
Health Locus of Control, Death Anxiety and Risky Sexual Behavior Among Undergraduate Students in Nigeria

Adedeji Julius Ogunleye^{1, *}, Gbenga Omojola¹, Gboyega Emmanuel Abikoye²,
Oyewole Samuel Oke¹

¹Department of Psychology, Faculty of the Social Sciences, Ekiti State University, Ado Ekiti, Ekiti State, Nigeria

²Department of Psychology, Faculty of Social Sciences, University of Uyo, Akwa Ibom State, Nigeria

Email address:

dr.ajogunleye@gmail.com (A. J. Ogunleye)

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Abstract: This study examined the influence of health locus of control and death anxiety on risky sexual behavior among undergraduate students in Ekiti State University, Ado-Ekiti, Nigeria. Three hundred (300) undergraduate students were randomly selected from among the students of Ekiti State University, Ado Ekiti, Nigeria for the study. Four hypotheses were tested and results revealed that there is a significant effect of health locus of control on risky sexual behavior [$F(1,296) = 7.74; P < .05$]. It was found out that death anxiety does not influence risky sexual behavior [$F(1,296) = 0.46; P > .05$]. It was also revealed that there is a joint influence of health locus of control and death anxiety on risky sexual behavior [$F(1,296) = 8.65; P < .05$]. It was also found out that there is a significant difference in the levels of risky sexual behavior of female and male undergraduate students [$t(298) = 6.44; P < .05$]. The result indicated that age of respondents is a significant factor influencing their risky sexual behavior [$t(298) = 5.58; P < .05$]. It was also found out that there is a significant relationship between health locus of control and death anxiety [$r = .451, P < .01$], health locus of control and risky sexual behavior [$r = .237, P < .01$], and risky sexual behavior and death anxiety [$r = .216, P < .01$]. The result also indicated that a significant relationship exists between health locus of control and age [$r = .136, P < .01$]. The findings were discussed in line with previous literature and it was recommended that sex education be included in school curricular to enhance people's communication about sexuality and sex related issues, and to boost healthy sexual and interpersonal relationships among dating partners and sexual populace which would, in turn, impact man-power and boost economy.

Keywords: Health Locus of Control, Death Anxiety, Risky Sexual Behavior, Undergraduate Students, Nigeria

1. Introduction

Health, they say is wealth. Staying healthy and consequently wealthy may require some caution in sexual behavior. Studies (e.g. Fenton 2001; Thornton and Camburn, 1989; Brooks and Paikoff, 1997) have implicated risky sexual behavior as a leading cause of death, particularly among adolescents in the developing nations and this group constitute a large workforce to be cared about in human capital formation for national development and economic growth.

In Nigeria, studies about sexual related diseases and sexual behavior are myraid (e.g. Odimegwu, 2005; Durojaiye, 2009; and Oluwatelure, 2002). However, there seem to be a dearth of studies documenting the relationships of locus of control, death anxiety and risky sexual behavior. It has been found out

that many young people engage in risky sexual behavior that can result in unintended health problems such as HIV, syphilis, gonorrhea, genital warts etc. This may have negative impact on the society in the form of increased premature deaths.

Franks, Templer, Cappelletty and Kaufman (1990) studied males affected with AIDS and found greater death anxiety among persons with AIDS when compared to HIV negative individuals. In a similar vein, scholars have investigated the influence of locus of control on risky sexual behavior and have reported varying findings. This various researches were conducted elsewhere with different population constituting the study sample.

Locus of control refers to individual differences in peoples' beliefs about what controls events in their everyday lives. Thus, locus of control is categorized into external and internal.

External locus of control individuals believe that their behavior is guided by fate, luck, or other external circumstances while internal locus of control individuals believe that their behavior is guided by their personal decision and efforts (Rotter, 1966). Several scholars have developed a lot of scales to measure locus of control in health domain. For example, Furnham and Steele (1993) reviewed some scales related to health in more specific domains, such as obesity; Saltzer's (1982) weight locus of control scale, Stotland and Zuroff's (1990) dieting believe scale or the depression locus of control scale of Whiteman, Desmond and Price (1987). It was found out that individuals who have a history of successful attempt at health control are more likely to be internal than those who have been unsuccessful in their attempts (Skinner, 1938).

Death is a powerful human concern that has been conceptualized as a powerful motivating force behind much creative expression and philosophic inquiry throughout the ages. Death is a word that can mean the end or the beginning. The interpretation solely depends on how we perceive death to be. If perceived as the end, it can instill a lot of fear and anxiety while if thought of as a beginning, it can bring in feelings of calmness.

Death anxiety is the term used to conceptualize the apprehension generated by death awareness (Abdel-Khalek, 2005). Humans are unique in that they must learn to live and adapt to the consciousness of their own finiteness (Becker, 1973). Thus, a major task for cultural systems is to provide a symbolic structure that addresses death and provide meaning for its occurrence and a context for its transcendence (Becker 1973; Kubler-Ross, 2002).

Confronting death and the anxiety generated by knowledge of its inevitability is a universal psychological quandary for humans. For health care providers, death is an ever-present reality despite increasing technologically advanced health systems, longer patient survival, and cure from life-threatening conditions. Although helping individuals and their families manage death, it is a central responsibility of nursing worldwide. An increasing literature suggests that death anxiety contributes to important emotional and behavioral outcomes (Nyatanga & de Vocht, 2006).

The majority of older adolescents in Africa are sexually active, yet many do not take appropriate precautions to prevent pregnancy or the spread of sexually transmitted infections. Adolescents routinely engage in behaviors that put their health at risk. Risky sexual behaviors are of particular concern to advanced practice nurses (APNs) and other primary care clinicians in that they can lead to serious consequences both for the adolescent involved and for any number of unseen partners.

Risky sexual behaviors are defined by the increased risk of a negative outcome, which can take two pathways: risky sexual behaviors are those which increase the chance of contracting or transmitting disease, or increase the chance of the occurrence of unwanted pregnancy (Santa 2002). de Vincenci (1994) defined risky sexual behavior as any behavior that increases the probability of negative consequences

associated with sexual contact, including Acquired Immune Deficiency Syndrome (AIDS) or unwanted pregnancy. Elizabeth (2011) sees sexual behavior as a part of normal human experience. However, sexual behavior becomes risky when human beings have more than one sexual partner and are not using condom, for example, with each partner; or using contraceptive pills.

David (2001) maintained that high risk sexual behaviors in adolescents appear to be influenced by the sexual attitudes of peers. According to this scholar, younger people select friends whose attitude about sex is consistent with their own attitude. To Kelly, Lawrence, and Hood (1991), they maintained that human sexuality behavior is influenced by many factors including age, gender, religion, family, culture, sexual orientation and past experience. As a result, sexual behaviors are expressed in a variety of ways which include healthy and risky sexual behavior.

Abstaining entirely from sexual activity will completely eliminate these risks. For most consenting adults, abstinence is not a reasonable goal or choice. Most adults are well-educated about risky sexual behaviors. However, unsafe sexual practices are still occurring with sufficient frequency. The sexually transmitted diseases and unwanted pregnancies remain significant public health concern. This study is therefore poised to measure health locus of control, death anxiety and risky sexual behavior among undergraduate students in Nigeria.

The study therefore purpose to find out:

1. Whether health locus of control and death anxiety will individually and, or jointly influence risky sexual behavior,
2. To ascertain if there will be a significant difference in the level of risky sexual behavior among female and male undergraduates,
3. To find out whether there will be a significant effect of age on risky sexual behavior among undergraduate students, and
4. To know if there will be a significant relationship among health locus of control, death anxiety, and risky sexual behavior among undergraduate students in Nigeria.

2. Research Method

This part entails a description of the methods used in this research work. It describes the research design, participants, measures, procedures, and methods of data analyses.

2.1. Research Design

This study adopted both the factorial, independent groups and correlational designs. It is a factorial design because the interaction effects of factors of independent variables were tested on the dependent variable. It is an independent groups' design because groups with high and low scores on the independent variables were compared on the dependent variable. It is a correlational design because the researcher examined relationships among variables of study.

2.2. Participants for the Study

The population of this study consisted of undergraduate students of Ekiti State University, Ado-Ekiti, Nigeria. A sample of 300 respondents was randomly drawn from the population. The participants’ selection cut across all levels (from 100-400 level/500 level). The sample consists of 150 males and 150 female participants. In this study, the participants who are 15 to 21 years of age are classified as young while participants who are above 21 years old are referred to as old participants. The mean age of participants is 20.02 years.

2.3. Measures

A questionnaire comprising of three sections was used for this study. The first section contains questions designed by the researcher to collect demographic data of participants such as sex and age. Section ‘B’ consisted of Multidimensional Health Locus of Control scale (MHLC) which was developed by Wallston, Wallston and Devellis (1978). It is a six-point likert scale with response categories ranging from strongly disagree to strongly agree. This section consisted of 18 items which seeks to know the kinds of control individuals have over their health (internal or external). The items include, “if I get sick, it is my own behavior which determines how soon I get better again”, or “no matter what I do, I am likely to get sick”. A Cronbach alpha reliability co-efficient of .41 was recorded for the scale in this study. Section ‘C’ consisted of Death Anxiety Scale (DAS) developed by Templer (1970). It is a 15 items questionnaire which assesses death anxiety in individuals with ‘true’ or ‘false’ responses. Items on the scale includes, “I am very much afraid to die”, “I am not at all afraid to die”, “I fear dying a painful death” etc. The author reported a co-efficient

alpha of .76 and 3 weeks test-retest co-efficient of .83. A Cronbach alpha reliability co-efficient of .69 was recorded for the scale in this study. The dependent variable in this research is measured in section ‘D’ of the questionnaire. The variable is risky sexual behaviour measured by Risky Sexual Behaviour Scale (RSBS) designed by Oliver and Sweeney (2006). It is an 8-items questionnaire (sub-scaled). Out of which 2 items, e.g. “In the last twelve months, approximately how many sexual partners do you have”, response format ranges from 0-15. Other 4 items which includes, “In the last twelve months, have you had unprotected sex with a casual or one time partner”, have ‘true’ or ‘false’ response options. The other 2 items includes “HIV, how often do you use condom with casual partner”, how often do you use condom with your regular partner”, with five point likert scale response categories ranging from ‘never’ to ‘always’. A Cronbach alpha reliability co-efficient of .82 was recorded for the scale in this study.

2.4. Procedure for Data Collection

The researchers personally administered the questionnaire to the respondents after securing their informed consent. Most of the respondents were found around the lecture rooms at the Ekiti State University, Ado Ekiti; Nigeria. The participants were not assisted in their responses to the questionnaire, so as to ensure unbiased data collection. The researchers personally retrieved the questionnaire from the respondents on completion. All three hundred questionnaires that were administered were retrieved.

3. Results

The results of the analyses of the data collected are presented below.

Table 1. 2x2 Analysis of Variance (ANOVA) table showing the main and interaction effects of health locus of control and death anxiety on risky sexual behavior.

Source	Type III	df	Mean Square (MSQ)	F	p
LOC level	35.264	1	35.264	7.74	<.05
Death Anxiety Level	35.264	1	2.078	.456	>.05
LOC level *Death Anxiety Level	39.384	1	19.384	8.65	<.05
Error	1348.412	296	4.555		

From table 1 above, results revealed that there is significant effect of health locus of control on risky sexual behavior among undergraduate students in Nigeria [F (1,296) = 7.74; P < .05]. It is also showed that death anxiety does not influence risky sexual behavior of undergraduate students in Nigeria [F (1,296) = 0.46; P > .05]. Moreover, the results showed a significant influence of health locus of control and death anxiety on risky sexual behavior [F (1,296) = 8.65; P < .05].

Table 2. Independent t-test table showing differences in the level of risky sexual behavior of female and male undergraduates.

Sex	N	Mean	Std. deviation	df	t	p
Male	144	18.6319	2.15402	296	6.44	<.05
Female	156	17.1156	1.92760			

From table 2 above, it was revealed that there is a significant difference in the level of risky sexual behavior of female and male undergraduates in Nigeria. [t (298) = 6.44, p < .05].

Table 3. Independent t-test table showing the effect of age on risky sexual behavior.

Sex	N	Mean	Std. deviation	df	t	p
Male	160	18.4563	1.83552	298	5.58	<.05
Female	140	17.429	2.318			

Table 3 above showed that age of respondents is a significant factor influencing their risky sexual behavior [t = (298) = 5.58, p < .05].

Table 4. Correlation matrix table showing relationship among health locus of control, death anxiety and risky sexual behavior.

		Age	Locus of Control	Death Anxiety	Risky Sexual Behavior
Age	Pearson corr. Sig. (2-tailed)N	.136*			
Locus of Control	Pearson corr.sig. (2-tailed)N	.019 300	.451**		
Death Anxiety	Pearson corr. Sig. (2-tailed)N	.926 300	.000 300		
Risky Sexual Behavior	Pearson corr. Sig. (2-tailed)N	.302** 300	.237** 300	.216** 300	

* Significant at .05

** Significant at .01

Table 4 above revealed that there is a significant relationship between health locus of control and death anxiety ($r = .451, p < .01$), health locus and risky sexual behavior ($r = .237, p < .01$), risky sexual behavior and death anxiety ($r = .216, p < .01$), and risky sexual behavior and age ($r = .302, p < .01$). Also, it is revealed that a significant relationship exists between health locus of control and age [$r = .136, p < .05$].

4. Discussion, Conclusion and Recommendations

4.1. Discussion

This study set to examine whether health locus of control and death anxiety will individually or jointly influence risky sexual behavior among undergraduates in Nigeria.

The first hypothesis predicted that health locus of control and death anxiety will individually and jointly influence risky sexual behavior among undergraduate students in Nigeria. Results of data analysis showed that health locus of control significantly influenced risky sexual behavior [$F(1,296) = 7.74, p < .05$]. Individuals who attribute events in their lives to be externally controlled were found to more significantly engage in risky sexual behavior than their internally controlled counterparts. This finding is consistent with the findings of Ozmen (2006) who found out that locus of control is significantly related to risky sexual behavior. Ozmen (2006) also found out that older male adolescents and high sensation seekers who have external locus of control were more likely to engage in various risk taking behavior.

These findings, however, is contrary to the findings of Kreamer (2006) who did not find any relationship between locus of control and high risk sexual behavior. Variations in findings of these studies may not be unconnected with some characteristics of the research participants. Whereas Ozmen and the present study used adolescents in colleges, Kreamer used military personnel who are adults. And adolescents are generally known to be explorers and exploiters of their environment (adventurers and impulsive sensation seekers) [Ozmen, 2006 and Jamieson and Romer, 2008].

It may be apt, however, to suggest that a reduced risk might not be unconnected with more internal health locus of control and perhaps higher level of self-efficacy and a more positive

attitude towards condom use.

From the results on table one; it was also revealed that death anxiety does not influence risky sexual behavior.

Cotter (2003) examined adolescents' perception of death and found out that high risk behavior (e.g. in discriminate sexual involvement) was negatively correlated with death anxiety among high school students. Taubman-Ben (2004) and Nguyen, Villaveces, Marshall, Hussy, Halpern and Poole (2012) also reported that mortality salience is a significant factor of risky sexual behavior. According to Nguyen et al (2012), adolescents who perceived a 50-50 chance or less chance of living to age 35 were more likely to attempt suicide or mute the idea, as well as regularly use illicit substance, or even engage in risky sexual behavior. Thus, these findings showed that death anxiety influence risky sexual behavior among adolescents.

Whereas, other studies elsewhere depicted that death anxiety influences risky sexual behavior, results of the present study is on the contrary; and confronting death and anxiety generalized by knowledge of its inevitability is a universal psychological quandary for human (Lehto and Stein, 2009). Thus, it may be plausible to suggest that perhaps, Nigerian adolescents are not yet aware of the excruciating and exterminating risks involved in indiscriminate sexual practices. Or it may be that these adolescents engage in risky sexual practices to gain peer acceptance and respect, in establishing autonomy from parents, in repudiating the norms and values of conventional authority, in coping with anxiety, frustration and anticipation of failure, or in affirming and marking a transition towards a more adult status, since risk behavior are usually either functional, purposive, goal-directed or instrumental. It is therefore apt to suggest awareness campaign about the consequences of risky sexual practices to Nigerian adolescents and also develop and put in view some forms of psychodrama for their behavioral change.

Results of data analyses on table one above also depicted that there is a joint effect of health locus of control and death anxiety on risky sexual behavior. The terror management health model explores the role that death plays on one's health and behavior. Goldenberg and Arndt (2008) stated that terror management health model proposed the idea that death, despite its threatening nature, is in fact instrumental and purposely in the condition of one's behavior towards the

direction of longer life. According to Goldenberg and Arndt, certain health behaviors can consciously activate and facilitate people to think death, especially their own death. Although this theory, an evolutionary perspective, is being criticized (e.g Kirkpatrick and Navarrete, 2006), however, the theory is yet applauded for its potential value in understanding and reinterpreting the many empirical findings produced in terror management theory research.

The hypothesis which stated that there will be a significant difference in the level of risky sexual behavior of male and female undergraduates is confirmed.

Results of the present study showed that there is a significant difference in the level risky sexual behavior of female and male undergraduates of Ekiti State University, Ado-Ekiti, Nigeria. This hypothesis was supported by Jadack (1995) who found out that more men engages in risky sexual behavior than women, because more men reported engaging in sexual intercourse without using condom, while more women reported that intercourse without condom occurred in long term relationships.

Cotter (2003) also reported that males had higher risk scores and lower death anxiety than their female counterparts in his study of risk behavior in high school students. Also, Hirschberger, Florian, Mikulincer, Goldenberg and Pyszczynski (2002) found out that more men engage in risky sexual behavior, as mediated by mortality salience, than women in their studies of American and Israel samples. This therefore suggests that behavioral change interventions and social skill training to navigate sexuality world for safer sex practices should directed more at the males.

The hypothesis which predicted that age of respondents will be a significant factor influencing risky sexual behavior is also confirmed.

Results of the present study revealed that young respondents (15-21years) engaged more in risky sexual behavior than the older respondents (22 years and above).

A lot of research supports this finding (e.g. Centre for Disease Control and Prevention (CDC, 1999) and joint United Nations Programme on Acquired Immune Deficiency Syndrome (UNAIDS, 2001). The World Health Organization (1986) recognizes that sexually transmitted diseases are most frequent in sexually active young people aged 15-49 years. Therefore, it implies that the young people should be targeted more during safer sex practice campaigns.

The last hypothesis stated that there will be a significant relationship among health locus of control, death anxiety, and risky sexual behavior. This hypothesis was confirmed.

According to Aspinwall, Kemey, Taylor (1991), external locus of control are important psychological predictors of unprotected intercourse. Kelly (1991) found that resumption of high risky behavior was significantly associated with the belief that HIV infection was determined by external factors, such as chance and luck.

Also, Behaviour Risk Factor Surveillance System (BRFESS 1997, 1999) found out that risky sexual behavior can have a number of physical and mental health effects which, in turn, can lead to a variety of long term problems such as

infertility, depression and death anxiety.

And Aldwin and Gilman (2004), understands that changes in locus of control in later life relate more visibly to increased externality. Gatz and Karel (2004), in their study of relationship between locus of control and age also found out that internality may increase until middle age, decreasing thereafter.

4.2. Conclusion

From the result of this study, it can be stated emphatically that:

1. Health locus of control is a significant factor of risky sexual behavior,
2. Death anxiety does not influence risky sexual behavior, and
3. That health locus of control and death anxiety jointly influence risky sexual behavior of undergraduate students in Nigeria.

Moreover, it is concluded that both sex and age are significant factors influencing risky sexual behavior. Younger adolescent males were found to engage more in risky sexual practices than the older ones, particularly females.

4.3. Recommendation

Based on the findings of this study, The following recommendations are suggested:

1. Individuals who have a history of successful attempt at health control are more likely to be internal, than those who have been unsuccessful in their attempt (Skinner, 1938). Due to this reason, social/personality, clinical and counseling psychologists should be involved in government plans to enlighten people in health issues that determines a more healthy living.
2. This study also recommends that individuals should try and engage in safer sex behavior. By this, the number of people dying of sexually transmitted diseases will reduce. These will, hence, increase man power and boost the economy as more active people will have the opportunity of living and living longer.
3. The government should educate the masses by embarking on a large scale enlightenment campaign that would embrace culturally oriented system of information, education, and communication, so that people will have adequate information about their sexual behavior and consequences of indiscriminate sexual practices.
4. It may also be important to have effective control of what is watched on the television. Parents and counselors can help children and youth to develop appropriate skill that will prevent them from being confused from what they hear or see around them.

The empirical result of this study has shown that male students engage in risky sexual behavior more than female students. However, risky sexual behavior is found in both male and female students. To this end, it would be highly imperative to enlighten both males and females on their needs in sexuality and ways of avoiding venereal diseases.

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