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Nigerian Journal of Applied Psychology is primarily meant to publish reports which can make professional as well as laymen utilize psychological principles in making the human organism more mentally and physically healthy. The journal is meant to make it possible for many more people to utilize psychological principles in their day-to-day activities. One of the aims of the journal is therefore to report articles which when read by people may increase their self-understanding, awareness, problem-solving capacities, creativity and improved adaptive and coping behaviour strategies.

The Journal is an Applied Psychology Journal par excellence. The journal publishes reports which may have applications to individuals in the family, educational contexts, health delivery systems, criminal justice systems. Articles which can analyze and help to solve many problems of society, are also welcome.

The editorial policy of the journal will use the following order of publication preference.

1. Reports that suggest practical ways of eliminating, reducing or managing certain socially, undesirable behaviour patterns.
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Nigerian Journal of Applied Psychology is considered to include psychology which may be utilize in the following ways for alleviating human problems:


- | | |
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A paper will only be considered for publication in the journal if it meets the following criteria:

1. Adequate Presentation Quality
2. Adequate Psychological value especially regarding application in solving current psychological problems.
3. Adequate social importance
4. Theoretical significance especially in clinical-practicum areas
5. Contribution to the profession

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Comparative Effectiveness of Two Psychological Techniques in the Management of Promiscuity among Adolescents in Ibadan

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Abstract

The study was designed to investigate the effect of covert self-control and assertiveness training in the management of promiscuity as a vital risk factor in the transmission of sexually transmitted infections and human immunodeficiency virus and acquired immune deficiency syndrome (STIs/HIV/AIDS). A pre- and post-test experimental - control group design was employed. Three local government areas (LGAs) out of the five in Ibadan metropolis, were selected by simple random sampling, and used for the study. One school was selected from each LGA similarly for the two treatment groups and for the control group respectively with forty promiscuous students in each group. The two experimental groups were exposed to a twenty week treatment while the control group received no treatment. Both the treatment programmes were effective in reducing promiscuity in the adolescents. Covert self-control was found to be more effective than assertiveness training. Commendation was received for the free but value-base of the training by the students. Based on the findings, it was recommended that family life education should be implemented in the secondary schools in such a way as to meet the specific value base needs and to adequately control promiscuity among the school children.

Introduction

The period of adolescence is a very delicate phase of life from biological psychological and social perspectives (Erickson, 1959). This special age group ranges between twelve and twenty one years. It is located between childhood and

adulthood. Universally, an adolescent has been defined as an individual who although no longer a child, is not yet considered an adult (McCauley and Salter, 1995). According to Casemore (1990), adolescence is characterised psychologically with the onset of secondary sexual characteristics, the growth spurt, final development of central nervous system as well as hormonal neurotransmitter and biochemical changes. With the foregoing definition and descriptions, the adolescent period is a definite milestone in the developmental stage of those that fall within this group, considering the fundamental psychological and physiological changes that take place during the period. It is also the time they integrate sexual impulse into self concept. Adolescents are exposed to a lot of problems. According to Akinboye (1987) the sudden changes in adolescents may result in behavioural, social, peer and developmental problems. In the same line, Soka and Akinade (1994) described adolescent problems as those of health, adjustment, frustration, lack of concentration and sex problems. There is high sexual awareness, sexual activity and interest in the opposite sex. This paper is focused on one of the problems of adolescence, namely the control of their erotic sexuality.

Adolescents are becoming very promiscuous. This assertion has been confirmed by various research studies (Oloko and Orobulo, 1993; Isiugo-Abanihe, 1993; Akinyele and Onifade, 1996). Taylor (1995) stated that adolescents and young adults are the most sexually active or promiscuous elements of the population, who have sex with different partners more than any other group in the society. A study carried out in Calabar by Ogbuagu and Charles (1995) observed that about a quarter of the study sample experienced their first sexual intercourse before the age of fifteen years. Another study by Makinwa and Adebusoye (1992) revealed that 50% of the sexually active males had their first sexual intercourse by their seventeenth birthday with about a quarter of them having about three different sexual partners. This multiplicity of sexual partners results to STIs and HIV/AIDS.

Promiscuity leads to the acquisition of sexually transmitted infections (STIs) including the Acquired Immuno-Deficiency Syndrome (AIDS). Kelly and Kalichman (1995) had observed like many others, that an overwhelming majority of HIV infections are contracted through sexual intercourse. The prevalence rate of this disease in Nigeria has been rising steeply since the first identified case of AIDS in 1986. According to Asuzu (1995), some adolescents have indicated their desire to leave sex to marriage.

Promiscuous behaviour among adolescents has been repeatedly reported to be prevalent and/or increasing in our schools (Isiugo-Abanihe, 1993; Akinyele and Onifade, 1996). The consequences of promiscuity are threatening to the health and mental well-being of the adolescents. As promiscuity is mainly a behavioural rather than a physical or biological problem or disease, there is need to find psychological means of managing it.

Irrespective of people's value orientation, all would seem to be agreed on the need to reduce promiscuity, if not to totally eradicate it, as much as possible. In this study, however, promiscuity for the adolescent is defined in the liberal values mode of having more than one sex partner at a given time. It has been reported that there is reduction in prevalence of HIV/AIDS in Namibia due to change in behaviour and keeping to one partner from fifteen percent (15%) to five percent (5%) (BBC News, 2004).

Developing methods that will help people to enact and maintain change in sexual behaviour is very important at this point in time. With the foregoing discourse indicating high level of promiscuity among the adolescents in the society, there is urgent need to come up with ways of managing this negative behaviour, psychologically. As such, a preventative approach, which is considered better and cheaper than cure, should be explored. This will help the adolescents to live longer and healthier lives and thus contribute their quota to community development. The objective of this study therefore, was to determine the effectiveness of covert self-control, as well as assertiveness training in the reduction of promiscuous behaviour among secondary school students in Ibadan.

Literature Review

Promiscuity as a behavioural problem had been described in virtually all the periods of history and in all types of civilisations. The accepted sexual behaviour pattern varies throughout the world. Sussman (1976) stated that activities accepted as normal and openly engaged in one era have been severally condemned and considered abnormal, and not to be tolerated in another era. In the same vein, sexual behaviour that may be acceptable or tolerated in one culture may be a deviation in another culture. Societies had recognised promiscuity as either a behavioural problem or character disorder or a kind of sexual dysfunction. It is a problem that leads to other problems.

Promiscuity is indiscriminate engagement in sexual intercourse. Nam (1994) described promiscuity as a socially defiant behaviour that has medical consequences.

Walter (1996) referred to promiscuity as a sexual preoccupation, which he defined as sexual behaviour that deviates from normal practice in terms of frequency and/or choice of objects and creates domestic, occupational or legal problems for the individual.

Promiscuity has been associated with a high incidence of social problems according to Ekstrom (1966), Olutayo (1996) and Ilesanmi and Lewis (1997). These social problems were poor family backgrounds, early drop-out from school, lack of vocational training, immaturity and low intelligence, early sexual exploration by adult males (Teicher, 1976), sexual abuse (Nwagwu, 1995) and inadequate children rearing practices (McDonnell, 1995).

Isiugo-Abanihe (1993) asserted that factors such as changing economic circumstances, rising level of education and lack of positive effect of the extended family impact may affect the level of promiscuity in the society, as well as alcohol consumption (Casemore, 1990) and exposure to pornography (Zillman and Bryant, 1988).

This behaviour excess is characterised by sexual intercourse with different men and women. This is usually because the individual cannot control their sexual urge. This behaviour has some consequences, which could be grouped into three as physical, psychological and social. Managing this problem will reduce the consequences among the target group. This problem was managed by using two psychological packages namely: covert self-control and assertiveness training. Physical and aggressive methods have been employed in the past in the management of promiscuity such as castration of the sexually active individuals, clitoridectomy, cauterisation of the genitals and prostate glands. All these methods had both physical and psychological complications, which made them unattractive to be adopted in a civilised world.

The aim of the study is to proffer psychological means of managing promiscuity thereby reducing the consequences and thus improve the sexual and mental health status of the adolescents.

Self-control may be regarded as the will-power or self-discipline. Michel (1994) defined self-control as an individual's decision to undergo the increased delay or effort necessary to achieve the larger of alternative goods. Application of self-control involves the use of self will or will-power for it to be successful. Covert self-control is the manipulation and alteration of private events. This is a way of modifying internal monologue in the management of different types of problems. It is a kind of cognitive behavioural therapy based on modifying events

such as thoughts, images and internal monologue (Hollon and Becks, 1986). The clients are taught to modify their thoughts, images and internal monologues by the use of self-instruction and praise. The aim is to train individuals to recognise and modify internal monologue thereby becoming self therapists (Hollon and Becks, 1986). It has been found very effective in health related risky behaviour. It has been used effectively in managing health related behaviours such as cigarette smoking and obesity (Lawson and May, 1970; Danaher, 1974). Miller (1987) had used it in managing dishonest behaviour and verbal instruction. It has been used to manage children who were deficient in self-control measures.

Assertion entails developing open communication system in which individuals should try to honestly and deliberately express positive and negative thoughts and to act constructively towards each other. Lazarus (1971) considered assertive behaviour as the respect of emotional freedom that concern standing up for your right. It involves knowing your rights, doing something about them, accomplishing this within the framework of emotional freedom. Assertiveness training involves development of appropriate skills in interpersonal relationship.

According to Akinade (1988) assertiveness training is a behaviour modification package which is designed to increase client's skills and confidence in communicating honestly, directly and spontaneously. The ultimate goal of assertiveness is to help individual to achieve a sense of control over their sexual life and having a feeling of self mastery. The factors involved in assertiveness training are defense of right, refusal behaviour, negotiation behaviour, ability to ask for favour, to imitate and maintain conversation. Assertiveness training has been used to treat various types of problems with success (Wolpe and Lazarus, 1966). Wolpe (1969) had used assertiveness training to facilitate the expression of socially appropriate behaviour. McGovern and Burkard (1976) used it in initiating social contracts with the opposite sex successfully. Furthermore, Oladele (1986) stated that assertiveness training have been applied successfully in the treatment of conditions such as obsessive compulsive disorder, sexual communication, smoking, chronic urinary retention and labour management dispute. According to Wise (1991) assertiveness training is effectively adopted in educating the adolescents on peer transaction and social responsibility. The purpose of this present study is to use covert self-control and assertiveness training in the management of promiscuity among the adolescents. The following hypotheses were tested in this study,

- There will be no significant difference in the reduction of promiscuous behaviour of adolescents in the experimental groups compared with the control group following such interventions.

- There will be no significant difference in the reduction of promiscuous behaviour of adolescents managed with covert self-control and those exposed to assertiveness training.

Study Design

This study adopted a pre- and post-test experimental control group design for the management of promiscuity among adolescents in Ibadan metropolis.

Subjects

A total of one hundred and twenty students were randomly drawn from the three co-educational secondary schools. Their age ranged between thirteen (13) – twenty-one (21) years with a mean age of 17.3 years. They were randomly assigned to experimental groups I, II and III.

Instrumentation

The two instruments used in the study were adolescent mating scale (AMS) and sexual behaviour pattern inventory (SBPI). Both instruments were constructed by the researcher. Adolescent mating scale comprises of fourteen (14) items which aids the screening of the subjects in order to identify those eligible for the study. It is constructed in nominal pattern and scoring was done by assigning 1 to true and 0 to false. The correlation coefficient using Spearman Brown is 0.72.

Sexual behaviour pattern inventory is a socio-psychological scale, which is aimed at eliciting information on the sexual behaviour of the adolescents. It is made up of five sections. Section one is designed to collect the personal and biographical data of the respondents. Section two is based on the sexual practices of the adolescents. Section three is aimed at identifying sexual partners the respondents have had since they were born. Section four is to give evidence of how often they have had sex in the last two months. Section five is aimed at identifying if they had the knowledge of the consequences of promiscuity. The correlation coefficient using Spearman Brown was 0.76.

Procedure

Procedure was carried out in three stages as follows: pre-treatment, treatment and evaluation. The pre-treatment stage involved a familiarisation visit to the three different schools, which focused on general introduction, establishment of rapport as well as administration of adolescents mating scale to all the students in SS2 and

SS3. The students, who scored 70% and above, were randomly selected for this study. The pre-treatment exercise lasted for one week. The meeting lasted for about three (3) sessions of about ninety (90) minutes per session in the three (3) different secondary schools.

The treatment sessions: these are the actual therapeutic sessions. The subjects in the two experimental groups were subjected to twenty (20) weeks of treatment programme. The control group participated in pre- and post-test sessions. The subjects in experimental group I were managed with covert self-control while the experimental group II were treated with assertiveness training. Each group had ten sessions of the therapy, one hour per session while the control group was only exposed to pre- and post-test. They were not exposed to any form of treatment.

As a compensation, they were given talks on healthy life styles. The programme was designed to train subjects in certain cognitive behavioural skills that will foster self-control. The programme is based on acquisition of knowledge and modification of promiscuous behaviour. This was supported by self and group reinforcement and intensive group activities. The treatment involved lectures on male and female reproductive organs, exercises, home assignments and modelling. The highlight of the programme was watching video on consequences of promiscuity.

Methods of Analysis

Analysis of covariance ANCOVA and t-test statistics were employed to analyse the data generated.

Results

Hypothesis 1 states that there will be no significant difference in the reduction of promiscuous behaviour of adolescents managed with covert self-control compared with those managed by assertiveness training and the control group.

In testing this hypothesis, four related statistical methods were used to measure the reduction of promiscuous behaviour of adolescents. The results are presented in Tables 1 – 4.

Table 1: Unadjusted X - Means and Adjusted Y – Means of Subjects Performance Scores Based on Treatment (Rows) and Sex (Columns)

| Treatment programme | Male | | | Female | | |
|------------------------|------|-------|-------|--------|-------|-------|
| | N | x-x's | y-x's | N | x-x's | y-x's |
| Covert self control | 20 | 12.35 | 6.41 | 20 | 10.45 | 6.24 |
| Assertiveness training | 20 | 18.40 | 7.37 | 20 | 13.85 | 8.56 |
| Control group | 20 | 12.25 | 10.71 | 20 | 9.40 | 10.51 |

Table 2: Analysis of Covariance on Effectiveness of Treatment on Subject Performance

| Source | Ss | Df | Ms | F-ratio | F-critical | P |
|--------------|---------|-----|------|---------|------------|-------|
| Rows | 26.677 | 2 | 13.3 | 3.32 | 3.07 | <0.05 |
| Columns | .112 | 1 | .112 | 0.03 | | NS |
| Interactions | .623 | 2 | .311 | 0.08 | | NS |
| Within | 458.710 | 114 | 4.02 | | | |

Table 3: Rows and Columns of Adjusted Y-Means Compared

| Rows | Columns | Columns |
|------|------------|------------|
| | 1 | 2 |
| 1 | (a) 6.412 | (d) 6.240 |
| 2 | (b) 7.374 | (e) 8.558 |
| 3 | (c) 10.705 | (f) 10.512 |

Table 4: Least Mean Square (LMS), and T-values of Subjects Performance Score (Computed)

| Cells | N | Adjusted Y-means | Least Means | Pooled SE | t-Values | P |
|-----------|----|------------------|-------------|-----------|----------|-------|
| CSCM/ATM | 40 | 6.412 7.374 | .112 | 0.106 | 9.08 | <0.05 |
| CSCM/CGM | 40 | 6.412 10.705 | .112 | 0.106 | 40.5 | <0.05 |
| CSCM/CSCF | 40 | 6.412 6.240 | .112 | 0.106 | 1.62 | NS |
| CSCM/ATF | 40 | 6.412 8.558 | .112 | 0.106 | 20.24 | <0.05 |
| CSCM/CGF | 40 | 6.412 10.512 | .112 | 0.106 | 38.68 | <0.05 |
| ATM/CGM | 40 | 7.374 | .112 | 0.106 | 31.42 | <0.05 |
| ATM/CSCF | 40 | 7.374 6.240 | .112 | 0.106 | 10.69 | <0.05 |
| ATM/ATF | 40 | 7.374 | .112 | 0.106 | 11.17 | <0.05 |
| ATM/CGF | 40 | 7.374 10.512 | .112 | 0.106 | 29.60 | <0.05 |
| CGM/CSCF | 40 | 10.705 6.240 | .112 | 0.106 | 42.12 | <0.05 |
| CGM/ATF | 40 | 10.705 8.558 | .112 | 0.106 | 20.25 | <0.05 |
| CGM/CGF | 40 | 10.705 10.512 | .112 | 0.106 | 1.8 | NS |
| CSCF/ATF | 40 | 6.240 8.558 | .112 | 0.106 | 21.87 | <0.05 |
| CSCF/CGF | 40 | 6.240 10.512 | .112 | 0.106 | 40.43 | <0.05 |

The details presented in the tables 1-4 were obtained through the analysis of covariance and the t-test statistics. The results indicated that the subjects in the two experimental groups performed significantly better in the reduction of promiscuity between the treated groups and the control group.

Hypothesis 2

There will be no significant difference in the reduction of promiscuous behaviour of adolescents managed with covert self-control and those exposed to assertiveness training.

Table 5: Analysis of Covariance of Subject Scores in Sexual Behaviour Pattern Inventory

| Sources | Sum of Squares | DF | Mean Squares | F | F-critical | P |
|-------------|----------------|----|--------------|-------|------------|-------|
| Rows | 27.00 | 1 | 27.00 | 4.804 | 3.96 | <0.05 |
| Columns | .254 | 1 | 2.54 | .90 | | NS |
| Interaction | .458 | 1 | .456 | 1.63 | | NS |
| Within | 426.998 | 76 | 5.62 | | | |

Table 6: Rows and Columns of Adjusted Y-Means Compared

| Rows | Columns | |
|------------------------|-----------|-----------|
| | Males | Females |
| Covert self-control | (a) 6.765 | (c) 6.592 |
| Assertiveness training | (b) 7.731 | (d) 8.912 |

Table 5 indicates that significant difference exists between the two treatment groups in the reduction of promiscuity among the adolescents where f-critical is 3.96. The hypothesis is hereby rejected because there is significant difference between the reduction of promiscuity in the adolescents exposed to covert self-control and assertiveness training. The reductions in promiscuity were in favour of covert self-control as indicated by adjusted Y-mean in Table 6.

Discussion

The study has established the effectiveness of covert self-control and assertiveness training in the management of promiscuity among the adolescents, evidenced by reduction of promiscuous behaviour of the adolescents in the treated groups compared to those in the control group. The results obtained in this study are in agreement with the results and findings of various researchers who exposed their subjects to covert self-control. It has been used successfully in managing problems with health behaviour such as cigarette smoking, obesity and drug addiction (Hommes, 1965; Mahoney, Thoresen and Danaher, 1972). Understandably, even though both covert self-control and assertiveness training are exercised by and on the susceptible host in the disease or hazard control, Covert Self-Control (CSC) is bound to result in greater self-control, respect, confidence, projection and personal conduct that deter the aggressor from afar than the assertiveness training which may simply wait for the aggressor to attack before being exercised. Assertiveness training did better with the females. The package could be used with girls. This is understandable as the society expects boys to be more assertive than girls.

Tables 5 & 6 revealed the comparative effects of covert self-control and assertiveness training on the reduction of promiscuity among the adolescents. The results showed that the two packages were effective in reducing promiscuity among adolescents. Table 6 indicated that significant difference existed between the two treatment groups on the reduction of promiscuity among adolescents – ($F(176) = 4.804; P < 0.05$). The hypothesis is thereby rejected because of the significant difference between the two treatment groups. The reduction in promiscuity were in favour of covert self-control. This finding supports Fernestertain and Baer (1975) who stated that one of the major reasons of promiscuity among single women is in lack of assertiveness. This statement is in line with the findings of this study as assertiveness training led to reduction in sexual promiscuity among the adolescents. The reason for the differences between the groups is due to the treatment. Treated groups have acquired skills to enhance self-confidence and self-control abilities. The result revealed that there are significant differences in the reduction of promiscuous behaviours of students in the two treatment groups. The reduction was in favour of covert self-control. This difference could be based on the principle of disease control in public health, from the elimination of source of infection or diseases or health hazards through the control of the environment or medium of their transmission to patient self-protection. As illustrated in preventive medicine (Lucas and Gille, 1973), it can be understood why covert self-control would

work better than assertiveness training in this regard: the former works at an earlier and so more effective level of the chain than the latter, which is equivalent to patient or susceptible host, self-protection only. All these trainings are geared towards abstinence training. Blinn-Pike, Berger, Hewelitt & Oleson (2004) stated that abstinence is the one hundred percent (100%) way of preventing pregnancy and disease.

Implication for the Study

The result obtained in this study has demonstrated the effectiveness of covert self-control and assertiveness training in managing promiscuous behaviour of adolescents. From the findings, it means that the problem of adolescent promiscuous behaviour could be managed.

The findings have demonstrated that the treatment package could be handled as a preventative measure towards control and reduction of the incidence of promiscuity among the adolescents, thereby lowering the prevalence of HIV/AIDS in the community. Furthermore, this package could be used to run workshops for adolescents to encourage abstinence until marriage when they could let in sex into their lives thereby enhancing healthy life styles among the adolescents.

In conclusion, the study has both demonstrated the effectiveness of the treatment packages and the need of educating youths about the destructive effects of promiscuity in the society. With this development, counselling and clinical psychologist and in fact other professional helpers can use these approaches to help adolescents overcome problems relating to promiscuity.

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