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Peer Pressure And Parenting Style As Predictors Of Risky Sexual Behaviour Of Students With Visual Impairment In South-west, Nigeria

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Abstract

Sexuality is an essential aspect of human life and a natural tendency of all human beings, disability notwithstanding. There is an assumption that people with disabilities are asexual and, as such, they are not known to be at risk of sexually transmitted infections. Past studies focused on social inclusion and academic achievement among adolescents with visual impairment with little or no consideration for their sexual behaviour. This study, therefore, examined peer pressure and parental style as predictors of risky sexual behaviour among adolescents with visual impairment in South-west, Nigeria. Ecological system theory provided the framework for the study. Descriptive survey research design of correlational type was adopted using purposive sampling technique to select twelve integrated schools in six South-western States (Ekiti-1, Lagos -4, Ogun -4, Ondo -1, Osun-1 and Oyo-1). Snellen's chart was used to screen adolescents with visual impairment to ascertain their visual acuity. Afterwards, a total enumeration of three hundred and eleven (311) adolescents with visual impairment was adopted. Response was elicited from the participants through Peer Pressure Scale (.84), Parenting Style Inventory (.84) and Adolescents Risky Behaviour Questionnaire (.73). Data collected were analysed using descriptive statistics, Pearson Product Moment Correlation and Multiple regression. Average age of the respondents was ± 17 years old. Findings showed that no significant relationship exists between peer pressure, parental style and risky sexual behaviour. Based on the findings, it was recommended that adolescents with visual impairment should be helped to develop communication, negotiation and refusal skills for the promotion of healthy sexual behaviour. The study suggested the need for parents to monitor the types of company their children keep.

Key Words: Peer pressure, Parenting styles, Risky sexual behaviour, Sexuality

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Introduction

Sexuality is an intrinsic aspect of human life generally and, as such, sexual development during adolescence which involves physical changes, attitudes, expressions of intimacy, and the defining of experiences within a sexual and romantic framework, is a normal expectation even for those living with disabilities. Yet, there is a wrong assumption that people with disabilities are asexual, that is, they are not sexually active and, as a result, they are not at risk of sexually transmitted infections (Meredith, 2012). On the contrary, people with disabilities are highly susceptible to common risk factors for sexually transmitted infections (Kelly, Stacy, Kapperman & Gaylen, 2012). This tendency to engage in risky sexual behaviour could be attributed to poverty, illiteracy and low self-esteem (Nduta, 2007).

Sexual behaviour, as an integral part of human existence, can be categorized into healthy and risky sexual behaviour. Omeje, Ekwueme and Ugwu (2013) state that a healthy sexual behaviour refers to those sexual activities that do not pose danger to the individual involved and to others in society. Risky sexual behaviour, on the contrary, is a concept that researchers have had trouble defining due to the large array of behaviour and negative consequences associated with the concept. Nonetheless, variables that have often been used in the literature to describe risky sexual behaviour include early sexual debut, unprotected sexual activity, irregular use of condoms, transactional sex (sex in exchange for money, food, drugs or shelter) or sex with multiple partners or with a partner who has other partners (Diala, Olujimi, Harri & Feyisetan, 2011; Azuike, Iloghalu, Nwabueze, Emelumadu, Balogun & Obi, 2015; Ofole, 2016).

Risk refers to a chance of loss, and engaging in risky behaviour is defined as risk-taking (Beyth-Marom and Fischhoff, 1997). Blum et al. (2000) considered any history of sexual intercourse as a category of risk. It may be difficult for clinicians to discern that these activities are occurring, especially since adolescents are unlikely to volunteer this information. Instead, this behaviour is often identified through the diagnosis of an STI, HIV or pregnancy. Thus, it can be argued that a congruent perspective of risky sexual behaviour may imply acts or behaviour that increases one's chances of contracting sexually transmitted infections (STI), unwanted or unplanned pregnancies and a host of other negative sexual reproductive health outcomes. In other words, sexual behaviour is considered risky when it raises concern and poses problems

to the individual and to others in society.

Adolescence is a transitional stage of physical and psychological human development that generally occurs in every human being. The period of adolescence is most closely associated with the teenage years, though its physical, psychological and cultural expression may begin earlier and end later. The World Health Organisation (2009) categorises adolescence into early adolescence (10-13 years), traditional or mid-adolescence (14- 18 years) and late adolescence (19-23 years), while Falaye (2001) categorizes adolescence into the early adolescence (13 -18 years) and late adolescence (18 to 21 years). Adolescents constitute about 31.6 per cent of Nigeria's ever-growing population (National Population Commission, 2013).

Adolescents' sexual risk-taking, defined for the purpose of this study as a history of sexual intercourse involving either multiple partners or no contraceptive or condom use, contributes to the staggering number of sexually transmitted diseases and unwanted pregnancies in Africa (Rodgers, 1999). Sexual risk for adolescents has changed dramatically over the past decades. Among sexually active teenagers, about 1 in 4 acquires a sexually transmitted disease every year. Studies within Nigeria among this population have demonstrated increasing rate of risky sexual behaviour contrary to previous moral and cultural values (Diala, Olujimi, Harris & Feyisetan, 2011; Azuike et al., 2015, Ofole, 2016). Nwankwo and Nwoke's (2009) study conducted in Imo State, Nigeria, amongst 478 male and female adolescents aged 10 – 19, found that majority of the adolescents (47.4 per cent) have had sex. 39.7per cent of them were practising unsafe sex, a total of 43.9 per cent had multiple partners and 12 per cent indicated having engaged in sex without using condoms.

Society generally tends to classify both total blindness and low vision/partial sightedness as one and the same condition due to the fact that the term “visual impairment” is usually used loosely to encompass the totally blind, the low-vision and the partially sighted (Okoli, Olisaemeka & Ogwuegbu, 2012). Ibitoye (2017) describes adolescents with visual impairment as persons who have a low vision which makes them miss the opportunity of spontaneous movement in order to widen their knowledge. Okeke (2001) asserts that adolescents with visual impairment are those who have difficulty in vision which necessitates the use of special educational methods or adaptations to materials and who need to use special aids and materials for learning. Visual impairment, which is the result of a functional loss of sight occasioned by a

number of eye disorders, may involve a range of vision loss which includes partial sightedness, blindness and low vision or impairment in vision that, even with medical attention, adversely affects the victims' educational performance (Ejimanya, Okelola & Okoli, 2017; citing Chukwuka, 2014).

It is well documented that adolescents with visual impairment engage in sexual activities with limited or inadequate information inherent in sexuality and reproductive health. Katuta (2011) opines that the engagement of adolescents with visual impairment in harmful sexual conduct is due to accrued factors such as lack of information on the state and expression of "maleness" or "femaleness", physical susceptibility, the necessity for support and care, the need for guidance in moving around, life in institutions, and the seeming general assumption that individuals with visual impairments are not capable of being reliable witness for themselves, thus exposing them to abuse. Likewise, adolescents with visual impairment from poor households have been shown to be particularly prone to sexual risk-taking, with their economic status motivating them to partake in transactional sex and serving as another limitation in their negotiating power with respect to safer sex practice (Kendi, Mweru & Kinai, 2012; Sithinyiwe & Ngonidzashe, 2016).

Studies have shown that peer pressure is a very powerful socializing agent and can have a strong influence on the perceptions, opinions and behaviour of the adolescents. Peer pressure is often used to describe the force or the influence exerted by one's peer group on oneself in encouraging one to change one's attitude, behaviour, morals and values to conform to the group's actions, taste, fashion sense or general outlook in life. As a formidable socializing instrument, peer group attachment is a very powerful socializing agent and can have a strong influence on the perceptions, opinions and behaviour of adolescents.

Peers are a pervasive aspect of one's social life. They entail a broad range of people who surround one in one's everyday life from early childhood until old age. In younger life phases, peer groups tend to be homogeneous concerning individual characteristics such as gender, age, socioeconomic status, and ethnicity. For instance, children and adolescents tend to segregate into groups of their own gender and age (Maccoby, 1990). This homogeneity decreases from middle adolescence (Lempers & Clark-Lempers, 1993). In adulthood, peer networks become much more gender-integrated than in adolescence (Marsden, 1987). Similarly, age homogeneity decreases with the decreasing

influence of institutions that create opportunities for contact with peers of the same age, such as school (Feld, 1982).

In 1890, James argued that there is an association between the social environment and the behaviour, feelings, and thought of individuals. Their dynamic interplay has been considered to play a key role in personality maturation, because identities are not construed by individuals alone but negotiated in social interaction processes between individuals (Hogan & Roberts, 2004; Swann, 1987). Hence, it is essential to account for the social context in which one is embedded to understand personality development (Leary & Baumeister, 2000; Neyer & Lehnart, 2007). To this end, considering the omnipresence of peers in one's life, it is likely that they influence who one is. One of the few approaches that explicitly consider the role of peers in personality development is group socialization theory (Harris, 1995). The theory posits that with children's advancing age, outside-the-home socialization that takes place in peer groups becomes an increasingly important determinant of adolescents' personality development. The period of adolescence is marked by the establishment of close, intimate relationships with same and opposite-sex peers. It is during this developmental period that teens start relying more on friends for advice, support and companionship, as well as learning experience in cooperation and role taking, as they slowly individuate from parents. Peers may, therefore, replace parents as an important social influence (Brown, 2011). Thus, in ways similar to the community, the peer group becomes an agency of acculturation and learning.

Furthermore, group socialization theory proposes that siblings who grow up in the same family become different from each other not only because 50 per cent of their genes differ, but also because they belong to different peer groups (Harris, 1995). In view of this contention, it implies that peer pressure accounts for a substantial share of the variance in lifespan character or personality development. In other words, peer group processes of within-group assimilation lead to peer group members' personalities or character becoming more similar over time; at the same time, between-group differences increase (Reitz, Zimmermann, Hutteman, Specht, & Neyer, 2014). Nevertheless, peer group members also differ in their personality development, which is driven by unique dyadic relationship experiences.

In addition, it is pertinent to note that the directionality of peer pressure on an individual's behaviour is unclear. Podhisita, Xenos and

Varangrat (2001) point out that it is not clear whether adolescents are mimicking the actual or imagined behaviour of their peers or whether once they initiate behaviour, they tend to associate with others whom they perceive to also exhibit the same behaviour. A general online dictionary defines peer relationships as being characterized by "equal standing with another" (Merriam-Webster.com, 2011). Interestingly, these contentions correspond with social exchange theory which refers to resource-based exchanges (Blau, 1964). According to one of Fiske's (1992) four elementary forms of social relationships, peer relationships often function predominantly according to the principle of equality matching. This assertion implies that resource exchanges in peer relationships are equivalent as peers are entitled to the same amount of giving and receiving, for instance, in terms of affection and support. Hence, peer relationships are reciprocal and peers expect and keep track of an even balance (Clarks & Mills, 1979).

As stated earlier, the directionality of peer pressure on adolescents' behaviour remains blurred. On one hand, studies on alcohol use, smoking, drug use and delinquent behaviour have shown that adolescents tend to socialize with people who have similar behavioural patterns (Lansford, Dodge, Fontaine, Bates & Pettit, 2014). These types of selection patterns tend to give rise to an amalgamation of risky behaviour among the adolescents of various groups (Haye, Green, Pollard, Kennedy & Tucker; 2014). On the other hand, a study conducted by Prinstein, Boergers & Spirito (2001) found that adolescents who manifest destructive behaviour like substance use, aggressiveness and suicide attempt are also reported to have pressurized their friends to engage in similar behaviour. In other words, adolescents may also likely take up behaviour or practices when they perceive their peers engage in similar acts (Podhisita, Xenos & Varangrat, 2001).

Succinctly, sexual activities among adolescents are strongly influenced by others, particularly their sexually active peers (Benda & DiBlaso, 1994; Blum & Mmari, 2005). Peer pressure has been shown to reinforce or change individual attitudes and behaviour regarding sexual activity that leads adolescents to engage in risky sexual behaviour (Albarracin, Kumkale & Johnson, 2004, Fang, Stanton, Li, Feigelman & Baldwin 1998). For instance, all the ten (10) studies conducted by Blum and Mmari (2005) examining the relationship between perception of peers' sexual behaviour and their own sexual experiences reported a positive relationship between the two factors.

Evidence was also noted for an increase in pregnancy risk when a teen has a friend who has been pregnant (Blum & Mmari, 2005). Risky sexual behaviour of adolescents with visual impairment could also be traced to the kind of company they keep. Studies on alcohol use, smoking, drug use and delinquent behaviour have shown that adolescents tend to socialize with people who share similar behavioural traits (Lansford, Dodge, Fontaine, Bates & Pettit, 2014).

Adolescents with visual impairment may easily be lured into risky sexual behaviour by their peers, especially sighted peers. For example, Alamrew, *et.al*, (2014) observed that peer pressure is one of the reasons for sexual initiation among adolescents with visual impairment. This fact is due to their reliance on the sexual information given to them by their friends who have assisted them in one way or the other. Adolescents with visual impairment may not bother to scrutinize the information to find out if it is appropriate for their sexual behaviour. As a result, it may be logical to assert that peer pressure has a strong effect on adolescents, particularly those with visual impairment, who, more often than not, become victims of bad peer influence as far as risky sexual behaviour is concerned.

Parenting style is another predictor of adolescents' risky sexual behaviour. According to Grigorenko and Sternberg (2000), parenting style encompasses both contextual and individual dimensions to child rearing. Parenting has been recognized as a major agent in socializing adolescents and it is the act of parenthood, the child's upbringing, training, rearing and child's education (Okapko, 2004; Ofoegbu, 2002, Utti, 2006). Parenting can also be viewed as a set of behaviour involved across life in relations among organisms who are usually non-specific, and typically members of different generations or, at the least, of different birth cohorts. Parenting interactions provide resources across the generational groups and functions in regard to domains of transactional, reproduction, nurturance, and socialization.

According to Inman, Howard, and Walker (2007), parents are often faced with the complex task of raising their children. Parenting is much more than being a mother or a father providing food, safety, and succour to an infant or a child. It involves bidirectional relationships between members of two (or more) generations; it can extend through all or major parts of the respective life spans of these groups; it may engage all institutions within a culture, including educational, economic, political, and social ones; and it is embedded in the history of a people especially, as that history occurs within the natural and

designed settings within which the group lives (Ford & Lerner 1992). Parenting practices are known to be closely related to many aspects of adolescents and parents are regularly found to be a critical socializing influence on the development of adolescents as well as the younger children.

Noller (1995) notes that families that provide close, supportive environment for adolescents while encouraging independence at the same time, seem to produce adolescents who can cope with the transition to adulthood. In addition, children whose parents encourage autonomous thinking and self-discovery are more likely to develop psychological and social competence. Meanwhile, excessive control and lack of autonomy may stifle the processes of social and psychological maturation that are necessary for adolescents to make responsible choices about their behaviour (Rodgers, 1999).

Researchers have further refined the concept of parenting to differentiate between parenting styles and parenting practices. Parenting styles have been defined as a stable complex of attitudes and beliefs based on Baumrind's classification while parenting practices focus on the specific components of parenting such as monitoring or awareness and involvement (Darling & Steinberg, 1993). Although most studies of parenting do not focus on sexual behaviour, a limited number of studies do so. For example, an expanding research literature has found that parent-teen relationships, communication and parental awareness are associated with delayed sexual activity and sometimes with contraceptive use (Miller, 1998).

Research reports found that adolescents whose parents exhibited warmth and control while permitting their children to express their own views are likely to express pride and positive feelings about their ethnicity. Darling (2007) reports that parenting style predicts a child's well-being in the domains of social competence, academic performance, psychosocial development and sexual risk behaviour. Children and adolescents whose parents are authoritative rate themselves and are rated by objective measures as more socially and instrumentally competent than those whose parents are non-authoritative. This competency will enhance and promote proper growth and development of adolescents in their environment.

However, factors which constitute negative parenting (poor parenting) were equally identified as parental harshness, aggression, lack of love, lack of affection, lack of care, adequate monitoring and supervision, and lack of

control, to mention but a few. These and a host of other conditions may predispose the adolescents to sexual risk behaviour and increase in sexual transmission diseases. Besides, poor parenting is linked to an increased number of adolescents' health challenges. For instance, Kring et al (2007) report a clinical case of a 19-year-old girl with irregular breathing, a rapid pulse and dilated pupils. Diagnosed symptoms began after excessive drugs use resulting from poor and parental disharmony. Apart from addiction, she was also into sexual risk activities such as promiscuous behaviour, disengagement from family activities, abortion and commercial prostitution. Darling (2007) also observes that children and adolescents whose parents are uninvolved perform most poorly in all domains. Nonetheless, the persistence aspects of parental child-rearing styles such as strong discipline, parental disharmony, rejection of the child and inadequate involvement in the child's activities are potential factors for sexual risk behaviour among adolescents (Okorodudu & Okorodudu, 2003).

Some studies have shown that a large percentage of all sexual risk-taking adolescents come from homes that lack normal parental love and care. Attention, love and warmth go a long way in assisting adolescents' emotional development and adjustment (Odebumi 2007). Adolescents require parental love, care, warmth and serious attention to be able to adjust adequately in the environment in which they find themselves. Parents have major roles to play in the adjustment process of adolescents. The behavioural problems of most deviants are rooted in their homes (Atkinson, 2004). Evidence suggests that when the communication on sexual issues between the parents and the adolescent is warm, it creates a healthy environment for the development of the adolescent. Adolescents exhibiting traits of friendliness, cheerfulness, positive emotions and good maturity traits show that they come from homes where they are accepted and loved (Otuadah, 2006).

Okpako (2004) notes that adolescents who are well-enlightened on sexual behavioural issues will always remain a source of joy and happiness to their families. On the contrary, the neglected adolescents gradually become sex addicts, aggressive, restive, rapist and the like. The required parental monitoring and control for adolescents' development may be hindered due to parents' serious involvement in economic activities to meet up with family financial commitments (Ang & Goh, 2006). Such parents spend little or no time at home to communicate with their children on sexual risk issues. Adolescents

are likely to have a lower efficacy in negotiating contraceptive use or refusing sex with their partners, thus, increasing their exposure to pregnancy and sexually transmitted diseases. DiClemente, et al. (2001) and Loromeke (2007) are of the view that parents' communication on sexual risk issues with their children occur according to the training they also received from their own parents. For instance, the majority of parents who grew up in a strict environment end up creating such for their own offspring.

Some researchers have grouped parents into three categories, based on parenting style: authoritarian, authoritative and permissive/indulgent (Baumrind, 1991; Patock-Peckham, Cheong, Balhorn & Nagoshi, 2001). The authoritarian parents constitute parents who are often strict and harsh. Authoritative parents are flexible and responsive to their children's needs but still enforce reasonable standards of conduct while permissive or laissez-faire parents are those who impose few restrictions, rules or limits on their children. Some have added a fourth category of neglectful parents (low control and low acceptance) (Adalbjarnardottir & Hafsteinsson, 2001).

Recent findings suggest that the positive effects of authoritative parenting are amplified when both parents engage in an authoritative parenting style (Simons & Conger, 2007). The study by Simons and Conger (2007) further indicated that having at least one authoritative parent fosters better outcomes than family parenting styles that do not include an authoritative parent. Adolescents whose parents are both authoritative or whose mother alone is authoritative report higher well-being, such as higher self-esteem and life-satisfaction, than participants with no authoritative parent (Milevsky, Schlechter, Klem, & Kehl, 2008). These research findings suggest that regardless of the gender of the parent, the presence of even one authoritative parent is beneficial for adolescent outcomes (Bronte-Tinkew, Moore & Carrano, 2006).

Viewed critically, parenting behaviour during adolescence period has been shown to be an important determinant of offspring behaviour. Adolescents appear to thrive developmentally when their family setting is one of warm relationship (Collier, 1997). All adolescents with or without disabilities need love, care and security. Without this parental affection, they may face some impediment in their sense of belonging and adjustment. Parenting a child living with a disability implies using certain skills to satisfy the child's psychological, physical as well as social needs within the expectation of society.

Research has shown that parenting styles have positive and negative connotations in literature because of the behavioural outcomes of adolescents and children (Ang & Groh, 2006; Utti, 2006). For example, studies suggest that adolescents raised by authoritarian parents are at a greater risk of involvement in risky behaviour than those youth who experience more of a permissive or laissez-faire parenting (Adalbjarnardottir & Hafsteinsson, 2001). Moreover, harsh parenting is also considered to be one of the most important predictors of adolescents' involvement in risky sexual behaviour (Jacobson & Crockett, 2000; Kotchick, Shaffer & Miller Forehand, 2001; Longmore, Manning & Giordano, 2001). One explanation for this phenomenon may be that sexually active adolescents who are raised by harsh parents may reject or ignore any information regarding prevention of sexual activity provided by their parents (Meschke, Bartholomae & Zentall, 2002), or adolescents may not receive any information from their parents at all. Therefore, adolescents may seek out such information from their peers, especially as peers become an integral part of their life.

In addition, permissive or laissez-faire parenting without well-defined or clear-cut goals play a passive role in the raising of children (Ang & Groh, 2006; Utti, 2006). Okorodudu (2010) observes that adolescents from laissez-faire parenting are more prone to delinquent behaviour, risky sexual behaviour and a host of other health problems than those from the other forms of parenting homes. Adolescents with authoritative parents are less prone to externalizing behaviour and specifically are less likely to engage in at-risk behaviour than adolescents with uninvolved parents (Steinberg & Silk, 2002; Gonzalez, Holbein & Quilter, 2002). Thus, the occurrence of risky sexual behaviour among adolescents living with disabilities, especially those with visual impairment seems to relate to the styles they are being reared from home. This fact therefore implies that parenting style has the potential to influence cognitive and affective domain of adolescents with or without disabilities.

It is significant to point out that there is a plethora of literature on risky sexual behaviour among adolescents (for instance, Katuta, 2011; Kendi, Mweru & Kinai, 2012; Umoren & Adejumo, 2014). However, a key concern is that most previous studies gave little attention to adolescents with disabilities, especially those living with visual impairment. In addition, there is a scarcity of research targeting Nigerian adolescents. Much of the earlier related studies targeted adolescents in developed countries with a better policy on the health of

persons living with disabilities.

Furthermore, most of the experimental studies on persons with visual impairment carried out so far have no insight into the predictors of their risky sexual behaviour. It thus became necessary to carry out a study to either validate or refute the findings of the previous studies and make further conclusive findings. It was hypothesized that peer pressure would not significantly predict risky sexual behaviour on one hand and that parenting style would not significantly predict risky sexual behaviour on the other hand. Both the objectives and the hypotheses of the study were explained by ecological system theory propounded by Urie Bronfenbrenner **(**1977, 1979) which offered a helpful underpinning to understanding the relationships among the investigated variables. According to Bronfenbrenner, the ecology of human development entails the process by which the developing individual and the immediate environment mutually influence each other across time. This relation is further affected by the relationships among individuals in the immediate setting as well as in the larger societal context. That is, according to Bronfenbrenner, all levels of the environment in which the adolescents develop influence their development while at the same time, the adolescents influence their environment. Bronfenbrenner further proposed five levels of the environment; the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. Each of these levels is defined in terms of how it directly impinges on the individuals.

Method

Respondents

The respondents for this study were 311 adolescent students with visual impairment. Purposive sampling technique was used to select secondary schools (integrated settings) in Ekiti, Lagos, Ogun, Ondo, Osun and Oyo States in South-western Nigeria. Snellen's chart was used to screen adolescents with visual impairment to really ascertain their visual acuity in the selected secondary schools in South-western Nigeria. Afterwards, a total enumeration of three hundred and eleven adolescents with visual impairment was used for the study (both low vision and total blindness). The age ranges of the respondents were between 9 and 23 years with mean age of 17 years.

Instrument

The following instruments were used to collect data:
Adolescent risky behaviour questionnaire (ARBQ)

It was adapted from the Youth Risk Behaviour Surveillance System (YRBSS) developed in 1988 by the Centre for Disease Control and Prevention (CDCP) to monitor health risk behaviour that contributes to the leading causes of mortality, morbidity, and social problems among youth and adults in the United States. The YRBSS monitors six categories of behaviour: (a) those that contribute to unintentional injuries and violence; (b) tobacco use; (c) alcohol and other drug use; (d) sexual behaviour that contributes to unintended pregnancy and sexually transmitted disease, including human immunodeficiency virus infection; (e) dietary behaviour; and (f) physical activity. Sexual behaviour that contributes to unintended pregnancy and sexually transmitted disease, including human immune-deficiency virus infection was the portion the scale used. In the current study, the initial items of 13 were subjected to validity and reliability tests through a pilot study in order to ascertain its suitability for the study. Critical reliability analysis of the original 13 items brought down the number to 9. Further reliability test of the 9 items was also carried out and the results indicated that the scale has a Cronbach's Alpha reliability of 0.73.

Snellen's chart:

The standard eye chart known as 'Snellen Chart' was developed by Hermen Snellen in the year 1862. It is a standardized eye screening test adopted by the World Health Organisation (WHO) to identify the degree of visual loss. According to Watt (2003), the Snellen eye chart has a series of letters or letters and numbers, with the largest at the top. The letters have different sizes such that the top letters should be seen clearly by an eye with normal vision at a distance of 200ft or 60metres. Each row has a figure at the side indicating the distance in metres or feet at which that row can be seen by normal eyes (Olukotun, 2003). The letter 'E' was used to screen the adolescents with visual impairment in order to ascertain their level of visual loss that is, whether it is low or total vision loss.

Peer pressure scale

The Peer Pressure Scale is a sub-scale of Learner's Aggressive Questionnaire developed by Veliswe (2005). It contains 14 items out of the total 83 items of the original scale. The items are structured in a 5-point Likert

format with response ranging from strongly disagree = 1 to strongly agree = 5. The scale had reported a two-week test-re-test reliability coefficient of 0.62 with an original Cronbach's Alpha coefficient of 0.74. However, for the current research, the instrument was re-validated using test-retest method and reliability coefficient of 0.84 was obtained.

Parenting style inventory (PSI)

Parenting styles were assessed using the validated parenting styles inventory developed by Darling and Toyokawa, (1997). The scale contained 15 items structured on a five point Likert format of 1-strongly disagree to 5- strongly agree. The coefficient alpha of responsiveness, autonomy granting and demandingness subscales are .74, .75 and .72 respectively. In the current study, the 15 items were subjected to validity and reliability tests in order to ascertain its suitability for the study, and it reported a Cronbach's Alpha of .84.

Procedure

Permission and approval were sought and obtained from the appropriate authorities to conduct the study in the designated locations. The instruments were administered to all selected respondents after their willingness to participate had been obtained. The administration of the instruments lasted six weeks. One week was spent in the administration of the instruments in each state. The researcher engaged the services of four research assistants who were trained in order to facilitate the administration of the questionnaire. The respondents were informed about the study and their rights regarding participation. The researcher and the research assistants then administered the questionnaire and encouraged the respondents to fill in their response without prejudice. The copies of the questionnaire were collected on the spot.

Statistics

The data collected were analysed using frequency count, percentages, Pearson Product Moment Correlation and Multiple Regression

Results

Classification	Sub-groups	Frequency	Percentages
Gender	Male	167	53.7
	Female	144	46.3
	Total	311	100
Age group	9-12 years	10	3.2
	13-16 years	**128**	**41.2**
	17-20years	135	43.4
	21-23years	38	12.2
	Total	311	100
Students' classes	**JSS 1**	24	7.7
	JSS 2	35	11.3
	JSS 3	40	12.9
	SSS 1	**88**	**28.4**
	SSS 2	69	22.3
	SSS 3	54	17.4
Total	311	100	
Category of Visual impairment	Total blindness	138	44.4
	Low vision	173	55.6
	Total	**311**	**100**

Table 1 above reveals the demographic characteristics of the respondents. From the table, it is shown that the proportions of male respondents are 53.7% while female respondents are 46.3%, implying that there are more male respondents in the study than female respondents. Regarding the age group, the table shows that respondents aged 9-12years are 3.2%, those aged 13-16 years are 41.2%, those aged 17-20 years are 43.4% while those aged 21-23years are 12.2%. It is shown in the table that 7.7% of the respondents are in

JSS1 class, 11.3% respondents are in JSS 2 class, and 12.9% respondents are in JSS 3 class, 28.4% respondents are in SSS 1 class, 22.3 % respondents are in SSS2 class while 17.4 % respondents are in SSS 3 class. Categorization of visual impairment reveals that 44.4% respondents are totally blind while 55.6% respondents have low vision.

Table 2: Relationship between peer pressure and risky sexual behaviour

Variables	N	Mean	St.Dev	Df	R	P	Sig
Risky sexual behaviour	311	16.926	4.494				
Peer pressure	306	39.474	8.996	309	-.094	0.678	NS

**Correlation is significant at 0.05(2-tailed)*

Table 3: **Relationship between parenting style and risky sexual behaviour**

Variables	N	Mean	St.Dev	Df	R	P	Sig
Risky sexual behaviour	311	16.926	4.4942				
Parenting style	306	48.759	9.1404	309	.084	0.067	NS

**Correlation is significant at 0.05(2-tailed)*

Table 2 reveals that there is no significant relationship between peer pressure and risky sexual behaviour among adolescents with visual impairment ($r_{(309)} = -0.094$, $p>0.05$). Although the result confirms that a negative relationship exists between them, such a relationship is not a significant one while Table 3 reveals that there is no significant relationship between parenting style and risky sexual behaviour among adolescents with visual impairment; ($r_{(309)} = 0.084$, $p>0.05$).

Discussion.

The current study focused on peer pressure and parenting style as predictors of risky sexual behaviour among adolescents with visual impairment in South-western, Nigeria. Two hypotheses were postulated and tested. The first hypothesis states that peer pressure would not significantly predict risky sexual behaviour while the second hypothesis states that parenting style would not significantly predict risky sexual behaviour. From the analysis, the first hypothesis was supported as there was no significant relationship between peer pressure and risky sexual behaviour among

adolescents with visual impairment in secondary schools in South-west Nigeria. This finding contradicts the findings of Lansford, Dodge, Fontaine, Bates and Pettit, (2014) in their study which was carried out on alcohol use, smoking, drug use and delinquent behaviour and which found that peers have a significant influence on young people's behaviour.

Similarly, the finding revealed that peer pressure reinforces or changes individual attitudes and behaviour regarding sexual activities resulting in the tendency of adolescents to engage in risky sexual behaviour activities (Albarracin, Kumkale &Johnson, 2004). The finding negates the submission of Blum and Mmari (2005) that a positive relationship exists between the two factors with evidence from an increase in pregnancy risk. While corroborating the finding of Blum and Mmari (2005), Lashbrook (2000) found that older adolescents most times attempt to avoid negative emotions, such as feelings of isolation and inadequacy, by participating in risky sexual behaviour with peers. Brady, Dolcini, and Harper (2009) also found that adolescents with low social support from peers may be prone to engaging in sexual risk-taking as a response to stress, whereas adolescents with visual impairment with high peer support may engage in sexual risk-taking due to peer socialization of risk.

The finding further contradicts the results of Gardner and Steinberg (2005), who carried out an experimental study titled “Peer Influence on Risk Taking, Risk Preference, and Risky Decision Making in Adolescence and Adulthood”. Their results indicated that (a) risk-taking and risky decision making decreased with age; (b) respondents took more risks, focused more on the benefits than on the costs of risky behaviour, and made riskier decisions when in peer groups than alone; and (c) peer effects on risk-taking and risky decision making were stronger among adolescents and youth than among adults.

The second hypothesis was also supported. Findings showed that there was no significant relationship between parenting styles and risky sexual behaviour among adolescents with visual impairment in secondary schools in Southwest Nigeria. The finding in the study corroborates findings from Ang and Groh, (2006) and that of Utti (2006) who both maintained that parenting styles have both positive and negative connotations in the literature because of the behavioural outcomes of adolescents and children. In contrast, findings conducted by Simons and Conger (2007) showed that the positive effects of authoritative parenting are amplified when both parents engage in an

authoritative parenting style. They added that the authoritative parenting style is associated with the lowest levels of depression and the highest levels of school commitment among adolescents. This implies that having at least one authoritative parent fosters better outcome than family parenting styles that do not include an authoritative parent.

The finding suggests that regardless of the gender of the parent, the presence of even one authoritative parent is beneficial for adolescent outcomes (Bronte-Tinkew, Moore & Carrano, 2006). In like manner, the finding agrees with the results of Baumrind, Larzelere, and Owens, (2010) who found that verbal hostility and psychological control were the most detrimental of the authoritarian-distinctive, coercive power-assertive behaviour. Adolescents from most Caucasian authoritarian families have been found to exhibit poor social skills, low levels of self-esteem, and high levels of depression (Milevsky, Schlechter, Netter & Keehn, 2007). In the same vein, Luyckx, Tildeley, Soenens, Andrews, Hampson, Peterson and Duriez, (2011) found that by grade 12, adolescents with uninvolved parents drank alcohol almost twice as much and smoked twice as much as their peers that lived in authoritative households. Likewise, Adalbjarnardottir and Hafsteinsson (2001) maintained that adolescents who perceived their parents as uninvolved used more drugs compared to adolescents with visual impairment who perceived their parents as authoritative.

Based on the findings, the study recommended that adolescents with visual impairment should be helped to develop communication, negotiation and refusal skills for the promotion of healthy sexual behaviour. The study also suggested the need for parents to monitor the types of company their children keep. Parents should endeavour to regularly admonish and counsel their children with visual impairment apart from sharing their knowledge and experience with them. Constant dialogue on the need to refrain from activities revolving around risky sexual engagements is an urgent necessity. Parents have the onerous duty to make their children to be fully aware of the dangers inherent in risky sexual behaviour.

References

Adalbjarnardottir S. & Hafsteinsson LG. (2001). Adolescents' perceived parenting styles and their substance use: Concurrent and longitudinal analyses. J Res Adolescent. 11:4:401-23 Italicise the major work

Alamrew, Z., Tareken, M., Alamirew, A., & Asres, G. (2014). Risky sexual behaviours and associated factors among people with disabilities in desired city.

Albarracin, D., Kumkale, G.T., & Johnson, B.T. (2004). Influences of social power and normative support on condom use decisions: A research synthesis. AIDS Care. 16: 700–723.

Ang, R. P. & Goh, D. H. (2006). Authoritarian parenting style in Asian societies: A cluster analytic investigation. Contemporary family therapy: An International Journal. 28:1:132 – 151.

Atkinson, K. (2004). Family influences on peer relationships divorce and teens: A disruptive tale: http/inside.Bard.edu/academic/specialproj/clarliog/bullying/grou p5 divorce.htm?

Azuike, E. C., Iloghalu, I. C., Nwabueze S. A., Emelumadu O. F., Balogun, J. S., Azuike, E. D.,Obi, K. M., Enwonwu, K. G., Ebulue, C. C., Obi, D. C.& Chikezie, N. I. (2015). Sexual behaviour among senior secondary school students in Nnewi North and Nnewi SouthLocal Government Areas of Anambra State, South-Eastern Nigeria, *European Journal of Preventive Medicine*. Vol. 3, No. 2: 26-33.

Baumrind, D. (1991). The Influence of parenting style on adolescence competence and substance abuse. Journal of Early Adolescent Vol., 11, 56-95.

Baumrind, D., Larzelere, R.E. & Owens, E.B. (2010). Effects of preschool parents' power: Assertive patterns and practices on adolescent development. Parenting 2010, 10, 157–201.

Benda, B.B., & DiBiase, F. A. (1994).Comparison of four theories of adolescent sexual exploration.*Deviant Behaviour, 12*:3, 235-257

Beyth-Marom, R., & Fischoff,B.(1997). Adolescents' decisions about risks: A cognitive perspective, In J. Schulenberg, J. L. Maggs & K. Hurrelman (Eds.): Developmental transition during adolescence: Health promotion implications (Pp 110-135). New York: Cambridge University Press.

Blau, P. M. (1964). Exchange and power in social life. New York: John Wiley

Blum, R. W. & Mmari, K. N. (2005). Risk and protective factors affecting adolescent reproductive health in developing countries. Geneva: World Health Organization.

Blum, R.W., Beuhring, T., Shew,M.L. ,Beringer, ,L.H.,Sieving,,R.E.,& Resnick, ,M.D.(2000).The effects of race/ethnicity, income and family structure on adolescents' risk behaviour. *American Journal of Public Health, 90, 1879-1884.*

Brady, S.S., Dolcini, M.M., & Harper, G.W. *(2009).* Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. *Health Psychol.*

2009, 28**:**238–248.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32*, 513-531.

Bronfenbrenner, U. (1979). *The ecology of human development.* Cambridge, MA.

Bronte-Tinkew, J., Moore, K.A. & Carrano, J. (2006).The father-child relationship, parenting styles, and adolescent risk behaviours in intact families. J. Fam. Issues, 27, 850–881.

Brown, B. B. (2011). Popularity in peer group perspective: The role of status in adolescent peer systems. In A. H. N. Cillessen, D. Schwartz, & L. Mayeux (Eds). Popularity in the peer system (pp. 165-192). New York: Guilford Press.

Brown, J.D. & L'Engle, K.L. (2009). X- Rated sexual attitudes and behaviour associated with U.S. early adolescents' exposure to sexually explicit media. Communication Research, 36:1, 129-151

Clark, M. S., & Mills, J. (1979). Interpersonal attraction in exchange and communal relationships. *Journal of Personality and Social Psychology, 37*(1), 12-24.

Collier, P. E. (1997). Collier's Encyclopaedia: vol. 1 New York.

Darling, N. & Steinberg, L. (1993).Parenting style as context: An integrative model. Psychological Bulletin, 113:3, 487-496.

Darling, N. (2007). Ecological systems theory: The person in the centre of the circles. Research in Human Development, 4:3–4, 203–217.

Darling, Nancy & TeruToyokawa . (1997). Construction and Validation of the Parenting Style Inventory 11 (PS 11). 1997. Department of Human Development and Family Studies.

Diala, C.,Olujimi, S., Harris, F. & Feyisetan, K., (2011). HIV-related knowledge, attitudes, behaviours, and practices of young people in Cross River State and Kogi State, Nigeria. Washington DC: USAID. 71: 526-530.

DiClemente, R. J., Wingood, G. M., Crosby, R., Sionean, C., Cobb, B. K., Harrington, K., (2001). Parental monitoring: Association with adolescents' risk behaviours. Paediatrics, 107:6, 1363-1368.

Ejimanya,E.E, Okelola,O.S & Okoli, B.I. (2017). Attitude of the sighted public towards persons with visual impairment: Implications for building a safer society. Building a safer world through Education, Faculty of Education University of Ibadan, Nigeria. Pp. 187.

Falaye, A.O. (2001). Human life development: A text in developmental psychology. Ibadan: Sterling Holdings publication, Nigeria Ltd.

Fang, X., Stanton, B., Li,. X, Feigelman, S, Baldwin, R. (1998). Similarities in sexual activity and condom use among friends within groups before and after a risk reduction intervention. Youth & Society 29.

431–450

Feld S. L., (1982). Social Structural Determinants of Similarity among Associates: American Sociological Review, Vol. 47, No. 6 (Dec., 1982), pp. 797-801

Fiske A.P. (1992). The four elementary forms of sociality: Framework for a unified theory of social relations. *Psychological Review*, 99, 689–723.

Ford, D. H., & Lerner, R. M. (1992). Developmental systems theory. An integrative approach. Newbury Park, CA: Sage

Gonzalez, A., Holbein, M. & Quilter, S. (2002).High school students' goal orientations and their relationship to perceived parenting styles. Contemp. Educ. Psychol., 27: 450–471.

Grigorenko, E.L. & Sternberg, R.J. (2000).Elucidating the aetiology and nature of beliefs about parenting styles. Develop Sci.; 3:1:93-112.

Harris, J. R. (1995). Where is the child's environment? A group socialization theory of development. *Psychological Review, 102,* 458-489.

Haye, K., Green Jr., H. K, Pollard, M., S., Kennedy, D. P. and Tucker, J. S. (2014). Befriending Risky Peers: Factors Driving Adolescents' Selection of Friends with Similar Marijuana Use. *Journal of Youth and Adolescence*.

Hayes, S. C. (1987). A contextual approach to therapeutic change. In N. Jacobson (Ed.), *Psychotherapists in clinical practice: Cognitive and behavioral perspectives* (Pp. 327 387). New York: Guilford.

Hogan, R., & Roberts, B. W. (2004).A Socio-analytic model of maturity. *Journal of Career Assessment, 12, 207–217.*

Ibitoye, O (2017) Effects of Parental Neglect on Academic and Entrepreneurship Skill of Learners with Visual Impairment in Ibadan, Oyo State, Nigeria. In the Journal of Advocacy and Rehabilitation in Special Education, 1(16), 31 -36

Inman, A. G., Howard, E.E., Beaumont, L.R. & Walker, J. (2007). Cultural Transmission: Influence of contextual factors in Asian Indian immigrant parent's experience. *Journal of Counselling Psychology*, 54: 93-100.

Jacobson, K.C. & Crockett, L.J. (2000). Parental monitoring and adolescent adjustment: an ecological perspective. Journal of Research on Adolescence, 10:1, 65-97.

Katuta, S. (2011). Sexual Behaviours and Vulnerabilities to HIV : A case study of the Hearing and Visually Impaired pupils of Munali Boys and Munali Girls High Schools in Lusaka. *Medical Journal of Zambia, Vol.*, *38*(3), 22–35.

Kelly, S. M., & Kapperman, G. (2012).Sexual activity of young adults who are visually impaired and the need for effective sex education. *Journal of Visual Impairment and Blindness*, *106*:9, 519.

Kendi, L., Mweru, M., & Kinai, T. (2012). HIV / AIDS Knowledge and Risk Perception of Visually Impaired and Sighted Pupils in Kenya. *European Scientific Journal*, *8*(8), 168–179.

Kotchick, B. A., Shaffer, A. & Forehand, R. (2001). Adolescent sexual risk behaviour: A multi-system perspective. Clinical Psychology Review, 21:4, 493-519.

Kring, A. M., Davison, G. C., Neale, J. M. & Johnson, S. L. (2007).Abnormal psychology. (10th Ed.). New York: John Wiley and Sons.

Lansford, J. E., Dodge, K., A., Fontaine, R. G., Bates, J. E. & Pettit, G. S. (2014). Peer rejection, affiliation with deviant peers, delinquency, and risky sexual behaviour. Journal of Youth and Adolescence. 43:10-23.

Lashbrook, J.T. (2000): Fitting in: Exploring the emotional dimension of adolescent peer pressure. Adolescence.35 (140).747-757.

Leary, M. R., & Baumeister, R. F. (2000). The nature and function of self-esteem: Sociometer theory. In M. P. Zanna (Ed.), *Advances inexperimental social psychology* (pp. 1–62). San Diego, CA: Academic Press.

Lempers, J. D., & Clark-Lempers, D. S. (1993). A functional comparison of same-sex and opposite sex friendships during adolescence. *Journal of Adolescent Research, 8*(1), 89-108.

Longmore, M.A., Manning, W.D. & Giordano, P.C. (2001). Preadolescent parenting strategies and teens' dating and sexual initiation: A longitudinal analysis. *J. Marriage Fam.,* 63: 322–335.

Loromeke, C. J.K. (2007). Relationships among Parenting Styles, Self-Concept and Students Career Dispositions in Uvwie Local Govt. Area of Delta State. Unpublished M.Ed Thesis of Delta State University, Abraka.

Luyckx, K., Tildeley, E.A., Soenens, B., Andrews, J.A., Hampson, S.E., Peterson, M. & Duriez, B. (2011). Parenting and trajectories of children's maladaptive behaviours: A 12-year prospective community study. *J. Clin. Child Adolesc. Psychol.*, 40: 468–478.

Maccoby, E. E.(1990). Gender and relationships: A developmental account. American Psychologist, 45,513-520.

Marsden, Peter V. (1987). "Core discussion networks of Americans." *American Sociological Review 52:122-131.*

Meredith E.W. (2012). Sex education for students with vision impairments: A guide for visiting teachers. Retrieved from http://svrc.vic.edu.au/curriculum/sex-education/.

Merriam-Webster's Intermediate Dictionary: Merriam Webster; Revised edition (January 30, 2011)

Meschke, L. L., Bartholomae, S. & Zentall, S. R. (2002). Adolescent sexuality and parent-adolescent processes: promoting healthy teen choices.

Family Relations, 49: 143-154

Milevsky, A., Schlechter, M., Klem, L. & Kehl, R. (2008). Constellations of maternal and paternal parenting styles in adolescence: Congruity and well-being. *Marriage Fam. Rev.*, 44: 81–98.

Miller, B. (1998). Families matter: A research synthesis of family influences on adolescents pregnancy. Washington, DC: The National Campaign to prevent teenage pregnancy.

National Population Commission (NPC) [Nigeria] and ICF International. (2013). Nigeria Demographic and Health Survey 2013-Preliminary Report (Abuja: National Population Commission and ICF International).

Neyer, F. J., & Lehnart, J. (2007). Relationships matter in personality development: Evidence from an 8-year longitudinal study across young adulthood. *Journal of Personality*, 75(3), 535–568.

Noller, P. (1995). Parent-adolescent relationships. In M. A. Fitzpatrick and A. L. Vangelisti (Eds.), *Explaining family interactions*. Thousand Oaks, CA: Sage. 49: 77–111.

Nwankwo, B. O & Nwoke, E. A. (2009). Risky sexual behaviours among adolescents in Owerri Municipal: Predictors of unmet family health needs. *African journal of reproductive health*, *13*:1-16.

Odebunmi, A. (2007). Parenting: A Cross-Cultural and Psychological Perspective, Abuja, (Afabunmi Nigeria Limited)

Ofoegbu, C. I., (2002). Human Development, Family Behaviour, Parenting, Marriage and Counselling Skills. Enugu: Snaap Press Ltd.

Ofole, N. M. (2016): Evidenced Based therapeutic outcome of multimodal therapy on sexual decisions of students in Rivers State Remedial Study Centre. *Africa Research Review*. Vol 10: 3: 55-71.

Okeke, B. A. (2001). Essentials of Special Education Nsukka: Afro Orbis Publication Ltd.

Okoli B.I., Nwazuoke I.A., Olisaemeka A.N. & Ogike B.N.C. (2016).Attitude of the Society towards Marrying Persons with Visual Impairment. *Journal of Special Education.* Vol. 14, No 1: 48-5

Okoli B.I., Olisaemeka, A.N & Ogwuegbu, D.C. (2012).Attitude of Special Educators towards Inclusive Education for Persons with Visual Impairment in Nigeria. *African Journal of Inclusive Education*. 1: 52-61

Okorodudu, G. (2010). Influence of Parenting Styles on Adolescent Delinquency in Delta Central Senatorial District. Online publication of Institute of Education Delta State

Okorodudu, R. I. & Okorodudu G. N. (2003).Causes of Behaviour problems among Adolescents. The Nigerian Educational Psychologist. *Journal of Nigerian Society for Educational Psychologists*

(NISEP) 2:1: 73 – 81.

Okpako, J. E. F (2004) Parenting the Nigerian Adolescents Towards Smooth Transition to Adulthood. In Contemporary Issue and Research in Adolescents (I. A. Nwazuoke; O. Bamgbose & O. A. Morokola (Ed) Ibadan Omoade Printing Press pp 275 – 288

Olukotun, J.O. (2003). Teaching children with blindness and visual impairment: A basic text. Ibadan: Codat publication.

Omeje, J. C., Ekwueme, M. N., & Ugwu, F. A. (2013). Strategies for Enhancing Healthy Sexual Behaviour among Secondary School Adolescents in Nsukka Education Zone of Enugu State Nigeria. *Research on Humanities and Social Sciences*, *4*(25), 91–95.

Otuadah, C. E. (2006). Parental Behaviour and Peer Group Influence as Correlates of Delinquent Behaviour among Secondary School Students in Warri Metropolis. Unpublished M.Ed. Thesis of Delsu, Abraka.

Patock-Peckham, J.A., Cheong, J., Balhorn, M.E. & Nagoshi, C.T. (2001). A social learning perspective: A model of parenting styles, self-regulation, perceived drinking control, and alcohol use and problems. *Alcohol Clin. Exp. Res*.; 25:9:1284-92

Podhisita, C., Xenos, P. & Varangrat, A. (2001). The risk of premarital sex among Thai youth: Individual and familial influences. *East-West Center Working Papers*, 108:5.

Prinstein, M. J., Boergers, J. and Spirito, A. (2001). Adolescents' and Their Friends' Health-Risk Behaviour: Factors That Alter or Add to Peer Influence. *Journal of Pediatric Psychology*. 26: 287-298.

Prinstein, M. J., Meade, C. S. & Cohen, G. L. (2003). Adolescent oral sex, peer popularity, and perceptions of best friends' sexual behaviour. *Journal of Paediatric Psychology*. 28: 243–249.

Reitz, A. K., Zimmermann, J., Hutteman, R., Specht, J., & Neyer, F. J. (2014). How peers make a difference: The role of peer groups and peer relationships in personality development. *European Journal of Personality*, *28*, 279-288.

Rodgers, K. B. (1999). The Teen Assessment Project: Community-based collaborative research. In R. Lerner and T. Chibucos (Eds.) Serving children and families through community-university partnerships: Success stories. Boston, MA: Kluwer Academic Publishers.

Simons, L.G. & Conger, R.D. (2007).Linking mother-father differences in parenting to a typology of family parenting styles and adolescent outcomes. J. Fam. 28: 212–241.

Sithinyiwe, C., & Ngonidzashe, M. (2016). An Exploration on the Challenges Faced by People with Disabilities in HIV and AIDS Prevention, Care, Support and Treatment in Chipinge West Constituency in Zimbabwe. *International Journal of Humanities and Social*

Studies, *3*(5), 28–35.

Steinberg, L. & Silk, J.S. (2002).Parenting adolescents. In Handbook of Parenting, 2nd ed.; Bornstein, M.H., Ed.; Erlbaum: Mahwah, NJ, USA; 1:5-8.

Swann, W. B., Jr. (1987). Identity negotiation: Where two roads meet. *Journal of Personality and Social Psychology, 53, 1038-1051*

Umoren, A. M., & Adejumo, A. O. (2014). Role of Sexual Risk Behaviours and Sexual Attitude in Perceived HIV Vulnerability Among Youths with Disabilities. *Sexuality and Disability*, *32*(11), 0146–1044.

Utti, A. (2006). Relationship between Parenting Styles and Students Academic Achievement in Secondary Schools in Ethiope East L. G.A of Delta State. Unpublished M. Ed Thesis of Delta State University, Abraka

Velisiwe, G.G. (2005). "Learner's aggressive behaviours in secondary schools". A psycho-social perspective. University of South Africa.

Watt, Wendy Strouse, (2003). "How Visual Acuity Is Measured", Macular Degeneration Support, October 2003.

World Health Organisation [WHO]. (2009). Quality Assessment Guidebook. A guide to assessing health services for adolescent clients.