

IMPACT OF AWARENESS PROGRAMME ON CONTROL AND SPREAD OF HIV/AIDS AMONG NIGERIA ARMY PERSONNEL IN OWERRI, NIGERIA

BY

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Abstract

HIV is a terminal deadly disease that is not a respecter of anybody as it can affect the rich, poor, young, old or elderly, civilian or military. Therefore, this study investigated impact of awareness programme on control and spread of HIV/AIDS among Nigeria Army Personnel in Owerri, Imo state Nigeria. The study adopted descriptive survey research design and used simple random sampling technique to select 100 Nigerian Army Personnel. Instruments used in this study for data collection were questionnaires. The study revealed that Nigeria Army Personnel are highly conscious of the impact of sexual submissiveness on the spread of HIV/AIDS among them. Overall, majority (79%) of the respondents were not ignorant of HIV/AIDS. Also, it was revealed that the most common HIV/AIDS risk behaviours among the Nigerian Army personnel in Owerri, Imo state is having unprotected vaginal sex with their partner. Overall, there is low level of HIV/AIDS risk behaviours among Nigerian Army personnel in Owerri, Imo state. Thus, it was recommended that Nigerian Army authority should employ the services of health officers to often organize quality of life orientation programmes for their personnel as a measure to help modify their behaviour.

Keywords: Awareness Programme, HIV/AIDS, Nigeria Army Personnel, Owerri, Imo state

Introduction

Nigeria has the third highest burden of HIV and AIDS in the world (NACA, 2020) and HIV/AIDS has been particularly noted to affect the working population and preventing women and men from making meaningful contributions to development and improvement of families while at the household level, the epidemic increases the burden of care and erodes savings. In general population, the infection very often results in unemployment, rejection by spouse or partner, family or community, disruption in inter-personal relationships due to guilt and shame, taboo, and social stigmatization. Societal, economic and cultural impact is generally disastrous for HIV+ people and their families (or group). The professional and social rejection of the infected people frequently results in destruction of personal and community ties and deep moral, cultural and economic distress. For these reasons, infected people often tend not to disclose their status to their spouse or regular sexual partner. In some cases, people are not worried about HIV infection due to other, more pressing concerns associated with their 'under-privileged' socio-economic situation.

However, HIV/AIDS infection is entirely preventable through awareness that would provide necessary information and enable people develop the required capacity needed to prevent and control the spread of HIV/AIDS disease. Therefore, creating awareness about its occurrence and spread is very significant in protecting people from the epidemic considering the fact that increased awareness of safe practices to prevent HIV/AIDS infection could result in people being more careful and ultimately decreases infection rates. This awareness programme becomes imperative in present day Nigerian contemporary society based on the fact that human life is precious and it is desired to be lived to its fullest. However, of late, the longevity of human life is threatened by the ravaging incidence of Human Immunodeficiency Virus (HIV).

According to WHO (2021) assertions, HIV continues to be a major global public health issue, having claimed 36.3 million lives so far. There is no cure for HIV infection. However, with increasing access to effective HIV awareness and prevention programmes, diagnosis, treatment and care, HIV infection has

become a manageable chronic health condition, enabling people living with HIV to live long and healthy lives. There were an estimated 37.7 million people living with HIV at the end of 2020, over two thirds of whom (25.4 million) are in African Region. In 2020, 680 000 [480 000–1.0 million] people died from HIV-related causes and 1.5 million [1.0–2.0 million] people acquired HIV. To reach the new proposed global 95–95–95 targets set by UNAIDS, the world would need to redouble efforts to avoid the worst-case scenario of a half million excess HIV-related deaths in sub-Saharan Africa, increasing HIV infections due to HIV service disruptions during COVID-19, and the slowing public health response to HIV.

Nigerian Army Officers operation is stressful, hazardous and regimented in nature. This experience could make some of them emotionally exhausted and probably be in need of social comfort and support. This is premised, considering the fact that the human being is by nature a social animal with the tendency to explore and relate with its environment so as to be happy and functionally productive. Due to this nature, individuals could go extra mile to socialise with self and others so as to add value to the lives of others, attain positive health and improved quality of life. The human nature of the Nigerian Army Personnel could make them also express these characteristics. Nigerian Army as an institution constitutes energetic men and women, married and unmarried that are sexually active craving for affection, care, intimacy and love so as to be socio-emotionally stable, functional and productive. These tendencies make them explore their environment to the extent of engaging in unprotected sexual activities that might put them at risk of contacting the Human immunodeficiency virus (HIV).

Nigerian Army Personnel are often engaged in local and international operational duties like peace keeping mission, emergency deployment to combat internal or external aggression in volatile region for example, Sierra Leone, Sudan, Congo, Liberia, North-East Nigeria, Niger Delta, etc that could make them experience psycho-emotional fatigue. When this occurs, for some of them to attain psycho-emotional and mental balance, they may choose to socialise with the opposite sex and engage in unprotected sexual contact. In support of the above is the assertion of Okeke, et, al (2012) that some factors make military personnel vulnerable to HIV infection and these include among others their continuous transfer or movement from one duty post to the other, they are most times not with their families, always engage in sexual risk-taking behaviour, engage in multiple heterosexual relationship, drug abuse, patronise commercial sex workers and often believe that HIV is a white man's disease and so they cannot contact it.

Igboanusi, et, al, (2015) posited that among Nigerian Military Personnel (NMP), HIV prevalence has been reported to be higher than in the general population, due to mobile lifestyle and distance from their spouses while on United Nations peace-keeping mission. This is also due to the fact that danger and risk taking are integral parts of their profession. They tend to be young, single, and sexually active and are highly mobile and stay away from their families and home communities for extended periods. NMP are easily influenced by peer pressure rather than social convention and are inclined to feel invincible and take risks. They may have more ready cash than other males where they are deployed and hence are surrounded by opportunities for casual and commercial sex.

However, awareness programmes that could ignite self-instructional talk strategy could be used as a counselling orientation strategy to stem HIV spread among Nigerian army personnel. Self instructional talk counselling orientation strategy is a cognitive technique which aim is to help individuals develop capacity to have control over their behaviour through guided self talk that gradually becomes covert and self generated. This is particularly helpful where there are initial cognitive deficits in problem solving or verbal mediation contributing to the existence of a difficult problem based life orientation. For example as observed among the Nigerian Military Personnel, Essien, et, al, (2010) reported that despite the high prevalence of HIV infection, in Sub-Sahara Africa, Nigerian Military Personnel are still ignorant as regard their vulnerability to contracting HIV virus. Some of them still have the false perception that they cannot contract the virus even without playing safe by using condom, abstinence and using of unsterilized sharp

objects. This false belief has made some Nigerian Military Personnel engage in risky sexual practices with several sex partners and commercial sex workers as their occupation seems to give them a sense of invincibility.

Thus the presence of cognitive deficits as observe with the belief of invincibility to contracting HIV virus by Nigerian Military Personnel make the use of awareness programmes that would ignite self-instructional talk strategy necessary to modify their thinking pattern. According to Zetou, et, al, (2014) the use of awareness programme to make people conscious of their sexual risk behaviour that could act as gate way to their contracting HIV/AIDS infection is more effective than motivational self-talk as far as learning of new skills to regulate self behaviour is concerned. Based on the principle that what people say to them-selves affects the way they behave. For example, some Military Personnel due to military task engagement may experience psychobiological changes that contribute to the development of post-traumatic stress symptoms and to some extent these symptoms overlap and interact to reinforce their desire to relax with engaging in extramarital sex or patronise commercial sex workers without the use of condom or thinking of abstinence and engage in sporting activities. However, through their exposure to HIV/AIDS awareness programme, military personnel could learn to identify maladaptive beliefs and attributions and then learn how to replace them with those that are more accurate, elegant and effective. For example context and content of awareness programme could help military personnel to cope effectively with their emotional distress by learning relaxation, how to use condom to facilitate safe sex and a range of skills such as emotional expression and cognitive coping skills.

HIV/AIDS awareness programme is a process that could be used to reduce negative thoughts, emotions, and behaviours with the goal of providing oneself with positive verbal feedback (Trepal, et, al., 2012). It is a useful strategy that could help people combat negative thoughts stemming from life and situational experiences. Thus, the content of HIV/AIDS awareness programme could be used as a strategy to motivate and reinforce the “I” statements which is a form of self-talk used to increase individual motivation. This particular form of self-affirmation can also increase positive self-connections (Trepal et al., 2012). For example Military personnel might use “I would not engage in commercial sex practice again” “I will not allow my friends to influence me to engage in commercial sex practice again” “I will abstain from extramarital sex practice” statements as one form of self-talk to increase motivation and combat feelings of stress or post-traumatic stress induced negative behaviour.

The military as an institution has a culture of transfer of personnel without recourse to questioning the rational but obey. These often separate officers from their family. This official culture of command, order and obedience without recourse to questioning or objection seems to make military personnel vulnerable contacting HIV virus; this is premised on the fact that it could make some of the men marry other wives and become polygamous, engage in extra marital affairs and patronise commercial sex workers. This cultural practice put diverse individuals engaged in the act at-risk of contracting HIV virus. However, while it is gratifying to note that the existence of HIV is slowly gaining acceptance, principally due to the laudable activities of the National Action Committee on AIDS (NACA) in Nigeria, there is no doubt that a lot still needs to be done especially in the fight against ignorance, gender based sexual violence, gender imbalance, and socio-cultural obstacles fuelling its wide spread.

Statement of the Problem

Military tradition of frequent transfer, daily travels combined with soldier’s sexual behaviour and other risk-related conditions increase the prevalence of infection in the Nigerian Army barracks. Also, the use of hard drugs and alcohol is a very good way of life in Nigerian Army barracks. Both men and women involve themselves in this act which is a risk trigger to HIV spread, more often than not, women are the victims of this terrible act, one, they are easily intoxicated, two, their level of control when drugged or alcohol is greatly reduced. Thus, some Nigerian Army Officers at risk of HIV infection do not yet recognise their

susceptibility, do not perceive the seriousness of the AIDS threat and are not motivated to alter their sexual risk behaviour. This instance makes investigating the impact of awareness programme on control and spread of HIV/AIDs among Nigeria Army Personnel in Owerri, Imo state Nigeria a necessity.

Objectives of the Study

The objective of this study is to determine the impact of awareness programme on control and spread of HIV/AIDs among Nigeria Army Personnel in Owerri, Imo state Nigeria. The specific objectives are:

1. To determine how conscious are Nigerian Army personnel in Owerri Imo state, Nigeria to the impact of sexual submissiveness on the spread of HIV/AIDS among them?
2. To examine the level of ignorance about HIV/AIDS among Nigerian Army personnel in Owerri, Imo state, Nigeria?
3. To ascertain HIV/AIDs risk behaviours common among Nigerian Army personnel in Owerri, Imo state, Nigeria?

Research Questions

1. How conscious are Nigerian Army personnel in Owerri Imo state, Nigeria to the impact of sexual submissiveness on the spread of HIV/AIDS among them?
2. What is the level of ignorance about HIV/AIDS among Nigerian Army personnel in Owerri, Imo state, Nigeria?
3. What are the HIV/AIDs risk behaviours common among Nigerian Army personnel in Owerri, Imo state, Nigeria?

Methodology

This study adopted a descriptive survey research design. The population of this study were all Nigerian Army Personnel. They were 100 (60 male and 40 female Nigerian Army Personnel) who had undergone HIV/AIDS awareness programme before now. Simple random sampling technique was used to select participants for the study.

The following instruments were used in this study for data collection:

Ignorance was measured using Decision-Making Dominance Scale By Pulerwitz, et, al, (2000) it is designed for measuring sexual relationship among male and female partners in HIV/STD research considering sex roles. It is an eight item scale scored on a 4-point Likert scale, with 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree. High scores represent high gender imbalance. Certain items will be reverse-scored if high scores would reflect low sexual relationship power. Using factor analysis, the scale has an internal consistency of = .88. It has favourably been used across culture among men and women; including youth and different ethnicities and cultures. It has demonstrated good predictive validity and internal consistency.

Sexual Submissiveness was measured using Sexual Submissiveness Scale by Gordon (2000); it is a ten item scale scored on a 4-point Likert scale, with 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree. High scores represent high Sexual Submissiveness. Using factor analysis, the scale has an internal consistency (alpha) = .82. It has favourably been used across culture among men and women; including youth and different ethnicities and cultures. For example, Fakunmoju, et, al, (2016) used it with their study on development, validity, and reliability analyses of beliefs about relationship violence against women and gender stereotypes and beliefs in Nigeria. It has demonstrated good predictive validity and internal consistency of .82

Incidence of HIV spread among Nigerian Army Personnel was measured using a researcher self constructed Incidence of HIV spread among Nigerian Army Personnel Scale. It is a ten item scale scored on a 4-point Likert scale, with 4 = strongly agree, 3 = agree, 2 = disagree, and 1 = strongly disagree. It has items such as: As a soldier I cannot be infected by HIV virus; HIV is a white man disease; I prefer having sex without condom; there is nothing wrong in having extra-marital affair, etc It was validated through a test-re-test method and has internal consistency of .78. The researcher sought permission from the Military

authority to conduct this study. Thereafter, the consent of unit heads were sought and that of the participants too. The essence of the awareness programme research was explained to the participants and also how the questionnaires are to be filled. They were told that their responses are strictly for research purpose and it will be treat confidentially. The awareness programme was conducted for three days and administration of the instrument was done on the last day and questionnaires administered were collected back for scoring. Data was analysed using pie chart, bar chart, simple percentage and mean rank order to answer the research questions raised for the study.

Results

Research Question 1: How conscious are Nigerian Army personnel in Owerri Imo state, Nigeria to the impact of sexual submissiveness on the spread of HIV/AIDS among them?

Table 1: Percentage Distribution of consciousness of Nigerian Army personnel in Owerri Imo state, Nigeria to the impact of sexual submissiveness on the spread of HIV/AIDS among them

Score range	Frequency	Percentage %	Remark
1-10	5	5	Poorly Conscious
11-20	20	20	Moderately Conscious
21-40	75	75	Highly Conscious
Total	100	100	

Table 1 presents the percentage distribution of the consciousness of Nigerian Army personnel in Owerri Imo state Nigeria to the impact of sexual submissiveness on the spread of HIV/AIDS among them. The table shows that out of the 100 Army personnel who participated in the study, 5 (5%) scored between 1-10 on the sexual submissiveness scale, this indicates that they are poorly conscious of the impact of sexual submissiveness on the spread of HIV/AIDS among them; 20 (20%) scored between 11-20 on the sexual submissiveness scale, indicating that they are moderately conscious of the impact of sexual submissiveness on the spread of HIV/AIDS among them and 75 (75%) of the respondents scored between 21-40 on the sexual submissiveness scale, indicating that they are highly conscious of the impact of sexual submissiveness on the spread of HIV/AIDS among them. Overall, respondents are conscious of the impact of sexual submissiveness on the spread of HIV/AIDS among them.

Research Question 2: What is the level of ignorance about HIV/AIDS among Nigerian Army personnel in Owerri, Imo state, Nigeria?

Table 2: Percentage Distribution of level of ignorance about HIV/AIDS among Nigerian Army Personnel in Owerri, Imo state

Score range	Frequency	Percentage %	Remark
1-10	3	3	Totally ignorant
11-20	18	18	Moderately ignorant
21-40	79	79	Not ignorant
Total	100	100	

Table 2 presents the percentage distribution of the level of ignorance about HIV/AIDS among Nigerian Army personnel in Owerri, Imo state. The table shows that out of the 100 Army personnel who participated in the HIV/AIDS awareness programme, 3 (3%) scored between 1-10 on the HIV/AIDSs ignorance scale, which indicates total ignorance about HIV/AIDSs, 18 (18%) scored between 11-20 on the HIV/AIDSs ignorance scale, indicating moderate level of ignorance about HIV/AIDSs; while 79 (79%) of the respondents scored between 21-40 on the HIV/AIDSs ignorance scale, indicating not ignorant about HIV/AIDSs. Overall, majority (79%) of the respondents were not ignorant of HIV/AIDSs.

Research Question 3:

What are the HIV/AIDs risk behaviours common among Nigerian Army personnel in Owerri, Imo state, Nigeria?

Table 3: Mean and Rank Order of HIV/AIDs Risk Behaviours Common among the Respondents

N	I often:	Mean	Rank
1	have sexual intercourse without the use of condom	2.76	1 st
9	chose friends my partner go out with	2.29	2 nd
3	take drugs before sexual intercourse	2.04	3 rd
2	have unprotected anal sex with my partner	2.04	3 th
10	have more than one sex partner	2.03	5 th
8	take alcohol before sexual intercourse	1.96	6 th
6	share needles with my partner	1.85	7 th
7	have sex with commercial sex partner	1.81	8 th
4	engage in trading of sex with my partner	1.76	9 th
5	engage in trading of drugs with my partner	1.75	10 th

Table 3 shows that all the 10 items on the HIV/AIDs risk behaviour scale have mean scores that are below the average (benchmark) mean value of 2.50 for determining significant or common HIV/AIDs risk behaviours among the Nigerian Army personnel in Owerri, Imo state, except item 1, with 2.76 mean value and was ranked 1st. This indicated that the most common HIV/AIDs risk behaviours among the Nigerian Army personnel in Owerri, Imo state is having unprotected vaginal sex with their partner. Overall, there is low level of HIV/AIDs risk behaviours among Nigerian Army personnel in Owerri, Imo state.

Discussion of the Findings

Nigerian Army personnel are conscious of the impact of sexual submissiveness on the spread of HIV/AIDs among them. This align with the assertion of Zetou, et, al, (2014) the use of awareness programme to make people conscious of their sexual risk behaviour that could act as gate way to their contracting HIV/AIDs infection is more effective than motivational self-talk as far as learning of new skills to regulate self behaviour is concerned. Based on the principle that what people say to them-selves affects the way they behave. For example, some Military Personnel due to military task engagement may experience psychobiological changes that contribute to the development of post-traumatic stress symptoms and to some extent these symptoms overlap and interact to reinforce their desire to relax with engaging in extramarital sex or patronise commercial sex workers without the use of condom or thinking of abstinence and engage in sporting activities. However, through their exposure to HIV/AIDs awareness programme, military personnel could learn to identify maladaptive beliefs and attributions and then learn how to replace them with those that are more accurate, elegant and effective. For example context and content of awareness programme could help military personnel to cope effectively with their emotional distress by learning relaxation, how to use condom to facilitate safe sex and a range of skills such as emotional expression and cognitive coping skills.

Nigerian Army personnel are not ignorant of HIV/AIDs as indicated by majority (79%) of the respondent responses. This concurs with the report of Igboanusi, et, al, (2015) who carried out a research on HIV/AIDs Knowledge and Attitude among Military Recruits at Depot Nigeria Army, Zaria, Nigeria. They found out that Majority of the respondents (91.0%) have heard of HIV/AIDs, while a lot of them (72.6%) knew those that are victims of the disease. Majority of the respondents (74.3%) also knew that HIV/AIDs was caused by virus. On the overall, only 48.7% of the respondents had good knowledge of the disease. About 80.7% of the respondents would offer assistance to HIV infected people, 62.3% agreed that HIV positive women should not be having babies, while 66.0% believed that HIV/AIDs patients should not be stigmatized against among others. Furthermore, the findings of Okeke et al (2012) showed that 94.1% of

those above 30 years knew that 'use of condoms during sex' is a way of preventing HIV/AIDS as against 82.4% of those under 30 years ($P = 0.003$). Likewise, 37.8% of those 30 years and above knew that 'avoidance of self injection of drugs' is a way of preventing HIV/AIDS as against 24.6% of those under 30 years ($P = 0.02$). These imply that those 30 years and above were more knowledgeable about ways of prevention than those under 30 years. However, the indulgence in risk related behaviours by the military seems to be a common event amongst them, the view is supported by this finding that despite basic understanding among Nigerian soldiers of HIV facts and risks, myths surrounding HIV are still prevalent and unprotected sex remains common.

The most common HIV/AIDS risk behaviour among the Nigerian Army personnel in Owerri, Imo state is having unprotected vaginal sex with their partner. This corroborates the findings of Hussain and Akande (2009). They carried out a study on sexual behaviour and condom use among Nigerian Soldiers in Ilorin, kwara State, Nigeria and their findings revealed that a significant proportion of the respondents (45.5%), especially those within the age of 18 to 34 years ($p=0.000$), those who had participated in foreign military operations ($p=0.030$) and those who did not live with their spouses ($p=0.000$) engaged in pre/extramarital sexual activities and regular condom use among the respondents was low. Also, Taiwo and Owumi (2013) emphasized that Nigerians are involved in risk-taking because of some external forces such as ignorance, illiteracy, poverty and unemployment and these influence their safety and sexual expressions. And this he said makes so many people vulnerable to HIV infection. Such external forces also relate to individuals' access to information, availability of economic and related opportunities for self and group survival, issues regarding reproduction, customary practices, norms and dominant ideologies or belief systems regarding sexuality, gender and health.

Conclusion

The findings of this study projects the fact that continual use of HIV/AIDS awareness programme could help bring to the consciousness of Nigerian army personnel of its danger to human life and survival. This could be used as strategy to stem HIV spread among Nigerian army personnel. Thus, Nigerian Army authority need to consistently organise behavioural change orientation and sensitization programmes that will help Nigerian Army Personnel modify their irrational cognitive deficits belief of invincibility to contracting HIV virus.

Recommendations

Based on the results and discussion of same, the following recommendations are made:

1. Nigerian Army authority should employ the services of health officers to often organize quality of life orientation programmes for their personnel as a measure that will be use to help modify their behaviour.
2. Nigerian Army personnel when they feel exhausted should endeavour to engage in positive utilization of self-talk instructional strategy that would help them think rationally instead of engaging unprotected sexual relationship.
3. Nigerian Army personnel should be exposed to real life models of HIV/AIDS victims as to help correct their cognitive deficit belief of invincibility to contracting HIV virus. This would help them modify their sexual relationship behaviour and be conscious of the fact that HIV/AIDS is not a respecter of anybody who fails to take to prevention.

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