

School Climate and Gender as Factors in Risky Sexual Behaviour of Adolescents with Visual Impairment in South-Western Nigeria

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Abstract

Risky sexual behaviour among adolescents with visual impairment has continued to be a source of concern to different tiers of government, parents, teachers and members of society at large. Several studies on adolescents with visual impairment have been on their academic achievement and the development of daily living skills with little or no studies devoted to their participation in risky sexual activities. This study, therefore, focused on school climate and gender as factors in risky sexual behaviour among adolescents with visual impairment in Southwestern, Nigeria. Health Belief Model and Social Learning Theory provided the framework for the study. Descriptive research design of correlational type was adopted using purposive sampling technique to select twelve integrated schools in six Southwestern 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. Average age of the respondents was + 17 years old. Data was collected through the school Climate Student Scale ($\alpha = .92$) and Adolescents Risky Behaviour Questionnaire ($\alpha = .73$). Data

collected were analysed using descriptive statistics, Pearson Product Moment Correlation and t-test. Findings showed that there was a significant relationship between school climate and risky sexual behaviour among adolescents with visual impairment. The study also revealed a significant gender difference in risky sexual behaviour among adolescents with visual impairment in Oyo State. Based on the findings, it was recommended that school administrators, special educators, and counsellors should help the adolescents with visual impairment to recognise and appreciate the roles and impact of the school environment in shaping their lifestyles and dispositions towards reducing risky sexual behaviour among them.

Keywords: *School Climate, Gender, Resky Sexual behaviour, Visual Sexual impairment*

Introduction

Risky sexual behaviour can be defined as the engagement in activities that increase one's susceptibility to problems related to sexuality and reproductive health. Risky sexual behaviour includes having sex at a very tender age, having many sexual partners, engaging in prostitution, having sex while under the influence of alcohol or drugs and engaging in unprotected sexual activities. Risky sexual behavior becomes more problematic when viewed through the lenses of adolescents with disabilities, especially those with visual impairment who are often vulnerable and highly endangered. Adolescents and adults with disabilities constitute about 10% of the World's population (WHO International Classification of Functioning, Disability and Health (ICF), 2002). It is clear that little is known about how adolescents make choices to engage in or not to engage in sexual experience. Often, researchers assume that, for adolescents, engaging in sexual intercourse is sexual risk-taking (Blum, Behring, Shew, Beringer, Sieving and Resnick, 2000).

Adolescence is a transitional phase of growth and development between childhood and adulthood. An adolescent is any person between the ages of 10 and 23 years (WHO, 2002). However, different societies have different age grades, characteristics and responsibilities they assign to individuals within this transitional phase. The adolescent stage is a crucial stage in the development of an individual. Proper education, mentoring and parenting are thus required to enable an individual sail successfully through this stormy phase and become a mature and well-bred adult with focus and purpose in life. It behoves on parents, teachers and a host of many others in society to provide the needed examples and guidance to see children through the phase of adolescence. In a nutshell, the concept of adolescence is the notion of transition, a period of change, growth and disequilibrium.

Visual impairment is a significant limitation of visual capability resulting from disease, trauma, or congenital or degenerative conditions that cannot be corrected by conventional

means such as refractive correction or medication. It is classified into partial sightedness, low vision and total blindness. Heward (2006) states that children with visual loss are those who, as a result of their limited or total loss of vision, are deficit in one or more skills requiring vision. As a result, they need special equipment and adaptations to function effectively at school and at home. It is well documented that adolescents with visual impairment engage in sexual activities with limited or inadequate information inherent in sexuality and reproductive health. In this connection, Katuta (2011) opines that the engagement of adolescents with visual impairments 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 impairment are not capable of being reliable witness for themselves, thus exposing them to abuse. Adolescents with visual impairment from poor households are 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 and Kinai, 2012; Sithinyiwe and Ngonidzashe, 2016).

There are many misconceptions about the sexuality of adolescents with visual impairment and the most common is that they are asexual and as such, they do not need information about their sexuality. The needless misconceptions largely account for their potential physical, mental, and social risk as well as their inability to observe, develop and practice appropriate sexual behaviour. Despite the few studies on the different facets of sexuality of persons with visual impairment, available literature has been able to reveal some sexual activities and experiences of adolescents with disabilities in Nigeria and across the globe. For instance, a study conducted by Alamrew, Tareken, Alamirew and Asres (2014) on risky sexual behaviour and its associated factors among people with disabilities in Dessie, Ethiopia, revealed that 301 (73.1%) out of 412 respondents have had intercourse. Out of this number, 153 respondents (50.8%) were below the age of 18 years and the median age at sexual debut was 18 years. According to the findings of the study, 174 (57%) of them accepted to have had sex out of their own personal interest, 68 (22%) reported their own case as due to peer pressure and 3.7% was due to an economic problem. Similarly, a study conducted in Tanzania showed that almost half of the people with one disability or the other have had sex before the age of 19 (Margaret, Raphael and Herman, 2009).

An important factor that can influence risky sexual behaviour is the school climate. There is no one universally agreed-upon definition of school climate but practitioners and researchers use a range of terms such as atmosphere, feelings, tone, setting, or milieu of the

school (Freiberg, 2000; Homana, Barber and Torney-Purta, 2006). School climate is a multi-faceted concept that describes the extent to which a school community creates and maintains a safe school campus, a supportive academic, disciplinary, and physical environment, and respectful, trusting, and caring relationships throughout the school community (Steinberg, Allensworth and Johnson, 2011).

According to Cohen, McCabe, Michelli and Pickeral (2009), school climate is associated with safety, healthy relationships, engaged learning and teaching and school improvement efforts. A sustainable, positive school climate fosters students' development and learning necessary for a productive, contributive and satisfying life in a democratic society.

Empirical evidence suggests an association between positive perceptions of school climate and a range of positive teacher and student outcomes, including outcomes directly related to school safety. O'Malley, Katz, Renshaw and Furlong (2012) summarise the findings from studies which show that students who perceive their school climate to be positive are also less likely to engage in high-risk behaviour. Recent research further indicates an association between positive school climate, reduced aggression and violence, decreased bullying behaviour and sexual harassment (Brookmeyer, Fanti and Henrich, 2006; Goldstem, Young and Boyd, 2008; Gregory, Cornell, Fan, Sheras, Shih and Huang, 2010). However, these relationships have not been fully elucidated.

Using hierarchical linear modelling with a statewide sample of over 7,300 ninth-grade students and 2,900 teachers randomly selected from 290 high schools, Gregory, *et al.* (2010), in one study, showed that consistent enforcement of school discipline (structure) and availability of caring adults (support) was associated with school safety. Klein, Cornell and Konold (2013), using a sample of 3,687 high school students who completed the school climate bullying survey and questions about risk behavior from the youth risk behaviour surveillance survey (YRBS) found that positive school climate is associated with lower student risk behaviour.

The social-emotional climate of schools is predictive of mother's reports of their school-age children's alcohol use and psychiatric problems (Kasen, Johnson and Cohen, 2000). Furthermore, researchers have found that positive school climate is a protective factor for boys and may supply high-risk students with a supportive learning environment, yielding a healthy development, as well as preventing antisocial behaviour (Haynes, 2000; Kupermine, Keadbeater and Blatt, 2001).

School climate research suggests that positive interpersonal relationships and optimal learning opportunities for students in all demographic environments can increase achievement levels and reduce maladaptive behaviour (McEvoy and Welker, 2000).

Regarding the roles of teachers and administrators, the study by Taylord and Tashakkori (2006) revealed that positive school climate promotes job satisfaction for school human resources. Attending a new school can be frightening for students and this apprehension can adversely affect students' perceptions of their schools' climate and learning outcomes. Hence, the students' interest is critical to their transitioning from one school level to another. Consequently, providing a supportive school climate for students is important for a smooth and easy transition to a new school (Freiberg, 2000). Previous school climate research supports the conclusion that many factors comprise this complex concept.

Research has also shown that teachers' work environment, peer relationships and feeling of inclusion and respect are important aspects too. In a study of 12 middle schools, Guo (2012) found that the teachers' work environment, which may be considered as an indicator of teachers' relationships with each other and school administrators, fully mediated the path from a whole school character intervention to school climate change. This finding indicates the critical foundational role of positive adult relationships for a positive school climate. In the same vein, Higgins-'Alessandro and Sakwarawich (2011) demonstrated that students with special needs, those who had Individual Education Plans (IEPs) only were able to benefit from the positive school climate if they felt included and respected by other students, indicating the critical role of peer relationships in the well-being of students with differences.

From the foregoing, it can be deduced that school climate plays a significant role in providing a healthy and positive school atmosphere for students, leading to the cultivation of socially acceptable behaviour including normal sexual behaviour. As noted by Freiberg (2000), the interaction between the various school and classroom climate factors creates fabrics of support that enables all actors in a school system to teach and learn at optimum levels. Positive school climate yields positive educational and psychological outcomes for students and teachers. Impliedly, a negative climate can prevent optimal learning and development (Freiberg, 2000; Kuperminc, Leadbeater and Blatt, 2001; Manning and Saddlemire, 1996).

Gender is another factor widely known to predict risky sexual behaviour among adolescents with visual impairment. Gender can be described as the range of physical, biological, mental and behavioral characteristics pertaining to and differentiating between the female and male population (Filgona and Sababa, 2017). Gender also represents a cultural value system that distinguishes the roles, behaviour, mental and emotional characteristics between females and males developed by society (Udousoro, 2011). Umor (2003) describes gender as a psychological term used in describing behaviour and attributes expected of individuals on the basis of being born as either male or female. Gender

inequality constitutes a critical issue that has attracted scholarly attention in recent times (Awodun, Oni and Oveniyi, 2015). According to Hansman, Tyson and Zahidi (2009), gender equality has been a tall order, defying attempts to realise it across the globe. Common focal areas in gender equality discourse include economic participation, education and role-related issues. Gender has been ascribed various meanings and interpretations by scholars. For instance, Filgona and Sababa (2017) described the term “gender” as including a range of physical, biological, mental as well as behavioural attributes that pertain to and differentiates between the female and male human population. Gender is a term used for describing behaviour and traits constructed as societal expectations from individuals which result from the biological distinction of sex. These submissions allude to the fact that gender involves categorisation on the basis of masculinity and femininity. Yoona, Voithb and Kobulskyc (2018) investigated gender differences in pathways from child physical and sexual abuse to adolescent risky sexual behaviour among high-risk youth and found that significant gender difference exists in the patterns of risk pathways resulting from childhood physical abuse.

Direct effects from physical abuse to risky sexual behaviour in boys may indicate that physically abused boys are more likely to be exposed to hyper-sexualised models of masculinity, leading to risky sexual behaviour, or may use sex as a compensatory strategy to establish a masculine identity as a response to prior abuse and vulnerability. Studies have also established significant gender moderation in the path from marijuana use to risky sexual behaviour, with a significant association between these variables found in girls, but not in boys (Yoona, *et al*, 2018).

A study conducted by Chireshe, Mapfuno and Shumba (2007) in two universities in Zimbabwe claimed that there was no difference in the perceived male-female attitudinal roles in intimate relationships between either party of students. Two-thirds of the respondents viewed the ages 18 to 21 years as an appropriate period to have sex, 65% approved of sex before marriage while over 80% of the respondents reported that they would refuse to have sex if their partner was unwilling to use a condom. Chireshe *et al.*, (2007) study also found that a majority of respondents practice safe sex and are aware of the consequences of having unsafe sex.

Beyond students' academic performance, quite a lot of researchers have delved into gender difference in sexually related activities among the adolescents. Yoona, *et al.* (2018) note that significant gender difference exists in the regular form of risk sequence of reactions resulting from earliest years of physical abuse. They maintained that sexual maltreatment significantly correlates with hazardous sexual activities in boys rather than in girls. In the same vein, Bensley, Van Eenwyk, and Simmons (2000) observe that earliest

years of sexual maltreatment is related to a three-fold increase in HIV-risk behaviour in male rather than in female in adulthood. This observation implies that adolescent male with a background of earliest years of sexual maltreatment may be extremely susceptible to participation in risky sexual activities during the teenage years.

It is pertinent to note that studies involving the association of school climate, gender and risky sex among adolescents with visual impairment have been quite scarce. Thus, the need for this present study became imperative and relevant. The study was anchored on the Health Belief Model (HBM) developed in 1950s but later refined by Rosenstock, Strecher and Becker in 1999 and Social Learning Theory propounded by Albert Bandura in 1977. The tenet of Health Belief Model (HBM) is that health behaviour is measured by personal beliefs or perception about a disease and the strategies available to decrease its occurrence and this model illuminates how adolescents view or perceive sex-related matters. The Social Learning Theory centres on the learning that occurs within a social environment and the belief is that people learn from one another through such concepts as observational learning, imitation and modelling. In addition, the following research questions were raised to guide the study; (1) What is the relationship between school climate and risky sexual behaviour among adolescents with visual impairment in South Western, Nigeria; (2) What is the significant gender difference in risky sexual behavior among adolescents with visual impairment in Southwestern, Nigeria?

Method

Descriptive survey research design was used to collect data for this study. This design was chosen because events had already occurred thereby making manipulation of variables unnecessary. The respondents for this study were 311 adolescents with visual impairment. Purposive sampling technique was used to select secondary schools (integrated settings) in Ekiti, Lagos, Ogun, Ondo, Osun and Oyo States in Southwestern, 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.

Instrumentation

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 Centres 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 initial 13 items 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. This is adjudged to be reliable.

Snellen's Chart

The standard eye chart known as "Snellen Chart" was developed by Herman Snellen in the year 1862. It is a standardised eye screening test adopted by the World Health Organisation (WHO) to identify the degree of visual loss. It 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. 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.

School Climate Student Scale (SCSS)

School climate scale was adapted from the revised version of the Dimension of Excellence Scale (DOES) developed by Dusewicz and Beyer (2014). The DOES package is a set of survey instruments designed to be used with school staff, parents, and students to assess the quality and effectiveness of a local school or district. Each survey addresses dimensions found to be related to school effectiveness in a wide variety of educational research studies. The dimensions include school climate, leadership, teacher behaviour, curriculum, monitoring and assessment, student discipline and behaviour, staff development, and parent involvement. The present study adapted the school climate student dimension. The scale consists of 21 items to measure school climate on a five-point Likert format of 1-strongly agree to 5- strongly disagree. The instrument had reported an adequate reliability index of ($\alpha = .96$). However, further reliability was conducted through a pilot study and a Cronbach's Alpha of 0.92 was obtained.

Procedure

Approval was sought 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 has 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 questionnaires which were read to them by sighted guides and encouraged the respondents to fill in their responses without prejudice. The copies of the questionnaires were collected on the spot.

Method of Data Analysis: The data collected were analysed using frequency count, percentages, Pearson Product Moment Correlation (PPMC) and T-test Statistics. Results

Table 1: Socio-Demographic Characteristics of the Respondent

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
	17-20 years	135	43.4
	21-23 years	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
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 I class, 22.3 % in SSS2 class while 17.4 % respondents are in SSS 3 class. Categorisation of visual impairment reveals that 44.4% respondents are totally blind while 55.6% respondents have low vision.

Table 2: PPMC showing relationship between school climate and risky sexual behaviour

Variables	N	Mean	St.Dev	Df	R		P	Sig
Risky sexual behavior	311	16.926	4.4942	309	.214**		0.032	S
School climate	306	73.977	23.7425	309	.214**		0.032	S

*Correlation is significant at 0.05(2-tailed)

Table 3: T-test showing gender difference in risky sexual behaviour

Variables	Sex	N	Mean	St.Dev	Df	T-value	P	Remark
Risky sexual behavior	Male	168	16.689	4.7465	309	6.229	.020	S
	Female	143	17.147	4.1452	309	6.229	.020	S

Table 2 reveals that there is a significant relationship between school climate and risky sexual behaviour among adolescents with visual impairment; ($r(309) = .214^{**}$, $p < 0.05$). This implies that there is a positive linear relationship between school climate and risky sexual behaviour. This implies that on the other hand, Table 3 reveals the difference between male and female adolescents with visual impairment through their mean scores on risky sexual behaviour. The result shows that a significant difference exists between male and female risky behaviour ($t(309) = 6.229$, $p < 0.05$). This implies that female adolescents (mean=17.147) display and higher tendency to engage in risky sexual behaviour than her male counterparts (mean= 16 689). Hence the null hypothesis stating that there is no significant gender difference in risky sexual behaviour among adolescents with visual impairment in secondary schools in South Western, Nigeria is hereby rejected.

Discussion

The current study examined the effect of school climate and gender on risky sexual behaviour of the adolescents with visual impairment in Southwestern, Nigeria. Two research

questions were raised to guide the study. The first research question sought to find out the significant relationship existing between school climate and risky sexual behaviour among adolescents with visual impairment in Southwestern, Nigeria while the second research question attempted to determine the significant gender difference in risky sexual behaviour among adolescents with visual impairment in Southwestern, Nigeria. The finding revealed a significant positive relationship between school climate and risky sexual behavior among adolescents with visual impairment. This finding corroborates the submission of Gregory et al. (2010) who found that consistent enforcement of school discipline (structure) and availability of caring adults (support) was associated with school safety. Similarly, Klein, Cornell and Konold (2013) found that positive school climate was associated with lower student risk behaviour. Guo (2012) found that the teachers' work environment, which may be considered as an indicator of teachers' relationships with each other and school administrators, fully mediated the path from a whole school character intervention to school climate change. This indicates the critical foundational role of positive adult relationships for a positive school climate.

McEvoy and Welker (2000) also supported this position by demonstrating that positive interpersonal relationships and optimal learning opportunities for students in all demographic environments can increase achievement levels and reduce the maladaptive behaviour. Taylor and Tashakkori (1995) also found that a positive school climate is a protective factor for boys and may supply high-risk students with a supportive learning environment, yielding a healthy development as well as preventing antisocial behaviour. The finding of O'Malley et al. (2012) also supports the finding of the present study by maintaining that students who perceive their school climate to be positive are also likely to engage in high-risk behaviour. This finding is like wise in tandem with the position of Freiberg (2000) who noted that the interaction of various school and classroom climate factors can create a fabric of support that enables all members of the school community to teach and learn at optimum levels. A growing body of research suggests that positive school climate is related to effective risk prevention and health promotion efforts as well as effective teaching and learning (Rand Corporation, 2004; Najaka, Gottfredson and Wilson, 2002). Recent research reviews have shown that effective risk prevention and health promotion efforts are correlated with safe, caring, participatory and responsive school climate (Catalano, et. al., 2002; Greenberg, et. al. 2003, Berkowitz and Bier, 2005).

Similarly, the finding revealed a significant gender difference in risky sexual behaviour among adolescents with visual impairment in Southwest, Nigeria. This finding negates the submission of Chireshe *et al.* (2007) that there was no difference in the perceived male-female attitudinal roles in intimate relationships between either party of students from two universities in Zimbabwe. Two-thirds of the respondents viewed the ages 18 to 21 years

as an appropriate period to have sex, 65% approved of sex before marriage while over 80% of the respondents reported that they would refuse to have sex if their partner was unwilling to use a condom. Chireshe et al., (2007) study also found that a majority of respondents practice safe sex and are aware of the consequences of having unsafe sex. In like manner, Idoko, Muiyiwa and Agoha (2015) found that age, gender, religiosity, family type, parental care/protection and maternal career/protection jointly predicted sexual depression, sexual preoccupation negatively; maternal protection independently predicted sexual preoccupation negatively; family type jointly predicted sexual depression positively. Bensley *et al.* (2000) also found that childhood physical abuse was associated with a three-fold increase in HIV-risk behaviour in men but not in women in adulthood. This implies that adolescent male with a history of childhood physical abuse may be especially vulnerable to and at heightened risk of engaging in risky sexual behavior during adolescence. Direct effects from physical abuse to risky sexual behaviour in boys may indicate that physically abused boys may be exposed to hyper-sexualised models of masculinity, leading to risky sexual behaviour, or may use sex as a compensatory strategy to establish a masculine identity as a response to prior abuse and vulnerability.

Conclusion

Based on the findings, it was recommended that school administrators, special educators, and counselors should enable adolescents with visual impairment to recognise and appreciate the roles and impact of the school environment in shaping their lifestyles and dispositions towards reducing risky sexual behaviour among them. This should go beyond the cognitive level change, individual values, and group norms to include building social skills. Similarly, the government should support schools and communities in formulating policies and implementing practices aimed at reducing the risky sexual behaviour, bringing back religious education in schools and addressing the problem of poverty, especially among female adolescents with visual impairment in the communities. Sexuality education should be incorporated into the school curriculum so as to enable adolescents especially those with visual impairment to acquire the required knowledge about sexuality, which will enable them to have recourse to their emotion in taking sexual-related decisions. There is also a pressing need to train specialist teachers or facilitators and lecturers who are conversant with visual impairment and who can positively impact the lives of adolescents with visual impairment.

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