsloo (2006) argued that school dynamics may produce environments that are potentially dangerous to girls.

While studies on gender inequality in education are often based on out-of school factors, Leach, Slade and Dunne (2012), argued that focus on in –school conditions and experiences are important to tackling gender disparity in education, as inequitable gender relations in school may have contributed to the higher proportions of female dropouts. School-related gender-based abuses such as sexual violence, bullying, peer violence and inequality, violate girls' rights to inclusive education and safety to learn without fear of violence or discrimination (Parkes, Heslop, Ross, Westerveld and Unterhalter, 2016).

Gender parity in education is lacking if schoolgirls are denied equal participation and rights to a safe and inclusive learning environment (Prinsloo, 2006; UNICEF, 2002). However, the onus of creating a positive school climate, with zero tolerance for discrimination and gender-based violence is on the school (Aransiola, 2013). As a

result, schools cannot fulfil their roles as places of learning and socialization if girls are not in an environment that is free of violence.

According to Gottfredson, Gottfredson, Payne and Gottfredson (2005), the school is an efficient way to reach young people as it has the potential to shape and reshape students' behaviours. According to Thapa (2013), school policies and practices on rules, discipline and enforcement of rules in the school are important factors in maintaining a safe school climate especially for girls who are more vulnerable to gender-related abuses due to their perceived frail nature.

The authors in Ormerod, Collinsworth and Perry (2008) examined the relationships between sexual harassment (peer-to-peer harassment and adult- to- student harassment), school climate and students' outcomes. The study demonstrated that a climate that tolerates the harassment of girls has a direct relationship with increase in sexual harassment of girls and negative psychological, educational and health outcomes. The British Council (2014); Kibui et al (2014) provided evidence that suggested schoolgirls encounter several obstacles to quality education such as bullying, sexual harassment, and other forms of school-related gender- based violence that may jeopardize their educational achievement thereby leading to under –participation, low educational achievement or dropout.

Parkes et al (2016); Egbochukwu (2007) describes bullying as an attempt by a person or group of persons to impose power over another person through aggression, physical or verbal intimidation, often on a regular basis. Whilst school-related gendered violence is a global problem, studies such as Kanga (2005) and

Prinsloo (2006) revealed that school-related gender based violence is more prevalent in sub-Sahara Africa. Schoolgirls in sub-Sahara Africa due to socio-cultural perception of low status of women, are vulnerable to sexual and gender-based abuses by male students, teachers and non-teaching staff in and around schools.

According to Kanga (2005); Hadi (2007); gender dynamics in the home due to patriarchy may influence lack of respect for women and girls. Children are highly impressionable and boys may have learnt violent behaviours towards girls from home, from their peers at school or through societal norms and beliefs about male dominance and perception of low status of women and girls. The resultant effect of these violent behaviours mean these boys grow up believing they are allowed to use violence anytime to suppress their female counterparts. These violent behaviours if unchecked, according to Kanga (2005), may develop to form serious behaviourial problems whereby boys may feel the only way to dominate and show power (supremacy) is through the use of violence.

According to Prinsloo (2006), violence against girls in schools in sub-Sahara Africa are rarely addressed by school administrators and this can be further worsened by poor school management practices (Kibui et al, 2014), as was the case of St. Kizito secondary school in Kenya. According to Perlez (1991), a poorly managed school protest escalated and led to the death of 19 girls and mass rape of 71 schoolgirls aged 14- 18 in July 1991. After the sad and unfortunate incident, the principal of the school as reported in the New York Times (1991) was quoted saying;

> "*In the past, the boys would scare the girls out of their dormitories, drag them to the bush where they would 'do their thing' and the*

matter would end there".

On the same sad incident, the female deputy principal was quoted as saying;

"The boys never meant any harm against the girls. They just wanted to rape"

Aside the depravity of the event, these statements by the school administrators suggest the school environment was not as safe and supportive as it should have been for the girls.

2.8.7 School policy on sexual harassment

According to Lipson (2001), about eight (8) in ten (10) girls who are scared and confused in life had experienced one form of sexual harassment (or another) while in school. Sexual harassment threatens students' safety and their ability to learn (National Women's Law Center, 2007). It could get so bad that some students refused to go school, become introverts and some develop a high level of inferiority complex, while others may end up with complex emotional issues.

Equal Right Advocates (2013) see sexual harassment as,

> *"requests for sexual favors or unwelcome sexual behavior that is bad enough or happens often enough to make you feel uncomfortable,… interfere with your schoolwork or your abilit0y to participate in extracurricular activities or attend classes...could be verbal (comments about your body, spreading sexual rumors, sexual remarks or accusations, dirty jokes or stories), written, physical (grabbing, rubbing, flashing or mooning, touching, pinching in a sexual way, sexual assault) or visual (display of naked pictures or sex-related objects, obscene gestures). Sexual harassment can happen to girls and boys. Sexual harassers can be fellow students, teachers,*

principals, janitors, coaches, and other school officials (p.1).

It is therefore, imperative that each school must have a clearly-stated and effective policy in this regard. If none, it could be drafted with the following guidelines by the National Women's Law Center (2007) which states that:

1. The policy should be user-friendly and this could be done by getting the school community involved while crafting it.

2. What sexual harassment is should be clearly defined and list possible punishments.

3. The school in question must ensure the confidentiality of the complaints and prohibit retaliation.

4. The policy should clearly state how students who have been harassed could challenge that harassment.

5. School managers (Principals) must ensure that the policy is well-publicized and effectively implemented.

6. The consequences of breaching the policy must be distinctly explained.

Apart from creating a policy, an excerpt from chapter 21, section 218 of the Nigeria Criminal Code Act reads thus: "Any person who attempts to have unlawful carnal knowledge of an underage girl is guilty of felony and is liable to imprisonment for fourteen years." Unfortunately, the issues of girl-child marriages taking place in the country seem to make this Code null and void; Hence, the need for schools to craft their policies and be vigilant over their female students.

2.9 Summary of chapter two

This chapter gave a detailed outline of the search strategy for relevant literature and the use of appropriate quality appraisal tools to assess the quality of the studies. The literature review explored gender inequality in education with focus on the high dropout rates for female students and the factors that may be responsible. The review however identified a need to explore if the school system is doing enough to keep girls in school. The literature also established a link between school management and students' performance, since the review also established a relationship between education and health behaviours, the researcher plans to use this to explore if there is a link between school management and health behaviours of female students.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter examines the researcher's philosophical position, the research methodology, ontology and epistemology. That is, the philosophical assumptions that the researcher brings to a study, the strategy of inquiry that is related to this assumption, and the specific research methods that interpreted this method into use. It introduces the methodology that was used in the study and also presents an outline of the research techniques that was used to provide answers to the research questions, as well as the motivation for the adoption of mixed methods, in the research. The other sections in the chapter, presents the sampling technique, sources of data, research design, procedures, validity and reliability of research instrument, data analysis method and ethical consideration for the study.

3.2 Review of Research Questions

i. What are the effects of gender inequality in education on female students in senior secondary school in Lagos, Nigeria?

ii. Do school management practices affect the health behaviours of female students in senior secondary school?

3.3 Pragmatism

This relatively old philosophy was founded by some renowned American philosophers Charles Pierce (1839–1914), William James (1842–1910) and John Dewey (1859– 1952), at the beginning of the twentieth century, in an attempt to help the American society handle the various problems it was confronted with at the time

and has since maintained its influence. Pragmatists are not interested in whether a proposition fits a particular ontology; their concern is on whether it suits a purpose and its capability of creating the required action. Moreover, if the research question does not suggest unambiguously, the pragmatist's view is that, it is perfectly possible to work with two research philosophies.

Morgan (2014) contend that pragmatism is intuitively appealing, largely because it avoids the researcher engaging in what they see as rather pointless debates about such concepts as truth and reality. In the author's view, researchers should study in the different ways in which they deem appropriate, and use the results in ways that can bring about positive consequences within their value system.

For this study, the researcher adopted a pragmatist approach. The research questions are focused on effects of gender inequality in education on female students and whether school administrative practices influence the health behaviours of female students. Pragmatism argues that the most important determinant of the research philosophy adopted, is the research question, and one approach may be 'better' than the other for answering particular questions. The pragmatic approach is a commitment to the research questions' end-causes and outcomes, rather than, abstract and theoretical first-causes (Iaydjiev 2013; James 1995).

Gray (2012) states that pragmatism serves as an epistemological justification for mixing methods and approaches, as it is the case with this study. He further notes that while some research approaches could be used separately, they could also be

combined with another research design. Therefore, pragmatism sees the mixed method approach in a study not only as valid, but in some cases essential.

3.3.1 Ontology and Epistemology

A researcher's ontological and epistemological position, forms the basis for any research. It is imperative to understand these concepts as a researcher's beliefs, assumptions and values, that can influence an inquiry. Ontology, which is the study of being precisely as being (pure being) refers to concerns about the nature of reality (Unah, 1996; Marcel, 1960). Therefore, if anything comes to be, then it comes either out of being or out of not-being (Unah, 2002). Stephen Korner (1969), as cited in Odiboh (2003) opines that ontology concerns the nature of the primary thing; meaning, the being on which all other things depend.

Oyeshile (2003) argues from the standpoint of physical realists that the typical objects of perceptual experience, belief, and knowledge are independent in their being. It would, therefore, suffice to say that, ontology covey individual claims or assumptions on the nature of reality and what constitute reality. However, whether or not this reality is an objective or subjective reality, it is only conceived in the mind. Hence, Scotland (2012), suggests researchers must take a stand on their assessment of reality and how they pass it on as knowledge.

Conversely, epistemology is concerned with valid knowledge and how it also relates to reality. As a research philosophy, it examines the development of knowledge and the nature of that knowledge (Cohen, Manion and Morrison, 2012). Epistemology from Renaud's (2013) perspective is an area of science that tends to explain a

method in which an individual chooses to understand his or her world. According to Vasilachis de Gialdino (2009), it draws attention to important questions such as, what is the physiognomy, tenets and rules that influence the manner of knowing and findings in a research? How certain is the researcher that, if the research process is repeated, the result would be the same quality and the findings would be reliable? From the above, it could be deduced that epistemology is important to research because it presents the knowledge perspective that determines what is certain, uncertain, suitable or unsuitable (Gray, 2012).

Since epistemology is concerned with what constitutes acceptable knowledge in a field of study, how then does it operate? Scotland (2012) posits that the rules that govern epistemology focuses on how knowledge could be, *"created, acquired and communicated. That is, what it means to know."* A researcher, who has this understanding, can make epistemic assertions about notions, representations, being and structure of knowledge. Thus, the researcher is able to create knowledge. As such, his or her epistemic viewpoint determines the kind of knowledge that is created. Epistemic viewpoint is essential for a number of reasons:

- It encompasses the totality of the research, including data collection sources and analysis.
- It removes confusion and straightens questions in the area of research design. A good understanding of philosophical investigation allows researchers, ample knowledge of workable designs for a particular group of objectives.

According to Creswell (2014), ontology and epistemology, which may also be referred to as a researcher's 'worldview', are the beliefs that guide a researcher's

actions in an inquiry. Tennis (2008) identifies positivism, constructivism and pragmatism as popular epistemic perspectives. However, in his book, Creswell (2014) highlighted the four major research paradigms as post-positivism, constructivism, transformative and pragmatism. In the context of this study, the researcher adopted a pragmatic approach.

Pragmatism is concerned with 'what works' and not committed to any single philosophical assumption or reality. According to Creswell (2014), pragmatists' view is that, the world is not an absolute unity. The underlying assumption is that it is problem-centred and there should be many approaches to collecting and analysing data rather than focusing on only one approach. In the context of this study, the researcher addressed the research objectives by integrating data, using many approaches to provide a complete understanding of how school management practices affect the health behaviours of female students.

The researcher focused attention on the research questions to derive knowledge about the problem and therefore, the researcher positioned himself as such, to investigate without manipulation and understand the research objectives using both quantitative and qualitative methods.

Positivism

Aliyu, Bello, Kasim, and Martin (2014) espouse that, positivism is a research approach embedded in ontological assertions, that truth is not only absolute but is unrestricted and not dependent on the researcher or observer. According to Putman (2006); Popper (2008) and Weber (2009), it incorporates epistemological, methodological and the ethical aspects of research philosophy. Scotland (2012)

asserts that positivism lays emphasis on objectivism or impartial measurements and its ontological stance is laced with realism.

Cohen, Manion and Morrison (2007) explain that realism is the view that, objects have an existence, independent of the knower. As such, a discoverable reality exists independently of the researcher. Precisely, positivists are expected to go into the world without bias, uncovering absolute knowledge about an objective reality. The researcher and the research are independent entities. Meaning solely resides in objects, not in the conscience of the researcher, and it is the aim of the researcher to obtain this meaning objectively.

In contrast, empiricism, which is the foundation of positivism, views reality as, "universal, objective, and quantifiable" (Darlaston-Jones, 2007). Consequently, by emphasizing systematic and empirical approach to discovering knowledge, researchers and layman can both have a shared reality in its completeness. Positivist researchers also believe, they can attain full understanding based on experiments and observations. As Scotland (2012) claims, *"positivist statements are descriptive and factual."*

Concepts and knowledge in positivism are seen as outcomes of open experiences, which could be inferred through rational deduction on other circumstances (Aliyu et al, 2014). According to Robson (2011), Positivism is closely linked to the quantitative research paradigm. However, this is not appropriate for this study that requires a pluralistic approach to address the research questions.

Constructivism

Constructivism finds an abode in the home of the girl-child- learner focus of this research, as it emphasizes learner- center approach as well as support. The need to provide learners the chance of creating meaning out of what has been learnt is of utmost importance to this study. This theory of epistemology is multidisciplinary, not being cocooned but covering, according to Riegler (2012), an array of knowledge-based enterprises such as sociology, education, mathematics, architecture, media, etc. having different meanings in each of these disciplines. However, this constructivist theory is more concerned with how individuals create meaning or make sense out of a given situation (Loyens and Gijbels, 2008).

International Encyclopedia of Education, (1987) as cited in Bhutto and Chhapra (2013), defines Constructivism as, the statement or pieces of information build by the students or observers for their own use. On the part of the students, it is mostly, gathered from all the information made available to them by their teachers or tutors. Virtually everyone has the capacity or potentiality to create knowledge, which is gained independently and sociologically, to enhance the teaching-learning experience.

ritical of realism, the theory emphasizes that certainty is always constructed and contingent on the observer's standpoint (Darlaston-Jones, 2007). Loyens and Gijbels (2008) reiterate that various aspects of the theory stress individual cognitive process. In other words, it is an aspect of gaining knowledge or learning, that reflects the learner as the determiner of his quest for knowledge, even though he or she was born into a world in which meaning is given.

With reference to science and scientific knowledge, social constructivists argue that science does not discover a given reality, but constructs subjective representations of reality, which are dependent on the observer's interpretation and conjecture. Based on this, Riegler (2012) admits that constructivist approaches, in an attempt to construct reality, vary in functions. Darlaston-Jones (2007) argues that constructivism makes available a different angle with which to view the world. Creswell (2014) refers to constructivism as an approach to qualitative inquiry. In the context of this study that seeks to use all approaches available, to explore the research problems, constructivism may not be appropriate, hence, the adoption of pragmatism.

3.4 Methodology

This section describes the methods applied by the researcher in the study. Methodology is the combination of the epistemic stance and the methods of investigation. Methods of investigation refer to techniques that form a practice that carries with it the knowledge needed to have a result that is faithful to the chosen epistemology. For this study, the mixed method approach was adopted.

3.5 Mixed method design

Darlaston-Jones (2007) stated that a research is more meaningful, when a researcher is able to recognize the relationship between the epistemological research and the methods used in conducting that research. The use of mixed method design became necessary due to the shortcoming of qualitative data, in terms of generalization. Quantitative method was adopted due to its attribute of sampling the opinions of a large number of people on specific subjects, as well as for

its capacity to be generalized. A mixed methods design was adopted to link quantitative and qualitative data.

This study aims to assess the level of knowledge of female students on health as well as determine if school management practices influence this knowledge in any way. The research questions were answered using multiple sources of evidence such as questionnaires, interviews and document analysis.

For this study, both quantitative and qualitative methods were used to collect data from both Senior Secondary School students and their teachers. According to Ghosh and Chopra (2003), survey is a reliable method of study for the following reasons:

1. It helps to gather well-organized information on a particular problem.

2. Survey throws useful insight on the different aspect of social problems, as such; a constructive plan (policy, as it relates to this study) can be made for the development of the society.

3. Through survey, a solution to the problem identified can be made easily and effectively.
4. It helps to build the foundation for the completion of a research project, dissertation or thesis.

5. It enables the research direct contact with the people from whom he or she collects the information. In this process, the new facts of life or the problem examined can be gathered.

3.5.1 Rationale for choosing a mixed methods design

The advocates of mixed methods research design, favour it over a mono-method research design due to many reasons. (Burke and Onwuegbuzie, 2004; Bryman, 2006). Mixed methods design allows exploration of a complete range of research questions because the researcher is not confined to one approach. When used together, quantitative and qualitative research methods produce a more complete and robust knowledge, necessary to add insights and understanding, which might be missed when only a single approach is used. Both quantitative and qualitative research methods have strengths as well as weaknesses. However, combining the two methods in a study, allows a researcher to draw from the strengths and minimize the weaknesses of both approaches in a study (Burke and Onwuegbuzie, 2004).

This study hinges on future policy change or modification and information needs and thus, its design to gather data from female students in Senior Secondary Schools (SSS3). Porter and Subrahmanian (2007) notes that methodological investigation via appropriate research designs could become tools for future policy change or modification. According to the author, the engagement of various research methods brings about depth, aimed at informing already existing policies or new ones.

In other to have a proper and accurate explanation for this study, both quantitative and qualitative designs were used, which comprises of collection of numerical and qualitative data for the study. However, whichever methods researchers decide to use, Gray (2012) advocates that *"all methods must be open, consistently applied and replicable by others."*

In order to investigate gender inequality in education, and explore whether school management practices is a possible factor, impacting health behaviours of secondary schoolgirls in Lagos, Nigeria, this study utilized both quantitative and qualitative research approaches. The first aspect of the study, which was quantitatively explored, looked at the level of knowledge, perception and attitudes of the participants to health education.

Apart from the questionnaire design, this study also used semi-structured interview, which is a qualitative approach, to complement the quantitative data and clarify the results that were generated. The rationale for using the qualitative method is based on three important characteristics as highlighted by Wimmer & Dominic (2011). According to these authors, a qualitative research is an interpretative study, which allows each observer to create reality as part of the research process, which believes in the fundamental difference in human beings and strives for the depth of the study rather than the breadth of it. This enabled the researcher to have a one on one opportunity with the school managers (principals and school officers) to examine the different management practices, used by the two schools that were selected, know the depth of these practices, in line with what the results have been and the expected results. By the use of mixed methods, the two methods complemented each other and cover whatever loophole that would have occurred in the study.

3.6 Sampling Technique

3.6.1 Multi-stage Sampling

A sample is simply a subset of the population that is representative of the entire population (Sobowale, 2008). This study adopted a multi-stage sampling approach.

According to Robson (2011), multi-stage sampling is a process of selecting samples in stages.

Multi-stage sampling approach aligns with this study because a sample of schools was taken from all public secondary schools in Lagos State. Stratified random sampling was used to divide all local government areas in Lagos State into 2 groups or Strata (urban and rural areas), after which, simple random sampling was employed with the aid of a lottery method to select a local government area from each strata. The researchers wrote down the names of each urban and rural local government areas on pieces of paper, and put them in two small bowls, the two bowls were shuffled after which a local government was selected randomly from each bowl.

Public secondary schools within each of the 2 selected local government areas were divided into single-sex and mixed schools using stratified sampling. The single-sex schools were excluded from the study because it will be difficult to explore gender inequality using single-sex schools. Therefore, only mixed secondary schools were considered for the study. Using simple random sampling, one (1) school was randomly selected from each local government chosen. This was done to eliminate bias and ensure that each school had an equal chance of being chosen for the study. The researcher decided to select only two local government areas due to time constraints.

For this study, Lagos State was purposely selected by the researcher because Lagos is rarely considered in researches investigating gender inequality. As such,

limited data exist in this area. In addition, the researcher chose Lagos state based on the premise that, Lagos state places a lot of value and contributes generously to the growth and development of the States' educational sector (Lagos State Ministry of Education, 2010).

Based on the purpose of this study, which is to evaluate gender inequality in education and investigate the health behaviours of female students, using selected secondary schools in Lagos, the researcher went a step further to examine, whether what is obtainable in the urban areas would also be attainable in the rural areas of Lagos State. As such, it was necessary for the researcher to categorize the local government areas into the urban and rural areas. From the statistics presented in the document of the Lagos State Ministry of Education (2010), there are a total of 17 urban local government areas and 4 rural Local government areas in Lagos State.

Participants for phase 1 of the study were selected using purposive sampling. Robson (2011) describes purposive sampling as a non-probability sampling technique, where the principle of selection of samples is based on the researcher's judgement. The rationale for using purposive sampling approach to select the participants for phase 1, was because of 2 reasons. Firstly, the primary focus of the study was female students. Secondly, the survey questions are designed to assess knowledge level in order to establish the effectiveness of health education in the school curriculum. Therefore, the researcher recruited only female students in final the year of studies from the 2 schools selected.

Principals and teachers were selected for the interview phase. Given that each school only has 1 principal, purposive sampling technique was used to select the Principals, while simple random sampling was utilized in the Selection of teachers. The rationale for this method of sampling was to eliminate bias and give each of the teachers an equal chance of being selected. Using the lottery method, the researcher wrote on paper, all the names of the schoolteachers obtained from the principals of each school. The papers were placed in 2 separate bowls representing the 2 schools surveyed and 6 names were selected from each bowl after shuffling.

3.7 Sources of Data

There are two sources of data that were used for this study. Data was taken from both primary and secondary sources.

Primary Data:

Primary data was obtained from questionnaire instrument and semi-structured interview.

Secondary Data:

Secondary data consisted of already published data in books, Journals, magazines, reviewed literatures, academic thesis, and policy documents. This class of data formed the theoretical and conceptual frameworks of this study. On the whole, the secondary data sources used for the study were culled from existing literature, text books, scholarly journals and the internet.

3.8 Research Design

3.8.1 Mixed-Methods Sequential Explanatory Design

Creswell (2003) explains sequential explanatory design as a type of mixed methods design, which involves the collection and analysis of, first, the quantitative data and then the qualitative data in two consecutive stages within the same study. The overall aim of this study is to determine whether school management practices affect the health behaviours of female students of senior secondary schools. To address the research questions, a sequential explanatory design was used. According to Robson (2011), sequential explanatory design involves collecting and analyzing quantitative (numeric) data by a researcher, followed by the qualitative (text) data.

Secondary school female students are the focus of this study, as such, the researcher assigned priority to the quantitative data obtained using the students. The depth of the qualitative data gathered was used by the researcher to interpret and elaborate on the findings of the quantitative data.

The study was conducted in 2 phases; Quantitative and Qualitative phases. In the first phase of the study, the quantitative research questions focused on gender inequality in schools, as well as questions that assessed the students' knowledge, practices and attitudes to health education. The qualitative phase consisted of 2 parts; part 1 involved an in-depth semi structured interview with the selected schools' principals and teachers, the second part consisted of documentary analysis using the various policy documents that govern the day-to-day running of the schools.

Quantitative phase

Siniscalco and Auriat (2005) described a questionnaire as a research tool used in the collection of data. Questionnaires can be administered to a sample of respondents to collect various forms of data, such as facts, opinions, level of knowledge, activities, attitudes and perceptions, expectations and aspirations and, other forms of information that may be employed in the study of a research problem.

The first phase of this study was conducted using a structured self-administered questionnaire with closed questions. The researcher chose closed questions because they are easy to score and analyze. The questionnaire assessed and focused on measuring the students' level of awareness, knowledge, practices and attitudes to health and health education. The choice of research questionnaire for this phase was made to provide anonymity to the students; this was done to encourage them to answer the questions truthfully without fear of judgment. Also, the use of research questionnaire enabled the researcher score the answers to get a common theme.

This study adapted questions from the 2017 Standard High School Youth Risk Behavior Survey (YRBS) and the 2013 Global School-based Student Health Survey (GSHS) to assess level of awareness, knowledge, practices and attitudes to health among the students.

Pilot testing

A Pilot study was conducted to diagnose and test the reliability of the developed research instrument. The pilot study was conducted using the same inclusion criteria

as the main study using a sample of students from another school. The researcher used secondary school students for the pilot test to ensure that the survey language is easily understood by the respondents. No corrections were made on the content of the questionnaire, the participants for the pilot study understood all the questions and there were no observations or complaints about the questions.

Procedure

All female students in senior class III, who met the inclusion criteria for phase 1, from each of the selected schools, were given an introductory talk on the nature of the study, and were allowed to decide if they want to participate in the study or not. The participants who indicated interest, were given information sheet and consent forms to sign before the questionnaires were handed to them, after which, they returned the questionnaires to the researcher. In order to have a valid and a reliable data, the questionnaire was well formulated to minimize errors.

Data Collection

Data collection is part of the process of gathering information from respondents on the subject of a research. Data for this study was collected in the field, that is, at the school. The questionnaire that was used for this study contained closed-ended structured questions which were transposed from the objectives of the study. The questionnaire was divided into two sections; the first part contained the items addressing each research question. A closed multiple choice questionnaire was used. The second section focused on basic demographic information of respondents. The method of questioning was a simple two-tailed questionnaire which was useful to avoid asking embarrassing questions directly and also avoid pushing the respondents thinking ability beyond limits.

Inclusion and Exclusion Criteria for Phase 1

Table 3.1: ***Inclusion and exclusion criteria for Students***

Inclusion Criteria	***Exclusion Criteria***
Female Students	*Male students*
18 years and above	*Below 18 years*
Willingness to participate in the study	*Not willing participate*
Ability to give informed consent	*Inability to give informed consent*
Final year (Senior class 3)	*Not in final year*

Rationale for the Inclusion Criteria

This study aimed to explore gender inequality in education, and assess the impact of school management practices on health behaviours of female students. In view of the research questions and objectives, female students aged 18 years and above in senior class III were recruited for this phase. The rationale for recruiting students who were 18 and above at the time of study, was to allow only the participants, who are old enough to give informed consent, considering that, 18 years is an acceptable age of consent in Nigeria. Another key rationale for the inclusion criteria was that, since the study was assessing knowledge level of the participants, girls in senior class 3 as final year students, would have covered majority of the health topics in the school's syllabus.

Assessing Validity

It is required that survey instruments measure precisely desired variables. To enhance this, face and content validity of instrument will be employed. Efforts were made to ensure the content validity of the questionnaire by dividing the variables into

specific themes that the respondents will be able to easily relate to. Expert scrutiny was employed to study and vet the instrument to ensure the content validity of the research instrument. An expert each from the fields of Health, Sociology and Psychology scrutinized the instrument to establish its suitability for the study.

Reliability of the Research Instrument

Cronbach's alpha is commonly used as an evaluation of a psychometric test of reliability, which is a field of study that covers technique and theory measurement (Cronbach, 1951). It has been suggested that alpha can be used as the normal correlation of measurement of the same construct of two tests. Thus, the normal correlation of an arrangement of items is a precise assessment of the average relationship of items that relate to a specific construct (Nunnally, 1978).

For this study, in line with Sobowale's (2008) suggestion, the research instrument was pre-tested as earlier mentioned, to ensure that it measures what it sets out to measure and to quickly identify the difficulties the respondents may encounter in understanding the questions. Thus, ensuring that the questions were clear and the responses were consistent.

Data analysis

The data collected from the students in the quantitative phase were analyzed statistically using the Statistical Package for the Social Sciences (SPSS) software. The research questionnaire consisted a series of questions in line with the research objectives, each question was accompanied by a set of answer choices, the

responses were coded by assigning a numeric value to each answer choice to make data analysis easier. Descriptive statistics was used to fulfil the study objectives.

Phase 2 - Qualitative Phase

The qualitative data for this phase of the study was gathered using in-depth, semi-structured interviews and documentary analysis. Part 1 of the qualitative phase was an in-depth interview while part 2 reviewed policy documents used in regulating secondary schools in Lagos State.

Part 1 – Interview Phase

Overview of the Interview phase

The researcher utilized an in-depth, semi-structured interview for the second phase of the study. Boyce and Neale (2006) defined an in-depth interview (IDI) as a qualitative research method that involves conducting individual interviews with a number of respondents to explore their personal perspectives on a particular situation or idea. It is a kind of verbal technique for obtaining data. It is one of the most commonly used methods of data collection in the study of human behaviour. According to P. V. Young,

as cited by Ghosh and Chopra (2003),

> *"an in-depth interview is a systematic means by which a person enters more or less imaginatively into the life of a comparative stranger."*

In other words, it helps the researcher to probe deeper into the inner recesses of the interviewee. As good as the survey method is, Sobowale (2008) points out that

follow up questions are the advantage of IDI over survey. These two methods are necessary as they will complement each other and provide the different sides to the investigation.

Although in-depth interviews have a wide range of advantages, there are some limitations to this method of inquiry. Boyce and Neale (2006) indicated that in-depth interviews may be prone to bias and they may be time consuming.

According to Olujuwon and Perumal (2015), teachers play an important role in influencing students due to the prolonged engagement they have with students. The researcher used the interview questions to get the teachers' perceptions and personal opinions on gender inequality in their respective schools, challenges faced by female students and if school management practices and policies affect the health behaviours of female students. The in-depth interview was conducted face to face on site (at each selected school).

Table 3.2: ***Inclusion and exclusion criteria for the interview phase***

Inclusion Criteria	***Exclusion Criteria***
Principals and teaching staff	*Students and Non –teaching staff*
18 years and above	*Below 18 years*
Willingness to participate in the study	*Not willing participate*
Ability to give informed consent	*Inability to give informed consent*

Procedure

The potential participants were approached and given information sheet about the study. This was done to give the respondents an idea of the nature of the study and also allow them decide if they want to be part of the study or not. Only interviewees who gave informed consent were recruited for the study. Interviewees' responses during the interviews were audio –recorded in order to get the exact quotes and comments made by the respondents, which was transcribed into text afterwards. Interview data were analyzed using ATLAS.ti software, in order to identify and develop themes from the data gathered.

Part 2 – Document Analysis

Part 2 of the qualitative phase examined policy documents. The researcher took an in-depth look at the selected schools' existing administrative processes and management approaches. This phase provided qualitative data that gave insight into the results that were obtained in the quantitative phase. The documents the researcher inspected were the students' handbook, teachers' handbook, school syllabus and other policy documents, such as;

- Guidelines for Public and Private Schools in Lagos State (2011)
- National Policy on Education (2014)
- Unified Schemes of Work for Secondary Schools by Lagos State Ministry of Education (2014).
- Lagos State Government Rules and Relations for Heads / Assistant Heads and Teachers in Primary and Post-Primary institutions in Lagos State (1989)
- National School Health Policy by Federal Ministry of Education (2006)

3.9 Data Analysis

Data from the semi-structured in-depth interviews and policy documents were organized, coded and compressed into fewer categories to form major themes around school management practices and health behaviours of female students. Creswell (2014) defined coding as a process by which data is organized by bracketing chunks of text, and representing each grouping with a word. The data from the qualitative phase were analyzed with the aid of thematic analysis using the *atlas.ti* software.

3.10 Thematic Analysis

Braun and Clarke (2013) described thematic analysis as a method by which patterns in qualitative data are identified and analyzed. A theme is a clear and meaningful pattern that is relevant to a study. Braun and Clarke (2006) referred to searching for themes in qualitative data as coding, to identify similarity in the data or second-level coding. According to Creswell (2012), the process of developing themes, is a core element in the analysis of qualitative data, themes are developed by combining similar codes together to form a major idea and an interpretive concept. In the context of this study, the researcher employed thematic analysis to evaluate the interview data document.

3.11 Trustworthiness of the Study

The research aims to provide valid conclusions. In a qualitative study, the quality of a research and the extent to which the data and research findings are believable, are referred to as trustworthiness or rigor. Trustworthiness refers to establishing confidence in the findings of a qualitative study (Krefting, 1991). According to Creswell (2014), the concept of validity and reliability in a quantitative study carry a

different meaning in a qualitative inquiry. While quantitative studies are easily assessed using standardized tools, qualitative research requires a different approach to assessing the accuracy of findings. The four criteria for enhancing the trustworthiness of a qualitative study as proposed by Guba (1981) are credibility, transferability, dependability and confirmability.

Credibility (internal validity)

Does the evidence match the reality under investigation?

Credibility, which is synonymous with internal validity, checks how consistent the findings are with reality. Creswell (2014) lists triangulation as one of the most common forms of validation strategies for internal validity. Triangulation of data involves collection of data from multiple sources. Flick (2004) describes triangulation of data as the combination of data drawn at different times, from different sources, in different places or from different people.

To enhance the credibility of this study, the researcher triangulated data for the study using data from multiple sources (questionnaire, interviews and documentary analysis), with multiple perspectives from different people (students, teachers, vice principal and principals) at two different sites (different schools) over a period of time (different times).

Transferability (external validity)

What relevance do findings have beyond the situation investigated?

Transferability describes the ability of research findings to fit into new contexts outside the situation investigated. It is the ability to generalize the results of qualitative findings to a larger population (Krefting, 1991). Guba (1981) relates transferability with generalizability which involves the measures taken to ensure that a qualitative study findings and interpretations will be applicable in different contexts.

Creswell (2014) notes that qualitative studies are carried out in natural settings, which involve human behaviour and a qualitative research focus on participants' perception and past experiences, therefore, the goal is to understand multiple realities, not just one. Krefting (1991) however criticized transferability as a criteria for trustworthiness of a qualitative research, the ability to generalize research findings may not be relevant in many qualitative inquiries because such inquiries are conducted in naturalistic settings with unique situations, therefore, the intent is to describe a particular phenomenon not generalize. Shenton (2004) noted that since qualitative studies are carried out using a small number of participants from a particular environment, proving the applicability of research findings to other situations will be an impossible task.

The findings from this inquiry may not be generalizable, the researcher however believes the findings can lay a ground work and provide contextual information for similar studies.

Dependability (reliability)

Will investigation be consistent if replicated using the same methods?

A good research is consistent. Dependability describes the ability of a qualitative study to consistently observe the same results under similar circumstances. Marczyk et al (2005) suggest that, there are numerous practical approaches for increasing the reliability of a qualitative inquiry, some of which include; standardizing of research instrument, minimizing bias and ensuring the data collected are accurately recorded, compiled and analysed.

For this study, the researcher ensured the interview instrument was consistent for all the participants recruited for this phase. Secondly, the researcher maintained a neutral stance, so that participants would not feel the need to tailor their responses to suit the researcher's point of view, while also ensuring that the participants understand each interview question, so as to minimize subject bias. To minimize observer bias, the researcher recorded all interview sessions and transcribed same verbatim before analysis. In order to eradicate errors, the researcher also had the study audited.

Confirmability (objectivity)

Can the research findings be confirmed by others?

Confirmability involves ensuring that research findings are a result of participants' narratives, perceptions, ideas and experiences rather than the beliefs of the researcher (Shenton, 2004). According to Kfrefting (1991), an objective researcher does not influence a study and is not influenced by a study. Objectivity is analogous to neutrality which means absence of bias. Krefting (1991) believes prolonged contact between research investigator and research participants can ensure findings

are not biased. Other strategies for assessing confirmability include an audit, triangulation and keeping a reflective journal.

The researcher carried out this study over a period of time and documented in detail the entire process of data collection, analysis and interpretation of the findings. Rationales for methods adopted were provided.

Response rate

According to Robson (2011), a minimum of 60% is an acceptable response rate, while some researchers aim for 75%. For this study, the researcher considered a response rate of 70% as successful. The response rate for the first phase of the study was 79% while the second phase was 80%.

3.12 Ethical Consideration

As documented in the British Psychological society (2010), ethics refer to the, *"moral principles guiding research from its inception through to completion and publication of results."* Robson (2011) defines ethics as principles relating to proper conduct in a research. Ethical issues in research evolve from the kinds of problems researchers investigate and the approaches that they adopt to gather the data. On this note, Ojo (2005) listed the expected code of ethics for researchers and they include:

1. The dignity, privacy and interests of the participants should be respected.
2. Informed consent should be obtained from participants for all research. In addition, the researcher should honour all commitments associated with such agreements.

3. There should be no bias in the design, conduct or reporting of the research.

4. Purposes, procedures and risk of research should be explained to the participants in such a way that they can understand.

5. Research data should be confidential and all participants should remain anonymous, unless they have given permission for the release of their identity.

6. Researchers should understudy and be familiar with, and respect, the host cultures in which studies are conducted.

7. The researcher has the responsibility to explain fully, meaningfully and appropriately to the respondents: the aims, nature, and duration of the research and the significance of the study (University Research Degrees Committee (2008).

8. Full and complete interpretations should be provided for all data and attempts be made to prevent misrepresentations in writing research reports.

9. The power imbalance between the researcher and researched should be considered. Care should be taken to ensure that the latter is not pressurized into participation, etc.

The following are potential ethical issues the researcher has identified in this study.

Informed consent: According to Robson (2011), informed consent involves letting participants know in detail what the study entails. It means that a participant has been provided with enough information to enable him/her knowingly, voluntarily and intelligently give consent to participate in a study. Creswell (2014), notes that participation in a study should not be forced.

For this study, an information sheet detailing the purpose of the study, potential risks, guarantee of anonymity and confidentiality was provided to the participants to read before signing a consent form. Each participant was given a signed copy of the consent form to keep for future reference.

Possible harm to participants: This study was not designed to cause any harm to the participants. However, the researcher made provisions for any participant, who may be distressed by the questions during data collection, to be referred to a counselling service.

Respect for anonymity and confidentiality: In line with the Principle of anonymity and confidentiality, the researcher ensured protection of the privacy of the participants. The identities of the participants were protected, as such, only the demographic data essential to study was collected. The questionnaires did not require names or any identifying information. Pseudonyms were used in Phase 2, to protect the identities of the participants and the schools surveyed. In addition, the researcher kept all electronic documents and audio recordings on a password protected computer. The hard copies of questionnaires were also kept in a secure place.

Researcher's Safety and Risk: There was no threat to the researcher's safety during the fieldwork of the study.

Ethical Approval

To conduct this study, approval was obtained from the Ethics Committee of the University of Bradford. In addition, approval was obtained from the principals of the two public schools selected while individual approvals were sought from the participants (students and teachers).

CHAPTER FOUR

Presentation of Findings: Phase 1

4.1 Introduction

This chapter presents the findings reported by the participants from phase 1 of the study. The chapter describes the selection of samples as well as the sampling techniques utilized. The chapter highlights the process of data collection and procedure for data analysis. Singh (2006) defines data analysis as studying raw data in order to determine the inherent facts and meanings. Creswell (2012) refers to data analysis as a process of analyzing and interpreting data, so as to make sense of the information gathered.

As noted in the previous chapter, this study utilized a Mixed methods sequential explanatory design so as to understand the research problem at a more detailed level. Mixed methods sequential explanatory design, collects and analyzes quantitative data first, before collection and analysis of qualitative data. As a result, this study was conducted in two phases (phase 1 and phase 2). The intent of phase 1 was to assess the knowledge level, attitude to health and explore in-school challenges to quality inclusive education.

Phase 1

The purpose of the study was to explore gender inequality in education, with a focus to determine whether school management practices affect the health habits of female students. In this phase of the study, the researcher sought to assess the knowledge level, health habits and school-related challenges to girls' quality education, using a questionnaire instrument. The study was conducted in Lagos

State, Nigeria. As discussed in the previous chapter, two (2) local government areas were selected using simple random sampling technique. The local government areas selected were Lagos Island and Ikorodu local government areas. The researcher employed simple random sampling strategy at this stage to remove sampling bias.

A sample of 1 school was selected from each of the chosen local government areas. Lagos Island has a total of 12 co-educational public day schools while Ikorodu has 33 co-educational public day schools. While the Lagos State Ministry of Education publishes the number of government- owned schools available in the state, the names and addresses of the schools were not available in any of the documents perused. As such, the researcher utilized convenience sampling to select 1 school each from the already selected local government areas. Robson (2011) describes convenience sampling as a method of sampling, where a researcher chooses the nearest and most convenient samples for a study.

Table 4.1 below shows the number of schools in the selected local government areas of Lagos State.

Local Government Area	Total number of public schools	Co-educational schools
Lagos Island	20	12
Ikorodu	63	33

Source: Lagos State Ministry of Education (2018)

Table 4.1: The number of schools in the selected local government areas of Lagos State.

4.2 Study Participants

For the purpose of anonymity, the 2 schools selected for this study were assigned pseudonyms; School A and School B. The researcher, through the assistance of each school principal, identified the potential participants for the study. A total of 33

students from School A and 20 students from school B, met the inclusion criteria for phase 1. The potential participants were called into a separate classroom, where they were addressed by the researcher. They were given information sheet and an introductory talk to explain the purpose and process of the study. In addition, potential participants were duly informed that, they were under no obligation to take part in the study. However, after the introductory talk, 7 students from School A and 4 from School B declined to participate. Those who indicated interest in the study were given consent forms to sign. A total of 26 students from School A and 16 students from school B were recruited for this phase of the study. The participants were each presented a questionnaire which was administered by hand and collected immediately after the survey.

Research Instrument

In order to adequately assess the knowledge level, attitude to health, in –school barriers to progression and participation among female students in secondary schools, a questionnaire instrument with closed ended questions was utilized to gather data from the participants. Due to cost and time constraints, as well as the rigorous testing required for reliability and validity, involved in developing a new questionnaire, the researcher adapted questionnaire instruments from 2 different existing surveys; The 2017 Standard High School Youth Risk Behaviour Survey (YRBS) and the 2013 Global School based Student Health Survey (GSHS).

A review of related literature identified some key factors affecting girl-child education and high dropout rates amongst adolescent girls. As noted during the review, there is need to examine if schools are doing enough to keep girls in school and reduce the

dropout rates among girls. In addition to assessing the students' knowledge level, health habits, supply-side barriers to progression and participation, the researcher through the survey examined some school management problems which include students' safety while in school, bullying, sexual harassment, and availability of facilities.

Pilot test

Prior to administering the questionnaire to the respondents, the instrument was pilot -tested using nine (9) female students selected from another school not included in this study. The reason for the pilot test was to identify the questions that might be confusing to the respondents. The participants used in the pilot test were instructed to indicate the questions they did not understand. All 9 participants confirmed that the questions were easily understood, for this reason, there was no change to the questionnaire.

The questionnaire consisted of a total of 30 questions, divided into 7 groups, which include; girls' safety in school, bullying, sexual harassment in the school, health education in the school curriculum, health habits, sexual behavior and knowledge of HIV/AIDS.

Table 4.2 below shows question groups and number of questions under each group

Question groups	**No of Questions**
Girls' safety in school	2
Bullying	2
Sexual Harassment	4
School facilities	6

Health habits	7
Sexual Behavior	6
Knowledge of HIV/AIDs	3

Table 4.2 showing question groups

4.3 Procedure for Analysis of Phase 1

The researcher manually sorted and counted the returned questionnaires, each questionnaire was screened and assigned an identification code to avoid mix-up. In order to ease the process of data entry, a code book was created, by assigning a numeric score to each of the response category of the items on the questionnaire. The responses from the participants were inputted into Statistical Package for the Social Sciences (SPSS) software, version 23.0. The reason for selecting SPSS was to facilitate accurate and efficient analysis of the data collected.

Limitations of Phase 1

During screening of the data, the researcher discovered 2 questionnaires were returned unanswered, the reasons for which is not known to the researcher. However, these invalid questionnaires were eliminated as they had no data at all to contribute to the study. The researcher also discovered a few questionnaires were partially filled among the valid questionnaires. The questionnaire items with no responses were declared as missing data and substituted with '99' in SPSS.

Table 4.3 Showing number of participants and number of valid questionnaires returned

School	Number of Participants	Number of valid questionnaires returned
School A	26	24
School B	16	16

Total	42	40

Source: Data Analysis 2020

Data Analysis

According to Robson (2011), analysis of quantitative data should be kept simple when trying to understand and interpret research findings, using simple descriptive statistics, tables and visual displays of the data. As suggested by Cohen (1990), simple is better and more favourable, than complex statistical techniques when representing, analyzing and reporting quantitative data. For this study, data gathered from the quantitative phase of this study are presented using tables and bar charts.

Results

This section presents the results from the first phase of the study.

Table 4.4: Questionnaire item 1 (Q1): Do you feel safe while you are in school?

Do you feel safe while you are in school?					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	37	92.5	92.5	92.5
	No	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

Source: Data analysis 2020

The first question asked if the respondents felt safe in their respective schools, according to the data, three (7.5%) felt unsafe in school, while the majority, representing thirty-seven (92.5%) of the participants reported that they felt safe in their various schools.

The bar chart presents participants' responses in relation to safety while at school.

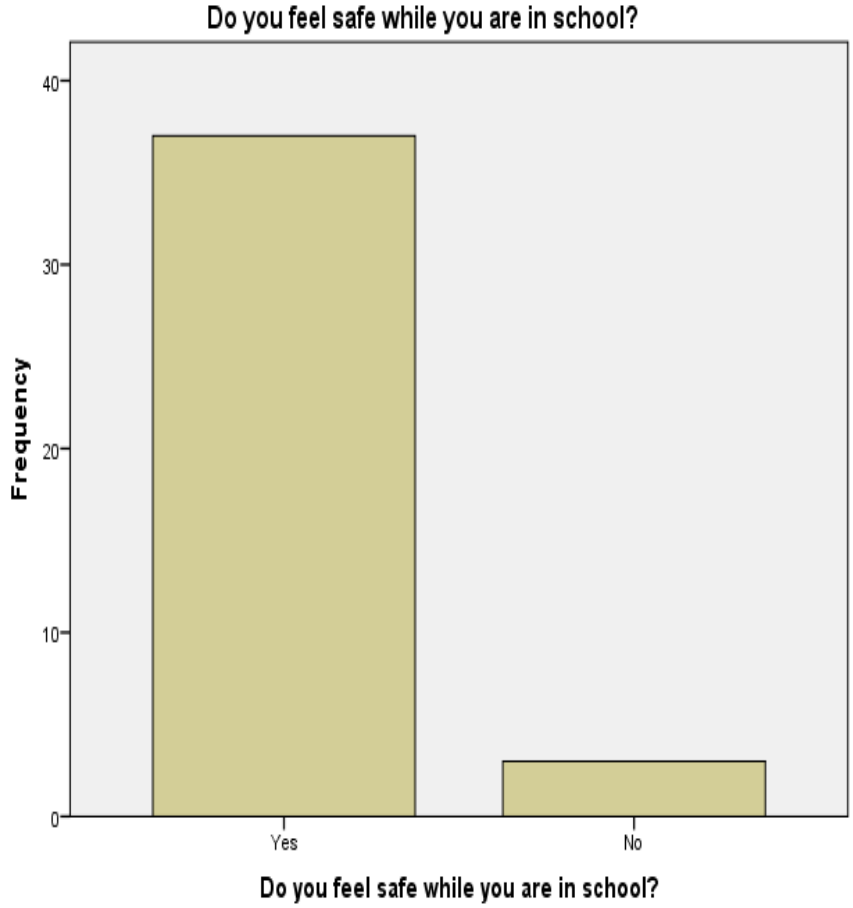


Figure 4.1 Participants' responses to Questionnaire item 1 (Q1)

Table 4.5: Questionnaire item 2 (Q2): During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

Number of days you missed school in the past 30 days because of safety concerns					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	0 days	24	60.0	60.0	60.0
	1 day	5	12.5	12.5	72.5
	2 or 3 days	8	20.0	20.0	92.5
	4 or 5 days	2	5.0	5.0	97.5
	6 or more days	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

Source: Data analysis 2020

Participants were asked how many days they missed school because of safety concerns at school or on their way to or from school. As seen from the table above, Twenty-four (60%) of the participants reported not missing school at all in the 30 days prior to the study, five (12.5%) reported missing 1 day of school, eight (20%) reported missing 2 or 3 days, two (5%) of the participants reported missing 4 or 5 days and one (2.5%) reported missing 6 or more days because they felt they would be unsafe at school or on their way to or from school.

40% missing at least 1 day of school because they felt unsafe at school, or on their way to or from school, is more likely due to safety concerns on their travel routes to or from school, given that, responses from Q1 indicated that majority (93%) of the respondents felt safe at school.

The bar chart below shows participants' responses to Q12

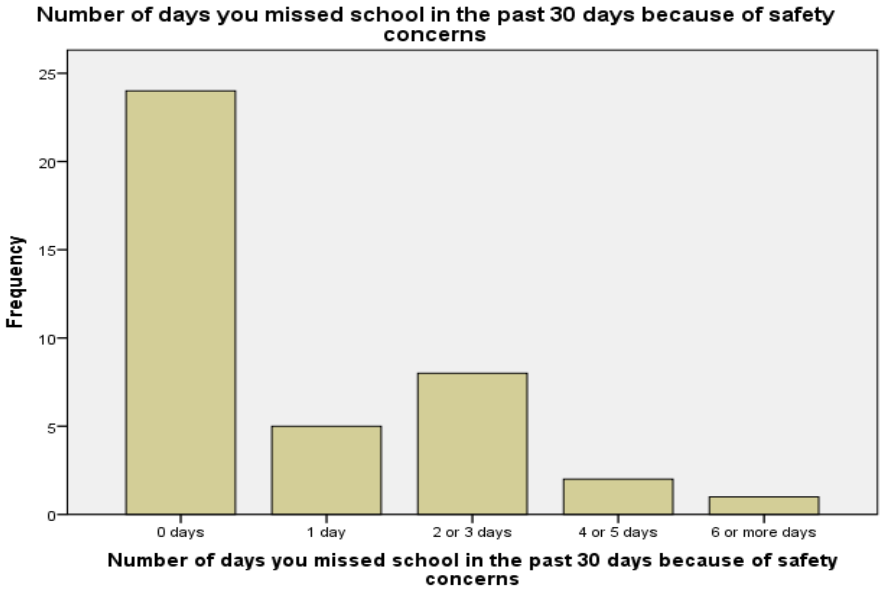


Figure 4.2: Participants' responses to Q2

Table 4.6: Questionnaire item 3 (Q3): During the past 12 months, have you ever been bullied on school property?

Have you been bullied in school in the last 12 months?					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	9	22.5	22.5	22.5
	No	31	77.5	77.5	100.0
	Total	40	100.0	100.0	

When asked whether the respondents have been bullied on school property in the last 12 months, nine (22.5%) reported to have been bullied at school, while 31 (77.5%) of the respondents reported not to have experienced bullying at school in

the last 12 months. The bar chart below shows participants' responses in relation to bullying

Figure 4.3 participants' response to Q3

Table 4.7: Questionnaire item 4 (Q4): During the past 12 months, how many times did boys in your school physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

Number of times in the last 12 months you were bullied by boys					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	0 times	29	72.5	72.5	72.5
	1 time	4	10.0	10.0	82.5
	2 or 3 times	5	12.5	12.5	95.0
	4 or 5 times	1	2.5	2.5	97.5
	6 or more times	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

In response to Question item 4, the table above displays the number of times, participants reported to have been bullied by boys at school in the 12 months prior to the study. Survey data indicated that twenty-nine (72.5%) of the respondents reported not to have been physically bullied by boys in the last 12 months of the study, four (10%) claimed to have been physically bullied once in the last 12 months, five (12.5%) reported 2 to 3 times, one (2.5%) reported being bullied about 4 to 5 times, while one (2.5%) reported being physically bullied by boys at least six times in the last 12 months.

The bar chart below shows participants' responses to Q4

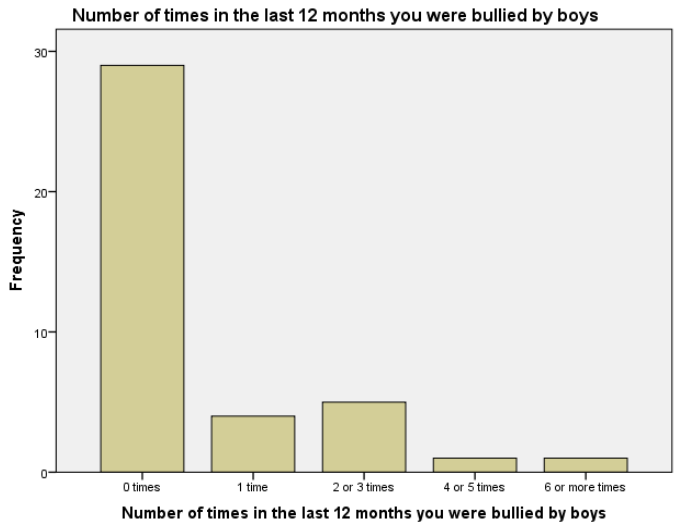


Figure 4.4 participants' response to Q4

Table 4.8: Questionnaire item 5 (Q5): Have you ever been sexually harassed by anyone in your school?

Have you ever been sexually harassed by anyone in your school?					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	2	5.0	5.0	5.0
	No	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Participants were asked if they had ever been sexually harassed by anyone at school. As shown in table above and figure 4.5 below, thirty-eight (95%) of the participants reported they had never been sexually harassed at school, while two (5%) reported to have experienced sexual harassment while in school.

The bar chart below shows participants' responses to Q5

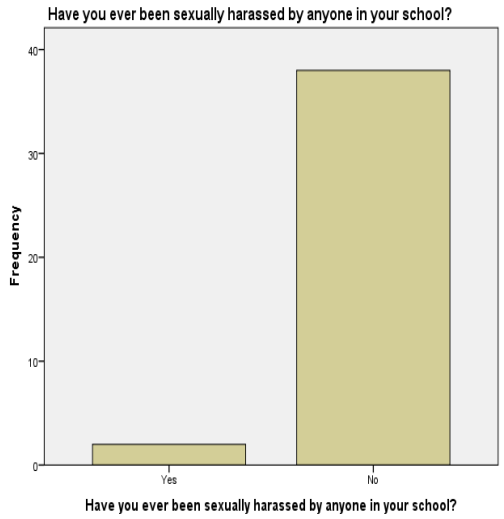


Figure 4.5 participants' response to Q5

Table 4.9: Questionnaire item 6 (Q6): During the past 12 months, how many times did anyone in your school force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

How many times in the last 12 months have you been forced to do sexual things against your will?					
Response		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	0 times	38	95.0	95.0	95.0
	2 or 3 times	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

2 (5%) participants indicated they were sexually harassed at least 2 to 3 times in the last 12 months, while 38 (95%) of the respondents reported they were not sexually harassed in school. This result is consistent with result from questionnaire item 5 where 2 (5%) of the participants reported to have experienced sexual harassment while in school. The chart below present responses to Q6

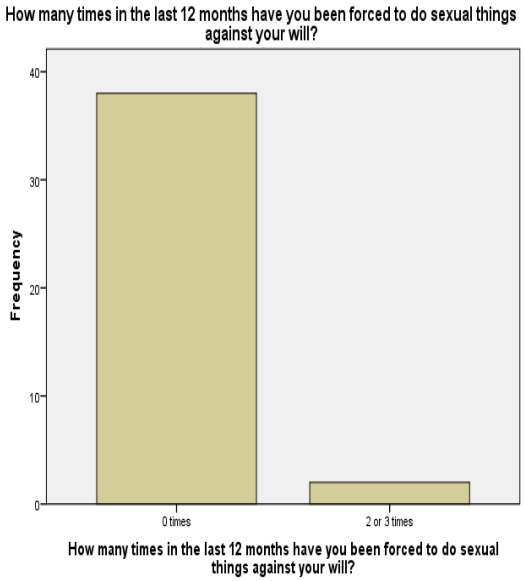


Figure 4.6 participants' response to Q6

Table 4.10: Questionnaire item 7 (Q7): Do you think it is your fault if someone harasses you?

Do you think it is your fault if someone harasses you?					
Responses		**Frequency**	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	Yes	8	20.0	20.0	20.0
	No	23	57.5	57.5	77.5
	I don't know	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

Of the 40 participants who completed the questionnaire, 23 (57.5%) of the respondents did not think it was their fault if they were ever harassed, eight (20%) of the participants agree it would be their fault if they were ever harassed by anyone, 9 (22.5%) claimed they do not know and cannot tell if was their fault when harassed.

The bar chart below shows participants' responses to Q7

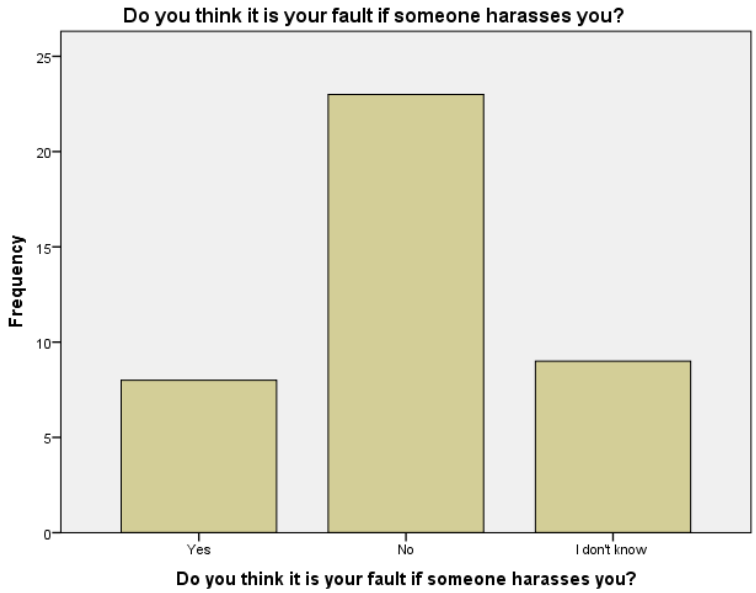


Figure 4.7 participants' response to Q7

Table 4.11: Questionnaire item 8 (Q8): What do you think you should do if someone touches you inappropriately in school

What do you think you should do if someone touches you inappropriately in school?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I don't know what to do	4	10.0	10.0	10.0
	Report to the school authorities	33	82.5	82.5	92.5
	Report to your parents	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

Regarding what respondents should do if someone touches them inappropriately in school, 4 (10%) of the respondents said they did not know what to do, when touched inappropriately, However, 33 (82.5%) and 3 (7.5%) reported to inform the school authorities and their parents respectively.

The bar chart below shows participants' responses to Q8

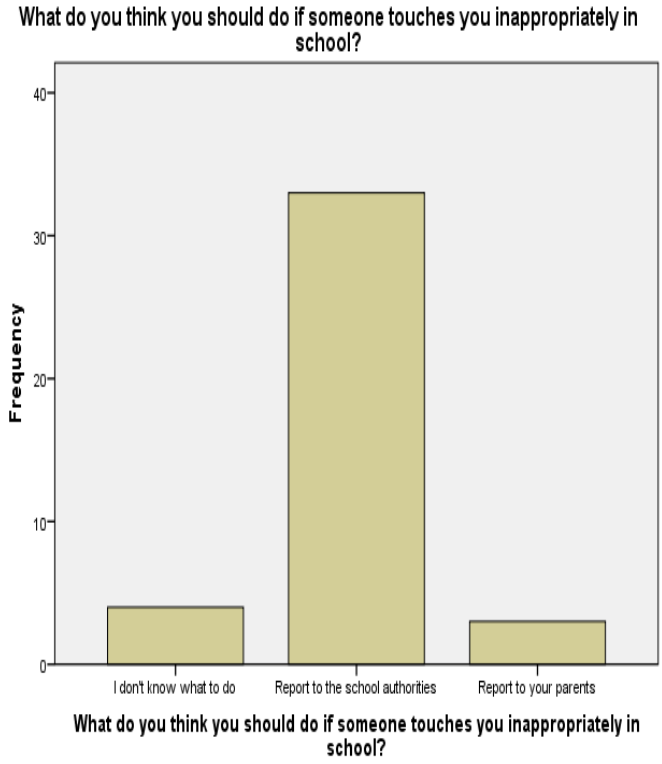


Figure 4.8 participants' response to Q8

Table 4.12: Questionnaire item 9 (Q9): How is health education taught in your school?

How is health education taught in your school?					
			School ID		
			school A	school B	Total
How is health education taught in your school?	Not taught at all	Count	2	9	11
		%	8.3%	56.3%	27.5%
	As a separate subject	Count	8	4	12
		%	33.3%	25.0%	30.0%
	integrated into other subjects	Count	14	3	17
		%	58.3%	18.8%	42.5%
Total		Count	24	16	40
		%	100.0%	100.0%	100.0%

School A

Two (8.3%) of the respondents from School A reported that, health education was not taught at all in their school, eight (33.3%) of the respondents claimed health education was taught as a separate subject while fourteen (58.3%) reported that health education was integrated into other subjects in the school.

School B

Nine (56.3%) of the respondents reported that health education was not taught at all in their school, four (25%) claimed health education was taught as a separate

subject while three (18.8%) of participants reported that health education in their school was integrated into other subjects.

The bar chart below shows participants' responses to Q9

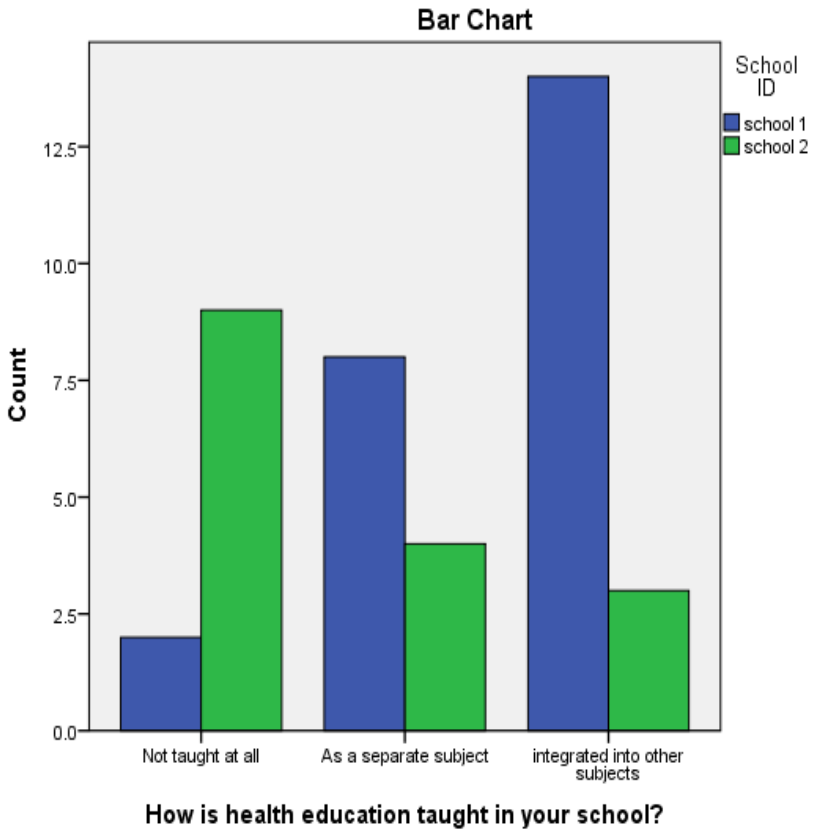


Figure 4.9 participants' response to Q9

Table 4.13: Questionnaire item 10 (Q10): Does your school have a clinic or sick bay?

Does your school have a clinic or sick bay?					
			School ID		
			school A	school B	Total
Does your school have a clinic or sick bay?	Yes	Count	9	10	19
		%	37.5%	62.5%	47.5%
	No	Count	13	6	19
		%	54.2%	37.5%	47.5%
	I don't know	Count	2	0	2
		%	8.3%	0.0%	5.0%
Total		Count	24	16	40
		%	100.0%	100.0%	100.0%

School A

Nine (37.5%) of participants in School A reported that their school had a sick bay, thirteen (54.2%) reported that their school did not have a sick bay. However, two (8.3%) of the participants did not know whether or not there was a sick bay in their school.

School B

Ten (62.5%) of the participants reported that their school had a sick bay, while six (37.5%) reported that their school did not have a sick bay.

The bar chart below shows participants' responses to Q10

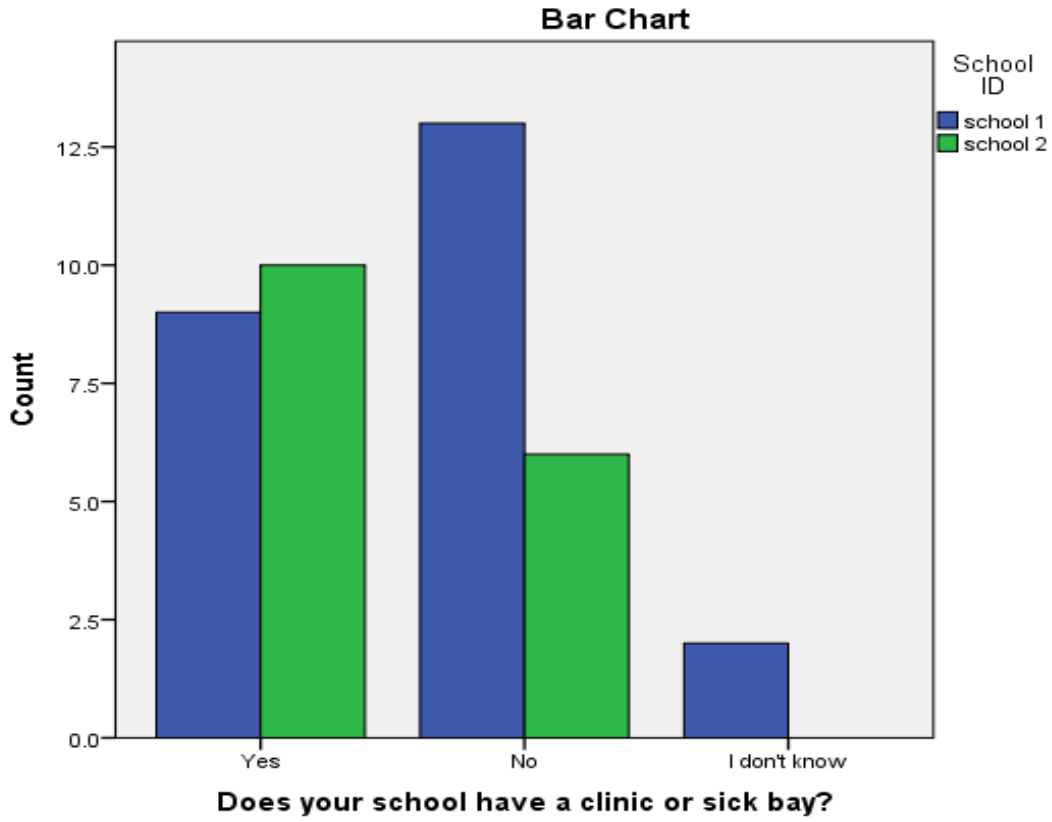


Figure 4.10 participants' response to Q10

Table 4.14: Questionnaire item 11 (Q11): Does your school have a guidance counsellor?

Does your school have a guidance counsellor?					
			School ID		
			School A	School B	Total
Does your school have a guidance counsellor?	Yes	Count	21	12	33
		%	87.5%	75.0%	82.5%
	No	Count	2	2	4
		%	8.3%	12.5%	10.0%
	I don't know	Count	1	2	3
		%	4.2%	12.5%	7.5%
Total		Count	24	16	40
		%	100.0%	100.0%	100.0%

School A

Respondents were asked if their school had a guidance counsellor. Twenty-one (87.5%) of participants from school A reported that their school had a guidance counsellor, while two (8.3%) reported they did not have a guidance counsellor. However, one participant from school A did not know if her school had a guidance counsellor.

School B

When asked if their school had a guidance counsellor, twelve (75%) of respondents in

school B reported their school had one, two (12.5%) reported their school did not have a guidance counsellor and another 2 (12.5%) did not know if their school had a guidance counsellor or not.

The bar chart below shows participants' responses to Q11

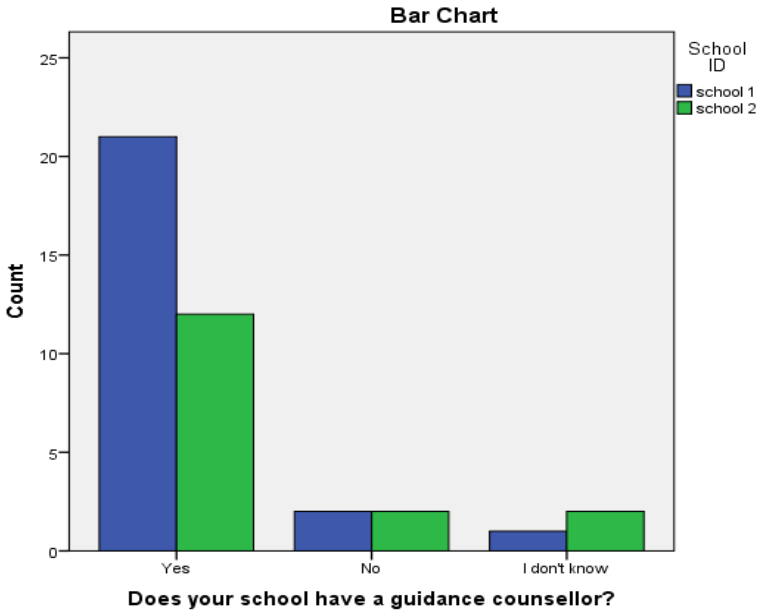


Figure 4.11 Participants' response to Q11

Table 4.15: Questionnaire item 12 (Q12): Does your school have clean toilets with wash hand basins, soap and clean towels?

Does your school have clean toilets with wash basins, soap and clean towels?					
			School ID		Total
			school 1	school 2	
Does your school have clean toilets with wash basins, soap and clean towels?	Yes	Count	12	12	24
		%	52.2%	75.0%	61.5%
	No	Count	11	4	15
		%	47.8%	25.0%	38.5%
Total		Count	23	16	39
		%	100.0%	100.0%	100.0%

School A

Question 12 asked participants if their schools had clean toilets with basic hygiene-promoting amenities such as; wash basins, soap and clean towels. 12 (52%) of the participants in school A answered yes to Q12, while 11 (47.8%) of the participants reported that their school did not have clean toilets with wash basins, soap and clean towels.

School B

In school B, majority of the participants, 12 (75%) reported that their school had clean toilets with wash basins, soaps and clean towels. However, 2 (25%) of the participants reported that their school did not have clean toilet facilities.

The bar chart below shows participants' responses to Q12

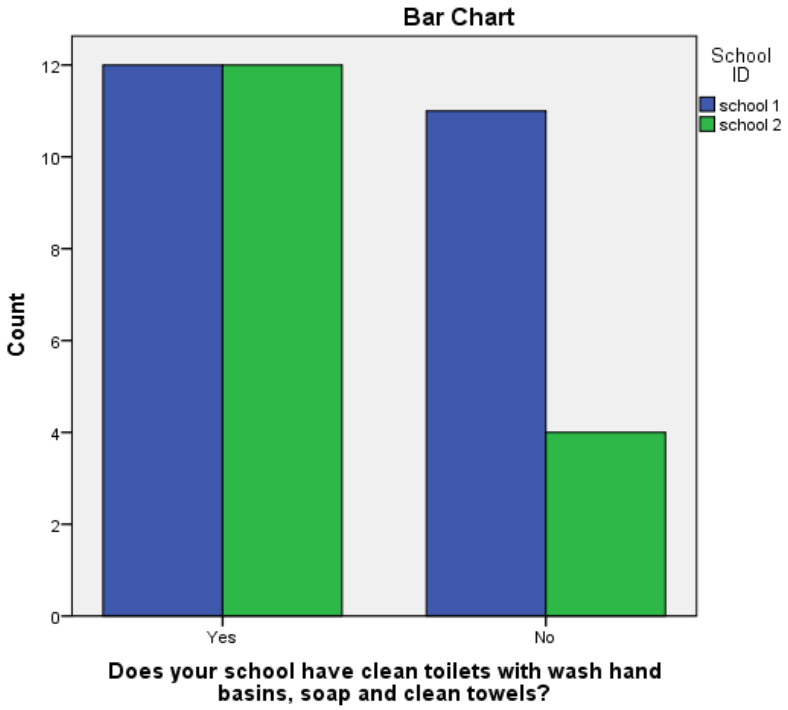


Figure 4.12 Participants' response to Q12

Table 4.16: Questionnaire item 13 (Q13): Do you feel comfortable using you school toilets?

Do you feel comfortable using your school toilets?					
			School ID		Total
			school 1	school 2	
Do you feel comfortable using your school toilets?	Yes	Count	8	8	16
		%	36.4%	50.0%	42.1%
	No	Count	14	8	22
		%	63.6%	50.0%	57.9%
Total		Count	22	16	38
		%	100.0%	100.0%	100.0%

School A

Almost two-thirds of the participants (63.6%) said that they were not comfortable using their school toilets, while 8 (36.4%) of the participants in school A reported that they felt comfortable using school toilets.

School B

8 (50%) of the respondents in school B reported they felt comfortable using their school's toilets, while the same 8 (50%) of the participants reported they were not comfortable using the school's toilets.

The bar chart below shows participants' responses to Q13

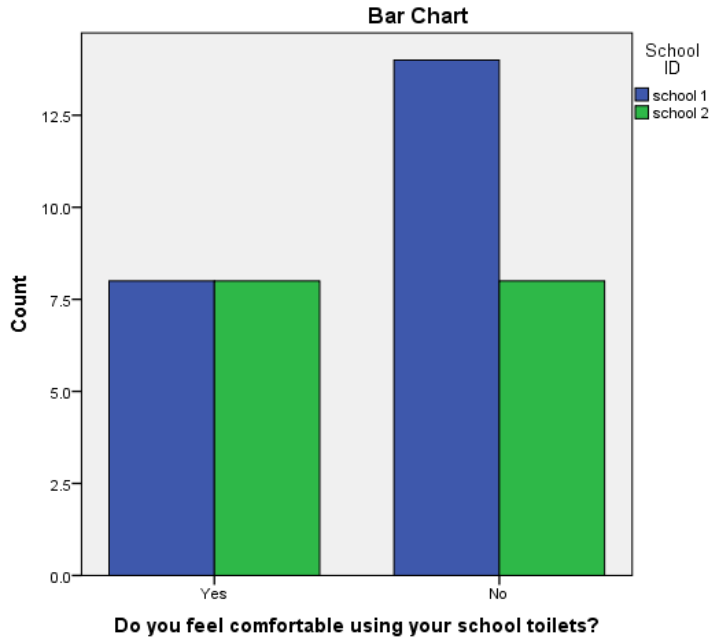


Figure 4.13 Participants' response to Q13

Table 4.17: Questionnaire item 14 (Q14): Does your school have a first aid box?

Does your school have a first aid box?					
			School ID		Total
			school 1	school 2	
Does your school have a first aid box?	Yes	Count	21	16	37
		%	91.3%	100.0%	94.9%
	No	Count	2	0	2
		%	8.7%	0.0%	5.1%
Total		Count	23	16	39
		%	100.0%	100.0%	100.0%

The majority of the respondents from both schools reported that their school had a first aid box, however, 2 (8.7%) of the participants from school 1 reported their school did not have a first aid box.

The bar chart below shows participants' responses to Q12

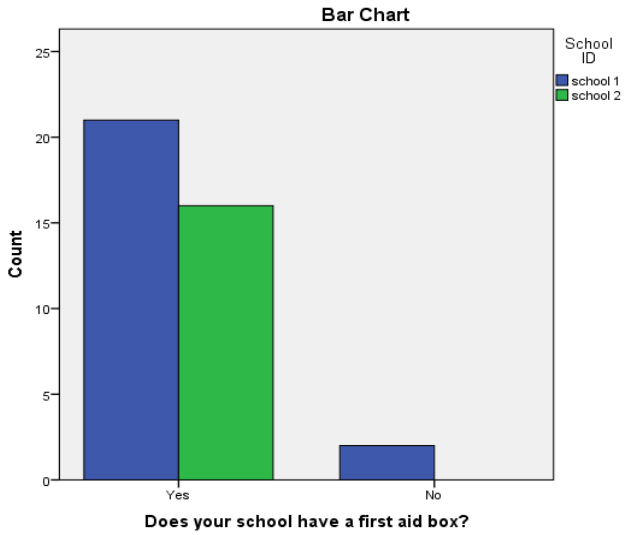


Figure 4.14 Participants' response to Q14

Table 4.18: Questionnaire item 15 (Q15): How many times per day do you usually brush your teeth?

How many times per day do you brush your teeth?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 time	7	17.5	17.9	17.9
	2 times	28	70.0	71.8	89.7
	3 or more times	4	10.0	10.3	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

To examine respondent's simple health habits, they were asked the number of times they brushed their teeth per day. 28 (70%) of the participants reported brushing 2 times per day, seven (17.9%) of the participants reported brushing once per day and 4 (10%) of the participants reported brushing 3 or more times per day.

The bar chart below shows participants' responses to Q15

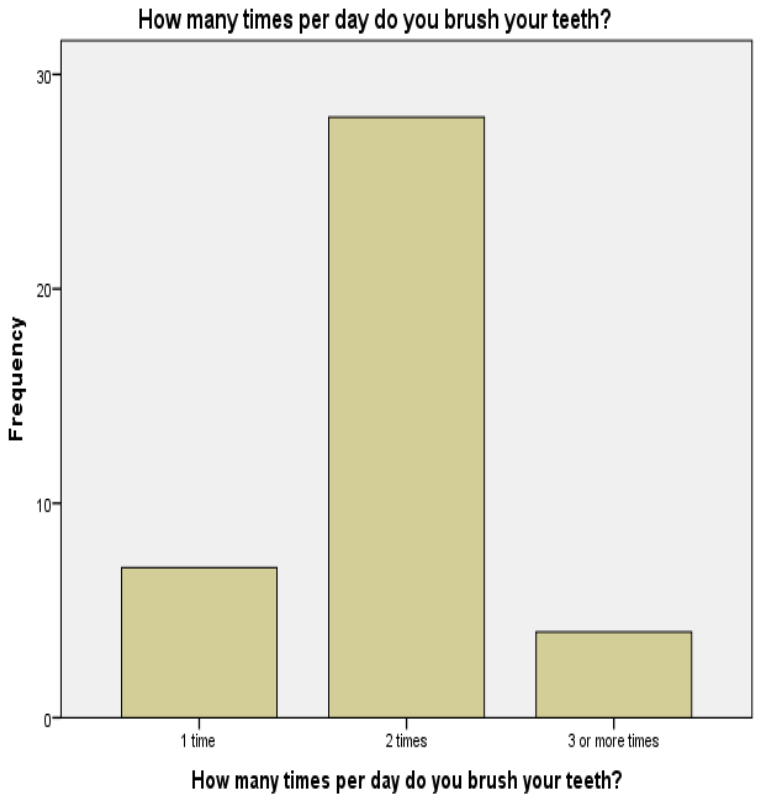


Figure 4.15 Participants' response to Q15

Table 4.19: Questionnaire item 16 (Q16): How often do you usually wash your hands before eating?

How often do you usually wash your hands before eating?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	1	2.5	2.6	2.6
	Rarely	2	5.0	5.1	7.7
	Sometimes	5	12.5	12.8	20.5
	Most of the time	12	30.0	30.8	51.3
	Always	19	47.5	48.7	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

Nineteen (47.5%) of the participants reported washing their hands always before eating, twelve (30%) of the participants reported washing most of the time, while five (12.5%) reported washing their hands sometimes before eating. Two (5%) of the participants reported rarely washing their hands and one (2.5%) reported never washing their hands before eating.

The bar chart below shows participants' responses to Q16

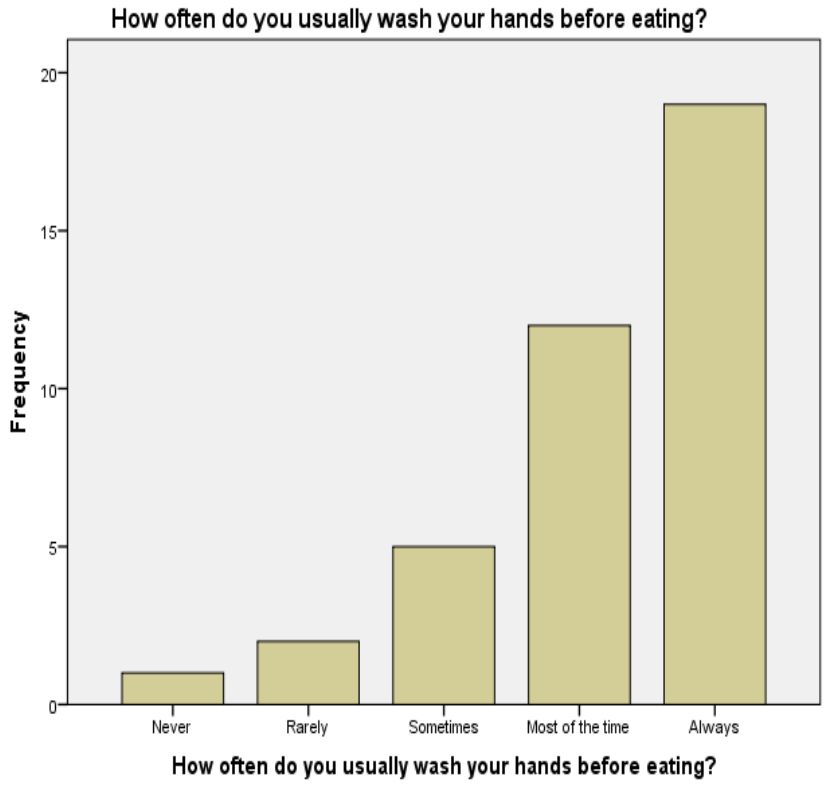


Figure 4.16 Participants' response to Q16

Table 4.20: Questionnaire item 17 (Q17): How often do you wash your hands after using the toilet?

How often do you usually wash your hands after using the toilet?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	1	2.5	2.6	2.6
	Rarely	1	2.5	2.6	5.1
	Sometimes	5	12.5	12.8	17.9
	Most of the time	8	20.0	20.5	38.5
	Always	24	60.0	61.5	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

24 (60%) out of the 40 participants reported washing their hands always after using the toilet, 8 (20%) of the participants reported washing most of the time while 5 (12.5%) of the participants reported washing their hands sometimes after using the toilet. However, 1 participant reported rarely washing after using the toilet and 1 participant reported never washing after using the toilet.

The bar chart below shows participants' responses to Q17

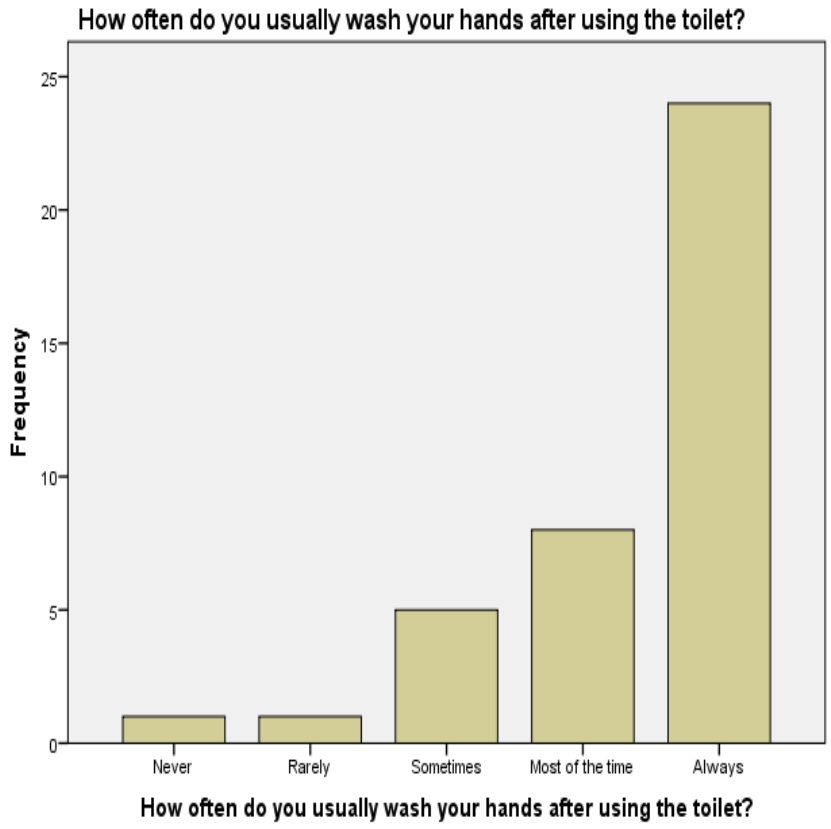


Figure 4.17 Participants' response to Q17

Table 4.21: Questionnaire item 18 (Q18): How often do you use soap when washing your hands?

How often do you use soap when washing your hands?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	1	2.5	2.6	2.6
	Rarely	5	12.5	12.8	15.4
	Sometimes	12	30.0	30.8	46.2
	Most of the time	19	47.5	48.7	94.9
	Always	2	5.0	5.1	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

In order to explore respondents' basic hygiene habits, Q18 asked how often respondents use soap when washing their hands. Table 4.18 above presents the results. 2 (5%) of the respondents reported always, 19 (47.5%) reported most of the time, 12 (30%) reported sometimes, 5 (12.5%) reported rarely while 1 respondent reported never.

The bar chart below shows participants' responses to Q18

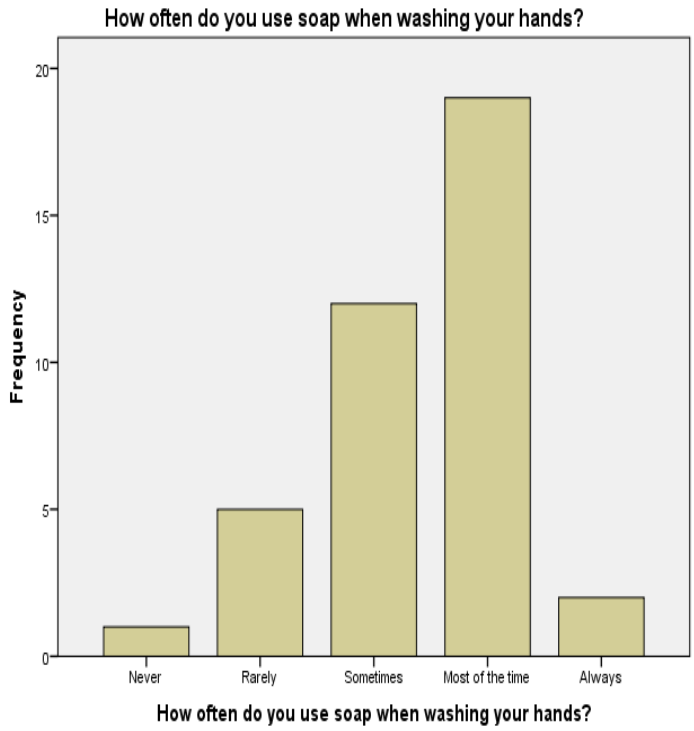


Figure 4.18 Participants' response to Q18

Table 4.22: Questionnaire item 19 (Q19): During the past 12 months, how often have you been so worried about something that you could not sleep at night?

How often in the past 12 months have you been worried about something that you could not sleep?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	5	12.5	13.2	13.2
	Rarely	6	15.0	15.8	28.9
	Sometimes	18	45.0	47.4	76.3
	Most of the time	3	7.5	7.9	84.2
	Always	6	15.0	15.8	100.0
	Total	38	95.0	100.0	
Missing	99	2	5.0		
Total		40	100.0		

Participants were asked how often they had been so worried about something that they could not sleep at night. 6 (5%) out of the 40 participants reported always, 3 (7.5%) reported most of the time, 18 (45%) reported sometimes, 6 (15%) reported rarely while 5 (12.5%) respondents reported never.

The bar chart below shows participants' responses to Q12

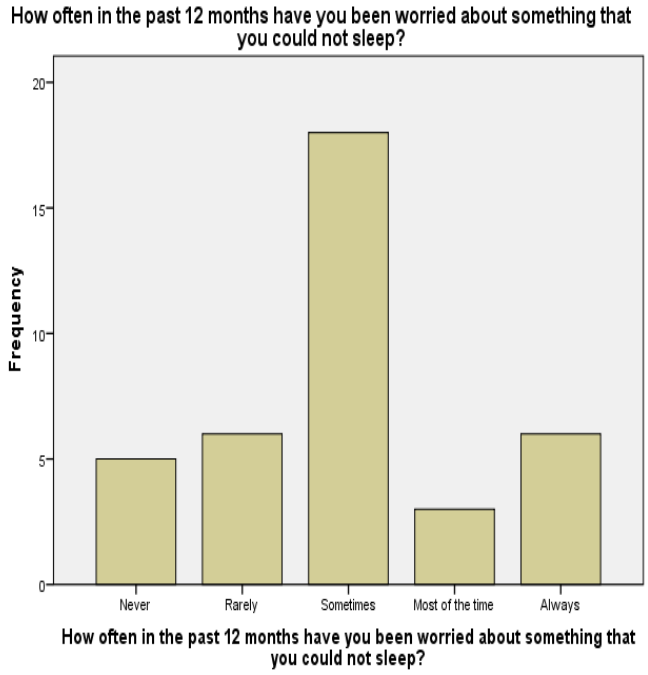


Figure 4.19 Participants' response to Q19

Table 4.23: Questionnaire item 20 (Q20): During the past 12 months, on how many days did you not go to school because of your menstrual flow?

How many days did you miss school in the past 12 months because of your menstrual flow?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	27	67.5	69.2	69.2
	1 day	3	7.5	7.7	76.9
	2 or 3 days	8	20.0	20.5	97.4
	4 or 5 days	1	2.5	2.6	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

More than half (67.5%) of the respondents reported not missing school at all due to menstrual flow, 3 (7.5%) of the respondents reported they missed school because of menstrual flow for 1 day in 12 months, 8 (20%) of the respondents reported that they missed school between 2 to 3 days out of 12 months, while 1 (2.5%) of the respondent reported missing school for 4 or 5 days in 12 months because of menstrual flow.

The bar chart below shows participants' responses to Q20

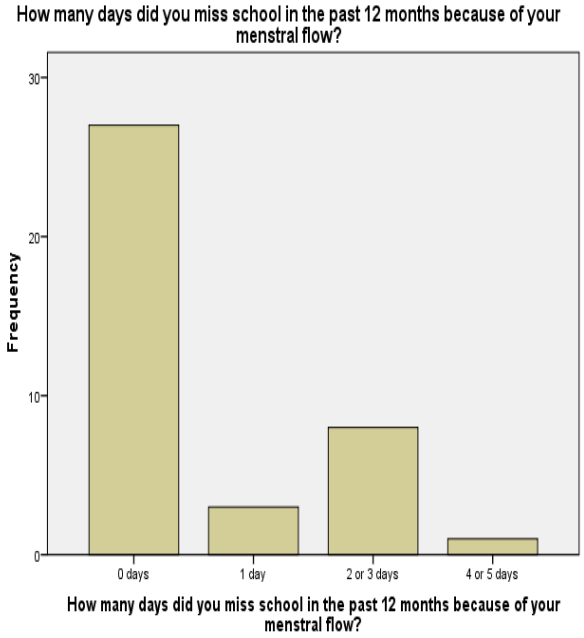


Figure 4.20 Participants' response to Q20

Table 4.24: Questionnaire item 21 (Q21): Do you think personal hygiene is important to maintain a positive overall health?

Do you think personal hygiene is important to maintain a positive overall health?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	35	87.5	92.1	92.1
	No	2	5.0	5.3	97.4
	I don't know	1	2.5	2.6	100.0
	Total	38	95.0	100.0	
Missing	99	2	5.0		
Total		40	100.0		

In response to Question item 21, thirty-five (87.5%) of the respondents stated that personal hygiene was important in maintaining a positive overall health. However, two (5%) indicated that personal hygiene was not important to maintain a positive overall health, while one (2.5%) of the participant did not know if personal hygiene was important to maintain a positive overall health.

The bar chart below shows participants' responses to Q21

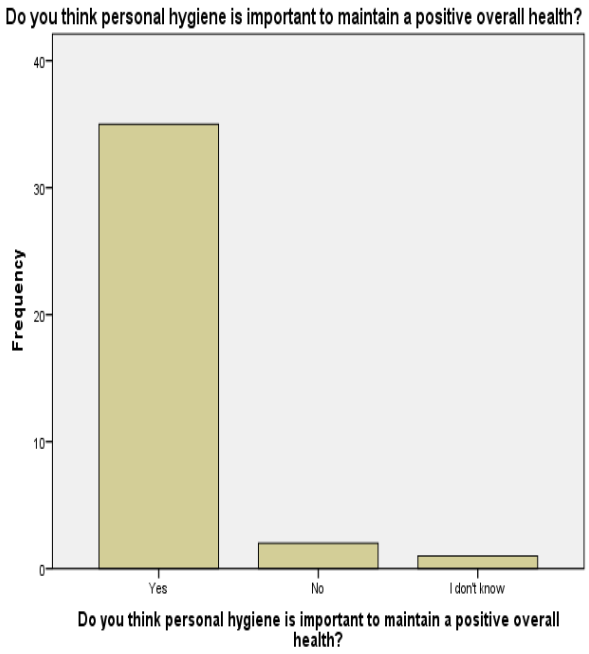


Figure 4.21 Participants' response to Q21

Table 4.25: Questionnaire item 22 (Q22): Have you ever had sexual intercourse?

Have you ever had sexual intercourse?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	12.5	12.8	12.8
	No	34	85.0	87.2	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

As shown in Table 4.22, thirty-four (85%) of the respondents claimed they have never had sexual intercourse as at the time of the study while only five (12.5%)

reported to have had sexual intercourse. However, one (2.5%) of the respondents chose not to answer this question.

The bar chart below shows participants' responses to Q22

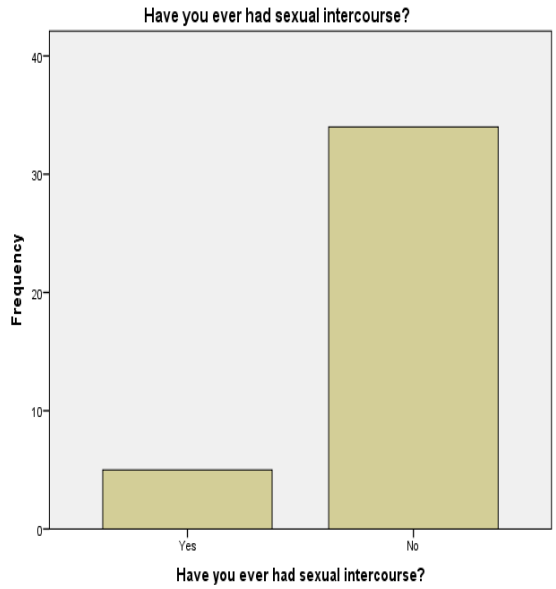


Figure 4.22 Participants' response to Q22

Table 4.26: Questionnaire item 23 (Q23): How old were you when you had sexual intercourse for the first time?

At what age did you start having sexual intercourse?				
	Frequency	Percent	Valid Percent	Cumulative Percent

Valid	I have never had sexual intercourse	32	80.0	82.1	82.1
	12 - 14 years	1	2.5	2.6	84.6
	15 - 17 years	1	2.5	2.6	87.2
	18 years or older	5	12.5	12.8	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

Of the 40 participants who completed the questionnaire, thirty-two (80%) reported that they had never had sexual intercourse, five (12.5%) of the participants indicated that they had their first sexual encounter at the age of 18 years, one (2.5%) reported it was between the ages of 15-17 years while another one (2.5%) of the participant reported that they had their first sexual intercourse between the ages of 12-14 years.

The bar chart below shows participants' responses to Q23

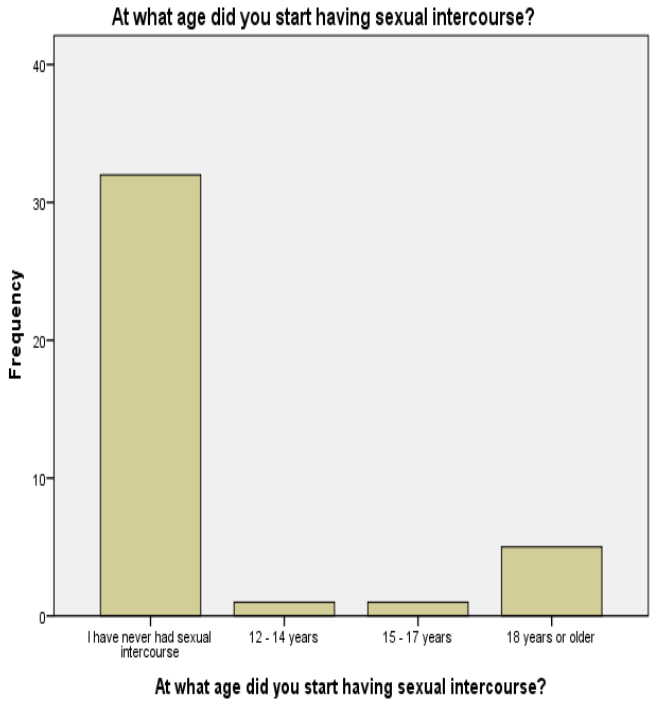


Figure 4.23 Participants' response to Q23

Table 4.24: Questionnaire item 24 (Q24): The last time you had sexual intercourse, did your partner use a condom?

Did your partner use a condom the last time you had intercourse?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I have never had sexual intercourse	31	77.5	83.8	83.8
	Yes	1	2.5	2.7	86.5
	No	5	12.5	13.5	100.0
	Total	37	92.5	100.0	
Missing	99	3	7.5		
Total		40	100.0		

Participants were asked if they practiced safe sex during their last sexual encounter. Majority of the participants that it's 31 (77.5%) reported they had never had sex, 1 (2.5%) of the participant reported that their partners used condom, while 5 (12.5%) of the participants reported their last sexual intercourse was without protection.

The bar chart below shows participants' responses to Q24

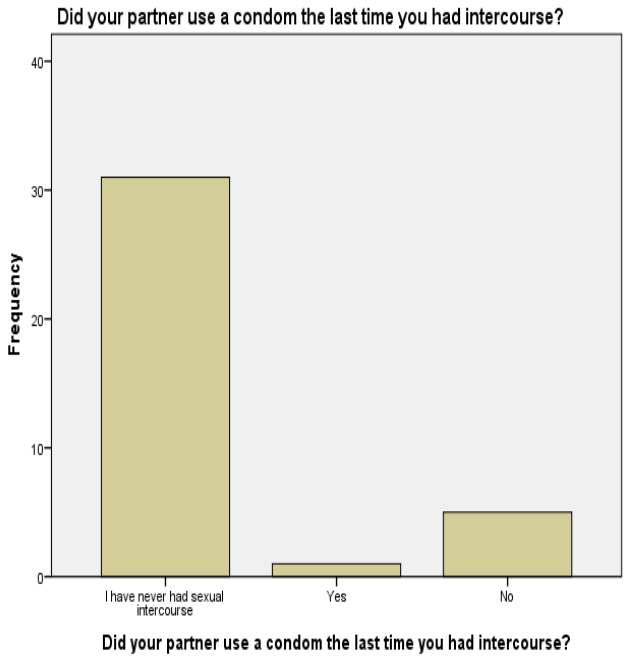


Figure 4.24 Participants' response to Q24

Table 4:28: Questionnaire item 25 (Q25): The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

How did you prevent pregnancy the last time you had intercourse?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I have never had sexual intercourse	33	82.5	89.2	89.2
	No method was used to prevent pregnancy	2	5.0	5.4	94.6
	Condoms	1	2.5	2.7	97.3
	Not sure	1	2.5	2.7	100.0
	Total	37	92.5	100.0	
Missing	99	3	7.5		
Total		40	100.0		

When asked what method participants use to prevent pregnancy, 33 reported not using any method to prevent pregnancy during their last sexual encounter, one (2.5%) of the respondents reported that condom was the method used while one (2.5%) of the respondents reported that they did not know how pregnancy was prevented during their last sexual intercourse.

The bar chart below shows participants' responses to Q25

Figure 4.25 Participants' response to Q25

Table 4.29: Questionnaire item 26 (Q26): Have ever heard of female condoms?

Have you ever heard of female condoms?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	21	52.5	56.8	56.8
	No	16	40.0	43.2	100.0
	Total	37	92.5	100.0	
Missing	99	3	7.5		
Total		40	100.0		

Respondents were asked to indicate whether they had ever heard of female condoms, twenty-one (52.5%) of the respondents claimed they have heard of female condoms. Sixteen (40%) of the respondents reported they had never heard of a female condom as at the time of the study.

The bar chart below shows participants' responses to Q26

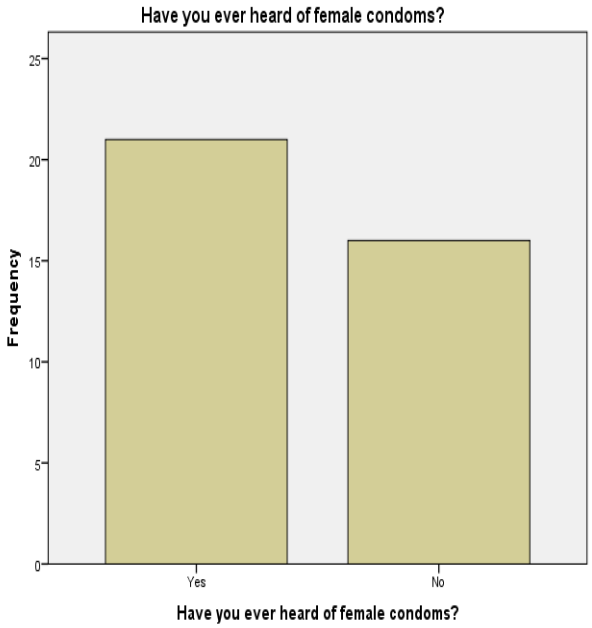


Figure 4.26 Participants' response to Q26

Table 4.30: Questionnaire item 27 (Q27): Have you ever used a female condom during sexual intercourse?

Have you ever used a female condom during intercourse?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	36	90.0	100.0	100.0
Missing	99	4	10.0		
Total		40	100.0		

In response to Question item 27, survey data revealed that none of the participants had ever used a female condom. However, four (10%) of the participants skipped the question.

The bar chart below shows participants' responses to Q27

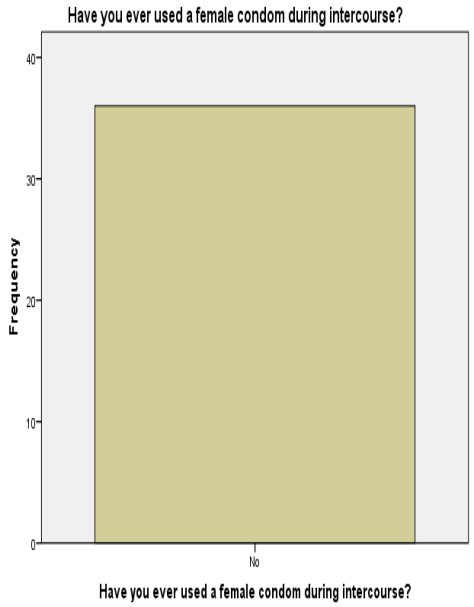


Figure 4.27 Participants' response to Q27

Table 4:31 Questionnaire item 28 (Q28): Have you ever heard of HIV infection or the disease called AIDS?

Have you ever heard of HIV infection or the disease called AIDS?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	82.5	84.6	84.6
	No	6	15.0	15.4	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

Majority of respondents had heard about HIV/AIDS as at the time of the study. However, six (15%) of the respondents reported they had not heard of HIV/AIDS as at the time of the study.

The bar chart below shows participants' responses to Q28

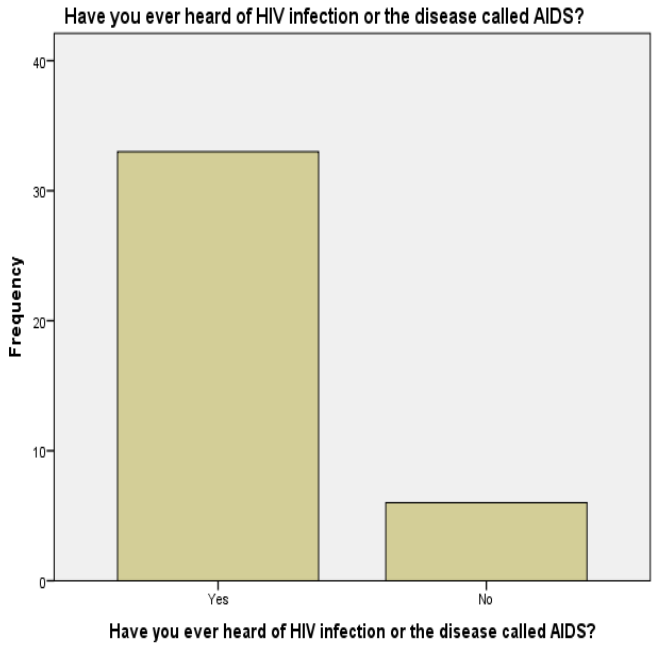


Figure 4.28 Participants' response to Q28

Table 4.32: Questionnaire item 29 (Q29): Have you been taught in any of your classes about HIV infection or AIDS?

Have you been taught in any of your classes about HIV/AIDS?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	82.5	84.6	84.6
	No	3	7.5	7.7	92.3
	I don't know	3	7.5	7.7	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

When the participants were asked if they had been taught about HIV/AIDS in school, thirty-three (82.5%) of the participants reported they were taught, while three (7.5%) of the respondents reported they were not taught about HIV/AIDS as at the time of the study. Three (7.5%) of the participants reported they did not know if they had been taught about HIV/AIDS in any of their classes.

The bar chart below shows participants' responses to Q29

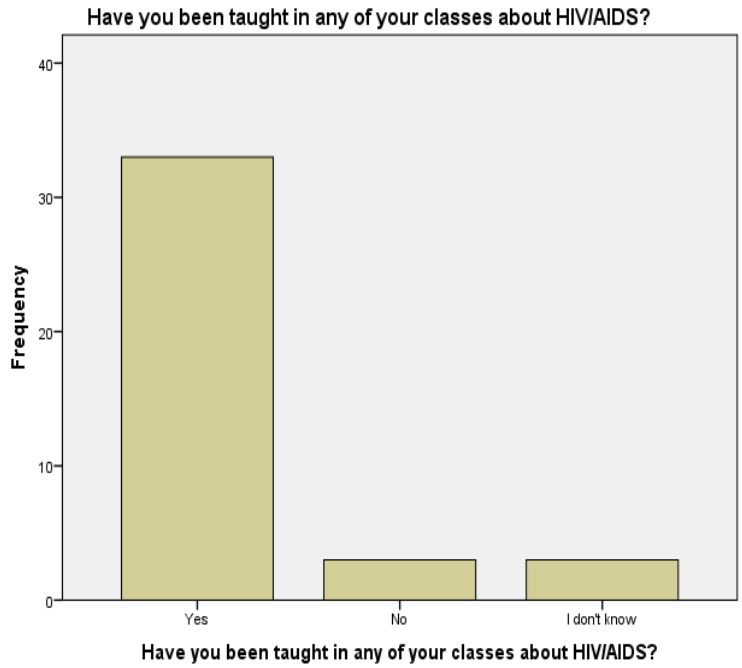


Figure 4.29 Participants' response to Q29

Table 4.33: Questionnaire item 30 (Q30): Were you taught in any of your classes how to avoid HIV infection or AIDS?

Were you taught in any of your classes how to avoid HIV infection?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	82.5	84.6	84.6
	No	2	5.0	5.1	89.7
	I don't know	4	10.0	10.3	100.0
	Total	39	97.5	100.0	
Missing	99	1	2.5		
Total		40	100.0		

The bar chart below shows participants' responses to Q30

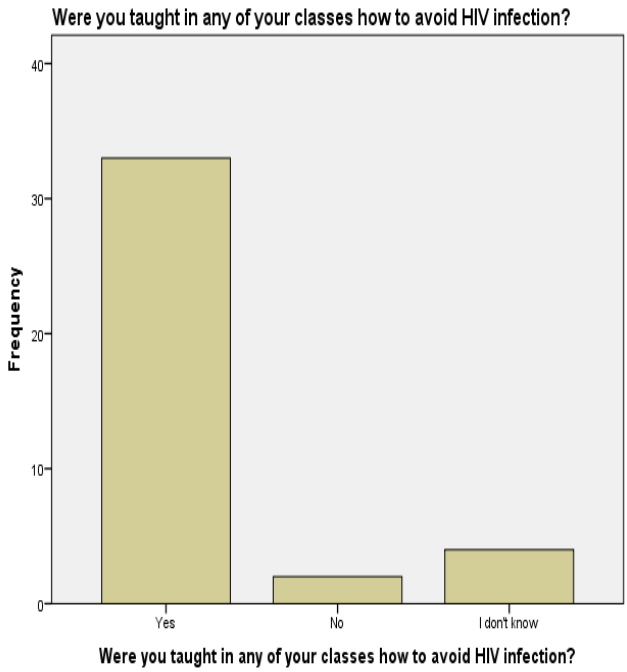


Figure 4.30 Participants' response to Q30

When asked whether they were taught on how to prevent HIV/AIDS in their various schools, 33 (82.5%) of the research participants reported that they were taught in class while 2 (5%) of the participants claimed they were not taught. However, 4 (10%) of the participants reported that they are unaware if they were taught in any of their classes.

4.4 Summary of chapter four

This chapter discussed the process of data collection, selection of samples and sampling techniques utilized for phase 1 of the study as well as the limitations encountered during phase 1 of the study. Data collected during phase 1 of the study were presented and analyzed using SPSS. Finally, the results from the quantitative phase were presented using charts and tables.

CHAPTER FIVE

Presentation of Findings: Phase 2

5.1 Introduction

This chapter presents the findings from phase 2 of the study. In order to answer the research questions posed by the study, two research instruments were utilized to collect primary data, to explore gender inequality in education and the implication of school organizational management on girls' heath behaviours. Semi-structured interviews were conducted in an effort to support the data gathered through the survey from phase 1 of the study. The primary aim of Phase 2 was to provide further insights into the results from phase 1 of the study.

5.2 Sampling Approach

The participants recruited for phase 2 were teachers and principals from the 2 schools surveyed in Phase 1. The choice to recruit participants from the same schools surveyed during the first phase, was based on the researcher's familiarity with the environment during Phase 1 of the study. A total of 12 teachers and 2 principals from the 2 schools were selected to be part of the study.

The researcher resorted to purposive sampling technique to include the school principals of the surveyed schools. The rationale for purposely including school principals was because, the research was on school management practices and the viewpoints of principals as school managers may add to the quality of the data.

Teachers, on the other hand, were selected using simple random sampling. The rationale for this method of sampling was to eliminate bias and give each of the teachers an equal chance of being selected. Using the lottery method, the researcher wrote all the names of the schoolteachers obtained from the principals of each school on paper. The papers were placed in 2 separate bowls representing the 2 schools surveyed and 6 names were selected from each bowl.

As mentioned in chapter 3, the participants were selected using the inclusion criteria below;

- Principals and teaching staff
- 18 years and above
- Willingness to participate in the study
- Ability to give informed consent

The potential participants were approached and given information sheet about the study. While the 2 principals of both schools and 9 teachers agreed to participate, 2 teachers from school A and 1 teacher from school B declined to be part of the study. However, in order to give each school equal number of representation in the study, the vice principal of school A was approached and subsequently recruited for the study.

Table 5.1 shows the distribution of the interviewees according to their job title.

Table 5.1 showing distribution of participants by job title

Position	**School A**	**School B**
Principal	1	1
Vice Principal	1	0
Teachers	4	5
Total	6	6

Source: Data Analysis 2020

The rationale for choosing a face – to- face semi-structured style of interview was to allow for flexibility while administering the interviews. This enabled the researcher to have an interview guide that directed the conversation as well as the flexibility to ask follow up questions where necessary. Robson (2011) notes that in a face –to- face interview, a researcher is able to probe further, follow up interesting responses, seek clarification and scrutinize underlying motives and non-verbal cues in a way that self-administered and postal questionnaires cannot.

The interview guide for this study is provided in Appendix V, as mentioned above, some follow up questions were included as a result of discussion to get more details where necessary. All the questions asked during the interviews were open-ended, which allowed the interviewees to freely express their personal opinions.

While the interview ranged between 35 minutes to 1 hour, the average duration of the interview was 45 minutes. All the interviews were audio-recorded. This was done with the consent of the interviewees before the start of each interview session. The interviews were conducted in English, although 1 of the interviewees chipped in

a little "*broken English"* to emphasize his viewpoints, with phrases like *"no be so?"* which literarily translates to *"isn't that so?" and "shey you understand"* which are means *"hope you understand".*

Each interview session started with the researcher introducing himself and explaining the reason for conducting the interview. In addition, all interviewees were assured of anonymity, confidentiality and their right to withdraw at any time during the interview. To protect the identities of the participants and ensure anonymity, each participant was assigned a pseudonym.

Years of experience of participants were classified into 5 groups; group one (1-5 years), group 2 (6-10 years), group three (11-15) years, group four (16-20 years) and group five (21 years and above). Table 5.3 below shows the distribution of interviewees based number of years of teaching experience.

Table 5.2 Distribution of participants according to years of teaching experience

Pseudonym	Years of teaching experience	School
Ojo	21 and above	School A
Nike	1 – 5	School A
Wunmi	16 – 20	School A
Tobi	16 – 20	School A
Tope	6 – 10	School A
Wale	6 -10	School A
Funmi	11 – 15	School B
Bayo	1 – 5	School B
Ayo	21 and above	School B
Tunde	6 – 10	School B
Bola	11 – 15	School B
Ade	11 – 15	School B

Source: Data Analysis 2020

Regarding age, table 5.3 below shows the distribution of participants according to age.

Table 5.3 Age distribution of participants

	School A	School B
Below 30		
31 – 35	**1**	**1**
36 – 40	**2**	**3**
41 -45	**1**	**1**
46 – 50	**1**	
Above 50	**1**	**1**

Source: Data Analysis 2020

As shown in table 5.3 above, two out of the twelve interviewees were aged 50 and above. Two were in the age group (31 – 35 years), 5 of the interviewees were aged (36 – 40 years), 2 interviewees were aged (41-45 years) while 1 participant was between (46 – 50 years).

The sample consisted more males than females. Table 5.4 below shows distribution of participants based on gender.

Table 5.4 Distribution according to gender

Participants	School A	School B
Male	4	4
Female	2	2
Total number of participants	6	6

Source: Data Analysis 2020

5.3 Exploration of findings

In order to identify and develop themes from the data gathered, the researcher employed thematic analysis. This was carried out through the use of ATLAS.ti software. ATLAS.ti is a tool used for qualitative analysis of textual, graphical, audio, and video data (Legewie 2013). Developed in 1989 by Prof Heiner Legewie, the software possess a range of tools, useful in carrying out tasks associated with any systematic approach, with tools to, extract, manage, compare, explore, and reassemble meaningful pieces from large amounts of data in creative, flexible, yet systematic ways are also available in the software (Legewie, 2013). ATLAS.ti aids the exploration of complex phenomena hidden in the data so as to cope with the inherent complexity the data. In addition, ATLAS.ti proffers an insightful environment that enables users to concentrate on the analyzed materials.

Rationale for adopting ATLAS.ti

This study adopts ATLAS.ti software for analysis of the qualitative aspect of the data. This is because the software serves as a powerful utility for qualitative analysis. Legewie, 2013 notes that ATLAS.ti has variety of tools that effectively supports the human interpretation, facilitates many of the activities involved in qualitative data analysis and particularly selecting, indexing/coding, and annotating.

Strengths of ATLAS.ti

- The emphasis of the ATLAS.ti is on qualitative, rather than quantitative, analysis.
- The software is user- friendly and interactive.
- ATLAS.ti aids in determining the elements that comprise the primary data material and interpretation of their meaning.

Limitation of ATLAS.ti

- ATLAS.ti cannot automatically provide interpretation to analysed data.

The themes from the broad topic of this research have been categorized into four major themes. The Themes considered in this study are:

THEME 1: Gender Inequality among students

THEME 2: School Drop-Out rates

THEME 3: Health Education in the Schools

THEME 4: School Management Practices and Health Behaviours of the Female Students

The themes were further divided into sub-topic so as to obtain comprehensive information. The sub-topic for this theme and the findings on each of them will be discussed.

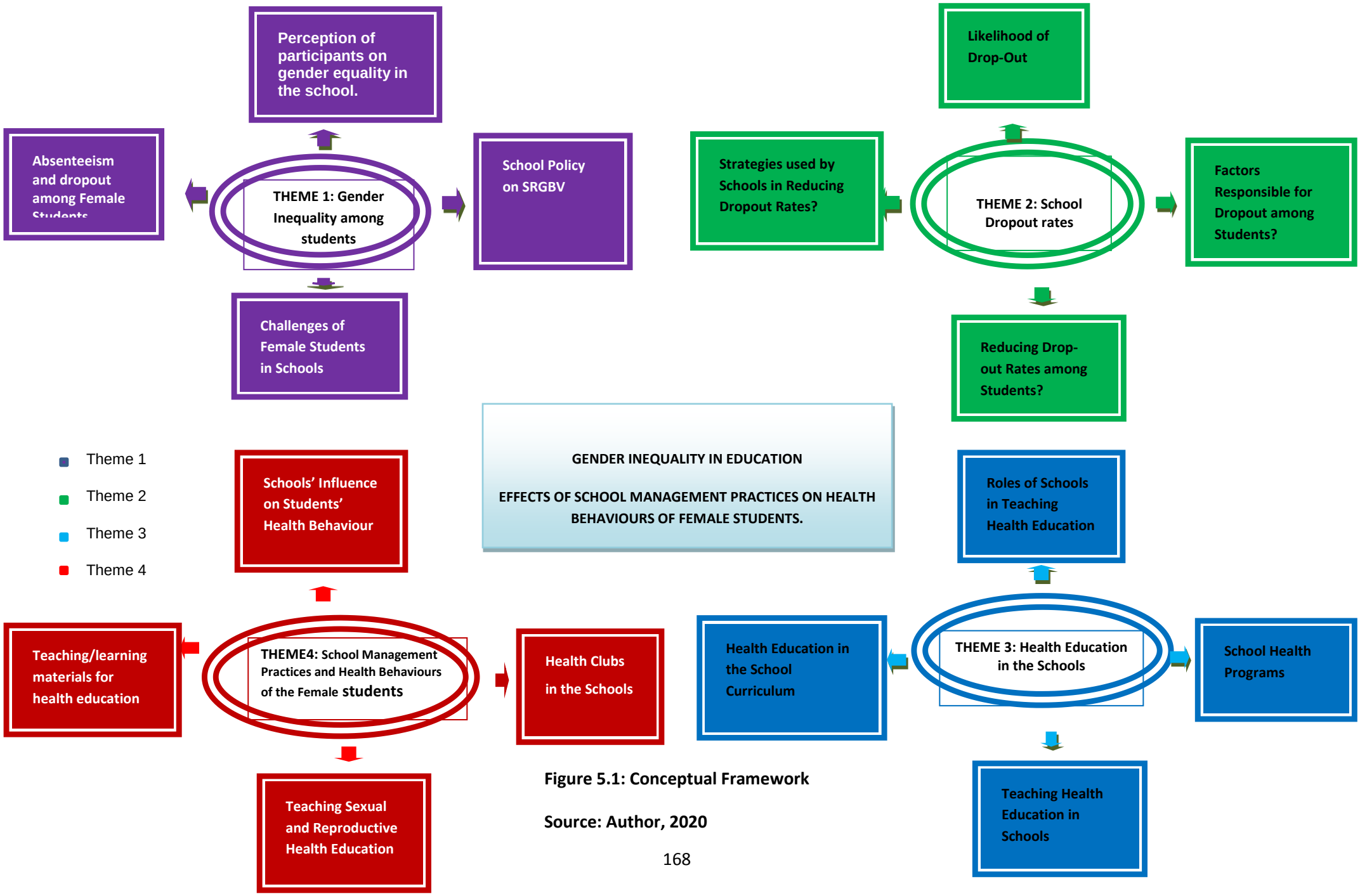


Figure 5.1: Conceptual Framework

Source: Author, 2020

THEME 1: GENDER INEQUALITY AMONG STUDENTS

Participants' perception of gender inequality among students.

At the commencement of the interview, the researcher sought the interviewees' opinions on the research topic. The rationale for the question was to serve as warm -up for the interview and also to see that the interviewees fully understand the purpose of the interview. Robson (2011) suggests asking an *'easy, non-threatening questions at the beginning'* to settle down both the interviewer and the interviewee .

Figure 5.2 below shows the viewpoints of Interviewees from School A on the research topic.

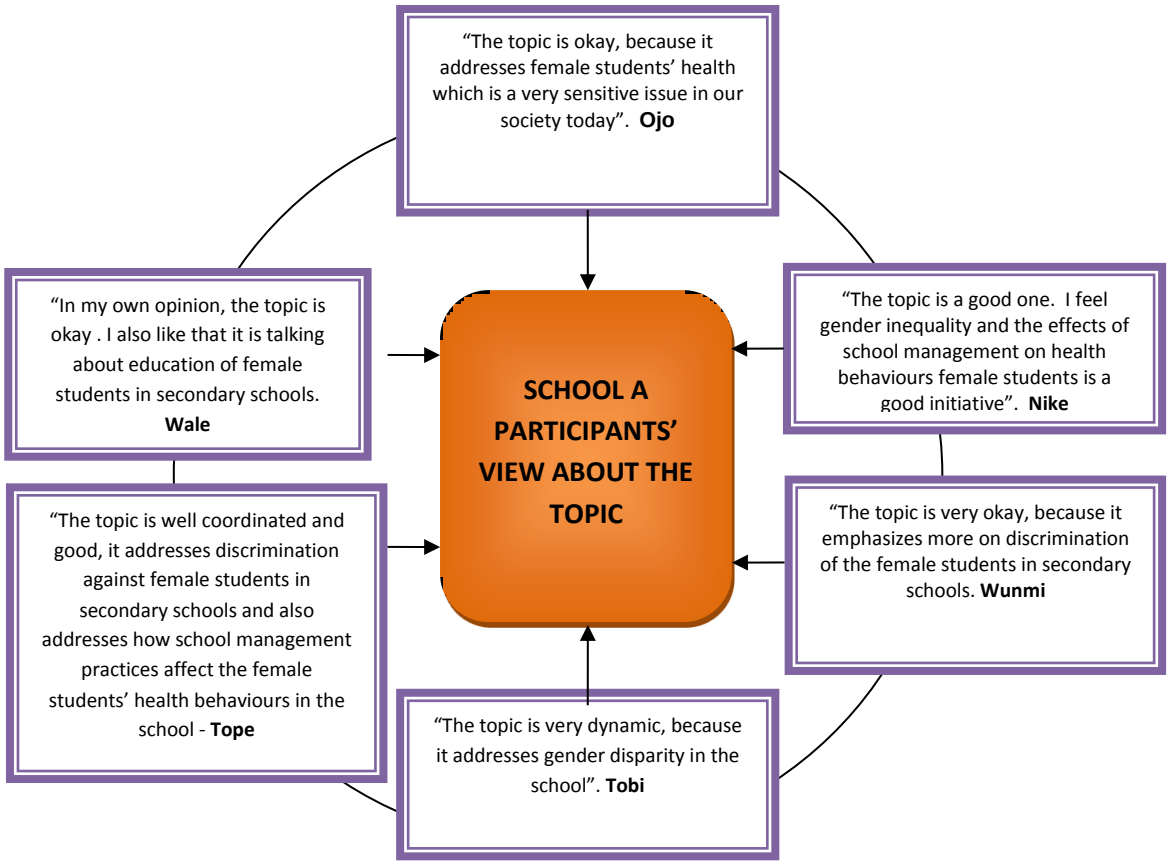


Figure 5.2: School A Participants' views on the research topic

Figure 5.3 below shows school B participants' opinion on the research topic

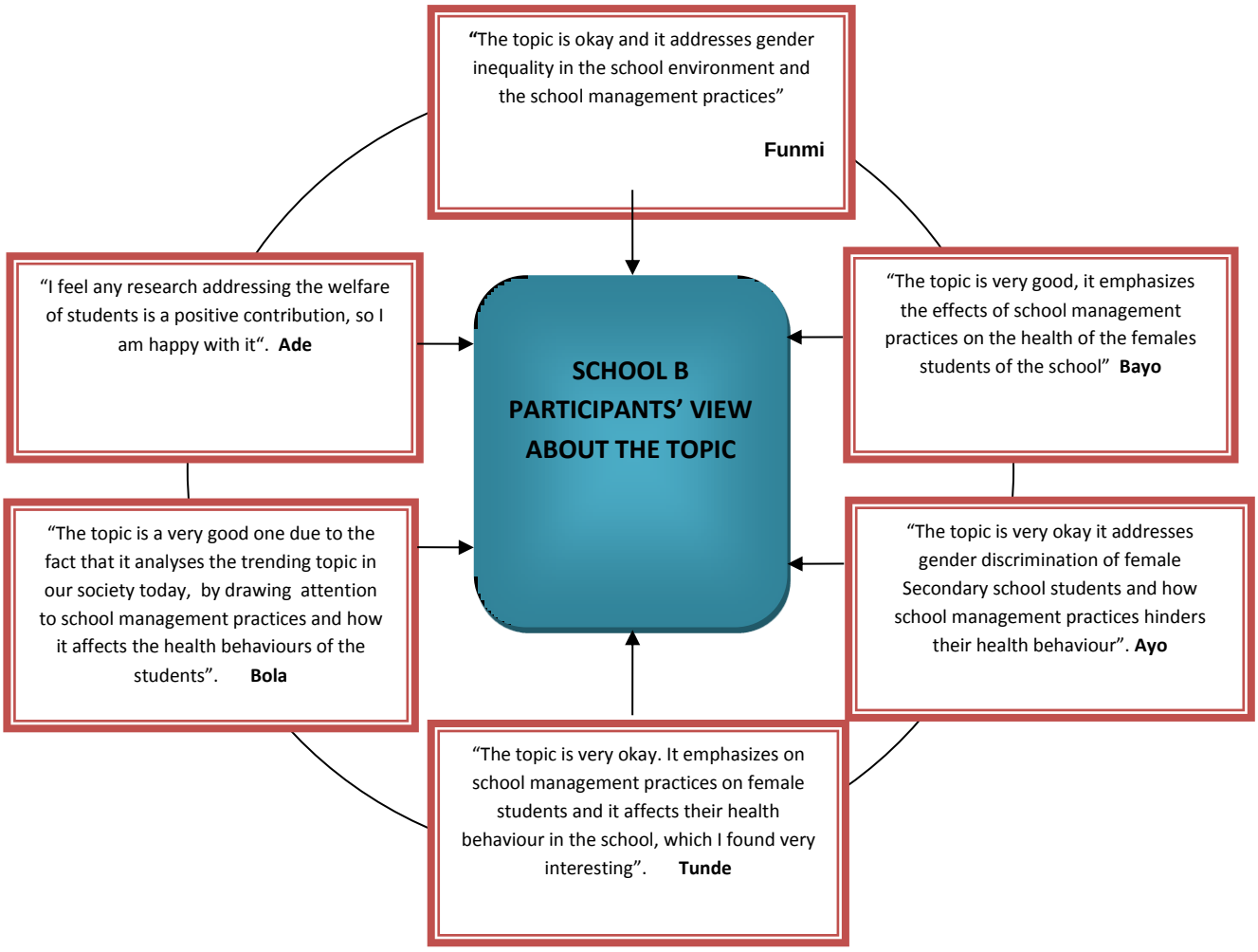


Figure 5.3: Participants from School B's view about the topic

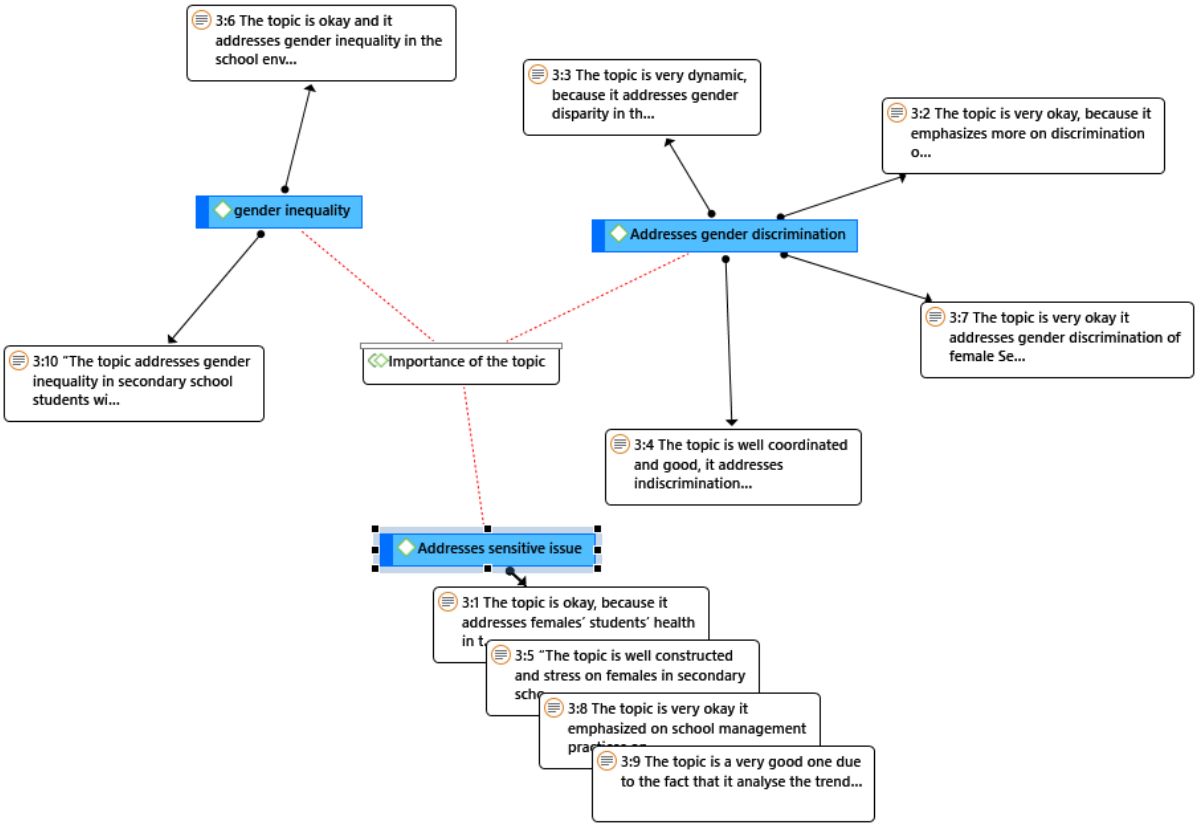


Figure 5.4: ATLAS.ti Network Output on Summary of Respondents' viewpoints on the Research topic

Source: Author, 2020

Summary

From the above narration, it was observed that the opinions of all the participants' concerning the research topic, did not vary significantly from school to school. All the interviewees unanimously agreed on the importance and relevance of the research topic.

In trying to explore gender inequality in the surveyed schools, interviewees were asked if boys and girls were treated the same way.

Ojo reported *“Yes of course, we live in a society where both males and females are treated the same”.*

Wunmi reported *“Yes, both are treated the same way because in our school, we do not discriminate between females and males, they are treated equal.”*

Bola reported *“From my experience, boys and girls are treated the same way without any discrimination between them. I would eve say girls are more pampered and given a little preferential treatment for being a “Girl”.*

Ade reported *“Yes, boys are treated the same way as girls both are human beings and they should be treated the same”.*

Figure 5.5 Below show the responses of the interviewees.

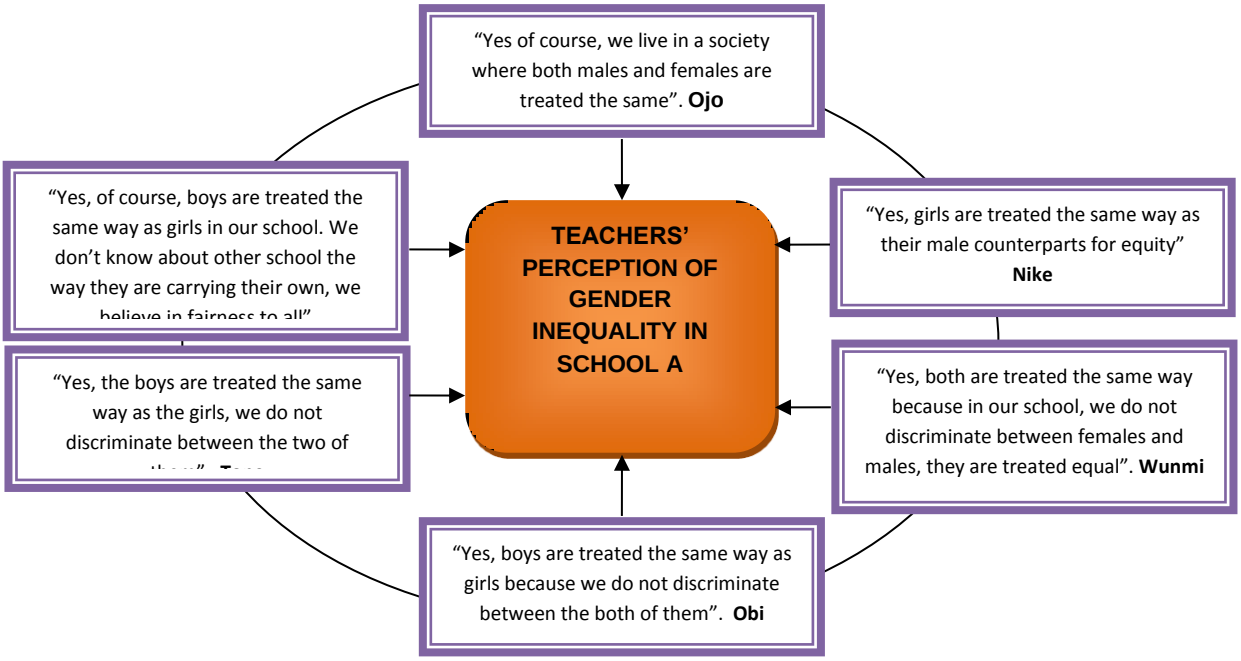


Figure 5.5: Teachers' perception of gender inequality in school A

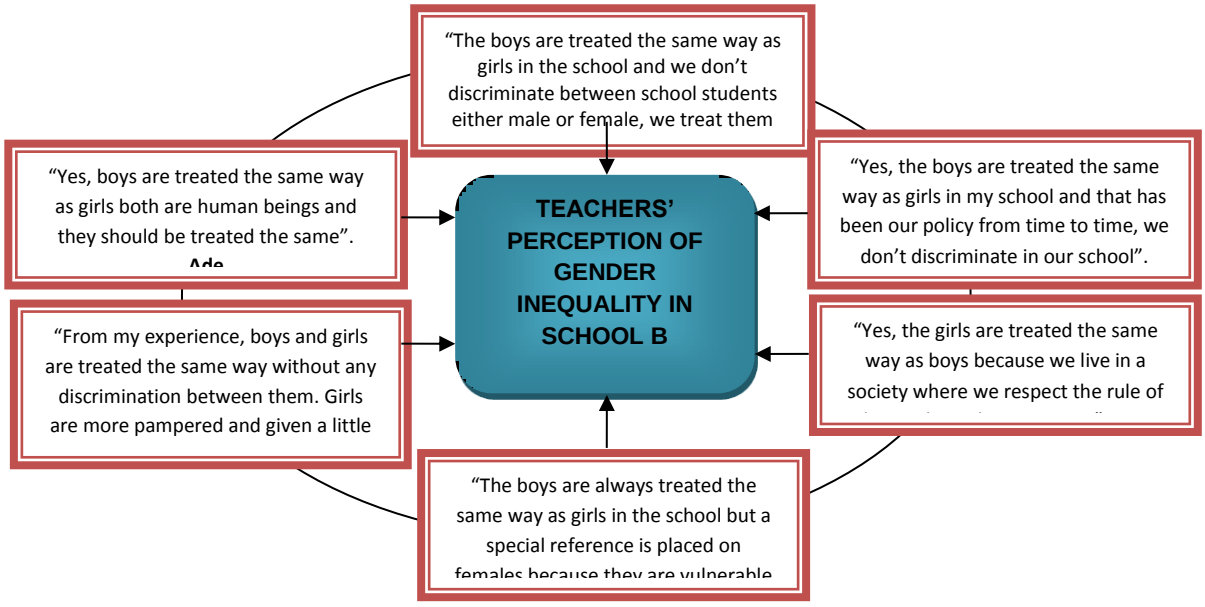


Figure 5.6 shows responses of School B participants.

The participants' perception of gender inequality was explored. Majority of the interviewees reported that boys and girls are treated the same way at both schools. However, 2 interviewees mentioned that girls get preferential treatments.

Summary

From the responses gathered above, it was observed that the interviewees had similar viewpoints about how students were treated in their schools. Majority of the participants were of the opinion that boys and girls were treated the same way. Only a few mentioned that girls receive special treatment than boys.

Challenges of Female Students in Schools

Interviewees described the challenges that girls face in school. A range of in-school challenges were discussed. While some of the interviewees identified the challenges

girls face, some of the interviewees maintained female students at their schools were not facing at challenges.

The Participant labelled as Ojo reported *"Basically, they do not trust their male colleagues, due to some reasons such as bullying, intimidation and molestation".*

The Participant labelled as Wale reported *"The female students face challenges in school such as being bullied by boys, and molestation"*

Participant labelled as Tope reported *"Girls do not face any challenges in the school premises. We have a female counsellor that monitors the activities of the female students".*

Summarily, the challenges identified by the interviewees are; bullying by boys, harassment on their way to school and lack of facilities. Few of the participants, asserted in their opinion that female students do not really face any serious challenges or any difficulties in school.

The interviewees who identified bullying as part of the challenges girls experience at school where further probed on why girls are bullied, 1 teacher said the boys just do it for fun, 1 said girls are easy targets for boys to bully and harass. 2 of the interviewees reported boys bully because they are physically stronger than the girls.

The interviewee identified as Ade reported *"We see boys bully girls because boys are stronger than girls. So they sometimes like to use violence to intimidate the girls. It is not always serious but if reported, they will be punished"*

The interviewee identified as Bola reported *"well, it is not all the time the girls get bullied by the boys. Boys bully boys as well, I see it as children just being children. Don't get me wrong, I am not saying it is right but it is a phase they will outgrow"*

The interviewee identified as Wale reported *"some of these boys lack good parental care and guidance, so when they come to school they start acting out and behaving violent towards their peers. Sadly the girls are easy for them to bully, because girls do not have the power to fight back, so some of them (the girls) just cry, while some will run away from the boys. The girls have their own blame too. Although some boys would threaten them, they too would be scared to report.*

Given that results from phase 1 indicated that only few of the students reported bullying, Wale was probed further why he thought the girls were scared to report when bullied. Wale reported *"they can threaten to beat them up outside school, where there would be no teacher to save them. Then sometimes, the girls don't report because they don't want to go to the principal's office. Some of them cannot fully express themselves in English so they just keep silent".*

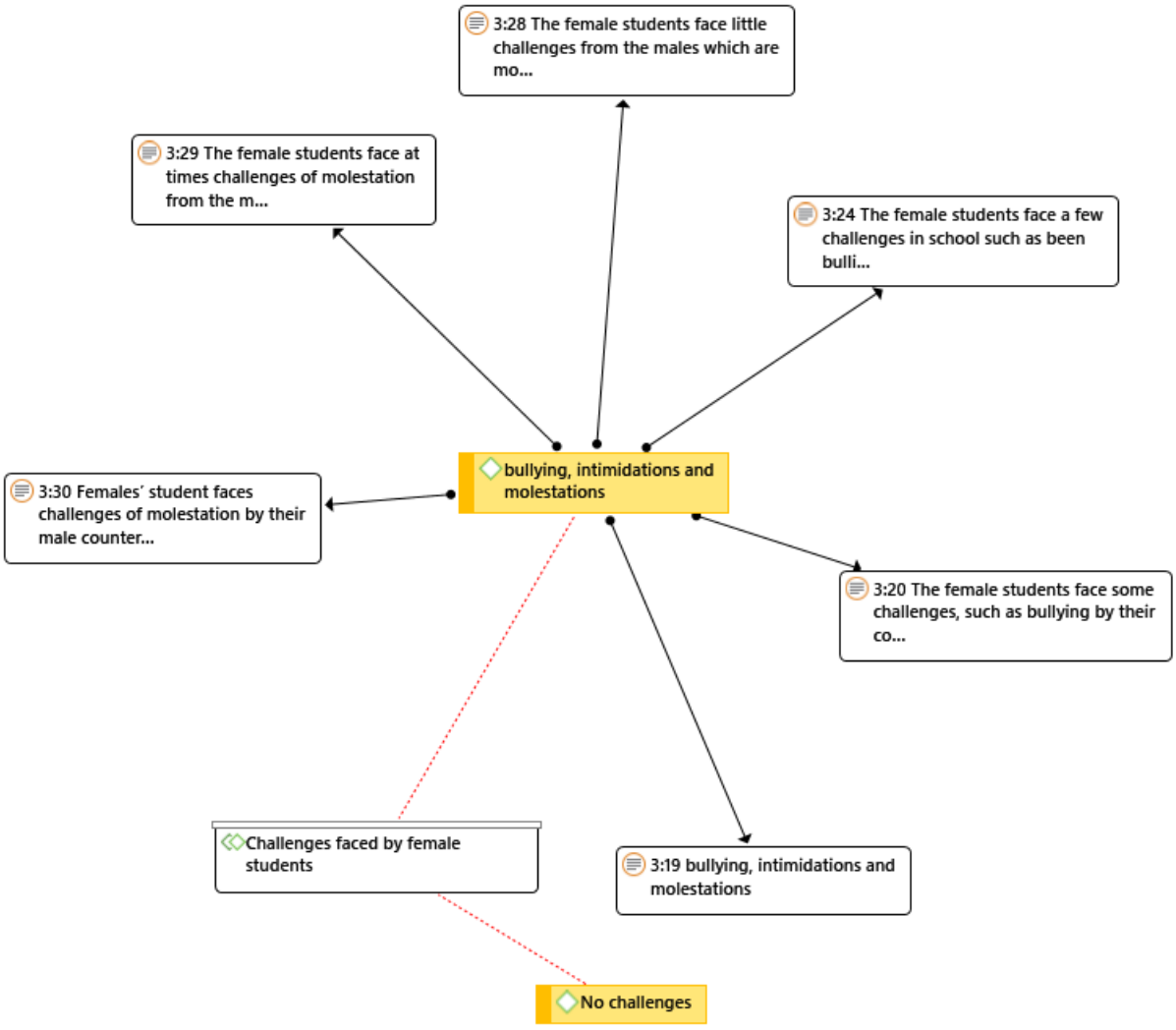


Figure 5.7: ATLAS.ti Network Output on Summary of Participants Responses on Challenges faced by female students

Source: Author, 2020

Absenteeism among Female Students

Absenteeism among female students was discussed as the participants were further asked what they thought were the reasons for absenteeism among female students in their school, different reasons were given for absenteeism. Majority of the interviewees

reported that high absenteeism resulted from the fact that most of the female students helped their parents in selling wares during school hours. However, another participant opined that peer influence was the reason for absenteeism. 3 of the interviewees were of the opinion that students are mostly absent due to health-related issues. 1 interviewee reported lack of comfortable classrooms for students. While 4 interviewees mentioned poor academic performance that may result in lack of interest in school, an interviewee opined that distance and poor guidance may result in absenteeism while few of the total participants believed it is owing to lack of parental care just as majority claimed that parents' inability to pay tuition fees was the reason for female absenteeism in their school.

The interviewees that reported selling of wares as part of the reasons for absenteeism among female students were further probed why they thought so.

The participant labelled as Ojo reported *" well, in my own opinion, some of these parents are uneducated, so they don't fully understand the implication of not allowing their children come to school. Some of them understand and they want their children educated, but they also need money for survival, so sometimes they force their children to hawk instead of coming to school"*

The interviewee labelled as Tope reported *"it is not just selling stuff for their parents, some of them have been enrolled by their parents to learn skills like hairdressing, tailoring and the likes, although it is supposed to be like an after school thing, sometimes they prioritize making money over schooling. We can't also rule out the fact*

that some of them may lie to us that they missed school because their parents sent them to hawk goods, while they may have gone to see their boyfriends"

Funmi reported *"absenteeism among female students may be due school environmental factors and other factors such as lack of funds from their parents in paying their school fees and because of this, they engage most of their daughters to hawk goods in the street".*

For clarity, Funmi was asked to provide more insight on how school environmental factors and lack of funds from parents leads to absenteeism if public school education in Lagos State is supposed to be free. She stated *"you can see for yourself the state of our classrooms, it is not conducive at all, the students are absent because the environment is not always comfortable".* On how lack of funds impact absenteeism since the schools are free, Funmi reported *"parents still have to pay for school uniforms, writing materials and Parents and Teachers Association (PTA) fees, which most of them cannot still afford."*

The interviewee labelled as Bayo reported *"Most times, the reason for absenteeism among the female students is mostly due to unwanted pregnancies, which makes them ashamed to come to school so that nobody would find out"*

Ade reported *"The reason for most absenteeism among female students are because of molestation and sexual harassment by some of their male colleagues. Also other*

factor should be as a result of inability of their parents to pay their fees; thereby forcing the students to sell wares at the motor parks".

Interviewees identified negative parental attitudes towards female students, financial crises in families, lack of adequate school facilities, bullying from male students and sexual harassment as factors responsible for high absenteeism among female students in the schools surveyed. However, this study addresses gender inequality in education with a focus to explore supply-side barriers to girls' education. As a result, of all the factors identified by the interviewees, bullying, sexual harassment, unplanned pregnancy and lack of infrastructure are school-related barriers which is the focus of this study.

Summary

Participants' view on the reason for absenteeism among female students in their schools does not vary significantly from school to school.

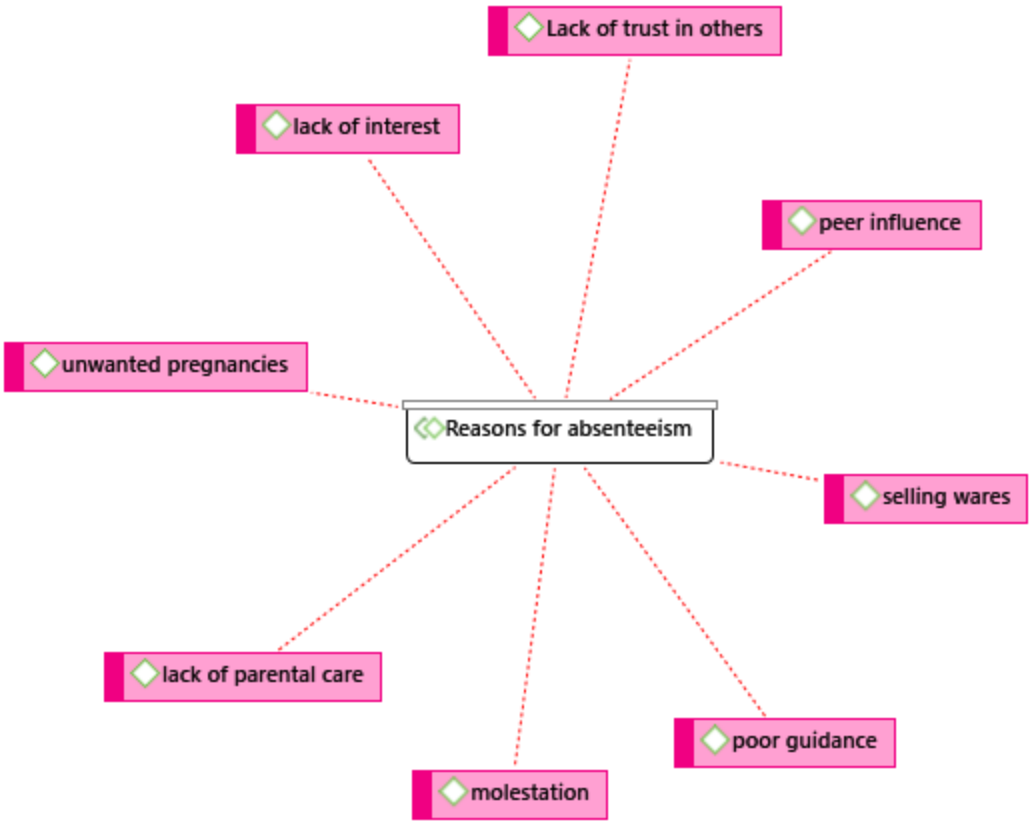


Figure 5.8: ATLAS.ti Network Output on Reasons for abseentism among female students

Source: Author, 2020

THEME 2: School drop-out rates

Likelihood of Drop-Out

The participants were asked in the interview to share their views on who they thought was more likely to drop out from school between boys and girls. While few of the participants believed boys are more likely to drop, majority of the participants reported that girls have a higher likelihood to drop out of school compared to boys.

As displayed in figure 12, few participants from school A opined that males students are most likely to drop out from school than girls because of lack of interest in education and some preferred to go into business (self-employed) while on the other hand majority of the participants from this school claimed that males students have higher chance of dropping out compared to boys one of the reason behind this was that they helped their parents in selling wares at the motor parks during school hours and some can be as a results of early marriage and pregnancies. However, one of the participants was of the opinion that boys are more likely to drop out of school than female students.

As reported by Ade, *"in my own opinion both boys and girls drop out from time to time. Although if I were to choose one, I would admit that girls drop out more. Mostly because of pregnancy. Once they are pregnant, they stop coming to school. And we as teachers we can't do much for them again"*

Wunmi reported *"Girls are more likely to drop out. I can say we get like 5 or 7 of them that drop out every session, mostly because they get pregnant. Some of them stop coming to school because they have to repeat a class due to failure, so instead of repeating, they stop coming altogether".*

Nike reported *"I think I will say girls drop out more than boys, some to go and get married, or they are already pregnant. Some of them drop out because of money and in order to help their families, they start working so as to earn money.*

For clarity, Nike was asked how school-aged girls work to get money, enough to decide to drop out of school. Nike stated *"some girls work as housemaids, the lucky ones might get a madam* (boss) *that allows them continue with school while working. Some have to stop school and work as cleaners, shop attendants, nannies etc some will even be helping their mothers sell at the market".*

Wale reported *"It's boys that drop out more. Most of them leave school to start riding okada (motorcycles) , or doing yahoo (internet fraud). It could also be skill work such as carpentry or mechanic so as to start making money.*

Ayo reported *"girls have a higher likelihood of dropping out, they have a lot of stuff against them. I always feel they have it rough. Some of them get raped sometimes by hood boys, they are always harassed by danfo drivers (bus drivers) on their way to school or even beaten at the slightest provocation by boys at school". Some end up pregnant, when they cannot even take care of themselves let alone a baby".*

While 1 of the interviewees stated that both boys and girls drop out, a vast majority of the interviewees believe that girls are more likely to drop out compared to boys. School-related reasons for dropout among girls highlighted by interviewees include unplanned pregnancy, students' poor performance, bullying and lack of facilities.

From the interview results, the participants' viewpoints regarding the factors they deemed responsible for who is more likely to drop out between boys and girls, are not significantly influenced by the school they work with. It is clear from the results that all the participants are of same opinion, regarding who is more likely to drop out between boys and girls. As such, the opinions of participants regarding who is more likely to drop out between boys and girls do not vary significantly from school to school.

Reducing Drop-out Rates among Students

In trying to identify whether school management has strategies in place to reduce dropout rate among students, the interviewees were asked about the strategies their schools use to reduce students' dropouts. Interviewees identified a range of strategies to reduce the rate of dropouts among students. The most common strategy cited by teachers is giving out scholarships to students. Other strategies mentioned include counselling, workshops, introducing free meals and meeting with parents.

Ade reported *"our school always come up with different strategies on reducing dropout rates among the students one of which is introduction of scholarship or grants for the most brilliant students in the school. Another strategy the school has used in the past was, inviting the parents of students who are not doing well academically, talking with the parents sometimes help improve their school performance. That will boost their confidence to work harder. We have also organized workshops and counselling on the importance of education"*.

Bola reported *“attendance register helps us track our students, so when someone begins missing school, we quickly ask him or her to find out the reason for being absent in school before they eventually decide to drop out. We offer counselling to students when we notice they are losing interest in school. Also, there is scholarship to the students as a form incentive, which attracts them to attend school and perform well’*

Tunde reported *“The school has discussed different strategies on reducing dropout but I am honestly not sure if any of the strategies have been implemented yet. The strategies are daily mandatory attendance, scholarships for best students”.*

Funmi reported *“We don’t actually have any strategy because we can’t force students if they don’t want to come to school. But if I were to suggest a strategy, then I would advise the school to counsel the student affected”.*

While few of the participants said their schools do not have written policies for reducing dropouts, they were further asked what strategies they would suggest to reduce dropout.

Ade reported *“well I believe if the school gives scholarships to some of the students, it will help reduce dropout. It will be like rewarding their efforts. Apart from scholarships, the school can also provide free meals. Free food will encourage most of them to come to school”*

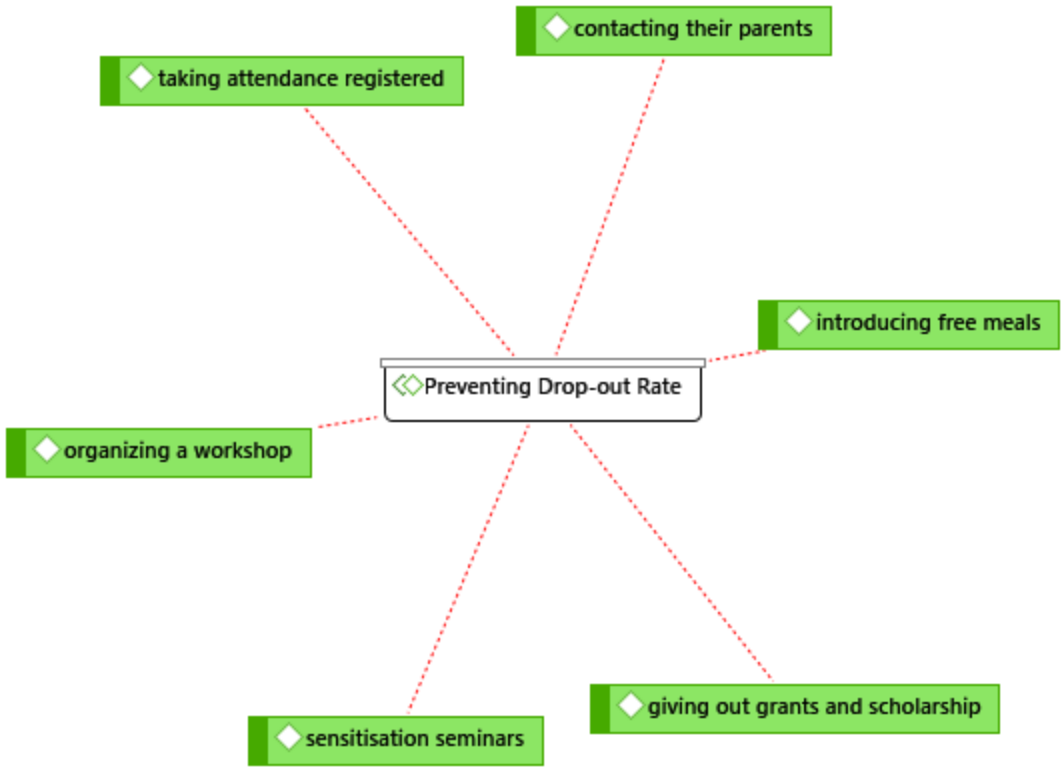


Figure 5.9: ATLAS.ti Network Output on Preventing Drop-out rate among female students

Source: Author, 2020

THEME 3: Health Education in the Schools

Roles of Schools in Teaching Health Education

The impact of Health instruction was explored. Interviewees affirmed that teaching health education to students can enhance positive health attitudes and practices. All the interviewees unanimously reported that health education positively influence health behaviours. Interviewees also discussed the ways in which health education influence health behaviours.

Ojo reported *"Yes, teaching health education to students can enhance positive health attitude and practice because it would guide them and prevent them from living negative lifestyles. Students need to learn the dangers of negative lifestyles like smoking and drug abuse".*

Wale reported *"Yes, this can improve their health attitude, not being taught about health exposes students to some health dangers. It is very important, students should be taught how to take care of themselves".*

Wunmi reported *"Yes, teaching health education to students can enhance positive health attitude and practice among them because it will broaden their scope on health practices".*

Ade reported *"Yes, the teaching of health education to students will enhance positive health attitudes and practice since the School has experienced teachers that can help student".*

Generally, the participants' responses as to whether teaching health education can enhance positive health attitude and practices among students were similar. The participants were unanimous regardless of the school they belong. In other words, participants' responses as to whether teaching health education can enhance positive health attitude and practices among students did not vary significantly from school to school.

School Health Programs

School health policies and programs were discussed with the interviewees. According to the Nigerian National School Health Policy (2006), schools as places of learning should have health- related school policies, healthy environment with safe water and sanitation, health-related nutrition services and skill-based health education. Given that, survey results from phase 1 of the study revealed the schools may be lacking essential health-promoting facilities, the Interviewees were asked if they thought a school health program was necessary.

All the interviewees unanimously asserted that school health program is relevant and necessary. As such, interviewees' responses regarding whether or not school health program was necessary did not significantly vary from school to school. However, when

probed further on specific health programs available at their schools to promote health, majority of the interviewees seemed unsure of the health programs they have.

Ojo reported *"school health program is very necessary because that is how we ensure students are healthy all the time". We promote health by teaching our students about the importance of living a healthy lifestyle. The policy we follow is the one already made by Lagos State Ministry of Education"*

Ade reported *"school health programs help increase educational performance directly or indirectly. We promote health in various ways. We teach students about health.*

Ade was probed further and asked if teaching students about health is the only way the school promotes health. Ade reported *"No, we have other methods, for example, we talk about health every morning on the assembly ground.*

Funmi reported *"school health programs help prevent the spread of diseases. Here, we don't have much in terms of health facilities, when students fall sick, we send them home immediately so that they would be cared for by their families"*

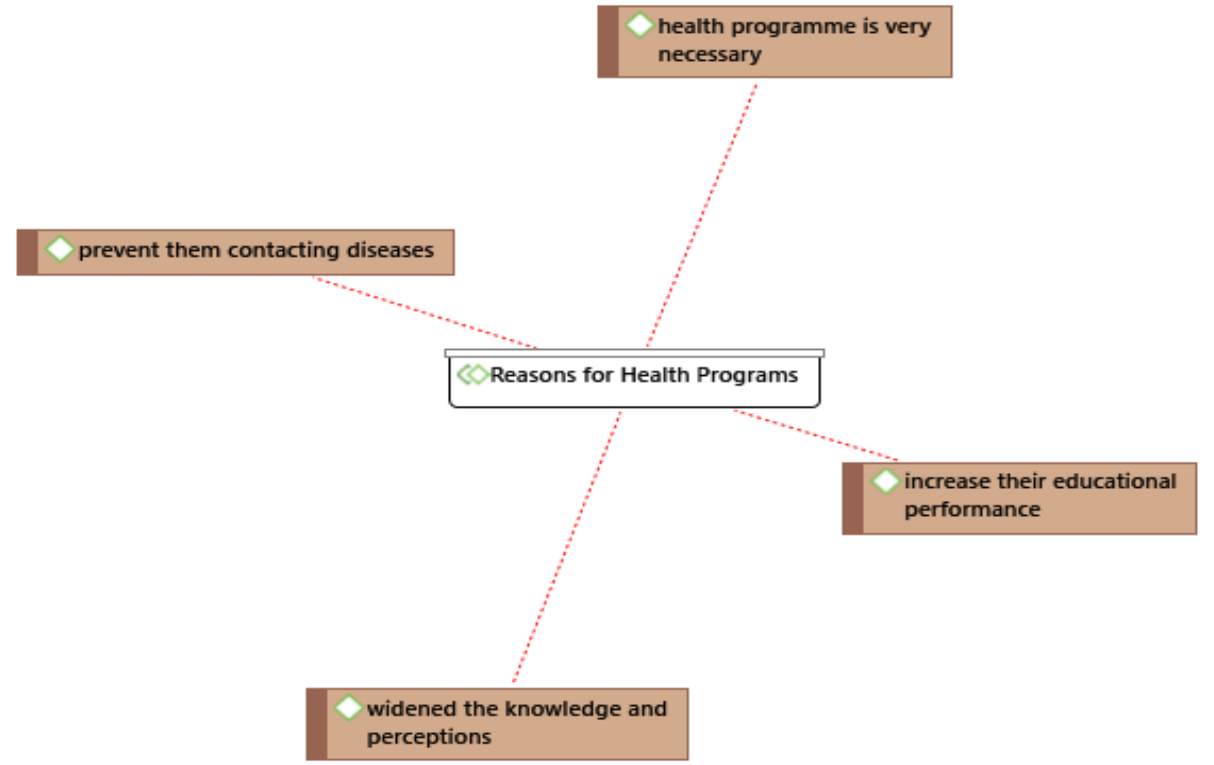


Figure 5.10: ATLAS.ti Network Output on Importance of Health Programmes to Students

Source: Author, 2020

Interviewees identified the health programs and health promoting clubs in their schools.

Teaching Health Education in Schools

In order to know how the schools contribute to health through health studies, the participants were asked how health education was taught in their school. Findings from phase 1 revealed confusion among the students in relation to how health education was taught. Teachers were asked to provide more insight into how health education was taught in their schools. All interviewees affirmed their schools have dedicated teachers, who teach health education and health-related subjects. While the interviewees

reported health education for senior classes are taught as a stand-alone subject, interview results reveal conflicting accounts on how health education was taught at junior level. 1 participant reported junior health education was taught as part of Home economics. 5 participants maintained that junior health education was taught as physical and health education. Other interviewees believe junior health instruction was divided and taught partly as physical and health education, partly as agricultural sciences and home science.

Ojo reported *" We have teachers that are certified to teach health education. Our curriculum has health education from SS 1 (senior secondary school 1). The junior classes learn about health from other subjects but they are expected to start learning fully from SS 1"*

Wale reported *"Health education is taught by teachers who have been teaching about health for a long time. Health education is taught in our school from JS 1 (Junior class 1) in different ways in collaboration with other subjects, particularly Physical health education which helps the students to be fit and physically stronger in participating in any sporting activities".*

Funmi reported *"the school has health teachers who are capable to teaching health topics. The Health education is taught in conjunction with the physical and health education (PHE) subject and mostly during the teaching of this subject, the school students engaged in practical activities and exercising".*

Wunmi reported *“Health education is taught in the school with other health courses such as biology, agricultural science, home science and physical health education with competent tutors, also both theories and practical of the subjects were taught”.*

Bayo reported *“Health education is taught in my school with other health subjects such as home science, biology and physical and health education with qualified teachers but the school lack adequate teachers. So sometimes you can have 1 teacher teaching lots of subjects”.*

Ayo reported *“Health education is taught in the school. Then we also teach Biology and Physical health education by engaging the students in practical exercise for their well beings, this will give them more knowledge about health”.*

Overall, interviewees’ responses regarding how health education was taught in their school is significantly influenced by the school they belong. Put differently, participants’ views on how health education is being taught in their respective schools differs significantly depending on the school they belong to.

Health Education in School Curriculum

Interviewees discussed coverage of health education in the school curriculum. While few of the respondents expressed that health education studies are not adequately covered in the school curriculum, majority of the interviewees believed health education in the school curriculum was adequate for secondary school students.

Ojo reported *"Yes they are well covered to provide enough information on health to the students, usually there are qualified teachers that teach the health subjects. The health topics in the curriculum were developed by the Lagos State Ministry of Education. So they must have covered all the necessary topics that is needed at secondary school level".*

In figure 5.12 below, few participants from school A reported that health studies was not well covered in the school curriculum to provide enough information on health, while majority of the participants reported otherwise by asserting that it was well covered in the school curriculum.

Wale reported *"No, health studies are not well covered to provide enough information on health in the school curriculum".*

Tope reported *"The health studies are not well covered in the school curriculum due to lack of time allocated for the health studies subjects".*

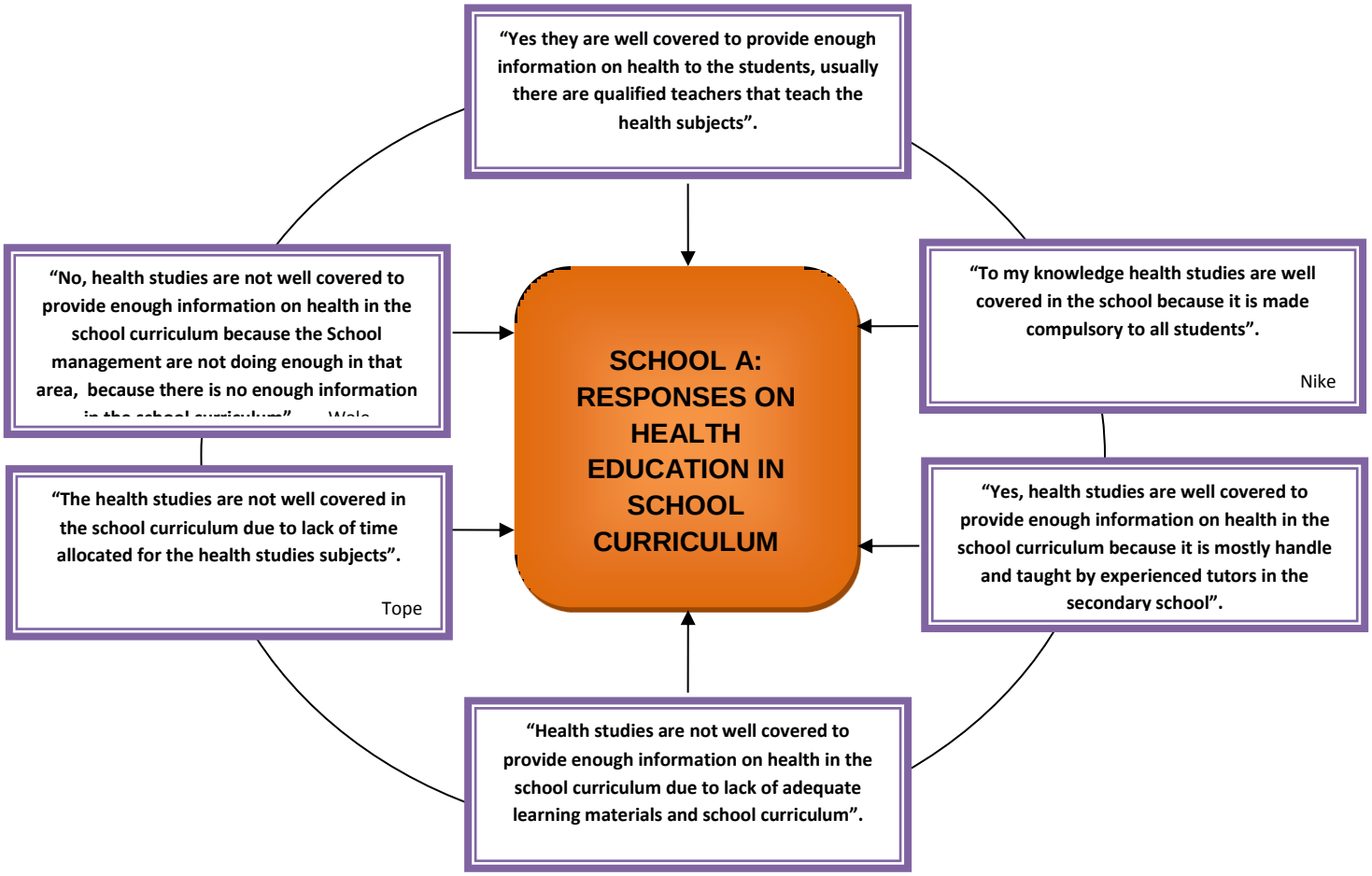


Figure 5.11: School A Responses on Health Education in School Curriculum

As shown in figure 5.26 below, majority of the teachers from school B agreed that health studies were well covered in the school curriculum to provide enough information on health.

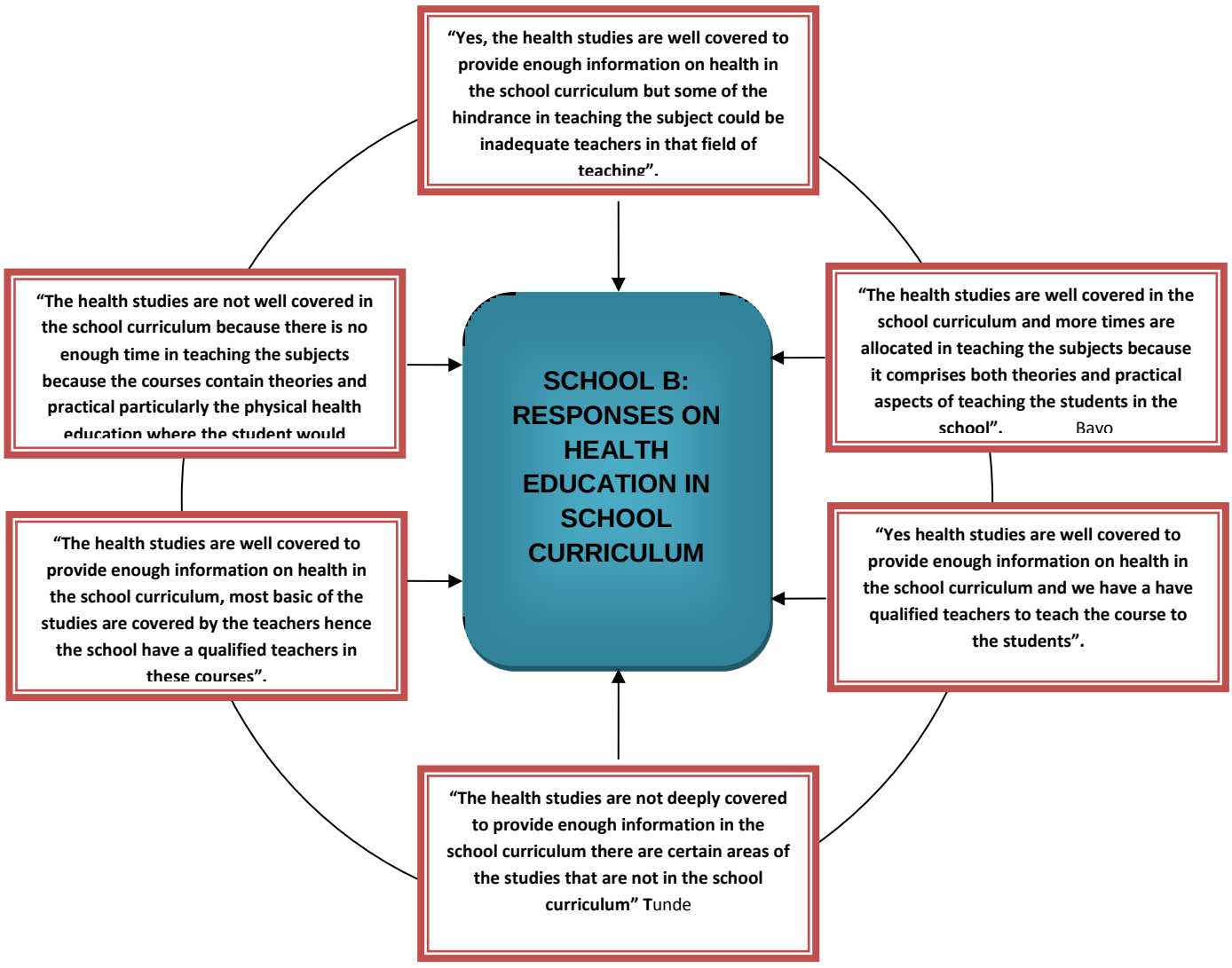


Figure 5.12: School B Responses on Health Education in School Curriculum

Challenges related to teaching Health Education

In relation to health, the participants were asked to specify the challenges their schools encounter in teaching health education. In both schools few of the participants cited there were no challenges faced by the school in teaching health education. Some of the participants were indifferent while majority of the participants claimed; inadequate

teachers, teaching facilities and lack of finance were the challenges encountered by the school in teaching health education.

In further responses, majority of the participants emphasized that their school lack teaching aids, facilities and appropriate materials in teaching health education which tends to be a challenge for the school.

As displayed in figure 5.13 below, few of the participants from school A asserted that they face no challenge in teaching health education in their school, some of the participants, however, claimed they are unaware of any challenges in teaching health education in their school while few claimed that external influence such as poor attendance and inadequate teaching facilities are major challenges militating against teaching of health education in their school.

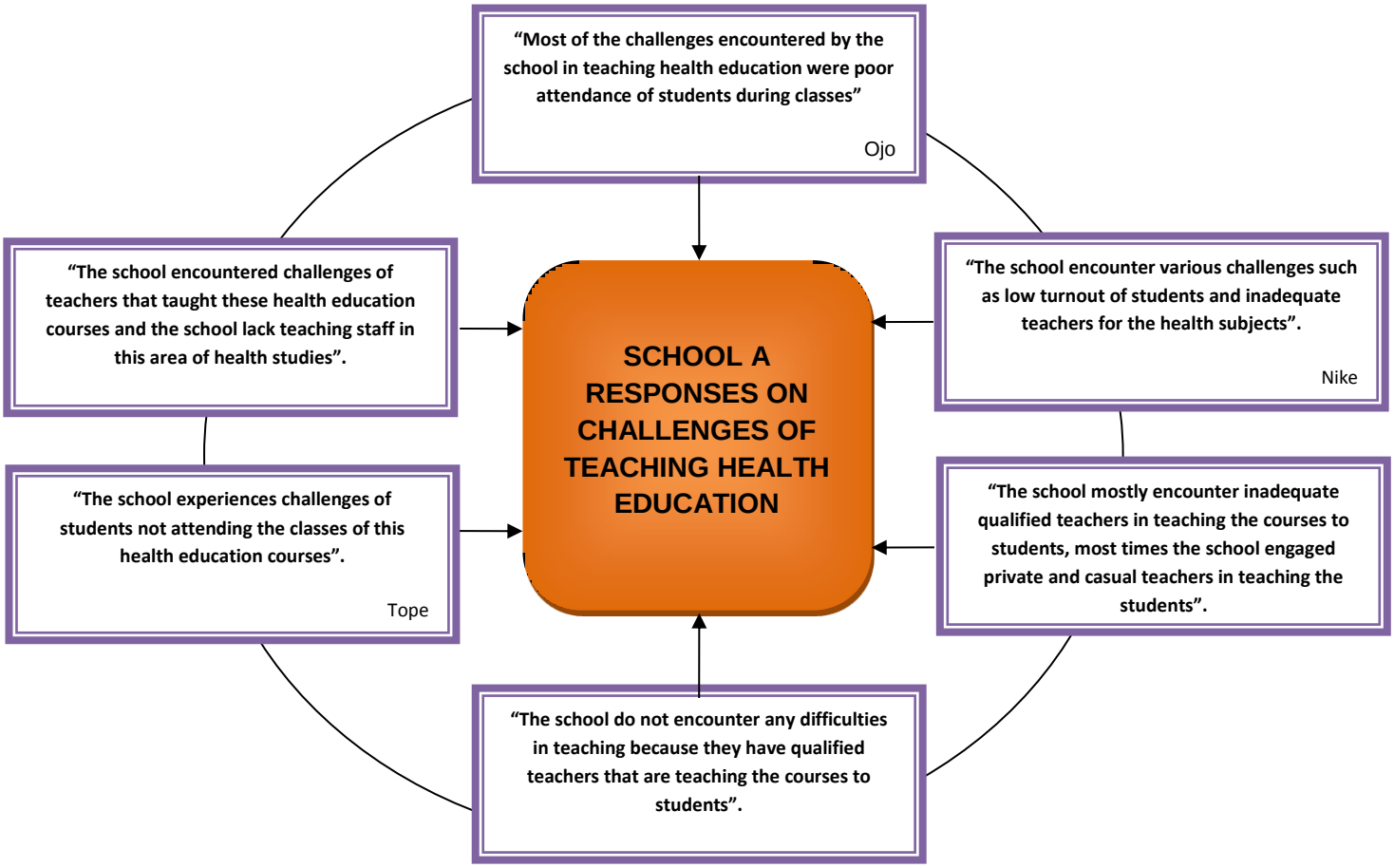


Figure 5.13: School A Responses on Challenges of Teaching Health Education

Out of the six participants of the study from School B, figure 5.13 shows that majority claimed their school did not have adequate teaching facilities or teaching aids while few reported no challenges faced by the school in teaching health education.

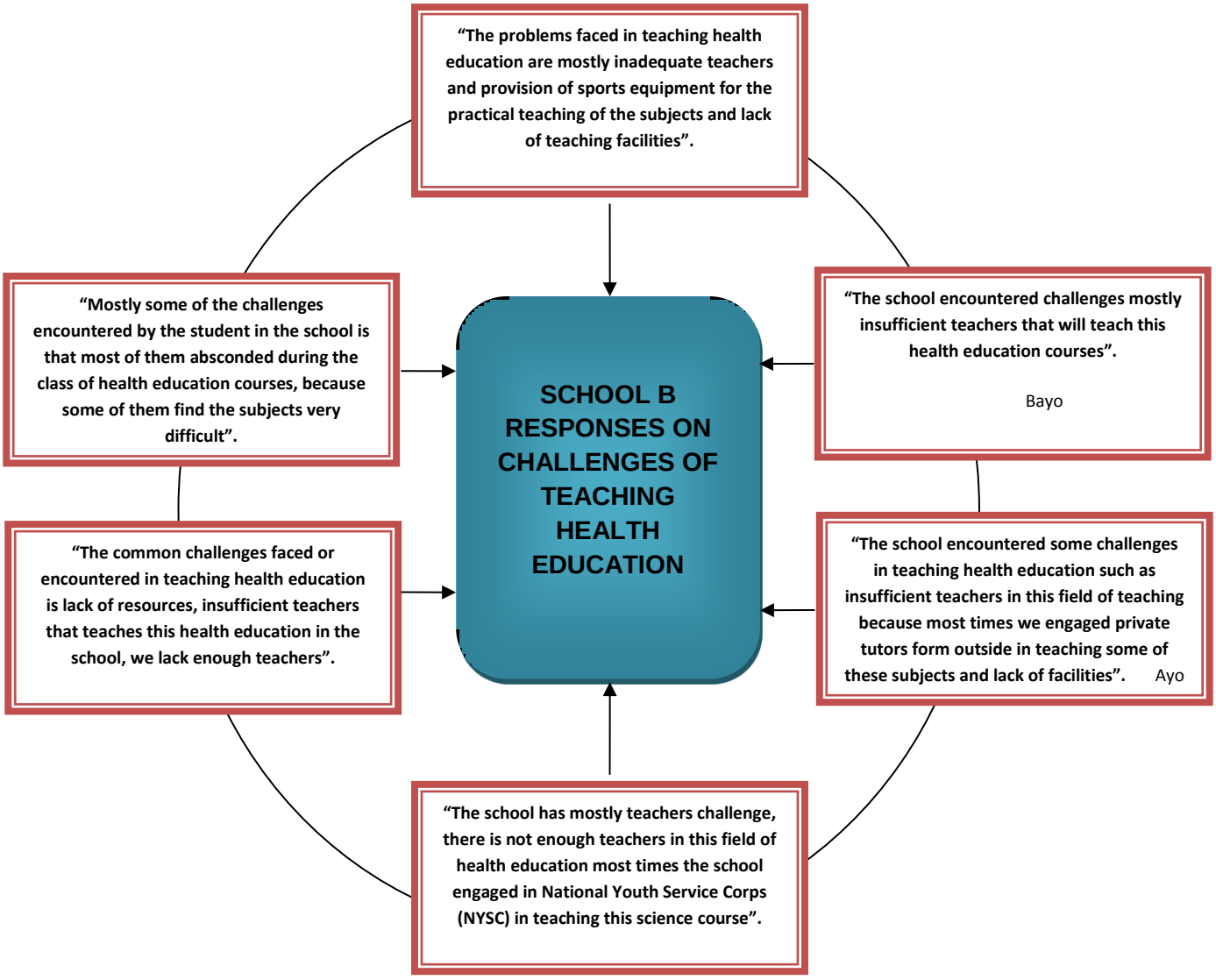


Figure 5.14: School B Responses on Challenges of Teaching Health Education

Overall, interviewees' responses on what challenges their schools encounter in teaching health education is not significantly influenced by the school they work with. That is to say, participants' response on what challenges their schools encounter in teaching health education does not vary significantly from school to school.

Mode of Teaching Health Education

Method of teaching health education in school was also explored in this study interview as the Participants interviewed were asked what methods they thought was more effective in teaching health education.

In figure 5.15, almost all the participant from school A reported that skill-based method is more effective in teaching health education.

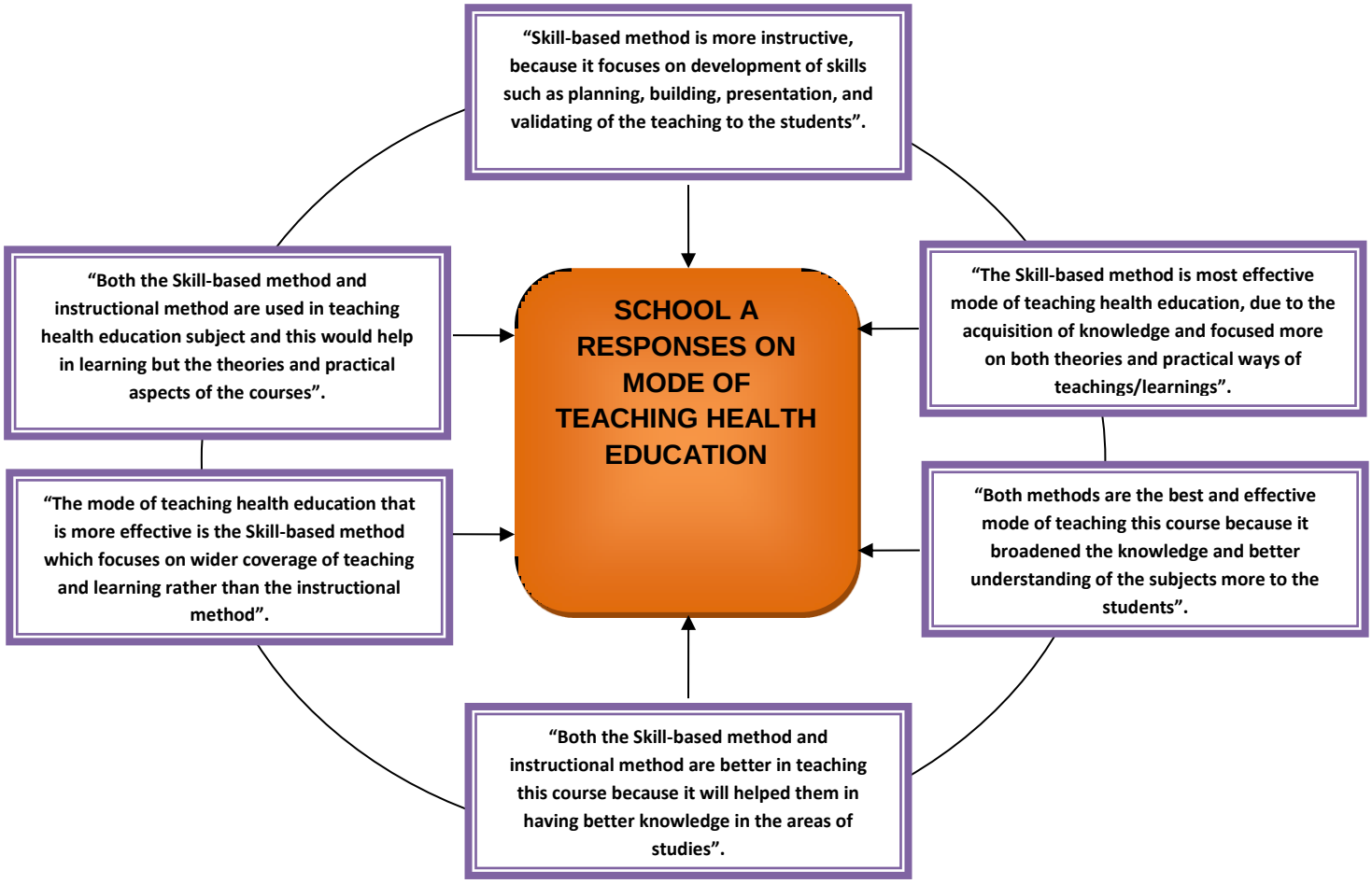


Figure 5.15: School A Responses on Mode of Teaching Health Education

Figure 5.16 below reveals that all the participants from school B also suggested that skill-based was the best method for teaching health education.

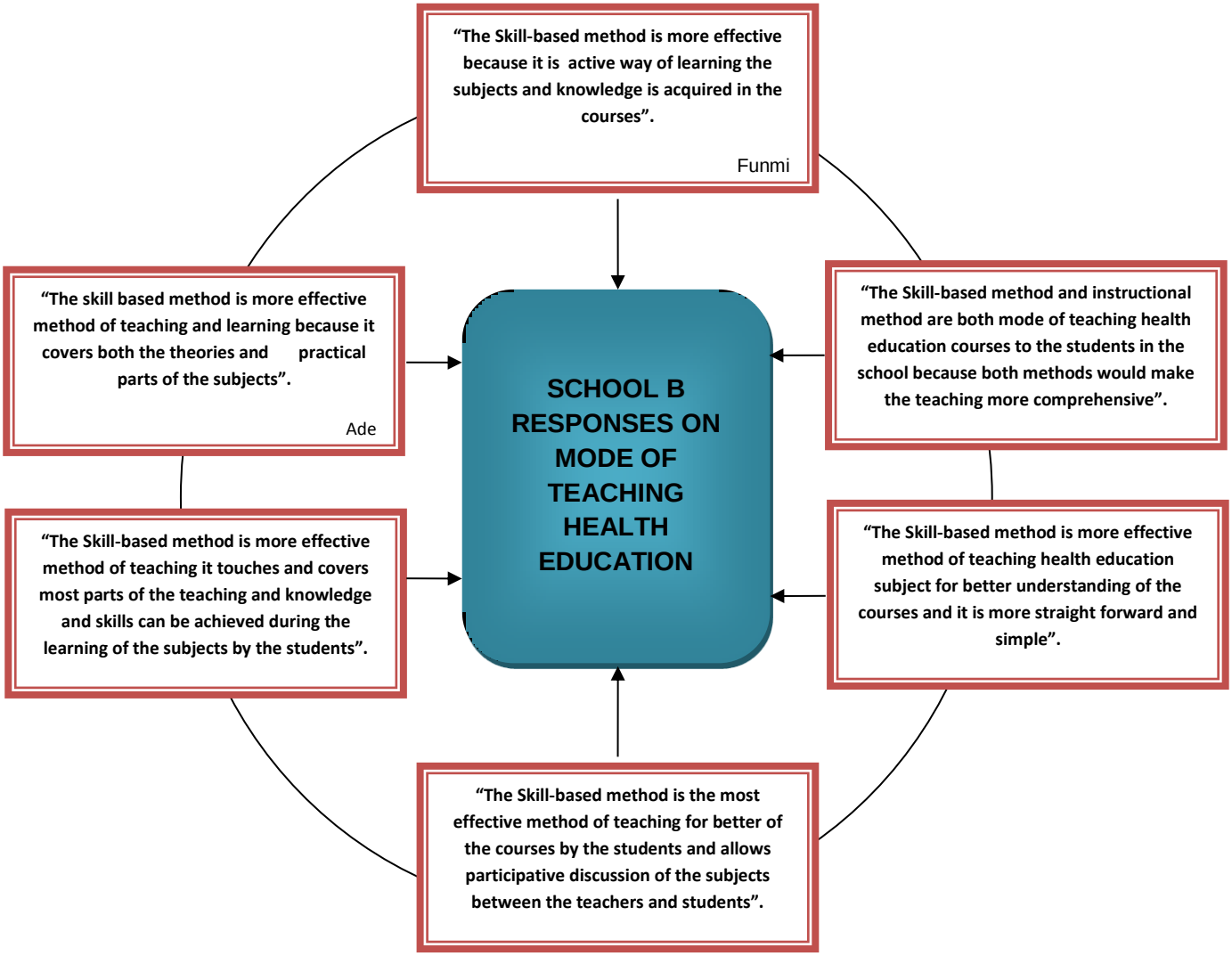


Figure 5.16: School B Responses on Mode of Teaching Health Education

From the above, participants' opinions on the mode of teaching health education deemed more effective between instructional method and skill-based method does not vary from school to school since majority of the participants from both schools acquiesced that skilled-based method is more effective of the two options.

Skill-based or Instruction- based Method

In order to know the teaching mode the schools actually adopt in teaching health education, the participants were asked what method was adopted in their schools. Although majority of the interviewees from both schools identified that skill-based health instruction was a preferred method compared to instructional method, interviewees highlighted lack of adequate and appropriate teaching and learning materials as reasons why they are not using skill-based method.

THEME 4: School Management Practices and Health Behaviours of the Female Students

Schools' Influence on Students' Health Behaviour

Student health behaviour is an important aspect of this study, therefore, it has been discussed thoroughly in the interview to help understand the roles school play in enhancing health practices among students. Figure 5.17 below shows that all the Participants from school A responses were in affirmative.

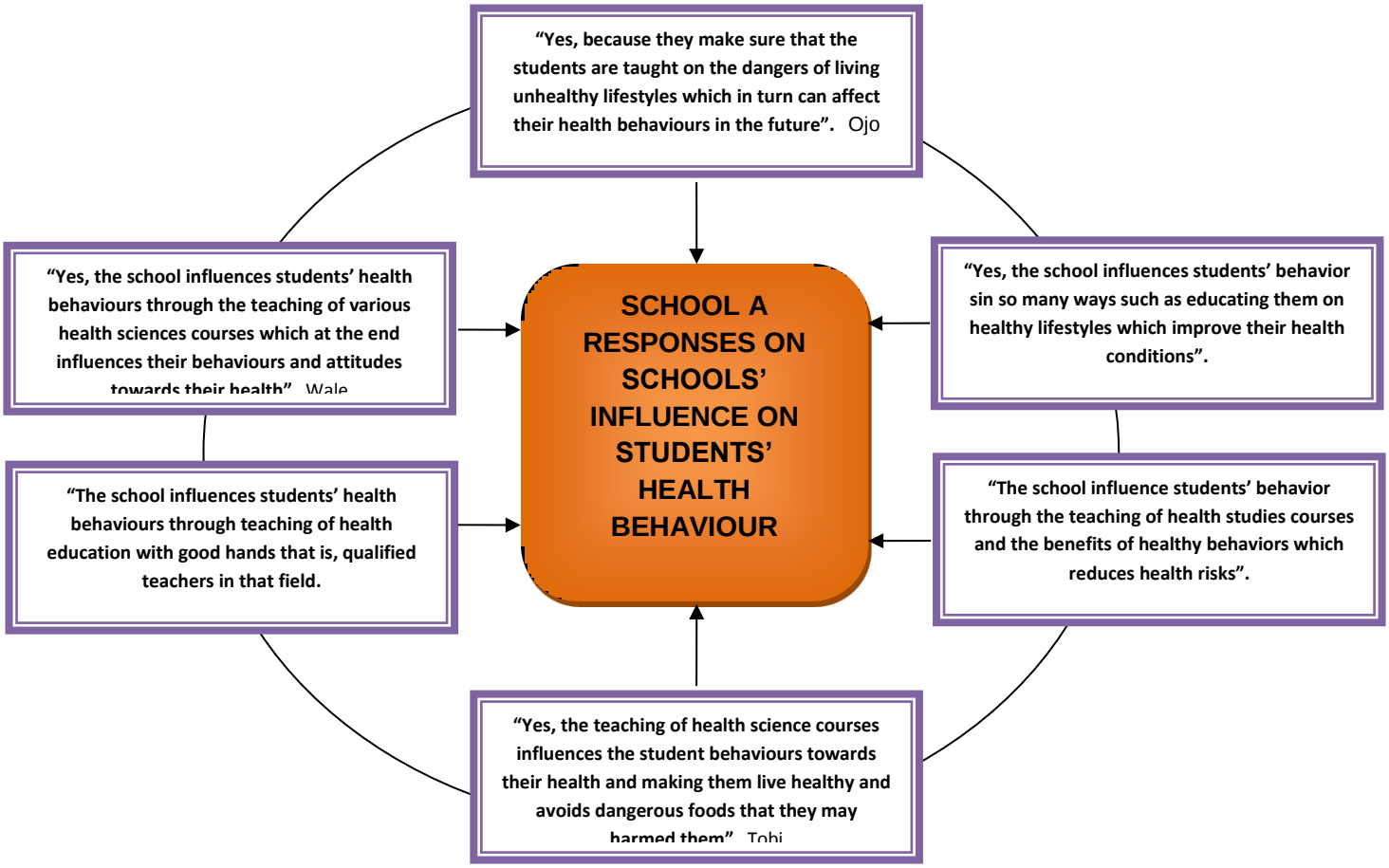


Figure 5.17: School A Responses on Schools' Influence on Students' Health Behaviour

Figure 5.18 below shows that all the participants from school B claimed the school really had impact on students' health behaviour.

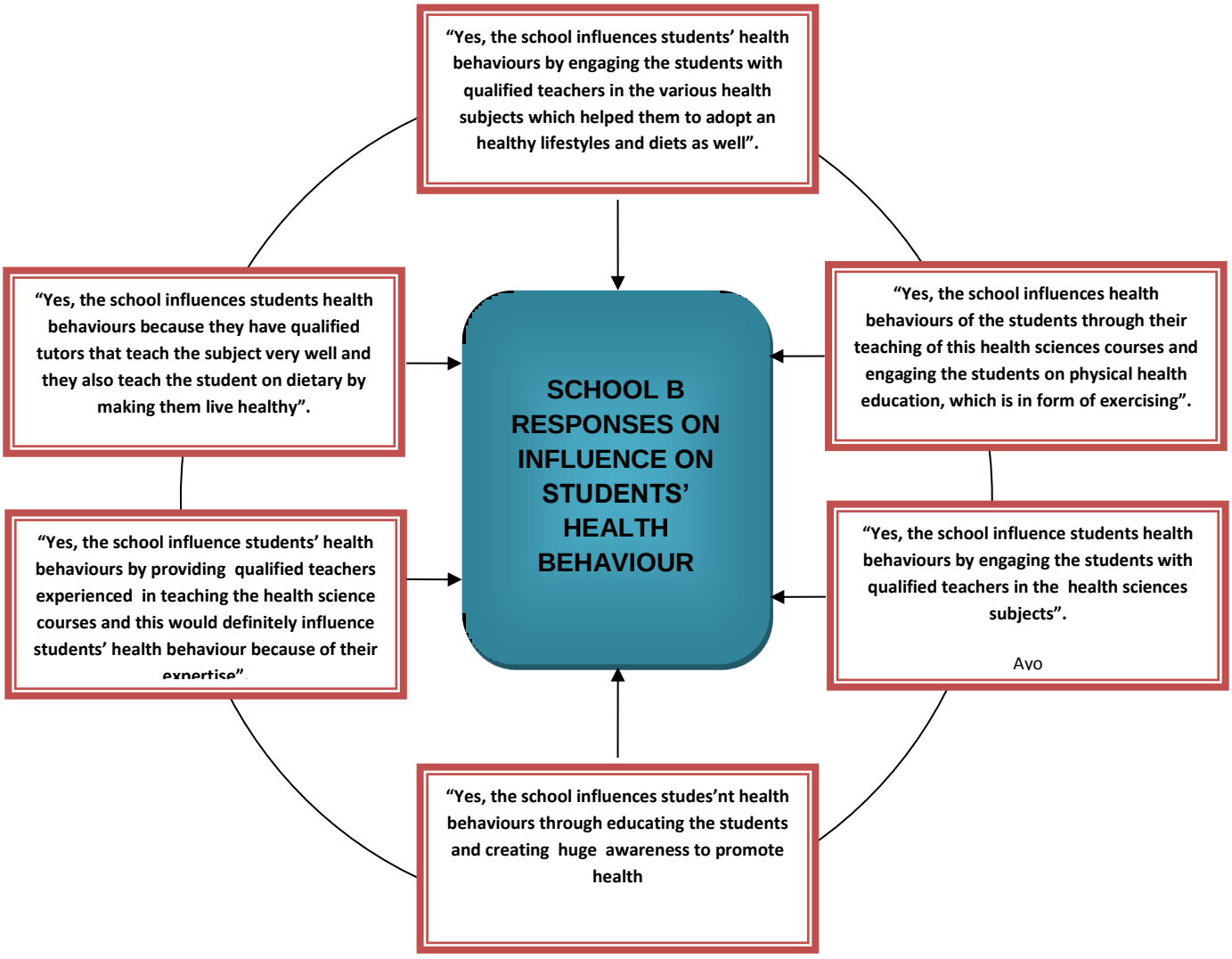


Figure 5.18: School B Responses On Schools' Influence On Students' Health Behaviour

Health-related Clubs in Schools

The participants were asked if their school had any functioning health promoting club or any school health program. Interviewees affirmed the availability of health clubs in their

schools. However, few participants indicated the clubs may not be fully functional as they are supposed to.

Figure 5.19 below shows School A participants' responses when asked if their school have any school health programme or any functioning health promoting club. Interviewees unanimously said health clubs were available in the school. Examples of health clubs reported by interviewees include Red Cross, Speak out and health is wealth.

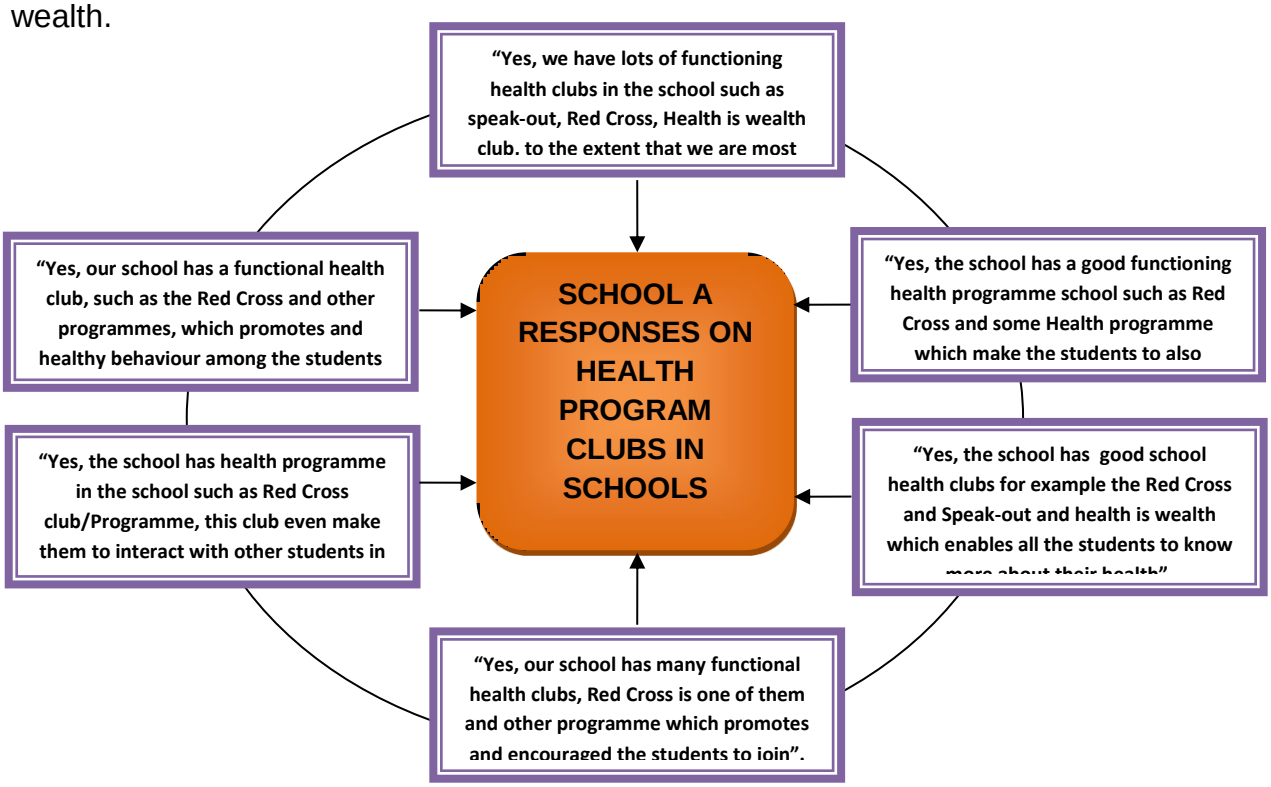


Figure 5.19: School A Responses on Health Program Clubs in Schools

Similar to the responses from school A, Figure 5.20 below shows that interviewees from School B gave positive responses regarding the availability of health clubs in their school.

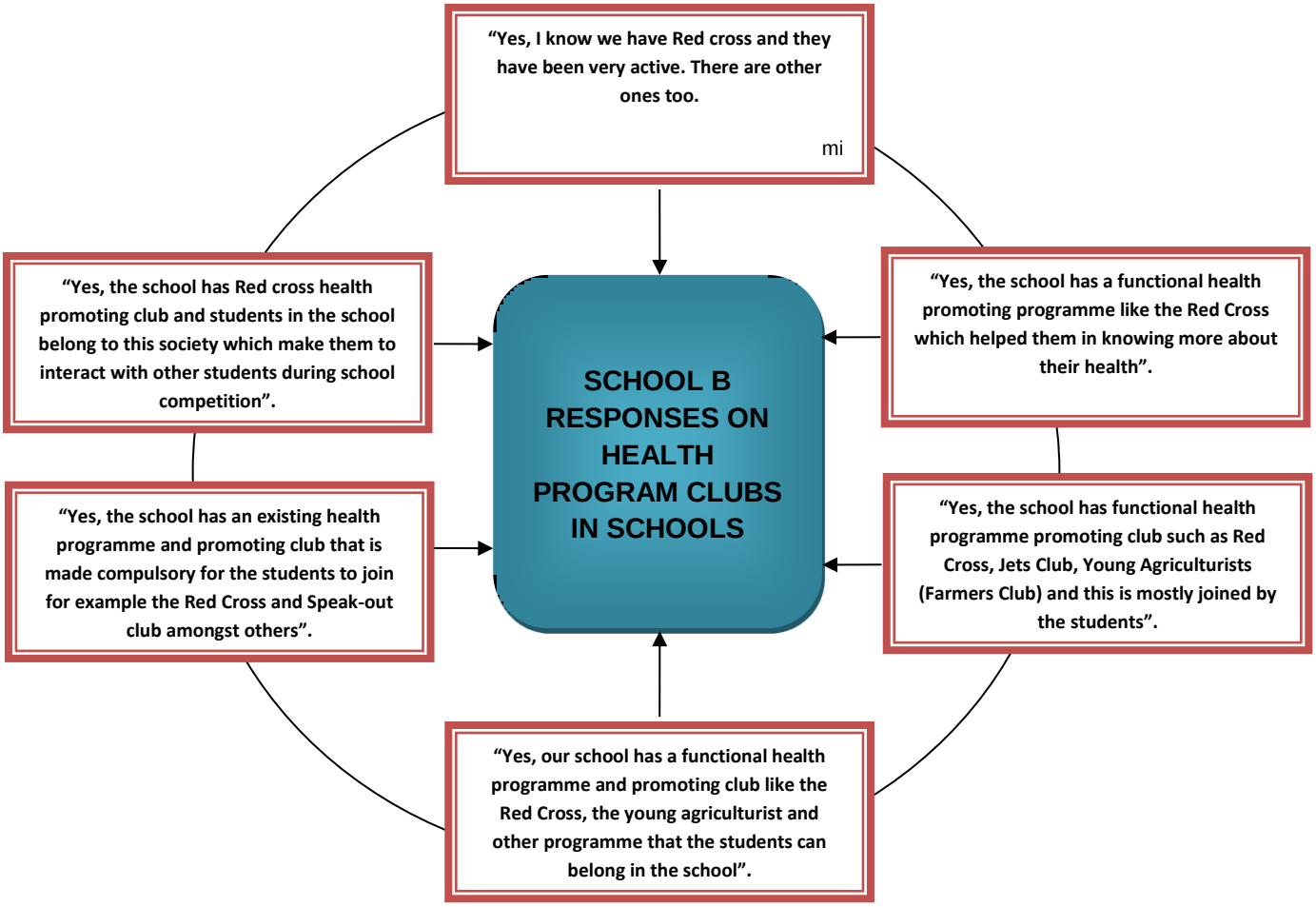


Figure 5.20: School B Responses on Health Program Clubs in Schools

Clearly from the above, participants' opinions regarding the presence of school health programme or functioning health- promotion clubs do not vary from school to school because all the participants from both schools acquiesced that there is at least one functioning health promotion clubs or school health programme.

Available Functioning Health Promotion Club or School Health Programme

To identify various health clubs in the surveyed schools, the participants were asked to specifically mention the school health-promoting clubs in their schools as at the time of the study. from interviewees' responses, 'Speak-Out and Red Cross', are the most common to both schools. 3 interviewees mentioned Girls Guide and Save our girls club. 1 interviewee reported Jet club and young agriculturists.

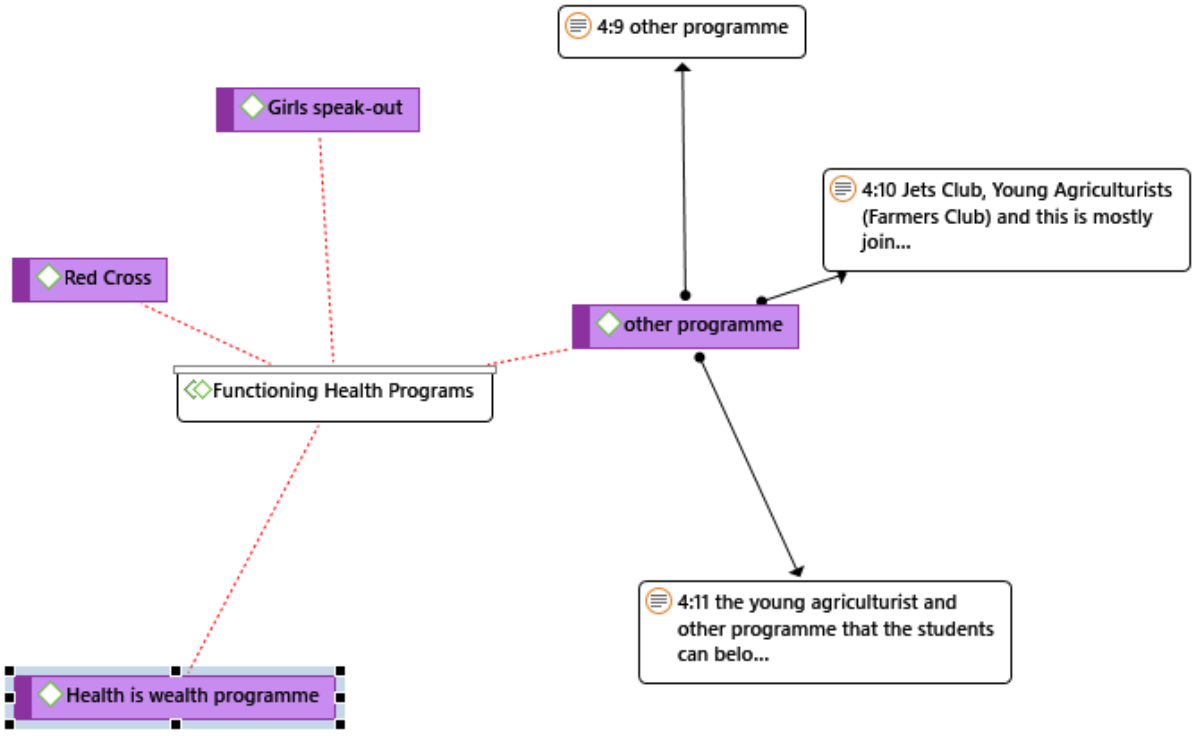


Figure 5.21: ATLAS.ti Network Output on Functioning Health Programmes in Schools. Source: Author, 2020

Teaching Sexual and Reproductive Health Education

Teachers discussed the importance of sexual and reproductive health education in the school curriculum. Phase 1 highlighted a gap between the students' knowledge level and health-related behaviours. While few interviewees believe both parents and teachers should teach sexual and reproductive health education, majority of the interviewees believe only teachers should teach sexual and reproductive health education.

Figure 5.22 below displayed responses of School A participants when asked if teaching sexual and reproductive health should be the job of the school or parents. 2 interviewees from school A opined that both parents and schools can teach sexual and reproductive health, while majority participants claimed that it should be left in the hands of the school (teachers) because of their expertise in the areas.

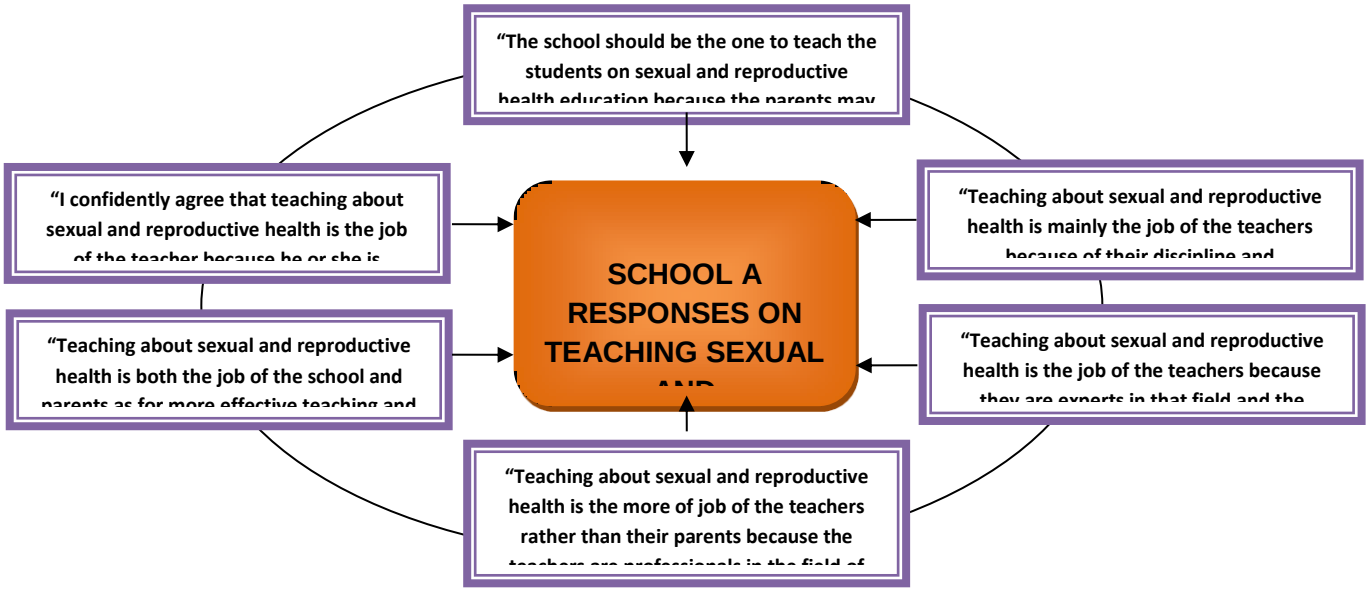


Figure 5.22: School A Responses on Teaching Sexual and Reproductive Health Education

Figure 5.23 below shows that majority of the participants from School B suggested that the school has the responsibility to teach sexual and reproductive health while few claimed both parties are obligated to teach about sexual and reproductive health.

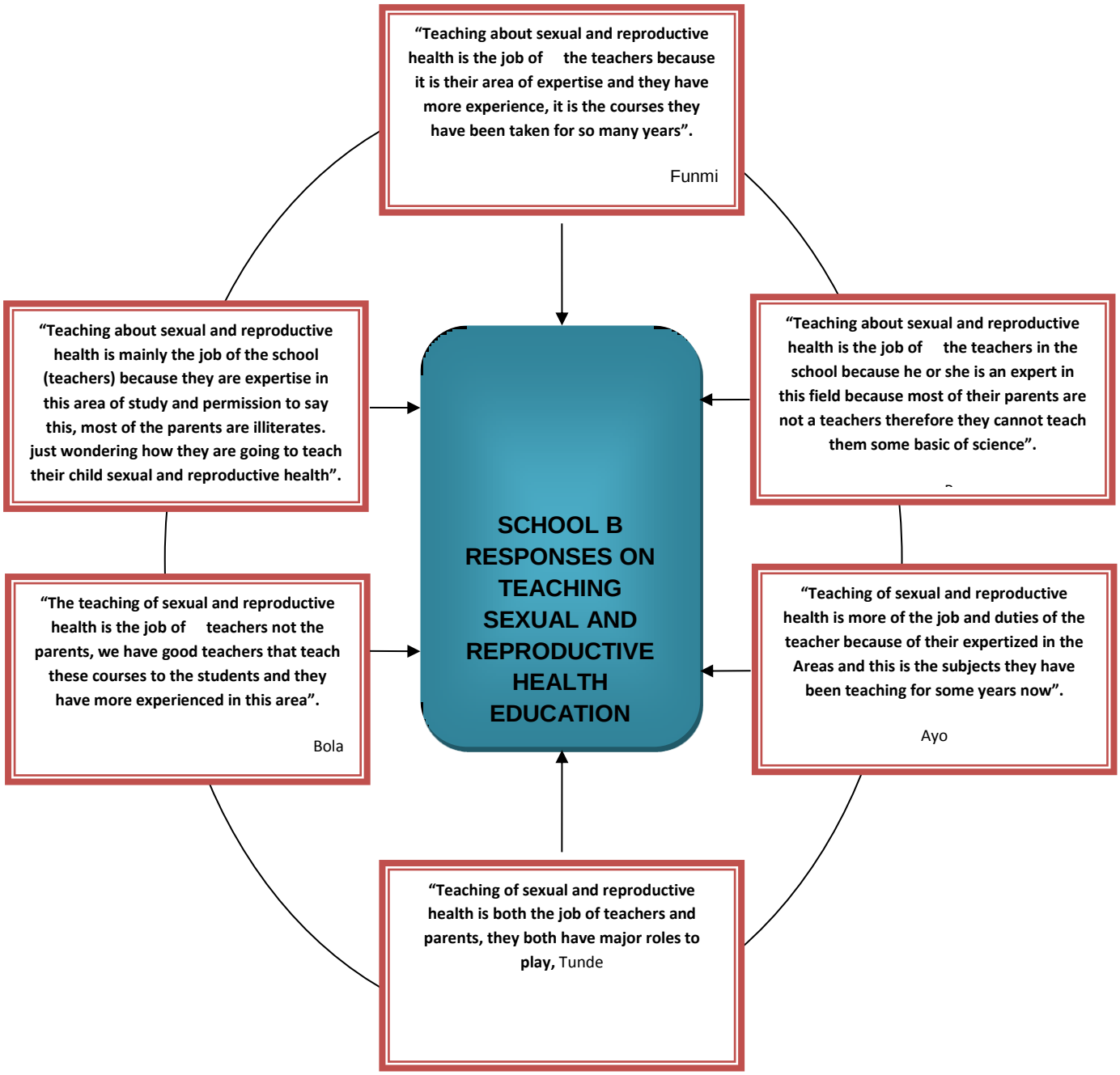


Figure 5.23: School B Responses on Teaching Sexual and Reproductive Health Education

In summary the above findings indicate that most of the participants are of the opinion that the school (teachers) are in better positions to teach the subjects because of their versatile experiences. Overall, the participants' response on who they think should teach sexual and reproductive health between the school and the parent is not significantly influenced by the school they belong. Consequently, participants' response on who they think should teach sexual and reproductive health between the school and the parent does not vary significantly from school to school.

Teaching/learning materials for health education

Interviewing the participants to know whether their school had appropriate teaching/learning materials for health education; figure 5.24 below reveals that majority of School A participants asserted that they lack appropriate teaching/learning materials for health education while few of the participants disagreed with this.

Figure 5.24: School A Responses On Teaching/Learning Materials For Health Education

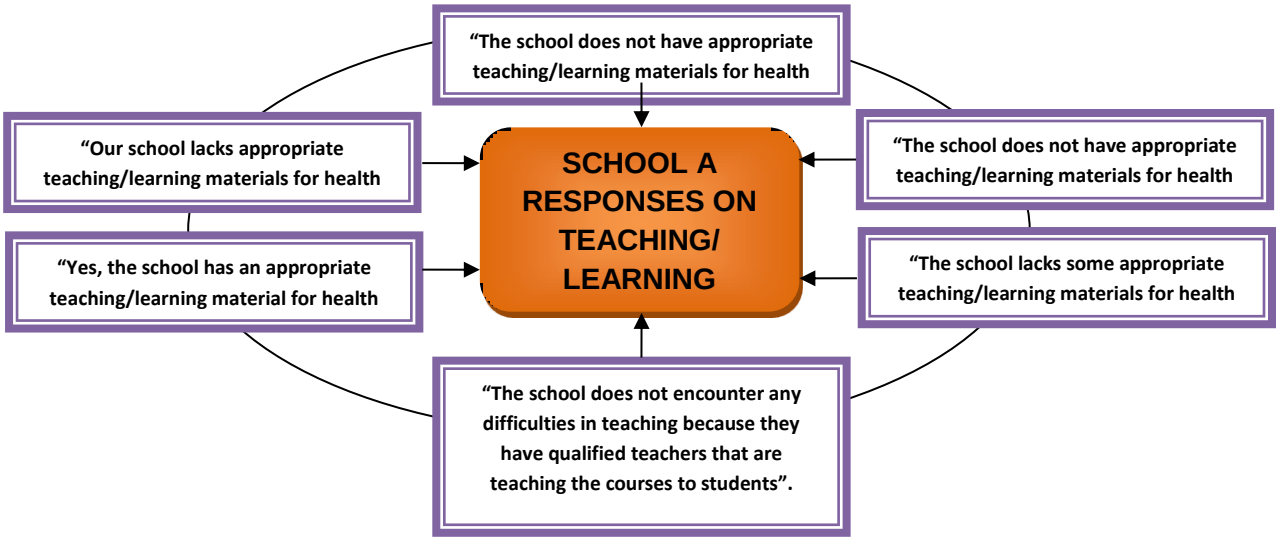


Figure 5.25 below shows that majority of the participants from school B reported they lack appropriate teaching materials for teaching health education while few of the participants reported otherwise.

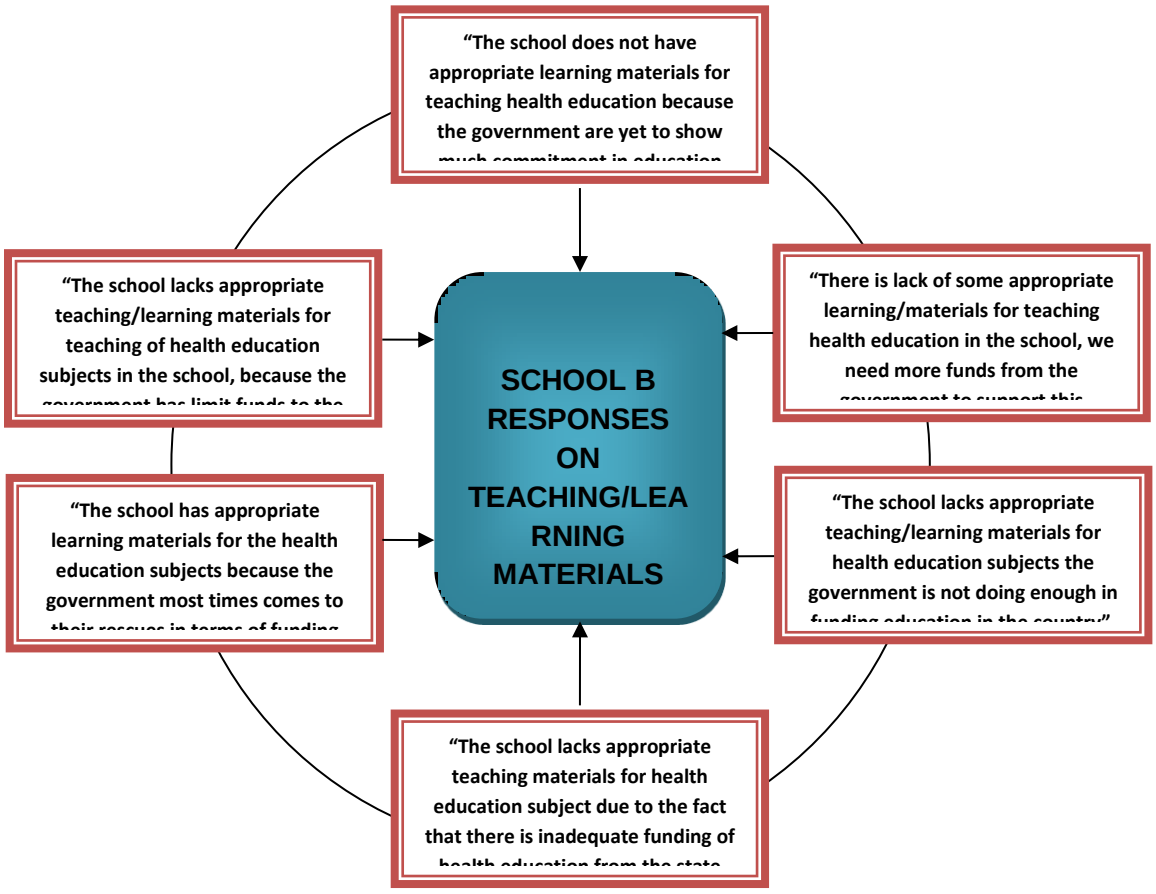


Figure 5.25: School B Responses on Teaching/Learning Materials for Health Education

The overall findings above shows that participants' response on whether their schools have appropriate teaching/learning materials for health education is not significantly influenced by the school they work with. This implies that participants' response on whether their school have appropriate teaching/learning materials for health education does not vary significantly from school to school.

Inspection of Students to Assess General Cleanliness

Students' health behaviour being paramount to this study thereby also identifying the roles of the school in promoting healthy practices among students. The participants were asked if their school conducts any inspection on students to assess their general cleanliness.

Figure 5.26 below shows that all the teachers interviewed from School A claimed that their schools inspect their students' general cleanliness.

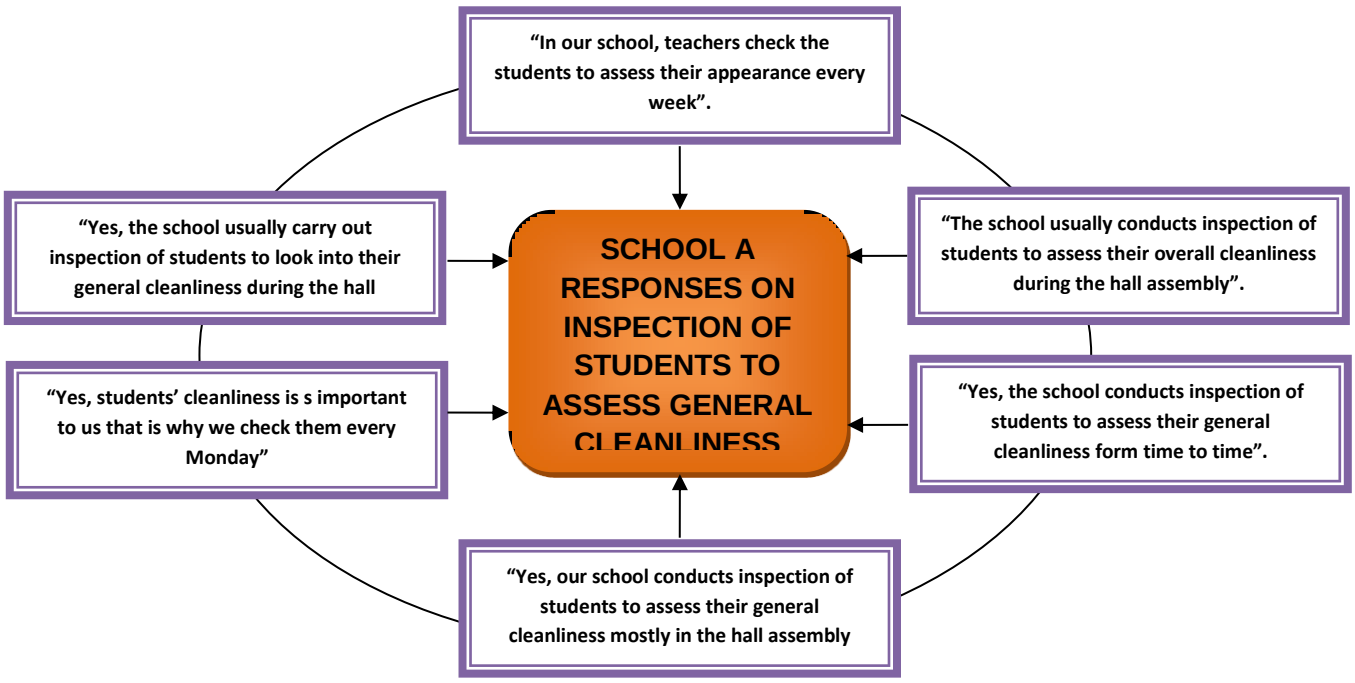


Figure 5.26: School A Responses on Inspection of Students to Assess General Cleanliness

Figure 5.27 below display participants view from School B, similarly to school A, all the participants from the school claimed that their school conducts inspection to assess the general cleanliness of the students.

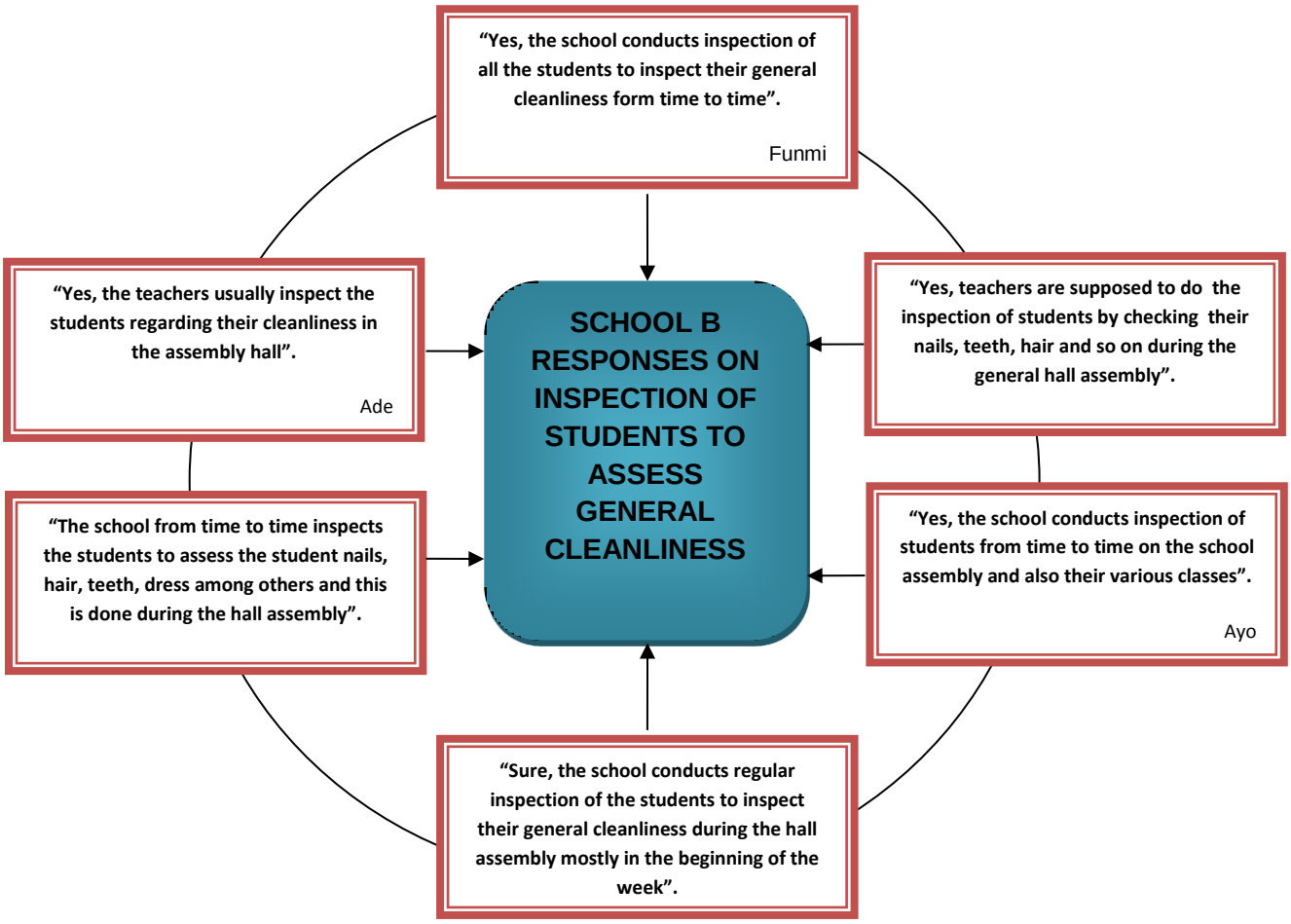


Figure 5.27: School B Responses on Inspection of Students to Assess General Cleanliness

As evidenced above, participants' opinions on the conduct of inspection of students to assess general cleanliness in their schools do not vary from school to school since all the participants from both schools agreed that they conduct inspection of students to assess the general cleanliness in their schools.

Healthy Practices and Hygiene Behaviour among Students

Relating to personal hygiene and healthy practice of students, the participants were asked if their schools had any strategy in place to promote healthy practices and motivate personal hygiene behaviours among students.

Figure 5.28 below shows that participants from school A reported that their school had strategy in place to promote healthy practices and hygiene behaviour among their students. As shown in the report, all the participants in this school claimed that their school has strategy/strategies set in placed to promote healthy practices and hygiene behaviour among their students.

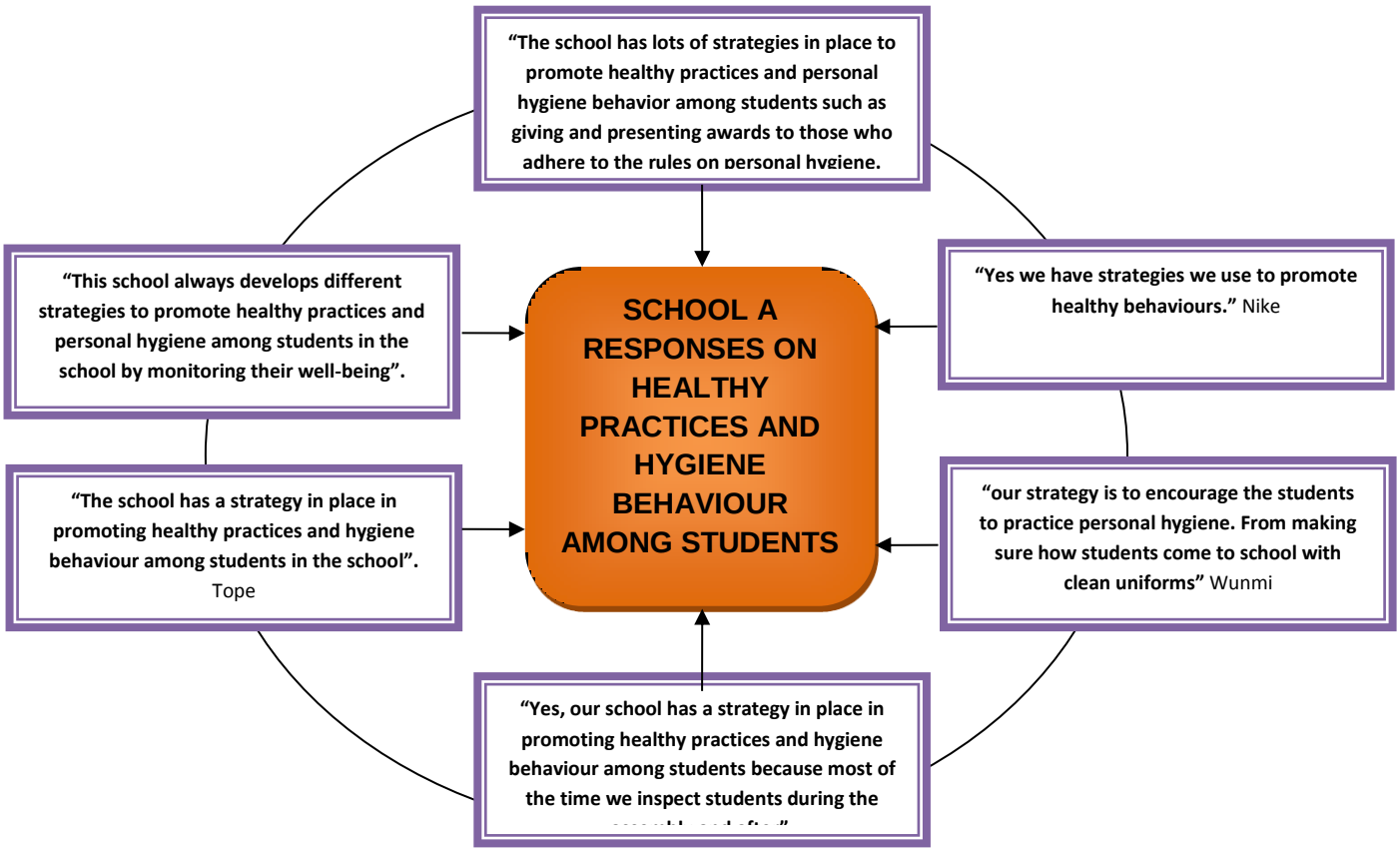


Figure 5.28: School A Responses on Healthy Practices and Hygiene Behaviour among Students

Figure 5.29 below shows that respondents from school B claimed their school had strategy/strategies in place to promote healthy practices and hygiene behaviour among the students.

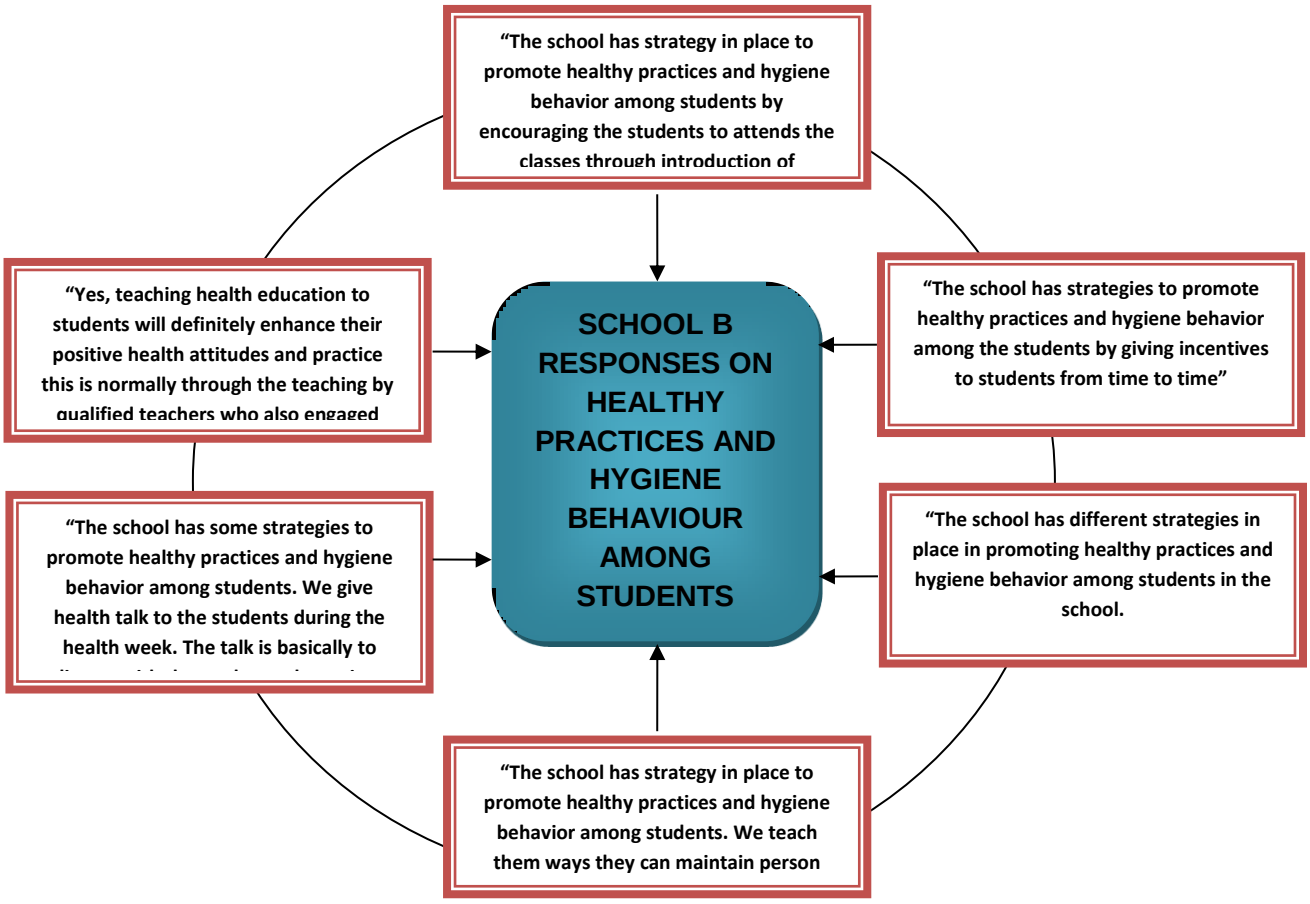


Figure 5.29: School B Responses on Healthy Practices and Hygiene Behaviour among Students

As seen from the responses above, participants' claims that there is strategy in place to promote healthy practices and personal hygienic behaviour among students does not vary from school to school since all the participants from both schools agreed that their schools have strategies in place to promote healthy practices and hygienic behaviour among students.

Provisions made to Support Female Students

The Participants were asked to specify the provisions made available to support female students when they are in any form of crisis. A vast majority of the interviewees reported that a female health counsellor is usually available to help out the female students whenever they are in need of any help. 1 of the interviewees mentioned the school has a First Aid box to help out in case of a medical crisis. Female health counsellor was frequently mentioned by the participants as a provision made by the schools in supporting female students when in any form of crisis.

Overall, the participants' response on some of the provisions put in place by the schools to support female students is not significantly influenced by the school they belong. Consequently, the participants' response on some of the provisions put in place to support female students in their schools does not vary significantly from school to school.

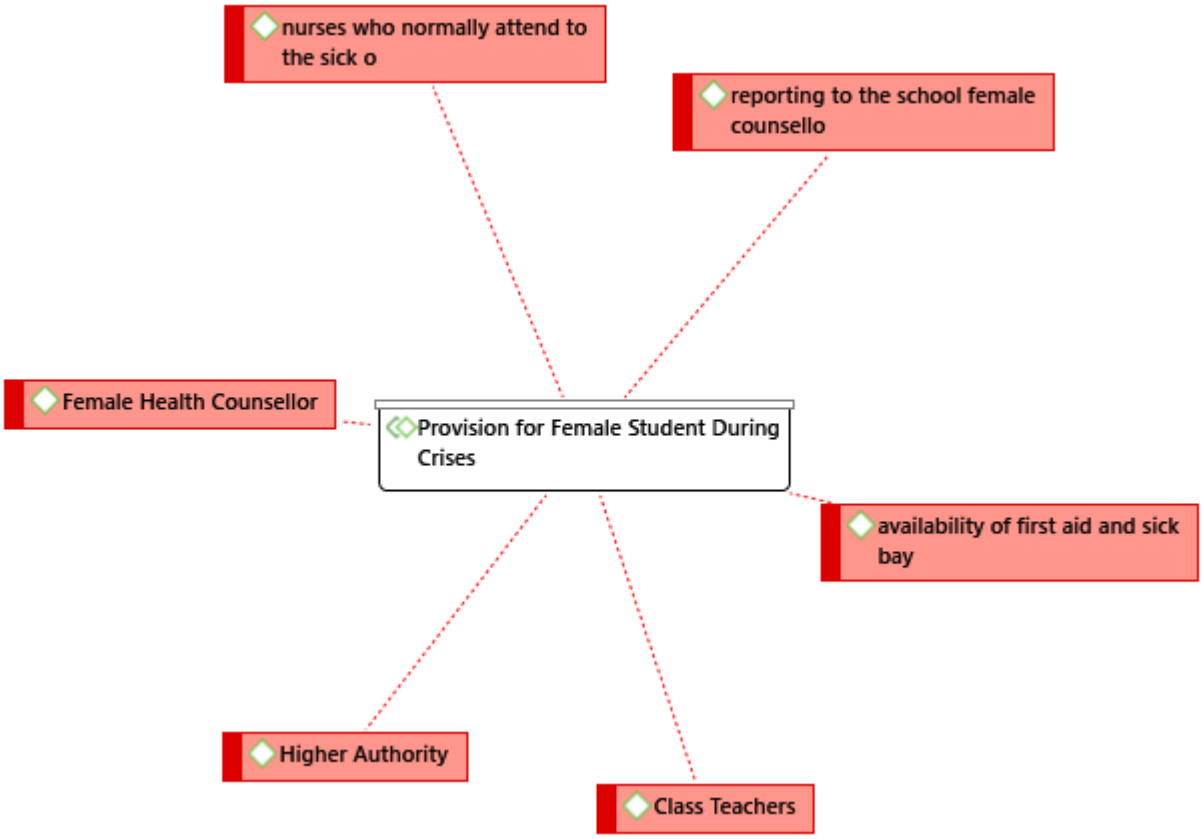


Figure 5.30: ATLAS.ti Network Output on Provision made by the school to care for female student in crises

Source: Author, 2020

Sexual Harassment among Students

Sexual harassment among students was also explored during the interview and was deliberated on during the time of this study as the participants were asked how sexual harassment cases were handled in their schools, few of all the participants claimed that the female health counsellor and the principal handle cases of sexual harassments.

Figure 5.30 above shows that majority of the total participants asserted that only the female health counsellor handles such cases. However, counselling was frequently mentioned as a measure carried out by the schools in handling cases of sexual harassment among students. However, 1 of the interviewees reported that school management has a dedicated committee set up to handle cases of sexual harassment. .

Wunmi reported *"well, we hardly get reports of sexual harassment from the students. But in case it happens, the school counsellor will handle it"*

Ade reported *"sexual harassment is a serious offence, so it is handle directly by the principal or most times the principal and the female health counsellor. Most times they would talk to the person harassed and punish the abuser if found guilty."*

Funmi reported *"that is why we have the female counsellor, she is available to handle such cases. She will do her investigations first and then work with the principal to decide on what to do afterwards".*

Interviewees discussed From the interviewees' responses, cases of sexual harassments are handled in their schools. This can be inferred to be significantly influenced by the school the teachers belong. As a result, participants' response on how cases of sexual harassments are being handled in their schools varies significantly from school to school.

Reporting Cases of Sexual Harassments

When the participants were asked if female students were encouraged to report cases of sexual harassment, majority of the participants (11 out of 12 participants interviewed) claimed that female students were encouraged to report sexual harassment cases. However, 1 of the participants reported that female students were not encouraged to report cases pertaining to sexual harassment.

Ojo reported "Yes, they are well encouraged to report any cases of sexual harassment from male students and even teachers to the school counsellor for proper investigations actions and if not satisfied should be reported to a higher authority".

When probed further regarding reporting sexual harassment to a "higher authority", Ojo said " *well such a student can inform to the vice principal or the principal"*

Tobi reported *"No, I don't think they (female students) are encouraged to report when they are sexually harassed because when they haven't seen anyone get punished yet, they will believe that at the end of the report no further actions will be taken".*

Figure 5.31 below shows interviewees' responses regarding reporting of sexual harassment.

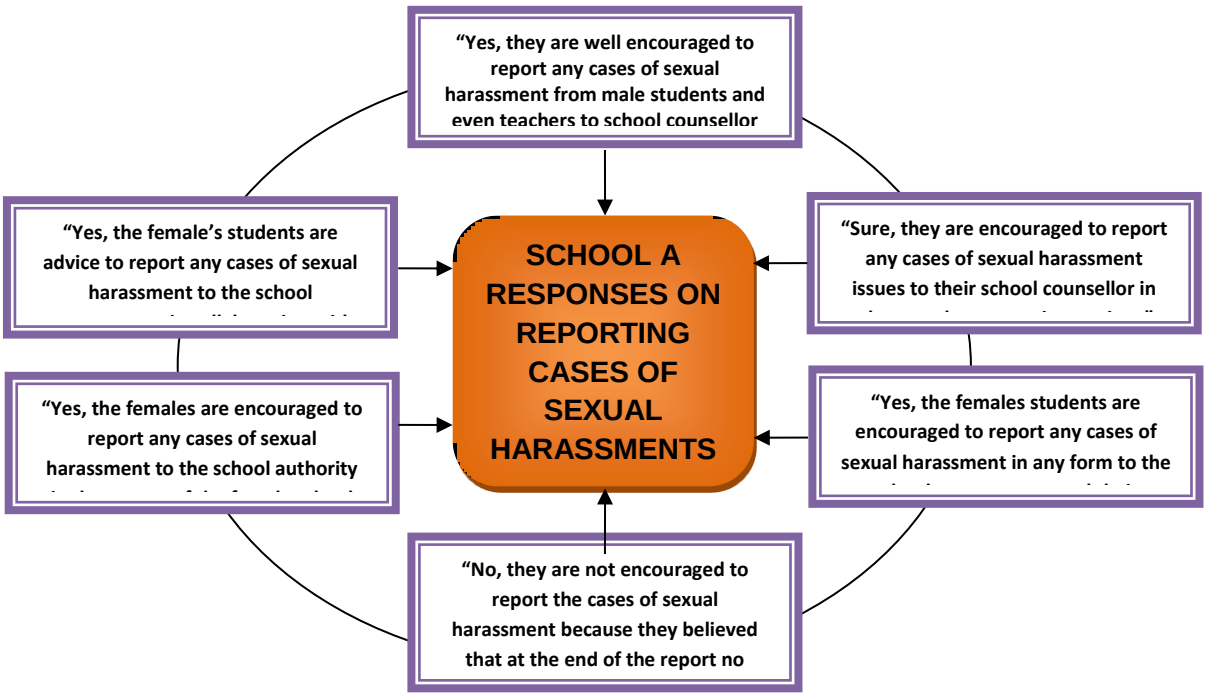


Figure 5.31: School A Responses on Reporting Cases of Sexual Harassments

Figure 5.32 below shows that majority of the participants in this school claimed female students were encouraged to report when harassed by anyone while few of the participants claimed otherwise.

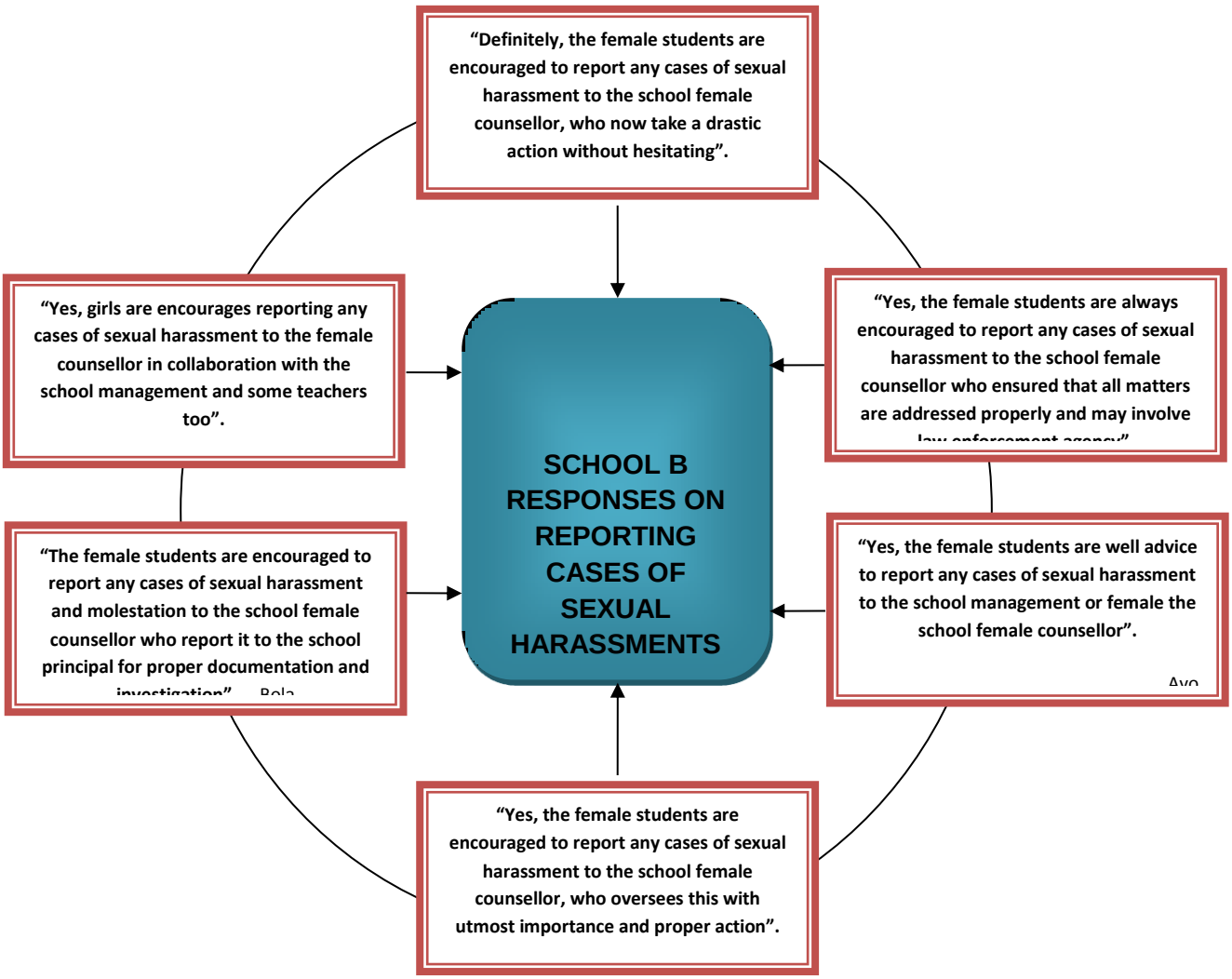


Figure 5.32: School B Responses on Reporting Cases of Sexual Harassments

Emergency Illness or Injury in Schools

When the participants were asked if their school had any system set in place to care for emergency illness or injury, majority of the total Participants claimed that their school had a system for caring for students during emergency illness or injury while few of the

participants asserted that their school did not have enough facilty to care for emergency illness or injury.

Most of the participants in this school reported the school had system for caring for emergency illness or injury while few of the participants only claimed otherwise.

Ojo reported *" well it depends on the nature of the illness, we don't have a school nurse right now, so if a student falls ill during school hours, we first try to see how if we can help, by giving him or her painkillers but if it's serious, we send them home or call their parents to come and pick them"*

Nike reported *"We have a system for caring for emergency, we have a first aid box, we can help when students complain of headaches, we also have inhalers in the First Aid box for the students that are asthmatic, anything other than that, the student will have to go home".*

Funmi reported *"I think our Red cross society people know how to give First aid, the can perform CPR, so that with the First Aid box, we are good to attend to any medical emergency, we don't have a doctor or nurse in school, but we can help whenever a student is sick. As for injuries, we can only apply alcohol and bandage pending when the student's parents come to take them to the hospital."*

Some of the interviewees believed their school is fully equipped to handle students' health emergencies while some did not seem confident their school could handle students' health emergencies or injuries. From the responses, it is clear that the schools lack basic health facilities.

CHAPTER SIX

DISCUSSION OF FINDINGS

6.1 Introduction

This chapter presents a discussion of the main findings from the data collected over a period of time, in 2 consecutive phases, in line with sequential explanatory design. The dual purpose of the study was to explore gender inequality in education, with a focus to examine the implications of gender disparities in schools on girls' health and education and investigate whether school management practices is a possible factor impacting the health behaviours of female students in senior secondary schools in Lagos, Nigeria.

Given that, health behaviours can directly influence health and educational outcomes (AIHW, 2014), this chapter combines findings from the survey, interviews and documentary analysis to provide answers to the research questions and draw conclusions about school organizational management and health behaviours of female students of senior secondary schools. The chapter has also aimed to incorporate all the evidence from desk research and field work, to meet the research objectives of the study by comparing the findings of this study, with those of other empirical studies reviewed in chapter 2.

The study objectives will be discussed in relation to the findings and the themes will be examined in the context of the wider literature. The chapter will also highlight the strengths and limitations of this study as well as present the contribution of this study to knowledge and recommendations for future studies.

Studies such as Kobani (2014); Nmadu et al (2010) and Dauda (2007) have established that education is the most effective way to empower girls for lifelong success, it teaches life skills that empower the girl-child to make positive life choices that will help her live longer and healthier. Education plays an important role in challenging gender imbalance, gender-based violence and unequal societies (Kobani, 2014). Therefore, the impact of girl-child education cannot be overemphasized. The cumulative effects of not educating the girl-child may be detrimental to the society. As such, uneducated girls are at a higher risk of poverty, may end up less skilled with fewer life choices and ill-equipped to participate in the political, social and economic development of their communities (British Council, 2014).

Literature review provided substantial evidence to show links between poor education and maternal mortality, child mortality, HIV/AIDS, sexual exploitation and other forms of gendered violence (Uwameiye, and Iserameiya, 2013; Kakande 2008; King and Hill, 1993). As such, educating a girl-child not only translates to potential long-term opportunity for advancement, but also economic, social well-being and overall public health.

To achieve gender parity in education, UNICEF (2002) and Limoncelli (2010) identified the need to get data about girls and their learning environments, in order to investigate the challenges girls face at school, which may hinder their chances of attaining equal educational opportunities as boys, so as to provide solutions to overcome the challenges. However, this is not to say that boys do not encounter barriers that impact their education negatively.

Maxwell et al (2017) argued that the school climate is a major determinant of students' educational achievements and learning outcomes. The school is an efficient way to reach young people, as it possesses the potential to influence, shape and reshape students' behaviours (Gottfredson, Gottfredson, Payne and Gottfredson, 2005). While several studies including Nzoka and Orodho (2014) have established a link between school management practices and students' learning outcomes, not enough is known about the influence of school management practices in relation to girls' health behaviours. Therefore, there is need for investigation into the role of school organizational management, coordination and teaching standards and how it can help break the cycle of gendered violence, exclusion and other barriers to girl-child education.

This study explored the experiences of schoolgirls as regards to bullying, harassment, safety, and security in and around schools. The study also examined school management practices and its implication for girls' health and education. Are schools girl-friendly? Do schools have strategies in place to encourage girls stay in school? Do schools have policies that ensure a safe and supportive learning environment for girls? Are schools employing best practices to promote equal educational opportunities? Do schools have facilities to support the health needs of adolescent girls? Do schools have programs that teach reproductive health? Are the health topics taught impactful for behavioural change? Seeking to fill these gaps, this study adopted a multifaceted approach to assess knowledge level, health habits and the school climate and how these factors influence schoolgirls' overall health and learning outcomes.

Study data for the first phase were collected using questionnaires. The participants were 42 senior secondary schoolgirls, who were 18 years old or above, at the time of data collection, from two government-owned secondary schools in Lagos, Nigeria. Although all schools in Nigeria are required to adhere to the national curriculum (Husein Abdul-Hamid, Donald Baum, Hugo Wesley, and Oni Lusk-Stover, 2015), the researcher chose government-owned secondary schools because private schools have autonomy over curriculum delivery in their schools. As such, curriculum delivery in private schools may vary from school to school and may significantly differ from public schools. A further rationale was that public schools act as the first point of implementation for policy intervention in education. The data collected during the first phase were analysed using Statistical Package for the Social Sciences (SPSS) version 23.0.

Table 6.1: Presentation of major findings from the Survey

Questions	Result from questionnaire
Girls' safety in school	Most of the respondents reported that they felt safe in school although some reported missing school due to safety concerns.
Bullying	Majority of the female students indicated that they were not bullied by male students. However, data revealed the participants may not fully understand some of the actions that constitute bullying.
Sexual Harassment	The participants reported they were not sexually harassed.

School facilities	Majority of the participants reported their schools have clean toilet facilities. The participants were divided on availability of a sick bay which may suggest the sick bay has not been functional.
Health habits	Data showed that although the participants seemed unsure about how health education was taught in their schools, they displayed knowledge of basic personal hygiene.
Sexual Behavior	Majority of the participants reported they were not sexually active. However, majority of those that were sexually active did not practice safe sex.
Knowledge of HIV/AIDS	Majority of the respondents demonstrated a clear knowledge of HIV/AIDS, including modes of transmission and methods of prevention.

6.2 Discussion of findings (Phase1)

This section discusses the individual dimensions of the data analysis in light of relevant literature, including other research findings to explore the issue of gender inequality in education, whether prejudices regarding gender occur in the school and how it affects girls' learning outcomes. The study specifically investigates school organizational management and its implications for the health habits of senior secondary schoolgirls by exploring the data and findings on school climate, knowledge level and attitude to health of the female students.

Girls' safety in school

Data from the questionnaires administered for the study revealed that a vast majority of the participants felt safe at school. However, 40% of the respondents reported missing at least 1 day of school, 30 days prior to the study due to safety concerns at school or on their way to school. Safety of school girls in Nigeria has been a cause for concern for many years. According to British Council (2014); Kanga (2005), safety and security problems may influence parents and girls' decision to continue to stay in school, thereby affecting the girls' educational achievement. Although the researcher observed that both schools surveyed for this study complied with the Lagos State guidelines on school perimeter fencing, more attention needs to be given to female students' safety both in and out of their schools.

Bullying

The British Council (2014) report on girls' education in Nigeria highlighted bullying as one of the barriers to girls' education in Nigeria. Bullying was identified as a way boys reinforce girls' subordination in schools. Although data from Egbochukwu (2007) revealed that boys experience more bullying in schools than girls, Prinsloo (2006) argued that girls are generally prone to bullying, intimidation and harassment, which may be due to socio-cultural perceptions of their frail nature. The British council (2014) report pointed to a high degree of gender-based violence experienced by schoolgirls in and around schools in Nigeria as well as the *"persistence of troubling silences"* on school-related gender-based violence (SRGBV) experienced by girls and the reluctance of victims of bullying to report when they are being bullied.

When asked about bullying, 23% of the participants reported to have experienced bullying by boys. However, when asked the number of times they were physically hurt on purpose by boys in their schools, interestingly, 28% reported to have been physically hurt on purpose at least once in the 12 months prior to the study. As such, some of the respondents did not consider being hit by boys on purpose, bullying. Whilst not every aggressive behaviour constitutes bullying, Egbochukwu (2007) notes that bullying is not only physical in nature, it can be verbal, psychological and emotional as well.

The finding that 28% of the participants reported being physically hurt on purpose by boys at school did not take into account other forms of non-physical bullying. Overall, the findings are consistent with the British Council (2014) report which suggests under-reporting of gender-based violence but in contrast with Egbochukwu (2007), where 81% of the girls surveyed in the study reported being bullied at school. That some of the respondents who reported not to have been bullied at all to later report being physically hurt deliberately by boys, highlights a poor understanding of the actions that constitute bullying.

Furthermore, that only few of the respondents reported to have been bullied may be due to the culture of silence on gender-based violence and /or poor understanding of the aggressive behaviours and actions that constitute bullying. This may require deliberate intervention programmes by the school management to encourage victims to report when they are being bullied, teach respectful behaviours among peers and promote appropriate actions to curb gender-based violence in the schools.

Sexual Harassment

According to Johnson, Widnall and Benya (2018), sexual harassment refers to any unwanted and unwelcome behavior of a sexual nature, which may be verbal or non-verbal. It ranges from unwanted sexual attention, sexual advances, gestures and coercion, to hostile behaviours, objectification, exclusion and unwanted physical contact. Studies such as Oruko et al (2015); Prinsloo (2006); Kanga (2005) have shown that adolescent girls are vulnerable and may experience some form of sexual harassment during their school lives. Sexual harassment can negatively impact girls' educational experiences and jeopardize their academic opportunities, emotional health and overall well-being. This is because students who experience sexual harassment are more likely to become socially withdrawn, lose interest in school work, have lower grades, feel powerless, and may have decreased self-esteem (PCAR, 2009; Johnson et al, 2018).

The major findings on sexual harassment show majority of the respondents are not sexually harassed at their schools. However, 83% said if harassed, they would report the harassment to school authorities. The finding that 95% of the respondents reported to have never been sexually harassed by anyone at school contrasts a previous finding by Oruko et al (2015), where 79 participants of focus group discussions, of secondary schoolgirls in Kenya revealed they constantly experienced teasing, physical violence and sexual harassment at school. Of the 42 girls surveyed for this study, more than half reported not being at fault if they were ever harassed. This finding is encouraging but highlights the need for more sensitization programmes in schools to teach all students

about the concept of establishing and respecting boundaries, recognizing sexually harassing behaviours, and curbing victim-blaming attitudes.

School facilities

Data from the questionnaire revealed an interesting finding when respondents were asked if their school had a sick bay, 48% reported a sick bay was available at their school, another 48% reported that a sick bay was not available while the rest of the respondents did not know whether their school had a sick bay. This finding suggests that the sick bay, if available, may not be fully functional which further highlights a huge gap between policy intent and implementation given that the Nigerian national school health policy (2006) stipulates the provision of environmental health facilities and health care services for all schools in the country. The health requirements include, medical screening, sick bay, First Aid and a conducive learning environment, equipped with clean water supply, gender-sensitive toilet facilities, sanitation and waste disposal facilities.

Similarly, the Lagos State Guidelines for Public and Private Schools (2016), require all schools in the state to have a sick bay with at least 2 beds, a fully stocked First Aid Box and a school nurse or a certified Paramedic. A sick bay is an essential medical facility in a school and is required to be fully equipped to handle medical emergencies, most importantly, the students should be aware of medical facilities made available to them in their schools.

When asked about the availability of a First Aid box, interestingly, a vast majority of the participants were aware that their school had a First Aid box ,which suggests they might have seen the First Aid Box. These findings are in agreement with a previous study by

Nzoka and Orodho (2014) where school principals admit their schools lack basic health facilities to cater for the health needs of their students due to poor funding, as such, they could only stock up on painkillers.

Limoncelli (2010) identified the importance of toilet facilities to girls' schooling as girls would need a private space to deal with their hygienic needs when menstruating. In addition, data obtained from the questionnaire revealed that although 62% reported their school had clean toilet facilities with soap, towels and wash hand basins, 60% of the respondents were not comfortable using the school toilets. Furthermore, 30% of the participants reported missing at least 1 day of school due to their menstrual flow. This finding contrasts with Oruko et al (2015) where participants reported high absenteeism due to poor toilet facilities especially during menstruation. Darki and Onobumeh (2014) found that availability of school health facilities and services influenced health habits of students.

Health Education, Health habits, Sexual behavior and Knowledge of HIV/AIDS

The participants acknowledged personal hygiene as important in maintaining a positive overall health. However, data from the questionnaire show that although the participants had knowledge of basic personal hygiene habits such as teeth brushing, washing of hands with soap before eating and after using the toilet. Interestingly, the participants seemed unsure how health education was taught in their schools. 28% reported health education was not taught at all, 30% reported health education was taught as a separate subject while 43% reported health education was integrated into other subjects.

Oshi et al (2011) suggested that a comprehensive health education was lacking in the secondary school curriculum. A very similar finding has also been made by Aransiola et al (2013), where the authors reported that reproductive health education and services were not available for secondary school students in Nigeria. The authors observed that the only source of health education in the secondary school curriculum was what teachers taught in Biology and integrated sciences. However, the authors attributed lack of comprehensive coverage of health education to cultural and social inhibitions. This may require a policy intervention on integrating a more comprehensive reproductive health education to the secondary school curriculum as suggested by Oshi et al (2011).

Esere (2008) in a pre-test, post- test study of 13 – 19 year old students provided substantial evidence that reproductive health education reduced risky sexual behaviours among school-going adolescents and that poor knowledge of reproductive health is one of the factors contributing to early and unprotected sex and other risky adolescent behaviours. Reproductive health education can promote a healthy sexual attitude and can help prevent HIV/AIDS, STDs and unwanted pregnancy which according to Aransiola et al (2013) is one of the leading causes of dropout among secondary schoolgirls.

Data analysis show that 15% of the participants reported being sexually active at the time of the study. This finding contradicts the findings of Esere (2008) where all the participants in the study aged 13-19 years reported being sexually active, and Onyeonoro et al (2011) where more than half of the 306 respondents, aged 10 -18 years reported being sexually active. However, sexual activities and experiences may have been under-reported by the students due to the fact that some teenagers may not

be forthcoming in answering questions about sex or sharing sexual experiences due to religious, cultural and social norms that prohibit open discussions on sex. It may also be due to other personal reasons or fear of judgement. As observed during data analysis, few of the participants did not answer the questions related to sex. This finding is consistent with Oshi (2011) where participants in the interview were reluctant to mention the word sex and reported that open discussions on sex is considered a taboo in some Nigerian cultures.

Despite school policy on expulsion of pregnant schoolgirls, health risks associated with abortion, the scourge of HIV/AIDs and other sexually transmitted diseases, data analysis show that only 1 out of the 5 participants who reported sexual activity used condoms as a means of protection. 52% had knowledge of female condoms but none of the participants had ever used one. This may be due to the lack of proper reproductive health education in the school curriculum. That 1 out of the 5 sexually active participants declared use of condom as a form of protection during sexual intercourse corroborates the findings of Onyeonoro et al (2011) where less than 1% reported using protection during sex out of 57% of the study's participants already involved in sexual activities. Also, one-third of the participants surveyed in the same study had been pregnant at least once while in school.

When asked about coverage of health topics in the classroom, a vast majority of the respondents reported to have been taught about HIV/AIDs, modes of transmission and means of prevention. However, the finding that only 1 participant reportedly used protection during intercourse highlights gaps between knowledge and practice.

Phase 2

In order to answer the research questions and achieve the research objectives, it was recognized that the research would benefit from a more in-depth exploration, hence, the need for the qualitative phase which employed interviews and documentary analysis to provide insights into the results obtained from the first phase of the study. This section discusses the findings from the second phase of the study and how the research has answered the study questions.

The qualitative phase was carried out with the use of semi-structured interviews conducted for 12 teaching staff recruited from the two secondary schools surveyed for the first phase of the study. The rationale for recruiting members of staff from the same schools surveyed in phase 1, was that the researcher had an existing relationship with members of staff during the phase 1 of the research.

The aim of phase 2 of the study was to explore how the teachers and principals' perceive issues relating to gender inequality in their schools, the interview also sought their viewpoints on coverage of reproductive health education in the school curriculum and strategies used by the school to resolve issues of gendered violence, harassment and other barriers to a safe and secured learning environment for girls. The interview phase was aimed at eliciting information to seek whether additional barriers to girls' education exist on the supply-side and whether school organizational management is a possible factor contributing to girls' health habits.

In order to evaluate the policies regulating the operation of schools, the qualitative phase of the study also included a review of the students and teachers' handbooks for the surveyed schools and the following operational policy documents:

- Guidelines for Public and Private Schools in Lagos State (2011)
- National Policy on Education (2014)
- Unified Schemes of Work for Secondary Schools by Lagos State Ministry of Education (2014)
- Teachers' Handbook (2005)
- Lagos State Government Rules and Relations for Heads / Assistant Heads and Teachers in Primary and Post-Primary institutions in Lagos State (1989)
- National School Health Policy by Federal Ministry of Education (2006)

The findings from the interview phase are displayed below.

Table 6.2: Major findings from the Interviews

Sub-Themes	Findings from Interview
Participants perception about the topic	The participants considered investigating the effects of school organizational management on health behaviours of female students to be crucial.
Perception of participants on gender equality in the school.	Most of the interviewees perceived boys and girls were treated the same. Although some reported boys may be advantaged than girls, a few of the interviewees thought girls get preferential treatments from the teachers.
Challenges of Female	According to some of the interviewees, the challenges

Students in Schools	faced by female students in the sampled schools include bullying, molestation and intimidation. However, some of the respondents reported female students in their school were doing fine with no challenges at all.
Absenteeism among Female Students	From the findings, unwanted pregnancies, selling of wares for parents, bullying, sexual harassment, peer influence, ill health and lack of interest in school emerged as reasons for absenteeism among the female students.
Likelihood of Drop-Out	When asked who was likely to drop out of school between boys and girls, a vast majority of the participants reported girls are more likely to drop out of school due to unwanted pregnancies, selling of wares for parents, violence perpetrated by boys, poor academic performance and lack of interest in school.
Strategies used by Schools in Reducing Dropout Rates?	The interviewees when asked about the strategies used by the school to reduce the rate of dropout, some reported contacting the concerned parents, organizing workshop and seminars to give orientations to students and parents, giving out grants and scholarship and introducing free meals to the students as some of the strategies the school use to reduce the rates of school dropout.

Teaching Health Education in Schools	The participants unanimously identified the school as essential in teaching students health education and agreed that teaching of health education in school is important for positive health habits.
Health Education in School Curriculum	Majority of the interviewees believed health education in the school curriculum was adequate while few of the respondents expressed that health education studies are not adequately covered in the school curriculum.
Schools' Influence on Students' Health Behaviour	When asked about school's influence on students' health behaviours, a vast majority of the participants reported the school can influence the health behaviours of students through teaching.
Health Program Clubs in School	The interviewees mentioned there were various health clubs in their schools, the clubs mentioned were Red Cross, Girls Guide, Speak-out and Health is Wealth
Teaching Sexual and Reproductive Health Education	When asked whose responsibility it was to teach students about sexual and reproductive health, majority of the interviewees believed only teachers should be teaching reproductive health education while few thought both parents and teachers should teach the students about sexual and reproductive health.
Teaching/learning materials for health education	When asked about the school's challenges in teaching sexual and reproductive health education, a vast majority

	of the interviewees revealed their school lack adequate and appropriate teaching/learning materials.
Handling harassment cases in school	Data from the findings revealed that the Female Health Counsellor or the school principal handles cases of sexual harassment in the school.
Emergency Illness or Injury in Schools	Some of the interviewees believed their school is fully equipped to handle students' health emergencies while some did not seem confident their school could handle students' health emergencies or injuries.

6.3 Discussion of Findings (Phase 2)

A vast majority of the interviewees acknowledged that research on gender inequality in education was crucial to improving girls' retention, participation and learning outcomes in school. Given that studies such as Nmadu et al (2010) had established low completion rates for female students in Nigerian secondary schools, the interview sought the teachers and school principals' viewpoints on challenges girls face at school, which may likely result in absenteeism or dropout. From the interviewees' perspective, female students are more likely to be absent from school due to bullying, sexual harassment, peer influence, ill health and lack of interest in school. Lack of interest in school may stem from violence experienced which may later lead to dropout. This finding is in line with Oruko et al (2015) where participants in the focus group discussions reported gender imbalance, coercive sexual relationship, poor academic

performance and inhospitable school environment as some of the factors responsible for girls' school absence and dropouts.

According to Interviewees, girls have a higher likelihood to drop out of school compared to boys and attributed unintended pregnancy, selling of wares of parents, violence perpetrated by boys and poor academic performance as some of the prominent challenges girls face at school that may likely result in dropout. This finding is consistent with British Council (2014) and the World Bank Group (2017) reporting on girls health and education in Nigeria.

School-Related Gender-Based Violence as a barrier to girls' education

School-related gender-based violence (SRGBV) emerged as one of the contributory factors impacting girls' retention, participation and learning outcomes. Responses from the interviewees suggest that girls drop out of school due to violence. However, this finding is interesting because only a few respondents from phase 1 reported any form SRGBV. Whilst not all aggression and disagreements between boys and girls in school can be termed bullying or gender-based violence, teachers recognizing that gendered violence may be responsible for low retention of girls, while majority of the respondents in phase 1 of this study reported otherwise, further reinforces the assumption that girls may have a poor understanding of the actions that constitute gender harassment. As such, gender-based abuses are likely under-reported.

Literature had earlier established that violence in schools contribute significantly to the rate of dropouts among female students (Leach et al, 2012; Parkes et al, 2016). Therefore, it was of essence to the researcher to investigate how in-school conditions affect female students. As such, this study sought to assess the school climate to get

further insight into school policies and practices in relation to SRGBV. A review of the students' handbooks from the surveyed schools' found there are clear consequences for infractions such as insubordination, vandalism, punctuality and exam malpractices. However, the students' handbook did not address bullying or any gender-based violence. As a result, there is no clear and coherent policy on SRGBV in the students' handbook. This finding is worrying as it suggests lack of proper attention to SRGBV.

Lack of policy on SRGBV in the students' handbook implies that students are not made aware of the serious nature of gendered violence. This further indicates that there are no guidelines for female students to report gender-based violence from peers and members of staff. This goes to show that female students are not being encouraged to report SRGBV and there is no support structure in place for female students when they are being abused in school. This finding corroborates British Council (2014), that most schools lack the capacity to handle gender-based violence.

Although the teachers' handbook prohibits sexual relations between teachers and students, a review of the document also found no set guidelines for handling SRGBV. Interviewees were asked how sexual harassment, sexual violence and bullying were handled in their school and a common theme that emerged was that such serious infractions are handled only by the school principal or the female health counselor. However, absence of a distinctive written policy with appropriate disciplinary action in relation to SRGBV reinforces the concept of *"persistence of troubling silences"* highlighted by The British Council (2014) in relation to gender-based violence experienced by girls in schools. This may further discourage victims from reporting

when they are being abused. This finding suggests lack of effective prevention and intervention strategies to promote a safe school culture for girls.

Unplanned Pregnancy and girls' education

Unplanned pregnancy emerged as one of the leading causes of dropout among girls in secondary schools. According to UN (2020), Africa has the highest rate of adolescent pregnancies globally. A key finding from phase 1 of the study highlighted low contraceptive use among students that were sexually active. This finding is of great significance and reinforces the recurrent theme of prevalence of teenage unintended pregnancies already highlighted by Onyeka et al (2011); Onyeonoro et al (2011) and Aransiola et al (2013) suggesting a high likelihood for sexually active girls to end up pregnant while in school. One-third of the participants in Onyeonoro et al (2011) declared they had been pregnant at least once as at the time of the study, prompting the authors to raise concerns about high prevalence of unprotected sex among in-school adolescent girls.

Schools may be contributing a major barrier to girls' schooling by expelling pregnant students. Aransiola et al (2013) argued that the policy to expel pregnant girls was to serve as deterrent to others. The authors also noted that boys that may be responsible for such pregnancies, if in school, are not subjected to any form of disciplinary action and get to continue schooling. As such, only a girl's education is impacted by adolescent unplanned pregnancy. However, expelling a pregnant girl, while the boy responsible for the pregnancy continues schooling, highlights gender discrimination and contradicts interviewees' claim that boys and girls are treated the same way in schools.

The Health and Education Advice and Resource Team (HEART) (2015), explored the policies and practices in relation to education for pregnant girls and young mothers in Nigeria, Kenya and the UK. The report found that pregnant schoolgirls in the UK are protected under UK's Equality Act (2010). As such, can stay in school for as long as they can before giving birth and they cannot be discriminated against while in school. Further, there is provision of 18 weeks maternity leave for pregnant schoolgirls in the UK which can be taken before and after giving birth, as well as support during pregnancy and after delivery such as transport to school while pregnant, counselling and home tuition during maternity leave.

While Kenya has an official policy that was passed in 2009, to allow pregnant girls stay in school for as long as possible before giving birth, the report by HEART (2015) notes poor adherence to the policy. As a result, most pregnant girls leave school due to stigma. Nigeria, on the other hand has no official policy on education for pregnant schoolgirls, no provision for formal education while away from school due to child-birth and no support to return to school after delivery (HEART, 2015). Given that there is no official policy to ensure continuation of studies, pregnant girls face discrimination and expulsion which most likely results in complete termination of formal education.

Although a review of the surveyed schools' Rules and Regulations book did not contain any written policy in relation to pregnant students, the Lagos State Child's Rights Law (2007) affirms the rights of every child in Lagos state to education. Section 14 (6) of the document states;

> *"A female child who becomes pregnant, before completing her education, shall be given the opportunity, after delivery, to continue with her education,*

on the basis of her individual ability"

Whilst the law affirming the rights of pregnant adolescent girls to education is a step in the right direction, this law has lapses;

1. There is no provision of support structures in schools for pregnant girls.

2. The policy failed to address continuation of studies for girls while pregnant.

These lapses suggest that schools can expel pregnant girls if they deem necessary, given that, Section 6.20 of the Lagos State Government Rules and Relations for Heads / Assistant Heads and Teachers (1989) grants school Principals and schools' governing boards, the power to expel any student guilty of gross indiscipline. Without appropriate structures and strategies in place to curb discrimination against pregnant girls, school-age pregnant girls and young mothers continue to face several barriers that discourage their attendance in school.

In any case of unintended pregnancy, schoolgirls have very limited choices; either to continue with the pregnancy and be expelled from school or end the pregnancy through abortion so as to continue schooling. Aransiola et al (2013) noted that choosing to have a baby most likely signals the end to girls' education because expelled students are hardly readmitted. It should be noted that abortion is illegal in Nigeria except when required to save a woman's life (Section 297; Nigerian Criminal code Act, 1990). As a result, girls most likely have to resort to unsafe clandestine abortion which may pose severe risks to their health. This is one of the key areas the students could have benefitted from a comprehensive sexual and reproductive health education.

School Management Practices and Girls' Health Behaviours

The in-school barriers to girls' education discussed above have shown that school management practices impact girls' participation and progression in school. According to WHO (2020), schools constitute a unique environment to help children and adolescents learn and establish healthy lifestyles. Beyond the in-school barriers to girls' education, the study further examines whether school organizational management is a contributory factor to girls' health behaviours. Interviewees affirmed the influence of the school on students' health behaviours through provision of adequate skill-based health instruction. As such, Interviewees identified the school as being essential in disseminating knowledge about health education to students.

Previous studies have convincingly established a direct link between health and education (Higgins et al, 2008; Feinstein et al, 2006; Van et al, 2004). WHO (2020) asserted the importance of health services in schools. According to Nzoka and Orodho (2014), school management can promote effective learning by reducing absenteeism and inattention through the provision of quality health services and infrastructures in schools. In view of the finding from phase 1 on the availability of healthcare services in the sampled schools, interviewees were asked if their school is equipped to handle emergency illness or injury. The interviewees were divided in their responses, while some were of the opinion that their school can handle emergency illness and injury, some participants declared that there are no adequate healthcare services for staff and students. A finding in Nzoka and Orodho (2014) attributed poor health facilities in schools to lack of funding by the government.

Health Instruction in Secondary school Curriculum

Evidence-based findings from several studies over the years including Onyeonoro et al (2011); Aransiola (2013); Esere (2008); Darki and Onobumeh (2014), established the need to improve the quality of sexual and reproductive health instruction in secondary school curriculum. Onyeonoro et al (2011) while investigating sources of sex information and its impact on sexual practices among female adolescent students found that media and peers were the leading primary sources of sexual information for adolescent girls. The authors established that sources of sex education impact female adolescent sexual decisions and behaviours.

Esere (2008) reported significant reduction in adolescent risky behaviors through the provision of reproductive health education. Similarly, Anochie and Ikpeme (2001) found that early sexual and reproductive health education influenced sexual behaviours and reproductive decisions of adolescents, especially acceptance and usage of contraception to avoid unplanned pregnancies. The authors found that having comprehensive sexual and reproductive health programs in the school curriculum can encourage healthy sexual behaviours and practices which in turn would reduce the prevalence of unintended pregnancies among school-age girls. Asides the risk of unplanned pregnancy, unprotected sexual activities pose other major risks that could impact female health and education such as STDs and HIV/AIDS. Unsafe sexual practices among students underscore the importance of comprehensive sexual and reproductive health education in schools.

Interviewees identified the need for comprehensive sexual and reproductive health education to be taught in schools, but highlighted that challenges such as lack of

adequate and appropriate teaching and learning materials exist in teaching skill-based health education as recommended in the Nigerian National School Health Policy (2006). To identify the gaps in the curriculum, the researcher compared health instruction for secondary school students in the Lagos State curriculum with the UK health education curriculum and found that the UK health education has an extensive curriculum that covers in addition to health education, relationships and sex education (RSE) for secondary aged students (Gov.uk, 2020). This suggests that adolescents, especially girls are given the opportunity to learn about their bodies, menstrual health, informed consent, healthy sexual behaviours, sexual abuse, negotiating safe sex and other sensitive issues related to RSE that put girls in vulnerable situations.

In the Lagos State Secondary school curriculum, health related topics for junior secondary schools were incorporated into other subjects. Although health education was taught as a stand-alone subject at the senior secondary level, an investigation into the content of the coursework for each academic term found a superficial coverage of health education topics. Participants in Onyeonoro et al (2011) reported media and peer influence as the primary sources of sexuality information. However, the study found that some of the information from these sources are likely inaccurate or incomplete and only increased participants' impulse to indulge in sex, rather than provide information that girls need to understand their bodies and make informed choices in relation to their sexual and reproductive health which is necessary in building a positive self-esteem and overall wellbeing. This finding goes further to underscore the need for in-depth sexual and reproductive health instruction to be included in the secondary school curriculum.

Strategies used by Schools in reducing dropout rates

Having identified the possibility of drop-out especially among the female students, the researcher further asked about measures put in place by the school to encourage retention of girls. Responses from the participants revealed some strategies adopted to reduce drop-out rates. They were; contacting the concerned parents, taking daily attendance in school, organizing workshops and seminars, giving out grants and scholarships and introducing free meals. Some of the respondents expressed these strategies as steps that their schools are already taking to curb dropout among the female students, while some expressed them as suggestions; that is, steps that schools can take to reduce dropout among students. However, the strategies appear ineffective in tackling the supply-side barriers identified by interviewees.

6.4 Summary of Findings Based on Themes

THEME 1: Gender Inequality among students

Although teachers and Principals of the sampled schools declared that male and female students are treated the same way, the finding that absenteeism and dropout is higher for girls compared to boys implies gender inequality in the sampled schools. This study found that the sampled schools lacked written policies on most issues affecting girls' participation and learning outcomes.

The finding that the surveyed schools have no policy regarding schooling for pregnant schoolgirls and young school-aged mothers reinforces the findings in Aransiola et al (2010) that pregnant girls continue to face stigmatization and expulsion for falling pregnant. However, the boys responsible, if in the same school, are not expelled. This practice is discriminatory and discredits the teachers' claim that boys and girls receive

the same treatment. In the absence of legislation banning discrimination and expulsion of pregnant schoolgirls, gaps in gender parity in education will continue to widen.

Given that, adolescent girls are vulnerable to sexual and gender-related violence (Kanga, 2005; Prinsloo, 2006; The British Council, 2012), the lack of a written policy against SRGBV in the sampled schools' regulatory documents suggests lack of school-based safety measures for girls and poor handling of SRGBV related matters by school management.

THEME 2: School Drop-Out Rates

This study highlighted unplanned pregnancy, SRGBV and infrastructure-related barriers as contributory factors to girls' dropout rate. To provide more insight into low retention of girls in secondary schools, the study explored whether schools are doing enough to keep girls in school. According to the teachers interviewed in phase 2, schools can encourage successful completion of schooling for girls by; involving parents, taking daily attendance, organizing workshops and seminars, giving out grants and scholarships and introducing free meals. While these strategies are good, it is interesting that none of the strategies identified, directly tackles the prominent barriers highlighted in the study (for example, involving parents does not solve the issue of unintended pregnancy or SRGBV or lack of facilities in school).

School dropout rates may be higher for girls in the surveyed schools due to absence of policies ensuring positive atmosphere of security and fairness where equality is promoted.

THEME 3: Health Education in the Schools

Evidence-based findings from several studies have shown the impact of comprehensive sexual and reproductive health studies on adolescent health behaviours and decisions (Onyeonoro et al, 2011; Aransiola, 2013; Esere 2008; Darki and Onobumeh 2014; Anochie and Ikpeme, 2001). From the findings of this study, it was apparent that health education in the school curriculum was inadequate. Data from phase 1 indicated confusion on how health education was taught which further reinforces the suggestion that health studies in the curriculum was inadequate. Whilst the findings of this study show that health instruction received in school guide health behaviours of the students, it is however imperative for schools to develop skill-based health instruction in the curriculum to equip all students, especially girls, with relevant knowledge to promote healthy behaviours.

THEME 4: School Management Practices and Health Behaviours of the Female Students.

School management policies and practices have been found to impact health behaviours, school participation and learning outcomes of the female students. The study identified the role of the school in intimating the female students about health, providing a safe and supportive learning environment, promoting equal educational opportunities, providing adequate facilities and services to support the health needs of schoolgirls.

6.5 Summary from Document Analysis

Apart from interview conducted for the teachers in the sampled schools, the research also took time to appraise the policy documents regulating the sampled schools. Comprehensive assessment of the administrative and management processes that are

currently in place in the selected schools were carried out. Documents such as the students' handbook, teachers' handbook, school syllabus and other policy documents that are used to govern the day to day activities in each of the selected school were also evaluated.

Findings from the documentary analysis revealed the surveyed schools lacked health promotion policies and policies ensuring a safe and supportive leaning environment for schoolgirls.

These findings suggest that victims of gender-based violence under-report cases of harassment and violence due to lack of policy against SRGBV in the schools' policy documents. A review of the Unified Schemes of Work for Secondary Schools by Lagos State Ministry of Education (2014) revealed health education is not in the Junior secondary school curricula, as such, health related topics are incorporated into Physical and Health Education (PHE). Whilst Health Education was found to be taught as a stand-alone subject at the senior secondary level, the content of the coursework seemed to lack adequate coverage of sexual and reproductive health instruction.

6.6 Strengths of the study

Although there are researches relating to school management practices and students' academic performance, no other studies could be found in Nigeria which investigated whether school management practices impact the health behaviours of female students in secondary schools.

This study highlighted that the surveyed schools may not be adopting the best practices to ensure girls stay in school. This is because public schools in Lagos State lacked

critical policies to ensure a safe, gender-sensitive and inclusive learning environment for girls. In addition to lack of health promoting policies and policy against SRGBV, the study has been able to give further insights to show that SRGBV may be under-reported because there are no written guidelines for students to report SRGBV, reinforcing the assumption that schools lack the willingness and the capacity to address SRGBV.

Findings from this study revealed that public secondary schools in Lagos State do not have any school-based pregnancy prevention programmes or youth-friendly initiatives that provide health information to students outside the curriculum. Also, the findings show the schools lacked the flexibility to develop or add to the curriculum. It is unknown if they are restricted from doing so or if they are unwilling to teach students anything outside the state provided curriculum.

The study has also shown discrepancies between policy intent and implementation of schooling and education for pregnant schoolgirls and young mothers in Lagos State. While there is a policy that protects the rights of all children in Lagos State to education, findings suggest this may not be adhered to in practice as there is no policy that restricts schools from expelling pregnant schoolgirls. Expelled students are most likely not going to return to the schools they were expelled from.

This study through all the findings highlighted above, have provided insights to the kind of discriminatory practices experienced by girls. This study represents a major contribution to ensuring a favourable health and learning outcomes for girls and hopefully, their future generation. A major contribution to knowledge is this study has been able to highlight that schools may not be adopting best policies and practices to

ensure a safe and inclusive learning environment for girls. This is evident in the lack of written policy against SRGBV. The study further identifies school management as a key component to girls' health and education outcomes, as such, this will encourage further research to explore more variables not covered in this study in order to effect policy intervention in relation to girls' health and education.

Finally, the study has been able to show that Lagos State, despite all the resources at her disposal as the largest urban centre in the country, faces disparities in education and challenges in quality education delivery.

6.7 Limitations of the study

The main limitation encountered during the course of this study relates to the lack of health promoting policies in the schools' regulatory documents. As a result, the effectiveness of such policies could not be examined. Similarly, the regulatory documents lacked written policies on SRGBV and other significant in-school barriers identified.

Another limitation for the study relates to reluctance of the participants. Although all participants gave their consent to be part of the study, the researcher observed a degree of reluctance from the participants. During analysis of the data from phase 1 of the study, the researcher discovered some of the students ignored all the questions related to sex. This may be partly due to the fact that the students may not be comfortable answering questions related to sex.

Some of the teachers interviewed for Phase 2 of the study tended to be guarded during their interviews even though they were assured multiple times that the interviews were

anonymous. They appeared to be wary that their responses might attract consequences if they reveal too much. As such, only a few of the teachers boldly expressed their opinions.

Another limitation was timing. This is perceived as a limitation because most of the interviews were rescheduled on multiple occasions, as a result, the interviews ran long beyond schedule. The participants attributed the lack of time to excess workload which prompted some of the interviews to be rushed because most of the teachers complained that they use their lunch break for grading students' classwork and assignments, therefore, finding a convenient time was problematic. This may have affected the quality of the data used in the study.

The interviews with the school principals did not yield much information as expected, as most of the responses were also guarded and responsibility for most issues that the researcher would like to clarify were shifted to Lagos State Ministry of Education, suggesting that heads of schools lacked the autonomy to make any concrete decision regarding the students in their schools.

Lastly, given that different states have different policies guiding public education at state level, the sample size of 2 schools in Lagos is not enough to generalize for all schools in the state Consequently, a similar study with a larger sample size might yield completely different results.

CHAPTER SEVEN

CONCLUSIONS AND RECOMMENDATION

7.1 Introduction

This section will provide an overall conclusion of what this study has achieved by revisiting the research objectives and how the findings have contributed to addressing them.

7.2 Conclusion

The overall aim of this study was to contribute to the improvement of girl-child education in Nigeria. A significant issue relating to barriers to girls' education, is that the focus of gender inequality in education tends to be on access to education. Hence, the need for more research exploring the supply-side barriers affecting participation and progression. To address this aim, the study investigated gender inequality in secondary education where previous researches including Nmadu et al (2010) have shown evidence that disparities exist in successful completion of studies for girls.

The following research objectives have been addressed in this study

Objective 1: To assess the knowledge level and perception of health amongst secondary school girls;

The first objective of this study sought to assess the knowledge level and perception of health among secondary school girls in Lagos. Data collected from Phase 1 show the students' knowledge level of basic hygiene and HIV/AIDS modes of transmission and prevention was high. A vast majority of the students declared personal hygiene as important to maintaining overall health. However, findings show a gap between knowledge of safe sex and practice. Although the students have knowledge of disease

transmission through unprotected sex, only 1 out of 5 practiced safe sex. This strongly underscores the need for a more skill-based comprehensive sexual and reproductive health instruction in the curriculum.

Table 7.1: Assessment of the knowledge level and perception of health amongst secondary school girls

Objective one	Survey	Interview	Document Analysis
Knowledge level and perception of health amongst secondary school girls.	Majority of the respondents have basic knowledge of good hygiene. However, survey findings highlighted gaps between knowledge and practice of safe sex.	The teachers attributed the challenges in teaching the recommended skill-based health education to lack of appropriate teaching and learning materials.	Documentary analysis revealed inadequate coverage of comprehensive sexual and reproductive health instruction in the curriculum.

Objective 2: To investigate the attitudes of female secondary school students in Lagos state, Nigeria to health education;

As revealed in the findings, attitude to health education was poor. The students tended to be confused how health education was taught in their schools. While 28% said health education was not taught at all, 42% said health education was integrated into other subjects. Only 30% of the surveyed students said health education was taught as a separate subject which the researcher later confirmed through documentary analysis. However, the confusion of how health education was taught highlights poor attitude to health education, which may have been influenced partly by lack of health promoting policies in the schools' regulatory documents, as well as the frequency of health instruction in the students' coursework.

Table 7.2: Investigation of the attitudes of female secondary school students in Lagos state, Nigeria to health education

Objective Two	Survey	Interview	Document Analysis
Attitudes of female secondary school students in Lagos state, Nigeria to health education	Although the students had knowledge of basic personal hygiene, survey findings indicate confusion among the students in relation to how health education was taught in their schools.	Participants affirmed health education to be important for secondary school students. Interview findings revealed the interviewees were divided on the adequacy of health education in the current curriculum.	Documentary analysis shows that the frequency of health education in the coursework was low. In addition, the schools' regulatory documents lacked health promoting policies.

Objective 3: To explore secondary school management practices in Lagos State and its impact on the health behaviours of female students;

Given that interview findings revealed that school management practices impact the health behaviours of female students, the researcher reviewed policy documents regulating the sampled schools, in order to achieve this objective. Documentary analysis revealed poor management practices. This is because all the regulatory documents reviewed lacked critical policies to ensure positive learning and health outcomes for the female students. This could be the reason for the students' risky beahvoiurs and why the students are lackadaisical about health education. However, further research is required to provide further insight into the impact of school management practices on girls' health behaviours using schools that have health promoting policies to evaluate the effectiveness of such policies.

Table 7.3: Exploration of the secondary school management practices in Lagos State and its impact on the health behaviours of female students

Objective Three	Survey	Interview	Document Analysis
Secondary school management practices in Lagos State and its impact on the health behaviours of female students.	Although some of the participants reported being absent from school due to safety concerns at school or on their way to school, majority of the students reported they felt safe at school. However, survey findings suggest under-reporting of SRGBV.	Interview findings reveal female students drop out of school due to SRGBV. In addition, school management practices influence the health behaviours of female students.	Policy analysis suggests poor school management practices due to lack of critical policies ensuring positive health and education outcomes for girls.

Objective 4: To present relevant findings to draw attention to the problem and also present the research as a framework to be further developed for future policy recommendation.

The relevant findings from this study are as follows;

- Girls are more likely to be absent or drop out of school due to school-related gender-based violence, unplanned pregnancies and lack of infrastructure in school.
- School management plays a key role in the learning opportunities of girls
- Health instruction in the Lagos State curriculum for secondary schools is inadequate
- Public schools in Lagos State lack critical policies to ensure safety and inclusion of girls in secondary schools.

Apart from the research objectives, the study has also answered the research questions. The following illustrate how the research questions for this study were answered.

Research Question 1*:* *What are the effects of gender inequality in education of female students in senior secondary schools in Lagos, Nigeria?*

To provide insights into the effects of gender inequality in education of female students in secondary schools, this study explored the various challenges impacting girls' educational achievements. While the study has identified SRGBV, unintended pregnancy and infrastructure-related challenges to girls' educational opportunities, the study went further to investigate the role of school management in relation to girls' participation, progression and leaning outcomes.

Research Question 2: *Do school management practices affect the health behaviours of female students of the school?*

School organizational management has been shown in this study to affect the health behaviours of female students. In the context of this study, the students' poor attitude to health education and risky health behaviours may be attributed to the poor school management practices and lack of health promoting policies.

7.3 Recommendations

In light of the findings of the study and the limitations already discussed. The specific recommendations arising from this study are;

- Improving the quality of Health instruction in the curriculum

- Developing school-based programs
- Adopting a strict policy against SRGBV
- Training for all teachers to detect abuses
- Adopting Health promoting policies
- Reducing the workload on teachers
- Leadership and school management training for school principals and their deputies.

Improving the quality of Health instruction in the curriculum

Due to the prevalence of risky behaviours and adolescent unplanned pregnancy among secondary school girls, it is imperative for schools to integrate a more comprehensive and skill –based sexual and reproductive health instruction into the curriculum. In addition, school curriculum needs to be gender-sensitive. This is because girls need more information regarding their bodies including menstrual health. Schools could also find educative means to teach students.

Developing school-based intervention programs

While it is unknown if schools under Lagos State can make adjustments to the state curriculum, school management could develop extracurricular activities and other school-based programs that relate to issues that generally affect adolescents. This is important for girls to be able to identify and understand problems that affect them, articulate these problems and be able to take action to solve them. As such, girls need to learn more about their bodies, menstrual health, gender dynamics, equality, informed consent, relationships, healthy sexual behaviours, sexual harassing behaviours from

peers and adults, sexual abuse, negotiating safe sex and other sensitive issues that put girls in vulnerable situations.

To achieve this, such programs need to;

- Target boys to be part of the discussion
- Involve activities such as seminars with health professionals
- Develop activities such as presentations and group discussions that encourage students to research about the issues on their own
- Promote teenage pregnancy prevention initiatives

Adopting a strict policy against SRGBV

Given the findings related to the vulnerability of schoolgirls to gender-based assaults, adopting a strict policy against SRGBV prioritizes the safety of schoolgirls. While policy analysis in this study highlights lack of policy against SRGBV, the schools should adopt a strict policy against SRGBV and have written guidelines to address violence against girls and channels for reporting gender-based violence in and out of school, which should be included in the students' handbook. By doing this, all students are aware of acceptable social behaviours within the school.

Training for all teachers to detect abuses

Findings from Phase 2 revealed SRGBV are only handled by school principals and female health counselor. However, apart from family members, teachers, due to their level of interaction and contact with the students, are best situated to detect symptoms of abuse in students, especially if the abuse is impacting the academic performance of the student. As such, teachers need training to detect and take necessary steps to help out in such a situation. In some cases, abuse may be from home, schools should be

able to help such a student. This further reinforces the need for schools to have written policies relating to dealing with abuse.

Adopting Health promoting policies

Findings from this study highlighted lack heath promoting policies in the schools surveyed. As a result, this study recommends adopting health promoting policies and disease prevention strategies in schools. This include, periodic medical checkups for all students, provision of a functional sickbay equipped with necessary medical supplies, wash hand basins at strategic points within the school, and posters with health-related information at strategic locations within the school. This will enable the students to be mindful of their health and will be particularly useful during the current COVID-19 pandemic.

Reducing the workload on teachers

A common complaint from the teachers, during the interview phase of the study was related to workload, this suggests the schools may be short-staffed. However, further studies on school management practices exploring burnout among teachers will be beneficial to schools in Lagos State.

Leadership and school- management training for school principals and their deputies.

Given the findings related to school management practices in this study, it is recommended that school principals and their deputies, in addition to years of teaching experience and academic qualifications, need leadership and school management training. This recommendation is based on the interview with the principals which highlighted that the school administration are unable to effect changes within the school based on their own initiative.

Leadership and school management skills would go a long way in management decision-making, enacting effective policies and implementation strategies needed to improve school organizational management.

Table 7.4: Recommendations based on the In-School Barriers identified in the study are as follows:

	Situation	Findings	Recommendations
SRGBV	Although only a few students reported school-related gender-based violence, the study highlighted that SRGBV may be under-reported. Teachers asserted SRGBV as one of the prominent challenges girls face which impact participation and progression.	The key finding related to SRGBV is that, the surveyed schools had no written policy against SRGBV.	Adopt a strict policy against SRGBV
Unplanned Pregnancy	Unplanned pregnancy also emerged as a barrier to girls' schooling. The prevalence of teenage unintended pregnancy was attributed to lack of proper sexual and reproductive health education in the school's curriculum.	The surveyed schools have no policy on continuation of schooling for pregnancy school-aged girls. However, Lagos State Child's Rights Law affirms the rights of young mothers to education after giving birth.	• Improving the quality of Health instruction in the curriculum. • Developing school-based pregnancy-prevention programs • Allowing continuation of schooling for pregnant schoolgirls

Infrastructure –related barriers	The study highlighted lack of infrastructure as part of the challenges to girls' health and education.	Findings revealed more than half of the students surveyed are not comfortable using the schools' toilet facilities. Some respondents reported missing at least 1 day of school every month due to their menstrual flow.	• Adopting Health promoting policies. • Provision of clean gender-sensitive toilet facilities.

Table 7.4: Recommendations based on the In-School Barriers identified in the study,

7.4 Further Recommendations for future Research

A number of areas for future research are recommended as follows ;

Findings from this study highlighted that schoolgirls still drop out due to unintended pregnancies, although several studies had suggested a comprehensive sexual and reproductive health education as a possible solution to unintended pregnancy amongst school-aged girls, it would be interesting to have a study evaluating whether school-based interventions directed at pregnancy prevention amongst school-aged girls will impact adolescent unplanned pregnancies.

This current study is limited because the surveyed schools had no health promotion policies, therefore their effectiveness could not be ascertained in the study. Another area for future research would be to explore the impact of school health promotion policies on girls' health behaviours, using schools that have health promotion policies.

References

Ademokun, O. A; Osungbade, K. O; and Obembe, T. A. (2014). A Qualitative Study on Status of Implementation of School Health Programme in South Western Nigeria: Implications for Healthy Living of School Age Children in Developing Countries. *American Journal of Educational Research, 2014, Vol. 2, No. 11, pp. 1076-1087*

Agbalajobi, D. T. (2010). Women's Participation and the Political Process in Nigeria: Problems and Prospects. *African Journal of Political Science and International Relations*, Vol. 4, No. 2, pp. 75-82.

Agbo, P. N., Okejom, G. P., Nwankwo, C. N.,&

Akoloh, L. (2017). Implementation of the New Senior Secondary School Curriculum by School Managers to meet contemporary issues in Nigeria. *Multidisciplinary Journal of Research Development,* Vol. 26, No. 1 -ISSN 1596-974X 1

Aghion, P., Boustan, L., Hoxby, C. & Vandenbussche, J. (2005). "Exploiting States' Mistakes to Identify the Causal Impact of Higher Education on Growth." NBER conference paper, http://www.nber.org/ confer/ 2005/ si2005/ed/hoxby.pdf. Revised version forthcoming in Brookings Papers on Economic Activity.

Ahmadi, A. A. & Lukman, A. A. (2015). Issues and Prospects of Effective Implementation of New Secondary School Curriculum in Nigeria Journal of Education and Practice www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.6, No.34.

Akmal, M; Hares, S; and O'Donnell, M. (2020). "Gendered Impacts of COVID-19 School Closures: Insights from Frontline Organizations." CGD Policy Paper 175. Washington, DC: Center for Global Development. https://www.cgdev.org/

publication/gendered-impacts-covid-19-school-closures-insights-frontline-organizations.

Aliyu, A. A., Bello, M. U., Kasim, R. & Martin, D. (2014). Positivist and non-positivist paradigm in social science research: Conflicting paradigms or perfect partners? *Journal of Management and Sustainability*. Vol. 4, No. 3, pp. 79-95.

Alokan, F. B. (2013). Domestic Violence Against Women: A Family Menace. 1st Annual International Interdisciplinary Conference, AIIC. 24-26 April, Azores, Portugal – Proceedings.

Ameh, R. K. (2001). Child bondage in Ghana: A Contextual policy analysis of Trokosi A thesis submitted in partial fulfilment of the requirements for Degree of Doctor of Philosophy in the school of Criminology of Simon Fraser University, Canada.

Amnesty International (2006). No protection no justice: Killings of women July. (an update report).

Anaeme, F. (2012). Reducing Gender Discrimination and Violence against Women through Library and Information Services. Library Philosophy and Practice (E-Journal). University of Nebraska-Lincoln.

Arisi, R. O. and Oromareghake, P. (2011). Cultural Violence and the Nigeria Women. African Review.

Armiger, B. (1997). Ethics in Nursing Research: Profile, principles, perspective. *Nursing Research*. Vol. 26, No. 5. pp. 330-333.

Asomah, J. Y. (2015). 'Cultural rights versus human rights: A critical analysis of the *trokosi* practice in Ghana and the role of civil society' (2015) 15 *African Human Rights Law Journal* 129-149 http://dx.doi.org/10.17159/1996-2096/2015/v15n1a

Asiyanbola, A. R. (2005). Patriarchy, male dominance, the role and women

empowerment in Nigeria. Paper submitted for presentation as poster at the International Union for the Scientific Study of Population (IUSSP/UIESP) XXV International Population Conference Tours, France, 18-23.

Australia Institute of Health and Welfare (2014). Health Behaviours and other risks to health. Australia's Health.

Bailey, W.C. and Peterson, R.D. (1995). Gender inequality and violence against women: The case of Murder. Stanford University Press. United Kingdom.

Bhutto, S. & Chhapra, I. U. (2013). Educational Research on "Constructivism": An Exploratory View. *International Journal of Scientific and Research Publications*. Vol. 3, No. 12. pp. 1-7.

Bloom, N., Lemos, R., Sadun, R. & Van Reenen, J. (2014). *Does management Matter in schools?* http://www.k12accountability.org/resources/K12 Performance Improvement/Does_ MgmtMatter_In_Schools.pdf

Bovet, P, Viswanathan, B, Faeh, D, & Warren, W. (2006). Comparison of smoking, drinking, and marijuana use between students present or absent on the day of a school-based survey. *Journal of School Health.* Vol. 76, No. 1. pp 133–137.

Boyce, C. and Neale, P. (2006). INTERVIEWS: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input. Pathfinder International Tool Series, Monitoring and Evaluation – 2. May.

Braun, V. and Clarke, V. (2013). Teaching Thematic Analysis: Overcoming Challenges and Developing Strategies for Effective Learning. *The Psychologist*. Vol. 26, No.1. pp. 120-123.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative research in psychology* Vol. 3, No. 2. pp. 77-101.

Braun, A; Meguire, M. and Ball, S. J. (2010). Policy Enactments in the UK Secondary School: examining policy, practice and school positions. *Journal of Education Policy*. Vol. 25, No.4.

British Council (2012). Gender in Nigeria Report 2012, Improving the Lives of Girls and Women in Nigeria. Issues, Policies, Action. British Council Nigeria, (http://www.britishcouncil.org.ng/files/2012/ 12/GenderReport_ summary.pdf - accessed 13 January 2014).

British Council (2014). Girls Education in Nigeria. Report 2014: Issues, Influencers and Actions. British Council, Abuja, Nigeria.

Caldwel, J. C. (1981). Maternal education as a factor in child mortality. World Health Forum. Popline. K4 Health 2(1):75-8.

CEDAW (2008). Concluding observations of the Committee on the Elimination of Discrimination against Women: Nigeria, CEDAW/C/NGA/CO/6, CEDAW, New York, NY.

Centres for Disease Control and Prevention (2010). Web-based injury statistics query and reporting system. Available at: www.cdc.gov/ncipc/wisqars. Accessed July 26, 2011.

Chakrabarti, S. (2013).: Trust Women conference in London on 4 December.

Chhikara, P; Jackha, J; Malik, A; Singla, K;
and Dhattawal, S. K. (2013). Domestic Violence: The Dark Truth of our Society. *Journal of Indian Academic Forensic Med.* Jan-March, Vol. 35, No. 1 ISSN 0971-0973.

Chirkina, T. A., & Khavenson, T. E. (2018). School climate: A history of the concept and approaches to defining and measuring it on pisa questionnaires. Russian Education & Society, 60(2), 133–160.

Child Fund International (2013). The Health Impact of Gender Inequality. 25th October.

Clark T, Smith J, Raphael D, et al. (2010). Kicked out of school and suffering: the health needs of alternative education youth in New Zealand. *Youth Studies Australia.* Vol. 29, No. 1. pp. 10–17.

Clearing for Labor Evaluation and Research (2014). CLEAR Operational Guidelines for Quantitative Studies. July 31.

Cohen, L., Manion, L., & Morrison, K. (2007).*Research methods in education,* 6th Edition*.* London. Routledge

Creswell, J. W. (2003). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Second Edition. Thousand Oaks. California: Sage Publication Inc.

Creswell, J. W. (2012). Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research. Fourth Edition. Boston: Pearson Education Limited.

Creswell, J. W. (2014). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. Fourth Edition. Thousand Oaks. California: Sage Publication Inc.

Critical Appraisal Skills Programme. (2017). CASP Qualitative Research Checklist. Available at: http://www.casp-uk.net/checklists. Accessed November, 2017.

Cronbach L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*. Vol. 16, No. 3. pp. 297–334.

Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step–by-step

approach. *British Journal of Nursing*, 17(1): 38-43.

Dahlberg, L. L. and E. G Krug (2002). Violence – a global public health problem. In King E, Dahlbergl, Meray J. A and A. B Zwi, Lozano R (eds.) World Report on violence and health. Geneva. Switzerland: WHO, 1-56.

Darki, L. O. & Onobumeh, M. (2014). Availability and application of School health services in selected primary and secondary schools in Ovia Local Government Area of Edo State-Nigeria. *International Journal of Social Sciences & Education*.Vol.4, No. 2.

Darlaston-Jones, D. (2007). Making connections: The relationship between epistemology and research methods. *The Australian Community Psychologist Journal.* Vol. 19, No. 1, pp. 19-27.

Dauda, R. O. (2007). Female Education and Nigeria's Development Strategies: Lots of Talk, Little Action? *Independent Journal of Gender Studies*. Vol. 14. No. 3. pp. 461-479.

Denzin, N.K. and Lincoln, Y.S. (2000). Handbook of qualitative research, second edition, Sage Publications, Inc. Thousand Oaks, London, New Delhi.

Dienye, P. O., and Gbeneol, P. K. (2009). Domestic Violence against Men in Primary Care in Nigeria. *American Journal of Men's Health..* Vol. *3*, No. 4. pp. 333-339.

Denny S, Clark T and Watson P (2004). The health of alternative education students compared to secondary school students: a New Zealand study. *New Zealand Medical Journal.* Vol. 117, No. 1. pp. 1–12.

Department of Education, UK (2014). National Curriculum in England: Key

stages 3 and 4 framework documents. December.

Department for International Development (DFID) (2012). Operational Plan 2011- 2015. June Updated.

Dewey, J. (2015). The Project Gutenberg E-Book of Democracy and Education. UK. The Free Press. Pp. 1 – 4.

Donatelle, R. (2012). Promoting Health Behavior Change. Health: The basics (pp. 4). 8th edition. San Francisco, CA: Pearson Education, Inc.

Eliot, M., Cornell, D., Gregory, A., & Fan, X. (2010). Supportive school climate and student willingness to seek help for bullying and threats of violence. J*ournal of School Psychology,* 48, 533–553. doi:10.1016/j.jsp.2010.07.001

Elmore, R. F. (2004). School Reform from the Inside Out: Policy, Practice, and Performance. Harvard Education Press. Harvard University, Graduate School of Education.

El-Rufai (2016). Nigerian Girl Child facing detrimental challenges to her well being. Daily Post by Amos Tauma August 10.

Esere, M. O. (2008). Effect of sex education programme on at-risk sexual behaviour of school-going adolescents in Ilorin, Nigeria. African Health Science. *Makerere University Medical School*. June, Vol. 8, No. 2.

Equal Right Advocates (2013). *Know your rights guide: Sexual harassment at school.* http://www.equalrights.org/wp-content/uploads /2013/04/KYR_ Sex Ha r assSch.pdf.

Eurydice (2010).*Gender differences in educational outcomes: Study on the*

measures taken and the current situation in Europe . http : // eacea.ec. europa.eu/education/eurydice/documents/thematic_reports/120en.pdf

Falaye, V.F. (2018). Qualitative Research and Evaluation, Basic Issues and Methods. 2nd Edition, Ibadan University Press, University of Ibadan, Ibadan, Nigeria.

Feinstein, L.; Sabates, R.; Anderson, T.;

Sorhaindo, T. and Hammond, C. (2006). What are the effects of education on

health? Institute of Education, University of London, United Kingdom.

Flick, U., Kardoff, E. V. and Steinke, I. (2004). A Companion to Qualitative Research. Thousand Oaks. California: Sage Publication Inc.

Galtung, J. (1990). Cultural Violence. *Journal of Peace Research,* Vol. 27, No.

3. pp. 291-305.

Gbemiga, O. (2014). Dozens More Women and Girls Abducted By Boko Haram in

Nigeria. [Online] Available: http://time.com/3535904/women-girls-abducted-boko-haram-nigeria/ (November 10, 2014).

Gender in Nigeria Report (2012). 'Improving the lives of women and girls in

Nigeria: Issues, policies and actions'. British Council, Nigeria.

Global Campaign for Education (2012). Gender Discrimination in Education: The

violation of rights of women and girls. February. www.campaignforeducation.org

Global Gender Gap Report (2014). Insight Report. World Economic Forum.

Ghosh, B. N. & Chopra, P. K. (2003). *A dictionary of research methods.* England (UK). Wisdom House Publications Ltd.

Gray, D. E. (2012). *Doing research in the real world.*3rd edition. Los Angeles. Sage Publication Ltd.

Greening, J. (2017). Sex Education to be made compulsory in all school in England. Independent News. UK. Wednesday 1 March.

Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Resources Information Center Annual Review Paper, Vol.* 29, No. 1. pp.75-91.

Gunn, D. (2012). The Challenge of Closing the Gender Gap in Developing Countries. The Atlantic, December 24.

Hart, C. (1998). *Doing a Literature Review.* London: Sage Publications.

Human Rights Watch (2013). World Report. Annual Review of Human Right around the Globe. New York.

Hartley, J.; Potts, J.; Flew, T.; Cunningham, S.; Keane, M.; & Banks, J. (2012). Key Concepts in Creative Industries SAGE. P. 47.

Higgins, C; Lavin, T; and Metcalfe, O. (2008). Health Impacts of Education: A Review. Published by Institute of Public Health, Ireland. Northern Ireland.

Hunt, D.L., & Mckbbon, K.A., (1997). Locating and Appraising Systematic Reviews. *Annals of Internal Medicine,* Vol. 126, No. 7, pp.532-538.

Iaydjiev, I. (2013). A Pragmatic Approach to Social Science. E-International Relatives Students.

Igbelina-Igbokwe, N. (2013). Contextualizing Gender Based Violence within Patriarchy in Nigeria. Pambazuka News. May 13.

Igwe, R.O. (2000).*The fundamentals of curriculum instruction*. Lagos. Hiwitts Press Ltd.

Ijaiya, H. (2006). Human Rights: Gender Discrimination Against Female Children In Nigeria. *Indian Journal of Human Rights and Justice* Vol.4, No. 1& 2.

pp. 103-110 Published by Serial Publications, New-Delhi, India.

James, W. (1995). “What pragmatism means.” *In* William James, *Pragmatism*. New York: Dover, pp. 17-32.

Jayachandran, S. (2014). The Roots of Gender Inequality in Developing Countries. Northwestern University. Prepared for Annual Review of Economics. November.

Kakande, M. (2008). Toolkit: The benefits of mainstreaming gender into the Poverty Reduction Strategy Papers (PRSPs) and new aid modalities. Femnet News May-August Issue

Kanga, A. W. (2005). Gender violence experiences and strategies of resilience among high school girls in Kenya: Reflections of post-secondary Kenyan females in two metropolitan cities in the southeastern United States. (Doctoral dissertation). Retrieved from Dissertations & Theses: A&I. ProQuest. (UMI No. 3201268)

King, E. M. and Hill, M. A. (1993). Women’s Education in Developing Countries.Edited by King, E. M & Hill, M. E. The Johns Hopkins University Press, Baltimore and London.

Klasen, S. and Schuler, D. (2009). Reforming the Gender-related index (GDI) and the Gender Empowerment Measure(GEM): Some specific proposals discussion Paper No. 186. Gottingen: Ibero-America Institute for Economic research.

Kobani, D. (2014). The Impact of Girl-Child Education on Community Development: A Study of Ika Local Government Area of Akwa Ibom State Research on Humanities and Social Sciences www.iiste.org ISSN (Paper)2224-5766 ISSN (Online)2225-0484 (Online) Vol.4, No.12.

Konold, T., Cornell, D., Jia, Y., & Malone, M. (2018). School climate, student engagement, and academic achievement: A latent variable, multilevel multi-informant examination. AERA Open, 4(4). https://doi. org/10.11 77/2 3328 58 418815661

Krefting, L. (1991). Rigor in Qualitative Research: The Assessment of Trustworthiness. The American Journal of Occupational Therapy. Vol. 45. No. 3.

Lagos State Ministry of Economic Planning and Budget (2004). "State of Lagos Megacity and Other Nigerian Cities: Report". Lagos State Ministry of Economic Planning & Budget.

Lagos State Ministry of Education (2010). Lagos Bureau of Statistics Report 2005.

Lagos State Ministry of Education (2010). Annual Education Sector Performance 2010.

Lagos State Ministry of Education (2018). Lagos Schools Online. http://www. lagosschoolsonline.com/. Alausa, Ikeja, Lagos.

Lawal, K. K. (2016). Importance of the Nigerian Girl Child Education. Premium Times. April 10.

Leach, F., Slade, E., and Dunne, M. (2012). Desk Review for Concern: Promising Practice in School Related Gender Based Violence (SRGBV) Prevention and Response Programming Globally. University of Sussex, Centre for International Education.

Legewie, H. (2013). ATLAS.ti- (How it all began). An article presented at ATLAS.ti

Users Conference, 2013 on Dialog on Qualitative Method

Lipson, J.E. (2001). *Hostile hallways: Bullying, teasing and sexual harassment in school.* New York. American Association of University Women Educational Foundation.

Lomot, R. (2013). Gender Discrimination: A Problem Stunting Honduras' Entire Economy. *Global Majority E-Journal*, Vol. 4, No. 1 (June), pp 15-26.

Loukas, A. (2007). What is school climate? High-quality school climate is advantageous for all students and may be particularly beneficial for at-risk students, *Leadership Compass*, 5(1), 1–3.

Loyens, S. M. M. & Gijbels, D. (2008).Understanding the effects of constructivist learning environments: introducing a multi-directional approach. Instr. Sci. 36, pp.351–357

Manichander, T. (2016). Educational Management. Second Edition. UK. Laxmi Book Publication.

Marcel, G. (1960). *The mystery of being, faith and reality*. Gateway Edition. Chicago. Henry Regnery Company

Marczyk, G., DeMatteo, D. and Festinger, D. (2005). Essentials of Research Design and Methodology. Hoboken: New Jersey. John Willey & Sons, Inc.

Marshall, M. L. (2004). Examining school climate: Defining factors and educational influences [white paper, electronic version] (Atlanta, GA, Georgia State University Center for School Safety, School Climate and Classroom Management). Available online at http://schoolsafety.education.gsu.edu/ wp-content/ blogs. Dir / 277/files/2013/10/whitepaper_marshall.pdf (accessed 12 January 2012).

Medupin, C. (2012). Women and Environmental Management through Distance Education International Women Online Journal Of Distance Education October, Volume: 1 Issue: 3 Article: 02 Issn: 2147-0367

Meier, K. J; and O' Toole Jr, L. J. (2003). Public Management and Educational Performance: The Impact of Managerial Networking. Public Administration Review. Vol. 63 (6). Pp. 689-699.

Morgan, D. L. (2014). Pragmatism as a Paradigm for Social Research. *Qualitative Inquiry.* Vol. 20(8),pp.1045–1053.

McAlister, C. and Baskett, T. F. (2006). Female Education and Maternal Mortality: A Worldwide Survey J. Obstet. Gynaecol. Can. 28(11):983-990.

Mckenzie, J; Nelger, B; and Thackeray, R. (2006). Health Education and Health Promotion Programs. (pp. 3–4). 5th edition. San Francisco, CA: Pearson Education Inc.

National Women's Law Center (2007). How to protect students from sexual harassment: A primer for schools. http://www.nwlc.org/sites/ default/ files/pdfs/ Final%20SH%2 0Fact% 20 Sheet-Schools.pdf

Nmadu, G; , Avidime, S; Oguntunde, O. Dashe, V;
Abdulkarim, B; & Mandara, M. (2010). Girl Child Education: Rising to the Challenge. Original Research Article. Ahmadu Bello University, Zaria.

Nunnally, J. C. (1978). Assessment of Reliability. *In Psychometric Theory* (2nd ed.). New York. McGraw-Hill.

Nwalo, K. I. N. and Anasi, S. N. I. (2010). Access to and use of reproductive health information among in-school adolescent girls in Lagos State, Nigeria. Sage Publication *Inc. Health Education Journal.* Vol. 71. No. 1. pp. 90-101.

Nzoka, J. T. & Orodho, J. A. (2014).School management and students' academic performance: How effective are strategies being employed by School Managers in Secondary Schools in Embu North District, Embu County, Kenya? *International Journal of Humanities and Social Science.* Vol. 4, No. 9

Obot, J. U. (1987). The Main Geographical Features of Nigeria and Their Impact on Nigerian Life. In: JU Obot (Ed.): *Nigeria: The People and Their Heritage.* Calabar: Wusen press Ltd., pp. 7-18.

Odiboh, O. O. (2003). The mind and transcendence as Dasein's essential nature. *The Nigerian Journal of Philosophy*. Vol. 20, Nos. 1 & 2, pp.168-199.

Offorma, G.C. (2005). Curriculum for wealth creation being a p*aper presented at the seminar of the World Council for Curriculum and Instruction (WCCI),* held at the Federal College of Education, Kano, Nigeria

Ofoha, D., Uchegbu,C. N., Anyikwa, B., Nkemdirim, M. &Ekwueme, L. (2009). *A critical appraisal of the mode of implementation of Nigerian Secondary SchoolCurriculum: Towards socio-economic empowerment of youth.* Educational Research Network for West and Central Africa (ERNWACA) Research Grants Programme

Ojo, O. (2003). *Fundamentals of research methods.* Nigeria. Standard Publications.

Okoro, I. (2012). Women and Discrimination. Freestyle-ville, January 13.

Okumbe, J. A. (2001). *Human resource management: An educational perspective.* Nairobi. Educational Development and Research Bureau.

Olatunya, O. S., Oseni, S. B., Oyelami, O. A., Adegbenro, C. &Akani, N. (2014). Health instruction in Nigerian schools: what are the missing links? *The Pan African Medical Journal.Vol.19, No. 360.*

Olatoke, J. O. and Olokooba, S. M. (2012). An Examination of the Constitutionality of the Amnesty Programme in the Niger Delta region of the Federal Republic of Nigeria, *Journal of Law, Policy and Globalisation,* USA, 5, 23.

Olujuwon, O & Perumal, J. (2015). The impact of teacher leadership practices on school management in public secondary schools in Nigeria. In *59th Year Book on Teacher Education* (pp. 472-481). Edited by Ono, Y. Japan: A publication of the International Council on Education for Teaching and Naruto University of Education.

Omoregie, N. & Ihensekhiem, O. A. (2009). Persistent Gender Inequality in Nigeria Education in Nigeria Education. A research paper presented at Benson Idahosa University, Benin city, Nigeria.

Omorodion, R. (2015). Child Marriage in Nigeria: Girls At Risk. The Nigerian Observer. June 27.

Onyema E.M., Eucheria N.C., Obafemi F.A., Sen S., Atonye F.G., Sharma A., Alsayed A.O. (2020). Impact of coronavirus pandemic on education. *Journal of Education Practice*.11(13):108–121. [Google Scholar].

Onyeonoro, U. U; Oshi, D. C; Ndimele, E. C; Chuke, N. C; Onyemuchara, I. I; Ezekwere, S. C., Oshi, S. N. & Emelumadu, O. F. (2011). Sources of Sex Information and its Effects on Sexual Practices among In-school Female Adolescents in Osisioma Ngwa LGA, South East Nigeria. North American Society for Pediatric and Adolescent Gynecology. Published by Elsevier Inc. *Journal Pediatric Adolescent Gynecology*. Vol. 24, pp. 294-299.

Organisation for Economic Co-operation and Development (2016). Annual Report. http://www.oecd.org/social/inequality.htm#gender

Ormerod, A. J; Collinsworth, L. L; and Perry, L. (2008). Critical climate: Relations among sexual harassment, climate, and outcomes for high school girls and boys Psychology of Women Quarterly, 32, pp. 113-125

Oruko, K; Nyothach, E; Zielinski-Gutierez, E; Mason, L; Alexander, K. ; Vulule, J; Laserson, K. F; & Phillips-Howard, P. A. (2015). 'He is the one who is providing you with everything so whatever he says is what you do': A Qualitative Study on Factors Affecting Secondary Schoolgirls' Dropout in Rural Western Kenya. PLOS ONE 10(12):e0144321 doi:10.1371 / journal.pone.0144321.

Oshi, D. C; Nakalema, S. & Oshi, L. L. (2005). Cultural and Social aspects of HIV/AIDS Sex Education in Secondary School in Nigerian. *Journal of Biosocial Science. Vol.* 37, pp. 175–183 _2004 Cambridge University Press.*DOI: 10.1017/S0021932 004006820*

Oshi, T. (2016). Nigerian Senate rejects bills seeking gender equality in Marriage. Premium Times Newspaper. March 16.

Osunde, C. and Olokooba, S. M. (2014). Managing Diversity in the Workplace: Legal and Theoretical Perspectives in Nigeria. *Advances in Management.* Vol. 7(6). June.

Owoyemi, O. and Olusanya, O. (2014). Gender: A Precursor for Discriminating against women in paid employment in Nigeria. *American Journal of Business Management.* Vol. 3. No. 1, pp 10 – 14.

Oxford Advanced Learner's Dictionary (2010). Oxford University Press, United kingdom.

Oxford Advanced Learner's Dictionary (2013). New 8th Edition, Oxford University Press, United kingdom.

Oyeshile, O. (2003). On what exists: Beyond Strawson's Ontology of basic particulars. *The Nigerian Journal of Philosophy*. Vol. 20, No.1 & 2, pp.1-32

Oyewumi, O. (1997). The Invention of Women: Making an African Sense of Western Gender Discourses. (University of Minnesota Press).

Parkes, J; Heslop, J; Ross; F. J; Westerveld, R.; and Unterhaller, E. (2016). A rigorous review of global research evidence on policy and practice on school-related gender-based violence. *SRGBV Global Literature Review.*

Perlez, J. (1991). Kenya do some soul-searching after the rape of 71 school girls. The New York Times. July 29.

Popper, K. R. (2008). *The Logic of Scientific Discover.* New York. Harper & Row.

Potter, S. & Subrahmanian, R. (2007). Information needs and policy change. In A. Thomas & G. Mohan (eds.). *Research skills for policy and development: How to find out fast.* City Road, London. Sage Publications Ltd.

Population Reference Bureau (2011). The Effect of Girls' Education on Health Outcomes. Washington. Fact sheet. http://www.prb.org/Publications/Media-Guides/2011/girls-education-fact-sheet.aspx.

Posey, L. (2016). Gender. *Critical Quarterly Journal.* John Wiley and Sons Limited. December. Wiley Online Library. Access provided by University of Bradford. Vol 58: pp. 94-96. https://doi.org/10.1111/criq.12293.

Public Health Resource Unit (PHRU), (2007). Public Health Resource Unit FAQ's. Available at: http://www.phru.nhs.uk/pages/phd/FAQs.htm [Accessed 20 Dec 2005]

Putman, H. (2006). *Reason, Truth, and History.* Cambridge. Cambridge

University Press.

Rafaeli, T. and Hutchinson, G. (2020). *The Secondary Impacts of COVID-19 on Women and Girls in Sub-Saharan Africa.* K4D Helpdesk Report 830. Brighton, UK: Institute of Development Studies.

Rapti, D. (2012). School Climate as Important Component in School Effectiveness. Academicus. The 1st International Conference on “Research and Education – Challenges Towards the Future” (ICRAE2013), 24-25 May 2013, Volume 8, pp. 110-125.

Renaud, B. (2004). *The Being of the Phenomenon: Merieau-Ponty’s Ontology*. Indiana University Press.

Ridgeway, C. L. and Correll, S. J. (2004). Motherhood as a Status Characteristic. A *Journal of the Society for the Psychological Study of Social Issues.* November. https://doi.org/10.1111/j.0022-4537.2004.00380.x

Riegler, A. (2012). Constructivism. In: L'Abate L. (ed.) Paradigms in theory construction. New York. Springer. pp. 235-256.

Robson, C. (2011). *Real world research*. Third Edition. London. John Wiley and Sons Ltd. UK.

Robson, C. and McCartan, K. (2016) *Real world research.* 4th edition. John Wiley & Sons.

Roesh, E; Amin, A; Gupta, J; and Garcia-Moreno, C. (2020). Violence against women during covid-19 pandemic. BMJ Publishing Group Limited. Open access.

Ruus, V., Veisson, M., Leino, M., Ots, L., Pallas, L., Sarv, E., & Veisson, A. (2007). Students’ well-being, coping, academic success, and school climate. Social Behavior & Personality, 35, 919–936. doi:10.2224/sbp.2007.35.7.919

Sahara, Reporters (2018). Abducted Dapchi Girls in 'Boko Haram town' in Yobe, Claims Rep*. Sahara Reporters Inc. Sahara Reporters Inc. Retrieved 4 March 2018.*

Saunders, M., Lewis A. & Thornhill, A. (2009). *Research Methods for Business Students.* 5th Ed. Rotolito Lombarda Publishers: Italy

Scotland, J. (2012). Exploring the philosophical underpinnings of research: Relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. *English Language Teaching.* Vol. 5, No. 9, pp.9-16.

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. Education for Information. IOS Press. 22, 63-75.

Siniscalco, M. T. and Auriat, N. (2005). Quantitative research methods in educational planning. Module 8, Questionnaires design. International Institute for Educational Planning, UNESCO. France. IIEP web site: http://www.unesco.org/iiep ion.

Smith, D. (2014). Sixty more women and girls reported kidnapped in Nigeria. Guardian Newspaper [Online] Available: http://www.theguardian.com/world/2014/ oct /23/ book-haramabductions-bus-station-blast-truce-nigeria (December 20, 2014)

Sobowale, I. A. (2008). *Scientific journalism: What tools for the precision journalist?* (2nd edition) Lagos. Idosa Konsult.

Summers, L. H. (1993). The World Bank Reports. January.

Suneera, A. (2014). Educational Management: A Comprehensive Effort to Educational Practices. ISSN 2320-5407. *International Journal of Advanced Research.*, Vol. 2, No. 8, pp. 185-187.

Tavares, P. A. (2015). The impact of school management practices on educational performance: Evidence from public schools in São Paulo.

Economics of Education Review. October. Vol. 48. pp. 1-15.

Tennis, J. T. (2008). Epistemology, Theory, and Methodology in Knowledge Organization: Toward a Classification, Metatheory, and Research Framework. *In Knowledge Organization. Vol.* 35. No. 2 &3, pp. 102-112.

Thapa, A. (2013). School climate research. Dary, T. & Pickeral, T. (ed.) (2013). School Climate Practices for Implementation and Sustainability. A School Climate Practice Brief, Number 1, New York, NY: National School Climate Center.

The British Psychological Society (2010). *Code of Human Research Ethics.* http://www.bps.org.uk/sites/default/files/documents/code_of_human_research_ethics.pdf

Triandis, H. C. (1989). The self and social behaviour in differing cultural contexts, *Psychological Review*, 96, 506–520.

Triandis, H. C., Bontempo, R., Villareal, M. J., Asai, M. & Lucas, N. (1988). Individualism and collectivism: Cross-cultural perspectives on self-ingroup relationships, *Journal of Personality and Social Psychology*, 54, 323–338.

Unah, J. (1996). *Heidegger's existentialism: An essay on applied ontology*. Lagos. PANAF Publishers.

Unah, J. (2002). *On being: Discourse on the ontology of man*. Lagos. FADEC Publishers.

UNESCO (2002). Teaching and Learning for a Sustainable Future. See www.unesco.org/education/tlsf

UNESCO (2005). *School management: A training manual for educational management.* http://www.iicba.unesco.org/sites/default/files/School%20Management%20B.pdf

United Nation Development Programme (2013). Human Development Report.

Various Issues. New York: Oxford University Press.

UNDP Nigeria (2011). Human Development Report Nigeria, 2008-9.

UNICEF (2001). Children and Women's rights in Nigeria: A wake up call situation assessment and analysis. Edited by Hodge. Abuja: National Population Commission and UNICEF.

UNICEF (2005). Violence at home (archive): Voices of Youth Forum. Retrieved Oct. 2008 from http: //www.unicef.org/roy/ discussions/archieve/ index .

UNICEF (2006). *Implementation guidelines on National School Health programme*. https://www.unicef.org/nigeria/NG_resources_implementa t ion schoolhealthprog.pdf

UNICEF (2007). *A Human Rights-Based Approach to education for all: A framework for the realization of children's right to education and rights within education.* https://www.unicef.org/ publications/files /A_ Human_ Rights_ Based_Approach_to_Education_for_All.pdf.

UNICEF (2014). A Statistical Snap Short of Violence Against Adolescent Girls. New York. UNICEF Publication. https://www.unicef.org/publications / files/A_Statistical_Snapshot_of_Violence_Against_Adolescent_Girls.pdf

United Nation-Habitat (2006). African cities Driving the NEPAD initiative, pp. 202.

United Nation Millennium Project (2006). Investing in Development: A Practical Plan to Achieve The Millennium Development Goals. Final Report.

United Nations Population Fund (UNFPA) (2005). Annual Report.

University Research Degrees Committee (2008).*Research Ethics: A Handbook of Principles and Procedures.* http://www.glos.ac.uk/docs/ download/ Research/handbook-of-principles-and-procedures.pdf

Uwameiye, B. E. and Iserameiya, F. E. (2013). Gender Based Violence against Women and Its Implication on the Girl Child Education in Nigeria. International Journal of Academic Research in Progressive Education and Development January 2013, Vol. 2, No. 1.

Van, O. F; Van, L. F; Mackenbach, J. P. (2004). Co-occurrence of Lifestyle Risk factors and the explanation of Education Inequalities in Mortality: Results from the Globe study. Preventive Medicine Journal; 39: pp.26-34.

Vasilachis de Gialdino, I. (2009). Ontological and Epistemological Foundations of Qualitative Research.*Forum Qualitative Sozialforschung /Forum: Qualitative Social Research (FQS)*. Vol 10, No 2. http://www. qualitative-research.net/index.php/fqs/article/view/1299/3163

Waters, T.; Marzano, R. J.; and McNulty, B. (2008). Balanced Leadership: What 30 Years of Research Tells Us about the Effect of Leadership on Student Achievement. A Working Paper. A working paper. Mid-Continent Regional Educational Lab., Aurora, Company.

Weber, R. (2004). The Rhetoric of Positivism versus Interpretivism: A personal view (Editor's Comment). *MISQuarterly. 9*(5), pp. 235–239.

Wimmer, R. D. & Dominick, J. R. (2011). *Mass media research: An introduction, 9th Edition, International Edition.* United Kingdom. Wadsworth Cengage Learning.

World Health Organization (1946). Preamble to the Constitution of the World

Health Organization as adopted by the International Health Conference, New York, 19-22 June, Official Records of the World Health Organization. No. 2 pp. 100.

World Health Organisation (2007). Recommended amount of physical activity (Internet). Geneva: [cited 8 July 2008]; Available from:http:// www. who. Int/ dietphysicalactivity/factsheet _recommendations /en/ index.html

World Health Organization (2011). Operationalizing the 2011 World Development Report: Conflict, Security and Development. The World Bank, Washington.

World Health Organization (2011). Patient engagement in reducing safety risks in health care: Report of the meeting on patient safety and rights Copenhagen. Copenhagen: World Health Organization Regional Office for Europe.

World Health Organization (2016). Girls' Education. Available at www.worldbank. org/education/girls.

Young, J.M., & Solomon, M.J., (2009). How to Critically Appraise an Article. Nature clinical practice Gastroenterology & Hepatology, 6(2), pp.82-91.

Zainudin, A. B & Darma, K. R. (2018). The development of post-traumatic stress disorder among secondary school students in Borno state Nigeria: a systematic review. *International Journal of Engineering. 7 (49) 32-38.*

Zhou, M; Hertog, E; Kolpashnikova, K; and Kan, M. Y. (2020). Gender inequalities: Changes in income, time use and well-being before and during the UK COVID-19 lockdown, SocArXiv. doi.10.31235/osf.io/u8ytc. 10.31235/ osf.io/ u 8ytc. (Google Scholar)

Appendix I

GENDER INEQUALITY IN EDUCATION: An Investigation into the effects of School Management Practices on Health Behaviours of Female Students.

(A Study of Selected Senior Secondary Schools in Lagos State)

Research Participation Information Sheet for Female Students only

Dear Respondent,

I would like to invite you to participate in this study on school management practices and students' health behaviours. Your voluntary agreement will be required to participate. The study will be taking place at your school during school hours and it would only take few minutes of your time.

Purpose of Study

This research work is part of my Ph.D thesis at the University of Bradford, United

Kingdom. The study is aimed to assess the knowledge level, behaviours and practices of female students with regards to health and examine if school administrative practices affect health behaviours of female students. As a participant you will be required to fill out a questionnaire, feel free to ask questions on anything that is not clear. The information you provide will assist in identifying gaps in girl-child education.

Procedure

Your school was chosen by chance (as in raffle) and you are being considered for this study because you are a female student of this school and you have already attained the age of 18. Your participation in this study will not cost you anything.

Potential risks

For this study, there is no risk involved and no harm will come to you for taking part in the study. However, you are free to skip any question that you are not comfortable with.

Voluntary Participation, confidentiality and anonymity

You are not obliged to participate in this study, your participation is totally voluntary, please note that refusal to participate will not attract any penalty. The questionnaire instrument is anonymous and whatever information you provide is confidential. The data gathered in this study may form the basis of a report or publication, however, your name or any identifying information will not be used. You may withdraw at any time if you change your mind and your withdrawal will not have any consequences. However, this will no longer be possible once your questionnaire is submitted.

I have attached a consent form please read through and append your signature if you wish to take part in this study. You will be given a copy of this form to keep.

Thank You.

Appendix II

GENDER INEQUALITY IN EDUCATION: An Investigation into the effects of School Management Practices on Health Behaviours of Female Students.

(A Study of Selected Senior Secondary Schools in Lagos State)

Research Participation Information Sheet for Principals and Teachers only

Dear Respondent,

I would like to invite you to participate in this study on school management practices and students' health behaviours. Your voluntary agreement will be required to participate. The study will be taking place at your school during school hours and it would only take few minutes of your time.

Purpose of Study

This research work is part of my Ph.D thesis at the University of Bradford, United Kingdom. The study is aimed to assess the knowledge level, behaviours and practices of female students with regards to health and examine if school administrative practices affect health behaviours of female students. As a participant you will be required to take part in a face to face interview, feel free to ask questions on anything that is not clear.

The information you provide will assist in identifying gaps in girl-child education.

Procedure

Your school was chosen by chance (as in raffle) and you are being considered for this study because you are a teacher in this school and personal opinion and experiences due to interaction with the students will help provide insights into this study. Your participation in this study will not cost you anything.

Potential risks

For this study, there is no risk involved and no harm will come to you for taking part in the study. However, you are free to skip any question that you are not comfortable with.

Voluntary Participation, confidentiality and anonymity

You are not obliged to participate in this study, your participation is totally voluntary, please note that refusal to participate will not attract any penalty. The interview process will involve the use of a tape recorder to document your responses. The data gathered in this study will be stored on a password protected computer, the data may form the basis of a report or publication and direct quotes of your responses may be used, however, your name or any identifying information will not be used. You may withdraw at any time during the interview if you change your mind and your withdrawal will not have any consequences.

I have attached a consent form please read through and append your signature if you wish to take part in this study. You will be given a copy of the consent form to keep.

Thank You.

Appendix III

Consent form

***By signing this form, you are indicating that you have read the description of the study, you are over the age of 18 and you agree to the terms below.*

- I have read and understood the attached information sheet about this study
- I have had an opportunity to ask the researcher questions that I had about the study
- I have received satisfactory answers to all my questions
- I have received enough information about this study
- I understand that the data gathered may form the basis of a report or publication
- I understand my name will not be used in any report or publication and my privacy will be protected.
- I understand that my decision to consent is entirely voluntary and I am free to withdraw from this study:
    - At any time during my participation and this will no longer be possible once I have submitted my questionnaire
    - Without giving a reason for withdrawing

Participant's name ……..

Participant's signature ……..

Appendix IV

Questionnaire to assess Female Students' Practices, Knowledge and Attitude to Health.

The next 2 questions ask about your safety in school

1. Do you feel safe while you are in school
   a. Yes
   b. No

2. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
   a. 0 days
   b. 1 day
   c. 2 or 3 days
   d. 4 or 5 days
   e. 6 or more days

The next 2 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

3. During the past 12 months, have you ever been bullied **on school property**?
   a. Yes
   b. No

4. During the past 12 months, how many times did boys in your school physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
   a. 0 times
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

The next 4 questions ask about sexual harassment. Sexual harassment is any contact, gesture or act of sexual nature that is unwanted and imposed by physical force, threats or intimidation. It includes touching, verbal abuse, forced sex (rape) etc.

5. Have you ever been sexually harassed by anyone in your school?
   a. Yes
   b. No

6. During the past 12 months, how many times did **anyone in your school** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
   a. 0 times
   b. 1 time
   c. 2 or 3 times
   d. 4 or 5 times
   e. 6 or more times

7. Do you think it is your fault if someone harasses you?
   a. Yes
   b. No
   c. I don't know

8. What do you think you should do if someone touches you inappropriately in school
   a. I don't know what to do
   b. Report to the school authorities
   c. Report to your parents
   d. Tell your friends
   e. Keep it a secret
   f. Nothing

The next 6 questions ask about your school?

9. How is health education taught in your school?
   a. Not taught at all
   b. As a separate subject
   c. Integrated into other subjects
   d. I don't know

10. Does your school have a clinic or sick bay?
    a. Yes
    b. No
    c. I don't know

11. Does your school have a guidance counsellor?
    a. Yes
    b. No
    c. I don't know

12. Does your school have clean toilets with wash hand basins, soap and clean towels?
    a. Yes
    b. No
    c. I don't know

13. Do you feel comfortable using you school toilets?
    a. Yes
    b. No

14. Does your school have a first aid box?
    a. Yes
    b. No

The next 7 questions ask about Health habits

15. How many times per day do you usually brush your teeth?
    a. I do not brush
    b. 1 time
    c. 2 times
    d. 3 or more times per day

16. How often do you usually wash your hands before eating?
    a. Never
    b. Rarely
    c. Sometimes
    d. Most of the time
    e. Always

17. How often do you wash your hands after using the toilet?
    a. Never
    b. Rarely
    c. Sometimes
    d. Most of the time
    e. Always

18. How often do you use soap when washing your hands?
    a. Never
    b. Rarely
    c. Sometimes
    d. Most of the time
    e. Always

19. During the past 12 months, how often have you been so worried about something that you could not sleep at night?
    a. Never
    b. Rarely
    c. Sometimes
    d. Most of the time
    e. Always

20. During the past 12 months, on how many days did you **not** go to school because of your menstrual flow?
    a. 0 days
    b. 1 day
    c. 2 or 3 days
    d. 4 or 5 days
    e. 6 or more days

21. Do you think personal hygiene is important to maintain a positive overall health?
    a. Yes
    b. No
    c. I don't know

The next 6 questions ask about sexual behaviour

22. Have you ever had sexual intercourse?
    a. Yes
    b. No

23. How old were you when you had sexual intercourse for the first

time?

a. I have never had sexual intercourse
b. 11 years or younger
c. 12 years – 14 years
d. 15 years -17 years
e. 18 years or older

24. The last time you had sexual intercourse, did your partner use a condom?

a. I have never had sexual intercourse
b. Yes
c. No

25. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**?

a. I have never had sexual intercourse
b. No method was used to prevent pregnancy
c. Birth control pills
d. Condoms
e. G. Withdrawal or some other method
f. H. Not sure

26. Have ever heard of female condoms?

a. Yes
b. No

27. Have you ever used a female condom during sexual intercourse?

a. I have never had sexual intercourse
b. Yes
c. No

The next 3 questions ask about HIV infection or AIDS

28. Have you ever heard of HIV infection or the disease called AIDS?

a. Yes
b. No

29. Have you been taught in any of your classes about HIV infection

or AIDS?

a. Yes
b. No
c. I don't know

30. Were you taught in any of your classes how to avoid HIV infection or AIDS?

a. Yes
b. No
c. I don't know

This study adapt questions from the 2017 Standard High School Youth Risk Behavior Survey (YRBS) and the 2013 Global School-based Student Health Survey (GSHS) to assess level of awareness, knowledge, practices and attitudes to health among the students.

Appendix V

Interview Guide for Teachers and School Principals

Good morning. My name is Julius Eyanuku.

This interview is being conducted to get your input on school management practices and health behaviours of female students. Like you read in the information sheet provided to you before, our conversation will be tape-recorded.

- What do you think about the topic?
- In this school, do u think boys are treated the same way as girls?
    - Why do you think so?
- In your opinion, what challenges do you think female students face in school?
- What do you think are the reasons for absenteeism among your female students?
- In your opinion, who do you think is more likely to drop out? boys or girls?
    - What factors do you think are responsible?
- Has the school ever discussed strategies on reducing drop out rates among students?
    - If yes. What are some of these strategies?
- Do you think that the school influence students' health behaviours?
- Do you think teaching health education to students can enhance positive health attitude and practice?
- Do you think school health programme is necessary?
- Does your school have any school health programme or any functioning health promoting club?
    - If yes, What are some of these programmes?
- How is health education taught in your school?
- Do u think teaching about sexual and reproductive health is the job of the school or parents?
- Do you think health studies are well covered to provide enough information on health in the school curriculum?
- What challenges does your school encounter in teaching health education?
- What mode of teaching health education do you think is more effective, instructional method or skill-based method?
    - Is health education in your school skill-based or instructional based?
    - Does your school have appropriate teaching/learning materials for health education?

- Does your school have any strategy in place to promote healthy practices and hygiene behavior among students?
- Does your school have any provision to support female students when they are in any form of crisis?
    - If yes, what are some of these provisions?
- How are cases of sexual harassment handled in your school?
- Are female students encouraged to report cases of sexual harassment?
    - If yes, who handles these cases?
- Does your school have any system for caring for emergency illness or injury?
- Does the school conduct inspection of students to assess their general cleanliness?