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Assertiveness Training Technique on Fear Tendency among Married Teachers' Living With HIV/AIDS in Government Hospitals, in Abakaliki, Ebonyi State.

Florence N. Ogbonna & Amaka B. Ikechukwu-Ilomuanya
Department of Counselling and Human Development Studies, University of Nigeria, Nsukka
Corresponding Author's Email: Florenceogbonna17@gmail.com

Abstract

The study investigated the effect of assertiveness training technique on fear tendency among married teachers living with HIV and AIDS in government hospitals, in Abakaliki, Ebonyi State. The study have two research questions and two hypotheses. Quasi experimental design was adopted to guide the study. Population of the study comprised 81 HIV/AIDS married teachers in government hospitals, while the sample consists of 60 HIV/AIDS married teachers. The sample was drawn using simple random sampling procedure. Fear Tendency Scale was used for data collection. The instrument was face validated by three experts, and Cronbach Alpha reliability method was used to ascertain the internal consistency reliability of the instrument with reliability coefficient value of 0.85 obtained. Mean and standard deviation were used to answer the research questions and Analysis of Covariance was used to test the null hypotheses at 0.05 level of significance. The findings of the study revealed among others that assertiveness training technique significantly reduced fear tendency among married teachers living with HIV/AIDS in government hospitals, in Abakaliki, Ebonyi State. The study recommended, among others, that counsellors in government hospitals, particularly in Abakaliki, Ebonyi State, should integrate assertiveness training technique in their regular treatment programmes.

Keywords: Fear tendency, Assertiveness Training Technique, HIV/AIDS, and Married Teachers Living with HIV/AIDS.

INTRODUCTION

In recent years, an increasing number of individuals have fallen victim to the crippling effect of fear tendency, a mental disorder that manifests as persistent and overwhelming anxiety, cognitive distortion, hypervigilance, nervousness and worry. For those already struggling with the physical and emotional implications of HIV/AIDS, this descent into the depths of despair is often accompanied by debilitating feeling of imminent death that further compromise their mental wellbeing, adding yet another layer of adversity to an already fraught situation (Hane, 2016). Fear tendency refers to the predisposition to the feeling of apprehension about tangible and predominantly realistic dangers. It is the proclivity or likeliness for a person to be terrified or worried about things that may cause harm or danger, (Orubu, 2021). It is the tendency for someone to get scared or freaked out when faced with situations that could be potentially risky, even when there may not be reason for that (Weber, 2021).

Essentially, fear tendency refers to how prone or quick someone is to respond to fear or anxiety. When not managed effectively, fear tendency can lead to various negative outcomes. For instance, individuals with fear tendencies might develop anxiety disorders that significantly impair their ability to function normally. This can lead to issues like panic attacks, social anxiety, and obsessive-compulsive behaviours that negatively impact their quality of life (Klein, 2015). Moreover, fear tendency can harm interpersonal relationships, leading to mistrust, misunderstandings, and conflicts in both personal and professional settings (Aiello, 2017). In addition to the above effects, fear tendency can also lead to physical health problems. Chronic stress and anxiety caused by fear tendency can cause gastrointestinal issues, sleep disorders, and a compromised immune system.

Fear tendency among married teachers living with HIV/AIDS in government hospitals, in Abakaliki, Ebonyi State, precisely General Hospital Ezzamgbo and Elinwobvu constitute the main worry of this study. For instance, in Ebonyi State, the prevalence of fear tendency as at 2017 were 2.6% (Okoronkwo, 2016). According to Umezuruike (2017), about 198 thousand people out of the total 260 thousand persons who are estimated to be infected with HIV in the state, some of whom are married teachers were living in fear. This is because the patients find it difficult to cope as a result of their own self-defeating illogical thoughts. Many of them are living in shame and as such do not want people to know their status. Also in the area, the victims are often occupied with thoughts of anger (why should this happen to them); fear of death; guilt of having to unavoidably pass it to others; thoughts of how to fit into the social circle again; how to cope with work; how to face their employers and students; and fear of having to lose their jobs if their employers should discover their HIV status, among others. Operationally, fear tendency is defined as the propensity to experience intense emotion that arises due to perceived danger of acquiring or living with HIV/AIDS.

Human Immuno Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) is a virus that is spread through certain body fluids, including blood, semen, and vaginal fluids. It is a virus which slowly destroys the immune system live and thrive in the bodies of those affected. It can live in an apparently healthy individual for up to ten years, before it reaches the final life threatening stage, which is AIDS (Acquired Immune Deficiency

Syndrome). At this stage, the natural immune system can no longer combat certain infections. The body becomes susceptible to opportunistic infections (infections that take advantage of a weakened immune system) such as tuberculosis, pneumonia, meningitis, and so on. According to Ayoka (2019), these otherwise curable diseases become fatal to the individual. Thus, without treatment, early death becomes inevitable. In view of this, attention should be directed towards specific vulnerable professional group whose experiences reflect both the health and socio-psychological burden of the disease, particularly married teachers.

According to Mellins (2021), the virus is primarily transmitted through unprotected sexual activity (vaginal, anal, or oral), particularly when the infected individual has a high viral load, sharing needles or syringes for injection drug use, receiving contaminated blood transfusions or organ transplants, mother-to-child transmission during pregnancy, childbirth, or breastfeeding, exposure to contaminated sharp objects such as needles, scalpels, or other medical equipment. Indeed, living with HIV can be an emotionally and socially challenging experience, particularly in communities where there is little understanding or acceptance of the disease, (Joint United Nations Programme on HIV/AIDS, 2015). According to Umezulike and Eneasator (2020), in Abakaliki, married teachers with HIV often face significant stigma and discrimination, particularly at home, in school, and at work. Family members may reject or isolateinfected individuals, while colleagues, students and friends may avoid them out of fear or misunderstanding (Okoronkwo, 2016). This can result in profound loneliness, poor classroom effectiveness and social isolation which can exacerbate fear tendency. This virus can equally manifest in form of prolonged sickness, increased mortality rates and resultant increase in the number of orphans and widows/widowers.

Another important variable worthy of attention in this study is married teachers. To properly understand the concept of married teachers, it is necessary to first explain who a teacher is. According to Hattie (2015), a teacher is a professional educator who facilitates learning and promotes the intellectual, social and moral development of learners. Based on this definition, married teachers refer to educators who are in legally or socially recognized marital unions and are actively engaged in teaching within educational institutions (Adebayo, 2017). According to Okeke (2019), married teachers are individuals employed in the teaching profession who are bound in marital relationships and who perform responsibilities within both the family and workplace domains. In a similar view, Ibrahim (2021) defined married teachers as professional educators who have entered into marriage and are responsible for balancing instructional duties with marital and family obligations. In this study, married teachers refer to male and female educators living with HIV/AIDS, who are legally married and are actively teaching in recognized educational institutions while simultaneously carrying out marital and family responsibilities. From the above definitions, married teachers can be understood as individuals who occupy dual roles in both the family and occupational spheres, where they are expected to fulfil responsibilities such as lesson delivery, classroom management, and student supervision alongside spousal and, in some cases, parental duties (Hane, 2016). These combined roles often require effective time management, emotional stability, and role balancing in order to maintain both professional effectiveness and family cohesion, hence the need for their assertiveness training.

In a world where effective communication is often overshadowed by aggression or submissiveness, assertiveness training technique offers a harmonious balance that enables individuals to speak their minds without being too harsh or too timid. Through assertiveness training, one can learn the art of speaking up while still being mindful of others, fostering a sense of respect and understanding in every interaction (Onwuasoanya, 2024). Assertiveness training technique therefore refers to a behaviour modification skill and strategy used to express oneself confidently and directly without being aggressive, but communicate assertively, expressing needs, wants, and opinions in a polite manner (Shahidi, 2015). According to Brackett (2015), assertiveness training technique refers to the technique used to practice active listening, show empathy and understanding for others' perspectives, establish and maintain healthy boundaries in relationships, assert one's rights and preferences, navigate difficult conversations and resolve conflicts effectively.

Assertiveness training technique plays a significant role in helping married teachers living with HIV/AIDS in several ways. This technique can empower them to communicate effectively with healthcare providers, ensuring they receive appropriate diagnosis, treatment, and support (Adams, 2020). Married teachers living with HIV/AIDS often face stigma and discrimination, and assertiveness training technique can help them confidently disclose their status to partners, family, and friends, fostering better understanding and support. This enable and empower them to advocate for their healthcare needs and rights and to build healthy relationships with family, students, colleagues, friends, and loved ones by openly expressing their emotions and needs. It also helps them navigate difficult conversations and conflicts with healthcare providers, insurance companies, and other entities. (Parry, 2017). Following the above, Hephzibah, (2021) noted that assertiveness training technique has been found to be effective in reducing fear tendency, timidity, social phobia, inferiority complex and difficulty in communicating feelings and emotions, although there is limited empirical research on its effectiveness among married teachers living with HIV/AIDS in Ebonyi State. Thus, in the context of this study, assertiveness training refers to the technique which is used to address and perhaps reduce fear tendency among married teachers living with HIV/AIDS by empowering them to advocate for their healthcare needs and rights irrespective of their gender.

Gender as a concept has been viewed variously by different authors. According to Bravo (2018), gender is focused on the relationship between men and women, their roles, access to and control of resources, division of labour, interests and needs. Husghes, Kroehle and Zanden (2019) sees gender is a social stratification, which is regarded as socio-cultural separation between males and females. The authors maintained that gender is the stratification and assignment of roles along sex line which may be culturally determined. In other words, gender is biologically determined, that is, people are born male or female but the way people become feminine or masculine is a combination of biological building blocks and the interpretation of the body by the culture. Berk (2015) stated that gender is a social construction that has to do with behaving according to type. Similarly, World Health Organization (WHO, 2015) defined gender as behaviours, roles expectations and activities which the society or culture delineates as masculine or feminine. Also, Nobelus (2021) opined that gender refers to masculine and feminine. However, this present study seeks to investigate the role of gender as a moderator of the adjustment of people living with HIV/AIDS. In this study, gender refers to males and females living with HIV/AIDS in Abakaliki, Ebonyi State.

Ideally, married teachers living with HIV/AIDS are expected to live productive and emotionally stable lives through proper utilization of available healthcare services, adherence to medical prescriptions, and access to counselling and social support systems. With the presence of HIV counselling and treatment centres, as well as medical and psychological support provided by the federal government and international agencies, these individuals should be able to manage their health condition effectively while maintaining psychological wellbeing. Moreover, their roles as teachers require a level of emotional balance, stability, and mental alertness that would enable them to function effectively in the classroom and contribute meaningfully to the educational system.

However, the reality on ground is contrary to these expectations, as many married teachers living with HIV/AIDS continue to experience fear despite the availability of these services. Many of them are reluctant to utilize HIV counselling and treatment centres due to fear of being known as HIV carriers, stigma, discrimination, and social rejection. This situation often results in emotional distress, low self-esteem, fear of the future, and withdrawal from both social and professional engagements. Consequently, their psychological state negatively affect their teaching effectiveness, interpersonal relationships and overall contribution to the educational system. Based on this, the use of assertiveness training technique became imperative in order to make married teachers living with HIV/AIDS develop positive attitude necessary to combat fear, advocate for their rights and needs, as well as reduce the stigma and discrimination associated with their condition.

Although assertiveness training technique has been found to be effective in reducing fear tendency, timidity, social phobia, inferiority complex and difficulty in communicating feelings and emotions, there is limited empirical research on its effectiveness among married teachers living with HIV/AIDS in Ebonyi State. Therefore, the question which this study sought to address was, what is the effect of assertiveness training technique on fear tendency among married teachers living with HIV/AIDS in government hospitals, Abakaliki, Ebonyi State

Research Questions

The following research questions guided the study:

1. What is the mean fear tendency scores of married teachers living with HIV/AIDS exposed to assertiveness training technique and those exposed to conventional hospital counselling?
2. What is the mean fear tendency scores of male and female married teachers living with HIV/AIDS?

Hypotheses

The following null hypotheses formulated guided the study and were tested at 0.05 levels of significance:

HO1: There is no significant difference in the mean fear tendency scores of married teachers living with HIV/AIDS exposed to assertiveness training treatment and those not exposed to it.

HO2: There is no significant difference in the mean fear tendency scores of male and female married teachers living with HIV/AIDS.

METHODS

The study adopted a quasi-experimental research design. This research design does not permit random assignment of subjects to the experimental and control groups (Gall, Gall, & Borg, 2014). The researcher's choice of this design was because the treatment was given to the research participants in the same hospitals where they were met, and hence they were still considered to be intact groups. The study was conducted in government hospitals, in Abakaliki, Ebonyi State. The choice of Abakaliki as the study area is justified by the fact that married teachers living with HIV/AIDS in the area have been experiencing fear tendency and sometimes exposed to premature death. Population of the study consists of 81 registered HIV Primary and Secondary School married teachers receiving care in two government hospitals that have HIV counselling and treatment centres in Abakaliki, Ebonyi State.

The sample size of the study was 60 HIV/AIDS Primary and Secondary School married teachers who met the inclusion criteria thus: they must be primary or secondary school married teachers living with HIV/AIDS receiving treatment in the selected government hospitals in Ebonyi State, they must have scored at or above the cut-off point of 50 on the pretest instruments measuring fear tendency, and they must have indicated willingness to participate in the study and be available throughout the treatment period. The sample size of 60 married teachers living with HIV/AIDS in this study is justified based on Gall, et al.

(2014) recommendation for determining adequate sample sizes in experimental research, with 30 participants in each group: the assertiveness training treatment and conventional hospital counselling. Simple random sampling technique was used to select two hospitals: General Hospital, Ezzamgbo, and General Hospital, Elinwobzu. Participants were pre-testesd using the Fear Tendency Scale (FTS), and those who met the inclusion criteria, including the required cut-off score of 50, were selected for the study. The existing hospital groups were used for the experimental and control group without random assignment of individual participants.

Data were collected using questionnaire titled Fear Tendency Scale (FTS). The FTS was developed by the researchers and consists of 18-item statements designed to measure fear tendency, with scores ranging between 18 and 72. The items were rated on a four-point Likert-scale, with response options of All the time (AT), Sometimes (S), Rarely (R) and Never (N). A higher score on the FTS suggests that the individual has a stronger disposition towards fearfulness. The instruments were face validated by three experts and trial tested using 20 HIV married teachers from Ezza-North Local Government Area of Ebonyi State. Data obtained were subjected to a test of internal consistency reliability analysis using Cronbach alpha method to ascertain the internal consistency of the instrument, and a reliability coefficient of 0.85 was obtained. The use of Cronbach alpha reliability method was necessitated by the fact that the items of the instrument were polychotomously scored. Mean and standard deviation were used to answer the research questions, while analysis of covariance (ANCOVA) was used to test the null hypothesis at 0.05 level of significance.

RESULTS

This section focused on presentation of results of the study. The presentation was done in tables based on the research questions and hypotheses that guided the study.

Research Question One: What is the mean fear tendency scores of married teachers living with HIV/AIDS exposed to assertiveness training treatment and those not exposed to it?

Table 1: Mean and Standard Deviation of fear tendency scores of married teachers living with HIV/AIDS exposed to assertiveness training treatment and those exposed to conventional counselling

Group	N	Pretest		Posttest		Mean loss	Mean loss difference
		$\bar{X}_1$	SD_1	$\bar{X}_2$	SD_2		
ATT	30	66.63	3.43	24.37	2.34	42.26	19.19
CHC	30	67.40	3.44	44.33	2.83	23.07	

Note: ***ATT***= *Assertiveness Training Technique,* ***CHC***= *Conventional Hospital Counselling,* ***N***= *number of married teachers living with HIV/AIDS,* $\bar{X}_1$ *=mean for pretest,* SD_1 *= standard deviation for pretest,* $\bar{X}_2$ *= mean for posttest,* SD_2 *= standard deviation for posttest.*

The result in Table 1 revealed that married teachers living with HIV/AIDS who received Assertiveness training treatment (ATT) had a lower post-test fear mean score (***X*** = 24.37, *SD* = 2.34) compared to married teachers living with HIV/AIDS who received CHC (***X*** = 67.40, *SD* = 3.44). This indicates a reduction in fear tendency for the ATT group. The decrease from pre-test to post-test in the ATT group suggests that the Assertiveness training technique reduced fear in married teachers living with HIV/AIDS. Furthermore, the mean loss in fear for the ATT group is 42.26, while for the CHC group, it is 23.07. The mean loss difference for the ATT group and CHC is 19.19 suggesting that the intervention significantly reduced fear tendency among married teachers living with HIV/AIDS.

Hypothesis One: There is no significant difference in the mean fear tendency scores of married teachers living with HIV/AIDS exposed to Assertiveness training treatment and those exposed to conventional counselling.

Table 2: Analysis of Covariance of fear tendency scores of married teachers living with HIV/AIDS exposed to Assertiveness training treatment and those exposed to conventional counselling

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1.319[a]	1	1.319	.222	.640
Intercept	89.111	1	89.111	14.996	.000
ATFearpret	1.319	1	1.319	6.222	.040
Error	273.348	46	5.942		
Total	28696.000	60			
Corrected Total	274.667	47			

a. R Squared = .005 (Adjusted R Squared = -.017)

Significant ($p < 0.05$)

The result in table 2 showed the mean fear tendency scores of married teachers living with HIV/AIDS exposed to Assertiveness training treatment and those not exposed to it with $F(1, 46) = 6.222$, $p = 0.04 < .005$. Since the p-value is less than the alpha level of .05, we reject the null hypothesis. Therefore, there is a significant difference in

the mean fear tendency scores of married teachers living with HIV/AIDS exposed to assertiveness training treatment (ATT) and those not exposed to it (CHC) in favour of the ATT. Therefore, the Assertiveness training technique is effective in reducing fear tendency among married teachers living with HIV/AIDS.

Research Question Two: What is the mean fear tendency scores of male and female married teachers living with HIV/AIDS?

Table 3: Mean ($\bar{x}$) and Standard Deviation (SD) of fear tendency scores of male and female married teachers living with HIV/AIDS.

Group	N	Pretest		Posttest		Mean loss	Mean loss difference
		$\bar{X}_1$	SD_1	$\bar{X}_2$	SD_2		
Male	24	67.04	.71	24.71	.49	42.33	1.08
Female	36	67.37	.67	23.96	.49	43.41	

The result in Table 3 revealed that pretest mean fear tendency scores for male married teachers living with HIV/AIDS is $\bar{X}$= 67.04, *SD* = 0.71, while for females it is $\bar{X}$= 67.37, *SD* = 0.67. This shows that females had slightly higher initial fear tendency than males before intervention. Then, after the intervention, the posttest mean fear tendency score for males is $\bar{X}$= 24.71, *SD* = 0.49, and for females it is $\bar{X}$= 23.96, *SD* = 0.49. This indicates that both males and females experienced a reduction in their fear tendency levels, but males still had slightly higher reduced posttest fear tendency scores compared to females. However, the mean loss for males is $\bar{X}$= 42.33, while for females it is $\bar{X}$= 43.41. These mean loss difference score of 1.08 suggest that the difference in fear tendency level scores between males and females is very small.

Hypothesis Two: There is no significant difference in the mean fear tendency scores of male and female married teachers living with HIV/AIDS.

Table 4: Analysis of Covariance of fear tendency scores of married teachers living with HIV/AIDS exposed to Assertiveness training treatment and those not exposed to it

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	7.788[a]	2	3.894	.657	.524
Intercept	86.490	1	86.490	14.584	.000
ATFearpret	1.038	1	1.038	.175	.678
Gender	6.469	1	6.469	1.091	.302
Error	266.879	45	5.931		
Total	28696.000	60			
Corrected Total	274.667	47			
a. R Squared = .028 (Adjusted R Squared = -.015)					

Table 4 showed the result of the influence of gender on fear tendency scores of married teachers living with HIV/AIDS, $F(1, 45) = 1.931$, $p = .302$. Since the p-value is greater than the alpha level of .05, we fail to reject the null hypothesis. Therefore, there is no significant difference in the mean fear tendency scores between male and female married teachers living with HIV/AIDS. The p-value of .302 indicates that gender does not have a significant effect on fear tendency scores in this sample. Thus, the data does not provide evidence to support that fear tendency levels differ between males and females in this population.

DISCUSSION

The finding of the study revealed that assertiveness training technique significantly reduced fear tendency among married teachers living with HIV/AIDS in government hospitals, in Ebonyi State. Participants exposed to assertiveness training recorded significantly lower fear tendency scores than those exposed to conventional hospital counselling. This finding could be attributed to the skills acquired through assertiveness training, which helped participants express their feelings and needs more confidently, communicate effectively, and handle difficult interpersonal situations without undue fear. The finding is consistent with the finding of a study by Oguzue, Ani, Obi, and Onyegirim (2018), which reported that assertiveness training is effective in reducing inferiority complex and improving self-confidence among individuals. This implies that assertiveness training can help married teachers living with HIV/AIDS manage fear associated with stigma, rejection, social interaction and concerns about their health condition.

The finding of the study also revealed that gender does not significantly influence fear tendency among married teachers living with HIV/AIDS in government hospitals in Abakaliki. This finding could be attributed to the similar health-related concerns, social pressures, and challenges associated with living with HIV/AIDS that both male and female married teachers experience. The finding of this study agrees with earlier research by Fang,

Chuang, and Al-Raes (2019), which revealed that both male and female patients face similar fears upon receiving an HIV/AIDS diagnosis. Therefore, fear tendency does not significantly differ between genders, as both male and female married teachers experience fear associated with social rejection and health challenges related to HIV/AIDS.

CONCLUSION

From the findings of the study, it was concluded that assertiveness training technique (ATT) significantly reduced fear tendency among married teachers living with HIV/AIDS in government hospitals in Abakaliki, Ebonyi State. The intervention proved to be highly effective in lowering fear tendency scores compared to the control group, demonstrating its potential as a valuable psychological tool in managing the mental health challenges faced by this population. Additionally, gender did not have a significant influence on fear tendency, indicating that ATT is equally effective for both male and female patients. Therefore, assertiveness training technique could be a broadly applicable and effective intervention for improving the emotional well-being of married teachers living with HIV/AIDS, regardless of their gender.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Counsellors in hospitals should integrate Assertiveness training technique (ATT) as a regular part of treatment programme for married teachers living with HIV/AIDS. This intervention can significantly reduce fear tendency, thereby enhancing patients' overall well-being.

2. It was recommended that government should employ more counsellors in hospitals who will train married teachers living with HIV/AIDS in Ebonyi State to express their thoughts and feelings without fear of intimidation, discrimination and stigmatization.

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