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RESEARCH ARTICLE

EFFECT OF MORTALITY SALIENCE ON HEALTH COMPROMISING BEHAVIOR

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Abstract

Over the decades, researchers have leaned on the TMT to explain numerous phenomena, including consumer choice, exercise motivation, risky driving behavior, and other behavioral domains. The present study aimed to investigate the effect of mortality salience on RSB as a health-compromising behavior. Sixty-two participants took part in the study. A quasi-experimental design was adopted. The result showed that MS increased resentment to RSB in the experimental condition ($M = 44.82, SD = 9.28$) compare to the control condition ($M = 21.27, SD = 5.19$). An independent t-test was used to test the study's hypothesis, and the result established a statistically significant differential effect of MS on RSB resentment between the conditions. We conclude that MS is effective in mitigating the incidence of RSB.

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Introduction: -

Over the year, a good number of researches has been committed to studying death awareness and individual's motivation to change behavior (Bulut, 2021; Chen et al., 2019; Geller & Yagil, 2019; Goode & Iwasa-Madge, 2019; Grant & Wade-Benzoni, 2009; Nordmo & Norman, 2016; Spitzenstätter & Schnell, 2020; Vail & Juhl, 2015; Willoch & McDermott, 2020; Wolfe & Tubi, 2019). Mortality salience refers to self-awareness of one's vulnerability and ultimate mortality (Oren et al., 2019). According to the Terror Management Theory (Greenberg et al., 1997), the realization that death can occur at any point in time produces psychological conflict that motivates an individual to embrace cultural values and avoid particular behavior that can sustain the inevitability of death. Previous studies have collaborated the Terror Management Theory's view that cultural worldview and self-esteem serve a vital role in an individual's response to death cognition (Burke et al., 2010; Jaffer et al., 2006; Routledge & Juhl, 2010).

Studies based on terror management theory assume that dependence on the concept of terror-management beliefs during death reminder can influence one's perception of meaning in life (Vail & Soenke, 2018), subjective sense of control (Du et al., 2016). Motivate the strive to live up to salient cultural norms and values (Schindler et al., 2013) and follow cultural standards (Jonas et al., 2002, 2013). Evidence has shown that mortality manipulation leads to significant changes in behaviors (Zaleskiewicz et al., 2015). The effect of MS on human behavior is well documented (Chittaro et al., 2017; Curci et al., 2018; Dunn et al., 2020; Feng et al., 2017; Friese & Hofmann, 2008; Joireman & Duell, 2007; Kinnamon et al., 2018; Magee & Wojdyski, 2012; Roberts & Maxfield, 2019; Routledge et al., 2010). For instance, Menzies et al. (2021) found that mortality salience produced increased anxiety-related behaviors. Additionally, MS has been implicated in consumption choices (Zein et al., 2018), thus, suggesting that MS can significantly influence any behavioral domain. Mortality thoughts induce mortality-related anxiety and activate death-related meanings (Huang & Wyer, 2015).

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Health compromising behaviors refers to overt and covert actions that are detrimental to one's health, such as substance abuse, unprotected sex, reckless driving, alcoholism, lack of exercise. Health risky behavior is wanted across culture and hence tricky to eliminate. These risky behaviors negatively affect an individual's socio-psychological functioning and account for most health mortality rates worldwide. Extensive studies have been conducted on health compromising behaviors (Alzahrani et al., 2014; de Hoog et al., 2020; Fitzpatrick et al., 2003; Mathur et al., 2020; Neumark-Sztainer et al., 1997; Okagbare & Naidoo, 2018; Puckett, 2011; Schwarzer & Luszczynska, 2008; So-Kum Tang et al., 2011; Webb et al., 2016; Xing et al., 2006). However, the present study is concerned with the incidence of unprotected sex as risky health behavior. Unsafe sexual behavior is responsible for the vast majority of HIV/AIDS, infections, and other related unhealthy outcomes. Prevention campaigns aimed at increasing knowledge of risky sexual behavior and mitigating the consequences of unprotected sex in Nigeria have been ineffective (Okonkwo, 2013). For instance, the amount of riskiness of unprotected sex is rarely incorporated in HIV prevention campaigns (Lammers et al., 2013).

The present study

Risky sexual behavior is increasing in Nigeria (Ajide & Balogun, 2018), despite efforts to alleviate the trend. One characteristic of risky sexual behavior is that it seems enjoyable, thereby motivating future behavior. Risky sexual behavior is a public health concern and the second most leading cause of disability-adjusted life-years worldwide (Mirzaei et al., 2016). Researches have suggested ways of promoting safe sex in Nigeria. For instance, Odimegwu and Somefun (2017) suggest integrating social, cultural, and gender-specific tactics in promoting healthy sexual behavior. Odeigah et al. (2019) advocated for robust counseling strategies, while Ajayi and Okeke (2019) reported that behavioral change interventions and sexual health services are essential in mitigating the trend. In this study, based on TMT, we explored the effect that mortality salience will have on risky sexual behavior. Thus, we hypothesized that mortality salience would positively increase resentment to risky sexual behaviors.

Method: -

We adopted a quasi-experimental design in the study. The population of the study comprised males and females between the age range of 25-40 years. We approached 87 individuals between and February 2021 in different locations in Enugu State and asked them to participate in a study intended to gain more knowledge on risky sexual behavior. In total, 62 of them consented to the research, and they were divided into two groups. Group A represented the experimental group while the other group stands as control. Before the experiment, the participants were handed a self-developed questionnaire to ascertain their knowledge, perception, and engagement in risky sexual behavior. In the experiment, participants in group A were exposed to computer-generated images and videos of risky sexual fatalities as death reminders, while the control group was engaged in a health-related discussion.

Result: -

The pre-test study result showed that the participants are knowledgeable of risky sexual behaviors. However, we found that 71% of the participants have previously engaged in risky sexual behavior, 22% indicated that they have wanted to participate in risky sexual behavior, while 7% revealed they have never engaged in risky sexual behavior. In the post-test study, the mean and standard deviation score of the two groups showed that the resentment to RSB increased in the experimental group (44.82 ± 9.28) following exposure to death reminders than the control group (21.27 ± 5.19).

Hypothesis testing

An independent-samples t-test was conducted to determine if there were differences between the experimental and the control conditions on RSB resentment in the post-test study. The result established a statistically significant difference between the experimental and control group at 11.45 (95% CI, 7.81 to 15.23), $t(60) = 6.212$, $p = .001$.

Table 1: -Table showing the mean and standard deviation scores and-test comparison of the two groups on RSB.

Source of variation	N	M	SD	df	t	Sig
Group A	31	44.82	9.28			
Group B	31	21.27	5.19	70	6.313	000

Discussion: -

The study investigated the effect of mortality salience on RSB as a health-compromising behavior. The result revealed a statistically significant difference between the experimental and control group on RSB, which means that

the participants in the experimental group exhibited increased resentment to RSB following their exposure to mortality reminders. Thus, the hypothesis of the study is supported. The reason for this outcome could be linked to the TMT's view that when concern about death is made conscious, people tend to act in a way that reduces the threat of mortality. The finding further supports the idea that death thoughts that occur in response to health threats affect subsequent health behavior (Grover & Miller, 2014; Martin & Kamins, 2019; Roberts & Maxfield, 2019). According to Routledge and Juhl (2010), death thoughts increase death-related anxiety. Thus, participants who were reminded of the possibility of death due to RSB experienced mortality anxiety in response to the reminder of death. Accordingly, Belmi and Pfeffer (2016) reported that mortality salience helps people manage their death fear in ways consistent with normative expectations. We suggest that MS plays a vital role in the emergence of defense in response to a death threat. Thus, the study results provide evidence that mortality salience could be utilized in mitigating engagement in RSB in that individual could resort to a safer sexual mode in response to mortality cognition.

Limitations

Despite the current revelation, the study is faced with some inherent limitations that could affect it. For instance, the sample size is small and could affect the generalization of the study. Another limitation is that the study failed to consider some of the essential variables such as death-thought accessibility and self-esteem that have been proposed and demonstrated to mediate MS effects. Future research should further explore the role of death-thought accessibility and self-esteem in the association between MS and RSB to understand their main effects and interactions on RSB response.

Conclusion: -

The study aimed to explore mortality salience as a psychological construct that could reduce the incidence of RSB in Nigeria. The result revealed that RSB resentment increased when mortality is made salience. Thus, the study contributes to the literature by providing evidence on the effectiveness of MS on RSB prevention. We hope that the finding provides valuable data to the government and other relevant organizations, including the United Nations Population Fund (UNPF) campaign for positive sexual and reproductive health. Thus, we recommend that MS strategies should be incorporated in safe sex campaigns.

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