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ABSTRACT

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Locus of Control as Mediator on Influence of Cognitive Behaviour Therapy and Logotherapy on Risky Sexual Behaviours Among Adolescents in Edo State, Nigeria

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ABSTRACT

This study examined the mediating role of locus of control on the influence of cognitive behaviour therapy and Logotherapy in reducing risky sexual behaviour among adolescents in public secondary schools in Benin metropolis, Edo State, Nigeria. The study adopted a quasi-experimental design, using pretest-posttest, non-equivalent control group. The population of the study is made up of all the SS II students in the (31) mixed public senior secondary schools in Benin Metropolis, Edo State. The sample of the study consisted of (135) senior secondary two (SSII) students. The study adapted the “Adolescent Sex Behaviour Inventory” developed by Friedrich (2004). The collected data were analyzed, using both descriptive and inferential statistics. The findings of the study revealed that the interaction effect of treatment by locus of control in reducing risky sexual behaviours among adolescents in Benin metropolis is not significant. Therefore, it is concluded that the actor of locus of control is not too important in the effectiveness of the Cognitive Behaviour Therapy (CBT) and Logotherapy (LT) as treatment interventions in sex risky behaviours reduction. Based on the findings, it was recommended that parents and teachers should teach and discuss with their adolescent children sex education and sex related issues that are appropriate for adolescent stage to avoid the consequences of risky sexual behaviours.

Keywords: risky sexual behaviours, locus of control, cognitive behaviour therapy, logotherapy, adolescents.

I. INTRODUCTION

The adolescent population represents 31% of the total youth population and 31.7% of Nigeria's population; out of which in-school adolescents represent about 70 % (National Population Commission, 2009). Promisingly, they occupy a strategic and distinctive position and they are seen as the future of any nation. The special characteristics and attributes of adolescents include: rapid biological, physical, psychological, cognitive, social development and behavioural changes among others. Weiss, (2000) opined that adolescence marks the period when adolescents acquire unique set of beliefs and values in which they start to view their beliefs and values as autonomous, rational and moral agents. These sets of beliefs and values may shape the way adolescents may interpret the social world and conduct within it.

Adolescents' needs and interests sometime predispose them to participate in risk taking behaviours, such as engaging in alcoholism or drug use, violent attitude, dangerous driving, having multiple sex partners, premarital sex, rape, early sex, among others. Moreover, adolescents usually experience conflicting sexual thoughts and emotions in an attempt to derive pleasure, which may constitute risky sexual behaviours. Their yearning for belongingness coupled with their

peer group pressure could result in some behavioural problems and challenges likely to prevent them from attaining set goals in academics and other aspects of their lives.

Risk taking behaviours are the activities or behaviours that can have adverse effects on the overall development and wellbeing of a person. Such risky behaviours might prevent the individual(s) from reasonable and objective thinking, thus disrupting them from realizing the meaning and purpose of their life existence. Adolescents may respond to impulse rather than deep thinking and consider the temporary benefits they may enjoy rather than the unintended consequences of their decisions. Lack of awareness about the risks associated with certain sexual behaviours could result in unwanted pregnancies, abortion, and other sexually transmitted diseases (STDs), which can preclude an adolescent from enjoying typical adolescent events. Such events include attending and graduating from schools and developing close friendship with peers. The adverse effect of risky sexual behaviour could also lead to unwanted pregnancy, infections, diseases, untimely school dropout, social disorganization and even death. All these consequences are likely to affect the lives of adolescents and hinder them from achieving purpose and meaning of their lives. The concept of risky sexual behaviour may be attributed to whether someone's life is controlled by self or by others around them as well as their immediate environment.

The issue of risky sexual behaviour may be intervened by the factor of locus of control. Locus of control is the individual's perception about the underlying main causes of events in their life. Locus of control is conceptualized as a one-dimensional continuum, ranging from external to internal. People having high internal locus of control instinct are likely to be effective in the pursuance of their goal and ambitions. They are likely to cope with peer pressure, thus dissuaded from engaging in risky sexual behaviours. Locus of control among adolescents could be associated with different behavioural intention. While People having high external locus of control instinct are likely not to be effective in

the pursuance of their goal and ambitions. They are not likely to cope with the peer pressure arising from not being involved in risky sexual behaviours because they can be easily influenced by the opinion of other people. Adolescents with internal locus of control would prefer to perform cognitive tasks more internally, relying less on external influence. Conclusively, people with internal locus of control could be more prone to solving problem through learning. Adolescents with external locus of control tend to praise or blame external factors for their own faults. They also believe that they have little control over a lot that happen to them. Furthermore, they believe that their decisions and life are controlled by environmental factors, which cannot be influenced or occur by chance or fate. This may make it difficult for them to personally control their intention and decisions.

Risk taking behaviours, may be caused by those things that are intrinsic or extrinsic to the individual, which are related to Rotter's (1966) "locus of control" variables. This concept is about the perceived control over one's actions. It is the degree of the beliefs, which a person conceives that the events occurring to him/her is either controlled by him/her or by his/her environment or by others. Brincks and Feaster (2010) asserted that a person who has internal locus of control would believe that he/she can influence events and their outcomes, while someone with an external locus of control blames outside forces or other people for everything.

In order to help the adolescents to reduce the incidence of risky sexual behaviour, there is the need to introduce intervention strategies such as cognitive behaviour therapy and logotherapy. Cognitive Behaviour Therapy (CBT) according to Beck and Clark (2011) is to enable people to replace negative thought habits with more accurate thinking habits. It teaches a person to stop trusting in his automatic tendency to accept the contents of his thoughts as being an accurate assessment of reality. According to Beck and Clark (2011), the goal of cognitive restructuring is to start testing each thought for accuracy as soon as they emerge. Cognitive restructuring, is about changing a perception from a negative

interpretation to a neutral or positive one; making it less stressful (Hofmann & Smith, 2008). This process according to him is also called reappraisal, relabeling, reframing, and attitude adjustment. This therapy can be used to improve the constant discourse of the mind and is often described in four-stage processes, which are awareness, reappraisal of the situation, approval and substitution and evaluation. It also helps clients to think differently and objectively about a situation, events, and thoughts and beliefs, which could apply to anything done in a therapy session that could promote cognitive change.

Logotherapy (LT) on the other hand, is considered as an active treatment, which provides guidance to assist clients, especially in the stages of life crisis and this type of treatment is based on the premise that the meaning of life is unconditional, and that anyone, and at any time can find and discover this meaning (Frankl, 2006). Logotherapy broadens the scope of the eyesight of students to see the meaning and values that are hidden in tragedy and then, boldly they will be able to admit it or to fight it. Logotherapy analyses in a directive manner, the meaning and purpose of life. It can be indicated when the students are experiencing loss of direction, confused values, a shaken identity, personal alienation, boredom, meaninglessness, direction change and relationships change. Frankl's Logotherapy (1986) relied on the characteristics of man as meaning-seeking and meaning-making creatures. According to Batthyany (2014), Logotherapy is an internationally acknowledged and empirically based meaning-control approach to psychotherapy. Batthyany's assertion was evidenced in Frankl's "Man's search for meaning", where he pointed out that logotherapy indeed is a meaning control psychotherapy (Kriegler, 2014).

II. STATEMENT OF THE PROBLEM

Psychologists have used various strategies to assist the students to learn and assess risk, talk about values, encourage safe sex behaviours, keeping the line of communication open, role modelling, prevention programmes focused on risky sexual behaviour to reduce the risks associated with sexual behaviours and induce

positive change behaviours. These seem not to have effect on sex risk taking behaviours among adolescents. There are several counselling therapies which may enhance adaptive behaviours and eliminate other maladaptive behaviours. Among such therapies are CBT and LT.

The consequences of risky sexual behaviour are frightening; they include unwanted pregnancies among female students, abortion, which could lead to death or permanent deformity, sexually transmitted diseases and infections, disturbance in school attendance and subsequent withdrawal from school. These can truncate a child's life pursuit and derail the purpose of his/her life. In most cases, adolescents may not readily understand the consequences of their actions apart from the immediate pleasure they derive. Since mere awareness programmes may not be effective in reducing the growing tendency of adolescents' involvement in sex risky behaviours, it is therefore, imperative to explore the efficacy of the interventions of CBT and LT in reducing this psychosocial problem.

Risk taking behaviour among adolescents in today's world involves unprecedented intercourse, unprotected sex, early sexual activities, multiple sex partners, high risk partners, rape, and prostitution. These seem to be prevalent among youths generally and adolescents of school going age in Nigeria in particular. A study by the National Population Commission (NPC) in 2009 in some parts of Nigeria revealed that sexual interactions of various dimensions among the youths and adolescents have been on the ascendancy. Similarly, the Nigeria Centre for Disease Control and Prevention (2012) also raised an alarm over the increase in sexually transmitted diseases (STD), owing to prevalence of sexual activities and risk behaviours among adolescents. Furthermore, a study conducted by Omagie and Omagie (2013) on 24 focused discussion groups, in Oredo Local Government of Edo State showed that despite continuous education and awareness programmes, the rate of increase in youths' and adolescents' involvement in unsafe sex and other related practices that could expose them to infections and other sexually related danger is escalating. Adolescents may attribute their

intention/decision to luck or fate or not be able to understand why they engage in such behaviours (personality traits). Therefore, can the in-school adolescents' locus of control have influence on the interaction of the therapies on risky sexual behaviour? It is in this light that this study sought to investigate the mediating role of locus of control on the efficacy of Cognitive Behaviour Therapy and Logotherapy in reducing risky sexual behaviour among the in-school adolescents in Benin Metropolis, Edo State.

III. RESEARCH QUESTIONS

1. Is there any difference in risky sexual behaviour among in-school adolescents treated with Cognitive Behaviour Therapy, Logotherapy and the control group at post-test?
2. Is there an interaction effect of treatments by locus of control in managing risky sexual behaviour among in-school adolescents in Benin metropolis?

Hypotheses

1. There is no significant difference in risky sexual behaviour among in-school adolescents treated with Cognitive Behaviour Therapy, Logotherapy and the control group.
2. There is no significant interaction effect of treatment by locus of control in managing risky sexual behaviours among in-school adolescents in Benin metropolis.

Purpose of the Study

This study sought to investigate the influence of Cognitive Behaviour Therapy and Logotherapy on sex risky behaviour among in school adolescents, and the mediating role of locus of control in risky sex behaviour among the in-school adolescents.

IV. METHODOLOGY

The design of the study is quasi-experimental, using pretest-posttest, non-equivalent control group. In this design, intact classes were used because the design does not permit random assignment of subjects to the experimental and control groups. The treatment levels are Cognitive Behavioural Therapy and Logotherapy

for the experimental group; and a non-attention treatment for the Control group. Locus of control is of two levels, external and internal. The target population of this study is the SS II students in the (31) mixed public senior secondary schools in Benin Metropolis, Edo State. This group of students is considered appropriate for this study, because it is believed that students of this class are mainly adolescents who could be more vulnerable to risky sexual behaviours. Furthermore, this population is chosen because senior school students largely share similar sexual behavioural characteristics.

The sample for this study consisted of (135) participants drawn from the intact classes. Only the senior secondary two (SSII) students were involved in the study. This class was purposively chosen for the study, because the students were likely to be more vulnerable to risky sexual behaviours because most of them may have finally reached the puberty stage. The study adapted the "Adolescent Sex Behaviour Inventory" developed by Friedrich (2004). The questionnaire consisted of forty-two (42) items, self-report standardized instrument, developed to measure risky sex related behaviours, which could require therapeutic intervention. The researcher modified it to suit the culture of the adolescents. It measured risky sexual behaviours, non-conforming sexual behaviours, sexual interest and sexual discomfort in adolescents. The second instrument is an adaptation of the Rotter's (1966) "Locus of Control Scale", meant to categorize the participants into internal and external "locus of control" groups. To determine the reliability, the obtained data were correlated, using the Pearson's r coefficient statistics. The results gave r coefficients of 0.926 for Adolescent Sex Behaviour Inventory (ASBI) and 0.686 for Locus of Control Risky sexual behaviour Scale (LCSRTS). This indicated that the two instruments were reliable.

The instruments were administered to collect data at the pre-test to find out the initial equivalence of the groups to determine if there was a difference between the pre-test risky sexual behaviour and post-test risky sexual behaviours after treatment. This was followed by the treatment. The researcher was assisted by trained research

assistants to concurrently treat the three groups in their separate schools, to avoid participants' interaction. At the end of the treatment, both the experimental and the control groups were post-tested, using the same ASBI and LCSRTS, that were used for the pre-test. T-test and Analysis of Variance (ANOVA) were used to test the hypotheses.

V. RESULTS

Hypothesis 1: There is no significant difference in risky sexual behaviour among in-school adolescents treated with Cognitive Behaviour Therapy, Logotherapy and the control group at post-test.

Table 1: Descriptive Statistics of CBT and LT group on reduction of Risky Sexual Behaviour at Pre-test

Group	N	Pretest Mean	Std. Deviation
Cognitive Behavioural Therapy	55	67.87	16.81
Logotherapy	36	67.13	16.61
Control	44	68.00	11.38
Total	135	67.71	15.09

Table 1 shows the mean and standard deviation of the pre-test for the three groups. For the Cognitive Behaviour Therapy group (N= 55, mean= 67.8727, Standard deviation= 16.81386); the logotherapy (N= 36, mean = 67.1389, Standard deviation = 16.61351) and the control group (N= 44, mean= 68.0000, Standard deviation = 11.38951).

Table 2: Descriptive Statistics of CBT and LT on reduction of Risky Sexual Behaviour at post-test

Group	N	Post test Mean	Std. Deviation
Cognitive Behaviour Therapy	55	64.09	16.64
Logotherapy	36	62.00	16.33
Control	44	75.05	19.72
Total	135	67.10	18.37

Table 2 shows the mean and standard deviation at the post-test for the three groups. For the Cognitive Behaviour Therapy group (N= 55, mean= 64.09, Standard Deviation= 16.64); the logotherapy (N= 36, Mean = 62.00, Standard Deviation = 16.33) and the control group (N= 44, Mean= 75.05, Standard Deviation = 19.72). To test if there is a significant difference in the post-test among the three groups, the one-way ANOVA statistic was used.

Table 3: One-way ANOVA of reduction on Risky Sexual Behaviour at Post-test between the Groups

Group	Sum of Squares	Df	MS	F	Sig.
Between Groups	4212.09	2	2106.05	6.777	.002
Within Groups	41020.46	132	310.76		
Total	45232.55	134			

Table 3 shows a F-value of 6.777 and p-value of 0.002. Testing at the alpha level of 0.05, the p-value (0.002) is less than the alpha level 0.05. Therefore, the null hypothesis, which states that ‘There is no significant difference in risky sexual behaviour for in-school adolescents treated with Cognitive Behaviour Therapy, Logotherapy and the control group at post-test’ is rejected. Consequently, there is a significant difference in

risky sexual behaviour in the treatment groups (cognitive behaviour therapy and logotherapy) and the control group.

Hypothesis 2: There is no significant interaction effect of treatment by locus of control in managing risky sexual behaviour among in-school adolescents in Benin metropolis.

Table 4: T-test of Risky Sexual Behaviour at Pre-test for Locus of Control

	Locus of Control	Mean	Standard deviation	T	Sig.
Pre-test Risky Sexual Behaviour	Internal	67.3030	15.41299	-.529	.829
	External	68.8611	14.31912		

Table 4 shows the mean and standard deviation of risky sexual behaviour at pre-test for Locus of control. Internal (Mean= 67.30, Standard deviation = 15.41); External (Mean = 68.86,

Standard deviation = 14.32). The t-value and p-value are -.529 and .829 respectively. The alpha level (0.05) is less than the p-value of .829. Hence, the Ho is rejected.

Table 5: Descriptive Statistics of Locus of Control on Risky Sexual Behaviour Reduction

Group	Locus of Control	N	Mean	Std. Deviation
Cognitive Behavioural Therapy	Internal	43	62.65	16.54
	External	12	69.25	16.69
	Total	55	64.09	16.64
Logotherapy	Internal	28	61.79	17.45
	External	8	62.75	12.59
	Total	36	62.00	16.34
Control	Internal	28	74.57	19.39
	External	16	75.87	20.89
	Total	44	75.05	19.72
Total	Internal	99	65.78	18.32
	External	36	70.75	18.26
	Total	135	67.10	18.37

Table 5 shows that the Cognitive Behaviour Therapy group’s Mean, Standard deviation and Number of respondents are as follows for Internal locus of control (Mean= 62.65, Standard

deviation= 16.54, N = 43); External locus of control (Mean= 69.25, Standard deviation = 16.69, N= 12). In the Logotherapy group, the Mean, Standard deviation and number of

respondents are as follows for internal locus of control (Mean= 61.79, Standard deviation= 17.45, N = 28); External locus of control (Mean= 62.75, Standard deviation= 12.59, N = 8). In the control group, the Mean and Standard deviation and

number of respondents are as follows for Internal locus of control (mean= 74.57, standard deviation= 19.39, N = 28); External locus of control (Mean= 75.88, Standard deviation = 20.89, N = 16).

Table 6: One-way Analysis of Locus of Control Interaction Effect of CBT and LT on Risky Sexual Behaviour

Source	Type III Sum of Squares	df	MS	F	Sig.
Corrected Model	4643.709 ^a	5	928.742	2.952	.015
Intercept	452930.230	1	452930.230	1.440E3	.000
Group	3046.379	2	1523.189	4.841	.009
LOC	215.087	1	215.087	.684	.410
group * LOC	176.030	2	88.015	.280	.756
Error	40588.839	129	314.642		
Total	653125.000	135			
Corrected Total	45232.548	134			

From Table 6, the locus of control interaction effect has a Mean Square of 88.02, F-value of .280 and a p-value of .756. Testing at the alpha level of 0.05, the p-value (.756) is greater than the alpha level (0.05). Therefore, the null hypothesis, which says there is no significant interaction effect of treatment by locus of control on risky sexual behaviour among in-school adolescents in Benin metropolis is retained. Hence, it can be concluded that there is no significant difference in the treatment interaction by locus of control on risky sexual behaviour among in-school adolescents in Benin metropolis.

VI. DISCUSSION OF FINDINGS

With respect to hypothesis one, at the posttest, the F-value of 6.78 and P-value of 0.002 and testing at alpha level of 0.05 as contained in Table 3 showed that there is a significant difference between the treatment groups and the control group in risky sexual behaviours. By implication, the impact of the treatment therapies on the treatment groups could have brought about the difference between them and the control groups without treatment. No wonder the mean scores of

the treatment groups reduced at the posttest, while that of the control group increased as contained in Table 2. One can therefore suggest that the therapies were effective. Therefore, if a disorder is not attended to, it may worsen. This corroborates the findings of Hamideh, Samaliand and Zakieh (2013), where they concluded that when an unhealthy behaviour in an individual is left unattended to in due course, such could lead to a serious lifetime disorder, which could impede the sufferers achieving his or her life purpose.

The testing of hypothesis two showed that the interaction effect of treatment by locus of control on risky sexual behaviour among in-school adolescents in Benin metropolis is not significant. From Table 3, the locus of control interaction effect has a mean square of 88.015, F-value of .280 and a p-value of .756. Testing at the alpha level of 0.05, the p-value (.756) is greater than the alpha level (0.05). Therefore, the null hypothesis which states that ‘there is no significant interaction effect of treatment by locus of control on risky sexual behaviour among in-school adolescents in Benin metropolis’ is retained. Hence, it was concluded that there is no

significant difference in the treatment interaction by locus of control on risky sexual behaviour among in-school adolescents in Benin metropolis. This could imply that the therapies may not be locus of control biased. In other words, the therapies might not be functioning based on internal or external locus of control. As such, the treatment was equally effective for both types of locus of control. However, CBT and logotherapy were found to be more effective for adolescents with internal locus of control than those with external locus of control. This finding supports the finding of Ihekwa (2009), that found that those with internal locus of control are better able to cope with stress and more responsive to treatment than those with external locus of control.

VII. CONCLUSION

Based on the findings of this study, it is hereby concluded that Cognitive Behaviour Therapy and Logotherapy as therapeutic interventions were efficacious in managing risky sexual behaviours among in-school adolescents. In addition, the interaction effect of treatment by locus of control in reducing risky sexual behaviours among in-school adolescents in Benin metropolis is not too important in altering the efficacy of the treatments. In other words, the factor of locus of control may not be very important in altering the efficacy of the cognitive behaviour therapy and logotherapy as treatment interventions in sex risky behaviours reduction.

VIII. RECOMMENDATIONS

Based on the findings and conclusion, the study recommended the following:

- School counsellors and counselling psychologists should acquire the knowledge and skills of CBT and LT so as to be able to assist adolescents in resolving the problems of risky sexual behaviours.
- Guidance counsellors are saddled with the responsibility of managing students' maladjustment, therefore, it is pertinent for both Federal and State governments to ensure that they are well trained, especially on how to

employ some therapeutic treatments such as Cognitive Behaviour Therapy and Logotherapy.

- Early sex education and sex related issues must be taught and discussed in schools irrespective of the adolescent locus of control.

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