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MOOD DISORDER AND ACADEMIC MOTIVATION OF STUDENTS IN SECONDARY SCHOOLS IN EDO STATE, NIGERIA

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ABSTRACT

This study examined mood disorder and academic motivation among public secondary school students in Edo State, Nigeria. The study sought to determine the level of mood disorder and academic motivation among secondary school students and also find out whether both variables are correlated. This study adopted the correlational study design. The population of the study covered the Senior Secondary School (SSS) students in all the 29 public secondary schools in Edo State. A total of 300 students were drawn as sample. The simple random sampling technique was used to select fifteen secondary schools in the study area. Two instruments were adopted for this study to measure mood disorder and academic motivation. The test-retest reliability method was used to determine the reliability of the instrument. An r-coefficient of 0.78 and 0.81 were obtained on the instruments respectively. Research questions 1 and 2 were analysed using mean (X) and standard deviation (S.D) while the Pearson Product Moment Correlation (PPMC) was used to test hypothesis at 0.05 level of significance. Findings revealed that the level of mood disorder and academic motivation of students were both low. However, there exist an inverse and significant relationship between mood disorder and academic motivation of students. This implies that increase in mood disorder was associated with decrease in academic motivation. It was thereby recommended that guidance and counselling unit should be employed in all faculties to afford students the opportunity of receiving information and orientation services about how to control mood swings and maintain emotional stability for improved academic motivation.

Keywords: Guidance & Counselling programme, Achievement, Mood Disorder, Academic Motivation.

1. INTRODUCTION

Health care providers use the term "mood disorder" to refer to all forms of bipolar disorder and depression. Mood problems can affect adults, teenagers, and children. Children and teenagers, however, don't usually exhibit the same symptoms as adults. Additionally, school-aged children are more difficult to identify with mood disorders since they may not always be able to communicate their feelings (Ojuope & Ekundayo, 2020). Accordingly, Egodi, Nsa, and Ebere (2017) recognised a number of mood disorders, including major depression, bipolar disorder, dysthymia, mood disorders associated with other medical conditions, and substance-induced mood disorders.

Typically, a person with mood disorder is most likely to: a) felt so good that other people think they are not their normal self or feel so "high" that they get into trouble; b) so angry that they yell at others, fight, or argue; c) feel a lot more confident than usual; d) sleep a lot less than usual without realising it; e) talk a lot or talk much faster than usual; f) have a lot of thoughts running through their head without slowing it down; g) become easily distracted by things around them

ISSN: 2582-0745

Vol. 7, No. 06; 2024

with little focus; h) add more energy than usual; i) were much more active or engaged in more activities than usual; j) were more gregarious or extroverted than usual; k) you engaged in activities that were out of character for you or that others could have viewed as excessive, stupid, or dangerous; l) spending money led to problems for them or their family (Adewuya Wright, & Njokanma, 2021)

For young students, especially those in secondary school, the signs of mood disorders could look like those of other illnesses or mental health issues (Al-Qaisy, 2017). According to Adewuya, Wright, and Njokanma (2021), a learner of this kind may display one or more of the following: feelings of helplessness or hopelessness, low self-esteem, feelings of inadequacy or worthlessness, excessive guilt, recurrent suicidal thoughts, wishing to die or attempting suicide, g) loss of interest in routine activities or once-enjoyed activities like studying or playing games, h) relationship issues, i) difficulty sleeping or excessive sleeping, j) changes in appetite and/or weight, and k) decreased energy

Students may find it challenging to cope with the strain of academic work, loss of a loved one, job decision dissatisfaction, and family mortality (Egodi, Nsa, & Ebere, 2017). A student may experience melancholy, despair, or a mood disorder as a result of these academic events and stress. In general, everybody can experience sadness or depression occasionally. But compared to ordinary melancholy, mood disorders are more severe and more difficult to control. Having a parent with a mood disorder increases the likelihood that children, teenagers, or adults would experience a mood problem themselves.

Even though students of school age frequently have "high wishful career dreams" and aspirations to excel in their chosen field, Onolemhemhen and Ekhenlen (2022) contended that their dissatisfaction with the achievement of these aspirations may raise their risk of developing a mood disorder. which may have an impact on their academic motivation. Having a reason to pursue an intellectual endeavour is known as academic motivation. Academic motivation extends beyond a person's lack of drive and their awareness of the relationship between their activities and their results (Marumo, Joseph, & Anikelechi, 2019). It occurs when individual students are able to get positive feedback regarding their performance or believe that despite their pass failure, they can move forward. This explains that academic motivation is an internal process that instigates and sustains activities aimed at achieving specific academic goals. Marumo, Joseph, and Anikelechi (2019) defined it as the internal processes that instigate and sustain activities aimed at achieving specific academic goals. One's mood comes from emotions and emotions, come before thoughts and behaviour. Our feelings fine up the engine that drives our enthusiasm, energy, competitiveness and creativity (Stanley & Chinwe, 2022). Nothing great was ever accomplished without the power of emotions behind it. Emotion involves everything that is going on-memory, thinking, imagination and even perception of our surroundings. Hence, it has been defined as one important variable that could affect learning behaviour among secondary school students.

This is why counsellors have often been applauded for the vital role they play in providing learners with career information through their various services (Ojuope, & Ekundayo, 2020). The increase in scientific discoveries and technological advancement in recent times has made information, counselling and orientation services of counsellors quite needful. In order to achieve the goals of secondary education which among others include to: raise morally upright and well-adjusted individuals who can think independently and rationally, respect the views and feelings of others and appreciate the dignity of labour; it is pertinent to take a survey of mood disorder and academic motivation among secondary school students in Edo State.

ISSN: 2582-0745

Vol. 7, No. 06; 2024

Studies on the level of mood disorder among student have been investigated among higher education students by scholars in recent times. Stanley and Chinwe (2022) investigated the prevalence of mental illness among adolescents treated at Federal Neurospsychiatric Hospital, Enugu Nigeria. A retrospective descriptive design was used to assess 1255 adolescents within the age of 15–18 years diagnosed with mental illness from 2004 to 2013. A proforma designed by the researchers was used to document information on prevalence, type, and relationship with age and gender. The prevalence of mental illness within the 10 year period was 9.9%. Schizophrenia spectrum and other psychotic disorders 869 (69.2%) were the commonest conditions recorded. Higher prevalence of mental illness was seen among males 752 (59.9%) compared to females 503 (40.1%). Schizophrenia spectrum and other psychotic disorders 384 (76.3%); depressive disorders 20 (4.0%) were more common among female adolescents while substance-related and addictive disorders 84(11.2%) and neurodevelopmental disorders 48(6.8%) were more common among male adolescents.

Adewuya, Wright, and Njokanma (2021) explored the presence of psychotic like experience (PLE) symptoms and evaluate for the possible socio-demographic, family, school and mental health variables associated with clinically significant PLE symptoms in Nigeria school adolescent. A total of 9441 adolescents from 47 secondary schools in Lagos Nigeria completed questionnaire detailing sociodemographic, family and school related variables. Mental health was assessed with the Mini International Diagnostic Interview for children and adolescents (MINI-KID). PLE was assessed using the 16-item version of Prodromal Questionnaire (PQ-16). The mean age in years was 15.6 (SD 1.5) and 50.4% were females. The mean PQ-16 score was 2.18 (SD 2.38) with 95% CI 2-15-2.21. A total of 2878 (30.5%) adolescents had no PLE symptoms while 990 (10.5%) had clinically significant PLE symptoms.

Ojuope and Ekundayo (2020) investigated the prevalence of conduct disorder among secondary school adolescents and examined the relationship between socio-demographic factors (such as sex, age, school type, and family type) and conduct disorder among secondary school adolescents in Ondo State Nigeria. Primary data, sourced through the administration of questionnaire, were used in the study. The population for the study was the over 10,000 secondary school adolescents in Ondo State Nigeria. A sample of 420 was selected through a multistage sampling procedure using Cochran's sample size determination formula (385). The instrument used in collecting data for the study were the Conduct Disorder Scale – CDS and a section measuring the socio-demographic characteristics of the respondents. Collected data were subjected to descriptive and inferential statistics. Descriptive statistics was used to analyse the prevalence of conduct disorder, while correlational analysis was computed to draw inferences (showing existing relationships among the variables) on the population for the variables under study. Results showed a prevalence rate of 14.5% for conduct disorder among the secondary school adolescents in Ondo State, Nigeria.

Egodi, Nsa, and Ebere (2017) examined mood disorder and social adjustment among senior secondary school students in Calabar Metropolis of Cross River State - Nigeria. The ex-post facto design was used. The population comprised senior secondary school students in both Calabar Municipal and Calabar South Local Government Areas respectively. The stratified random sampling technique was used. A total of seven hundred (700) subjects (364 males and 336 females) were selected from six (6) public secondary schools for the study. Data was obtained through a well-structured and validated questionnaire captioned Mood Disorder and Social Adjustment Scale (MDSAQ). Data collected were analyzed using population t-test and Linear Regression Analysis

ISSN: 2582-0745

Vol. 7, No. 06; 2024

tested at .05 level of significance. The result of the analysis showed that mood disorder among secondary school students in Calabar Metropolis is significantly high.

Marumo, Joseph and Anikelechi (2019) assessed the academic motivation of school going, adolescents. Three research questions and two hypotheses were raised to guide this study. The study employed survey research design and population for this study comprised all the SS II students in Government-owned Senior Secondary Schools in Warri Township of Delta state. A sample size of two hundred (200) school going adolescents were drawn from selected secondary schools in Warri township of Delta State using multi-stage sampling technique. Academic Motivation Scale (AMS) with reliability coefficient 0.786 was used for data collection. Data collected were analyzed using descriptive statistics (frequency, percentages and mean) and inferential statistics (t-test and ANOVA). The findings of the study revealed that school going adolescents are academically motivated. As much as these studies all contributed to literature, the connection between mood disorder and academic motivation among secondary school students in Edo State remains the interest of the researcher in this study. Therefore, this study examined the relationship between mood disorder and academic motivation of secondary school students in Edo State, Nigeria

Research Questions

The following research questions are raised to guide the study:

- 1. What is level of mood disorder among secondary school students in Edo State;
- 2. What is level of academic motivation among secondary school students in Edo State?

Hypothesis

The research hypothesis formulated for this study is given below:

• There is no significant relationship between mood disorder and academic motivation of secondary school students in Edo State

2. METHODS

The descriptive study design was used in this investigation. All 296 public secondary schools in Edo State's Senior Secondary School (SSS) pupils were included in the study's demographic. A sample of 300 pupils was selected, 100 from each senatorial district. Fifteen (15) secondary schools in the research region were chosen using the basic random sample approach. For the study, a second sample of twenty (20) Senior Secondary School (SSS) students each school was selected. As a result, a representative sample of three hundred (300) senior secondary school students was drawn for the study.

Two instruments were adapted for this study. The first instrument was the Mood Disorder Questionnaire (MDQ) developed by Hirshfeld (2002) along with a team of psychiatrist, researchers and consumer advocates in the United State. MDQ is a brief self-report instrument that takes about 5 minutes to complete was trial tested among patients in the United State. The instrument (MDQ) was developed to address the need for timely and accurate valuation of mood disorder. With an overall reliability alpha of .83, the 14-item statement of MDQ was rated on a dichotomous scale of "Yes" or "No". In the course of adaptation, only the dichotomous response of "Yes" or "No" was modified to a four point likert scale type: Always - 4; Sometimes - 3; Rarely -2 and Sometimes - 1. This was done to enable the researcher score the instrument using a criterion mean. Hence, a

ISSN: 2582-0745

Vol. 7, No. 06; 2024

mean score of 2.50 was used as the criterion mean for determining level of mood disorder. This was obtained by adding up the four (4) likert scales (Always -4, Sometimes -3, Rarely -2 and Never -1) and dividing the sum (10) by the total number of scales (4) to give 2.50. Hence any item with less than 2.50 was considered low while any item with 2.50 or higher was taken otherwise.

The second scale titled academic motivation scale (AMS) was developed by Utvær and Haugan (2016). The AMS was originally designed to measure academic motivation of Norwegian students on a 28 items covering seven (7) sub-scales. The items per subscale and reliability alpha of the scale include: Knowledge (items 1-4, α = .83); Accomplishment (items 5-8, α = .78); Stimulation (items 9-12, α = .73); Identified regulation (items 13-16, α = .81); Introjected regulation (items 17-20, α = .81); Extrinsic regulation (items 21-24, α = .74); A motivation (items 25-28, α = .86). All the items were rated on a 7-point scale ranging from 1 = Does not correspond at all to 7 = Corresponds exactly. In the course of adaptation, only two items per subscale were selected to make a total of 14-items. The removals of the items on each sub scale were informed by the need to reduce the average response time required of participants to complete the instrument. Only the two items with the highest factor loading coefficient were retained per sub-scale. Furthermore, the researcher changed the response rating to a four point likert scale type of Strongly Agree - 4 to Strongly Disagree – 1.

The face and content validity of the instrument was carried out by two experts in the Guidance and Counselling. Copies of the questionnaire were presented to them for corrections and amendments made were incorporated into the final draft copy to ensure that the contents of the instrument are clear and relevant. The test-retest reliability method was used to determine the reliability of the instrument. This procedure was carried out by administering copies of the instrument to 30 senior secondary school students outside the study sample, within the study area. After few weeks, the same instrument was re-administered to the same respondents. Their responses in the first and second test were correlated using the Pearson's Product Moment Correlation technique. An r-coefficient of 0.78 and 0.81 were obtained on the instruments respectively. This value (r > 0.70) shows that the instrument is reliable.

The copies of the questionnaire were administered by visiting the selected schools to solicit the permission of the school principals before conducting the research exercise. The researcher explained to the respondents how to respond to the questionnaire items. A cover letter was further given to them to assure respondents of their confidentiality. This was done to ensure high return rate of the questionnaire and to avoid external interference on their responses. Research question 1 and 2 was analysed using mean (\overline{X}) and standard deviation (S.D). A mean score of 2.50 was used as the criterion mean for determining students' perception on the strategies. This was obtained by adding up the four (4) likert scales (Always – 4, Sometimes – 3, Rarely – 2 and Never – 1) and dividing the sum (10) by the total number of scales (4) to give 2.50. Hence, any item with less than 2.50 was considered low while any item with 2.50 or higher was taken otherwise. The Pearson Product Moment Correlation (PPMC) was used to test the hypothesis at 0.05 level of significance using the Statistical Package for Social Science (SPSS) (IBM Version 20).

3. RESULTS

Research Question 1: What is level of mood disorder among secondary school students in Esan West Local Government Area of Edo State?

ISSN: 2582-0745

Vol. 7, No. 06; 2024

Table 1: Mean and Standard score on level of mood disorder among secondary school students in Esan West Local Government Area of Edo State

	N = 300		
Items	$\overline{\mathbf{X}}$	SD	Remarks
you felt so good or so hyper that other people thought you were not	2.59*	0.919	Agreed
your normal self or you were so hyper that you got into trouble			
you were so irritable that you shouted at people or started fights or	2.55*	0.817	Agreed
arguments			
you felt much more self-confident than usual	2.49	0.858	Disagreed
you got much less sleep than usual and found that you didn't really	2.46	0.883	Disagreed
miss it			
You were more talkative or spoke much faster than usual	2.39	1.012	Disagreed
thoughts raced through your head or you couldn't slow your mind	2.35	0.795	Disagreed
down			
you were so easily distracted by things around you that you had	2.49	0.936	Disagreed
trouble concentrating or staying on track			
you had more energy than usual	2.53*	0.951	Agreed
you were much active or did many more things than usual	2.48	1.004	Disagreed
you were much more social or outgoing than usual, for example you	2.38	0.900	Disagreed
telephoned friends in the middle of the night			_
you were more easily offended than usual	2.50*	0.951	Agreed
You did things that were unusual for you or that other people might	2.28	0.946	Disagreed
have thought were excessive, foolish or risky			_
* Significant mean $(\overline{X} \ge 2.50)$ Overall $(\overline{X}) = 2.46$			
	you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble you were so irritable that you shouted at people or started fights or arguments you felt much more self-confident than usual you got much less sleep than usual and found that you didn't really miss it You were more talkative or spoke much faster than usual thoughts raced through your head or you couldn't slow your mind down you were so easily distracted by things around you that you had trouble concentrating or staying on track you had more energy than usual you were much active or did many more things than usual you were much more social or outgoing than usual, for example you telephoned friends in the middle of the night you were more easily offended than usual You did things that were unusual for you or that other people might have thought were excessive, foolish or risky	you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble you were so irritable that you shouted at people or started fights or arguments you felt much more self-confident than usual 2.49 you got much less sleep than usual and found that you didn't really miss it You were more talkative or spoke much faster than usual 2.39 thoughts raced through your head or you couldn't slow your mind down you were so easily distracted by things around you that you had trouble concentrating or staying on track you had more energy than usual 2.48 you were much active or did many more things than usual 2.38 telephoned friends in the middle of the night you were more easily offended than usual 2.50* You did things that were unusual for you or that other people might have thought were excessive, foolish or risky	you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble you were so irritable that you shouted at people or started fights or arguments you felt much more self-confident than usual you got much less sleep than usual and found that you didn't really you were more talkative or spoke much faster than usual 2.36 0.883 miss it You were more talkative or spoke much faster than usual 2.39 1.012 thoughts raced through your head or you couldn't slow your mind down you were so easily distracted by things around you that you had 2.49 0.936 trouble concentrating or staying on track you had more energy than usual 2.53* 0.951 you were much active or did many more things than usual 2.48 1.004 you were much more social or outgoing than usual, for example you 2.38 0.900 telephoned friends in the middle of the night you were more easily offended than usual for you or that other people might have thought were excessive, foolish or risky

Result in Table 1 shows that majority of the students agreed on items 1, 2, 8, and 11 at a mean score range of 2.50 to 2.59 and disagreed with the rest of the items at a mean score range of 2.28 to 2.49. The overall mean score of 2.46 is less than the criterion mean of 2.50 (i.e $\overline{X} = 2.46 < 2.50$). Hence, this implies that level of mood disorder among secondary school students in Esan West Local Government Area of Edo State was low.

Research Question 2: What is level of academic motivation among secondary school students in Esan West Local Government Area of Edo State?

ISSN: 2582-0745

Vol. 7, No. 06; 2024

Table 2: Analysis on level of academic motivation among secondary school students in Esan West Local Government Area of Edo State

s/n	Items	$\overline{\mathbf{X}}$	SD	Remarks
	Why Do You Go To School?			
1.	Because I experience pleasure and satisfaction while learning new	2.59*	0.569	Agreed
	things			
2.	For the pleasure I experience when I discover new things never	2.55*	0.677	Agreed
	seen before			
3.	For the pleasure I experience while surpassing myself in my studies	2.49	0.768	Disagreed
4.	For the pleasure that I experience while I am surpassing myself in	2.31	0.854	Disagreed
	one of my personal accomplishments			
5.	Because I really like going to school	2.36	0.925	Disagreed
6.	Because for me, school is fun	2.56*	0.953	Agreed
7.	Because I think that a high-school education will help me better	2.40	0.915	Disagreed
	prepare for the career I have chosen			
8.	Because eventually it will enable me to enter the job market in a	2.21	0.927	Disagreed
	field that I like			
9.	To prove to myself that I am capable of completing my high-school	2.56*	0.746	Agreed
	degree			
10.	Because of the fact that when I succeed in school I feel important	2.40	0.915	Disagreed
11.	Because I need at least a high-school degree in order to find a high-	2.16	0.976	Disagreed
	paying job later on.			
12.	In order to obtain a more prestigious job later on	2.62*	0.742	Agreed
13.	Honestly, I don't know; I really feel that I am wasting my time in		0.817	Agreed
	school			
14.	I once had good reasons for going to school; however, now I	2.50*	0.858	Agreed
	wonder whether I should continue			
	* Significant mean ($\overline{X} \ge 2.50$) Overall (\overline{X}) = 2.45			

Result in Table 2 shows that majority of the students agreed on items 1, 2, 6, 9, 12, 13 and 14 at a mean score range of 2.50 to 2.59 and disagreed with the rest of the items at a mean score range of 2.16 to 2.49. The overall mean score of 2.45 is less than the criterion mean of 2.50 (i.e $\overline{X} = 2.46 < 2.50$). Hence, this implies that level of academic motivation among secondary school students in Esan West Local Government Area of Edo State was low.

Hypothesis 1: There is no significant relationship between mood disorder and academic motivation among secondary school students in Esan West Local Government Area of Edo State.

ISSN: 2582-0745

Vol. 7, No. 06; 2024

Table 3: Analysis on Mood Disorder and Academic Motivation among secondary school students in Esan West Local Government Area of Edo State

Variables	(n=300)	X	S.D	Pearson-r	P-value	Remarks
Mood disorder	300	2.46	0.53	-0.551	0.000	Reject null hypothesis
Academic motivation	300	2.45	0.30	0.331	0.000	nypotnesis

Result in Table 2 shows that the calculated Pearson-r of 0.551 is statistically significant (p<0.05). Therefore, the null hypothesis which states there is no significant relationship between mood disorder and academic motivation among secondary school students in Esan West Local Government Area of Edo State is rejected. Based on sign and magnitude of the coefficient, it is evident that there is a negative and moderate significant relationship between mood disorder and academic motivation among secondary school students in Esan West Local Government Area of Edo State. This implies that increase in mood disorder was associated with decrease in academic motivation.

4. DISCUSSION AND COUNSELLING IMPLICATIONS

The level of mood disorder and academic motivation of students were both low. Based on result, it is concluded that there exist an inverse and significant relationship between mood disorder and academic motivation of students. This implies that increase in mood disorder was associated with decrease in academic motivation. This result agrees with the result of Ojuope and Ekundayo (2020) who found a prevalence rate was low at 14.5% for conduct or mood disorder among the secondary school adolescents in Ondo State, Nigeria. On the contrary, the result disagrees with Egodi, Nsa, and Ebere (2017) who found that mood disorder among secondary school students in Calabar Metropolis is significantly high. More so, the result agrees with Marumo, Joseph and Anikelechi (2019) who found mood has something to do with academic motivation of school going adolescents.

In this study, it has been established that mood disorder and academic motivation of students are inversely correlated. This clearly shows that any effort geared towards the managing mood swings could be considered an investment for improved academic motivation of students in senior secondary schools in Edo State. Consequently, it will be beneficial to all and sundry, if the school counsellor sustains these interests in the students through guidance counselling while at the same time letting them know the adverse effect of mood disorder on their academic outcome.

The study has also shown that the mood disorder is moderated correlated with academic motivation at a correlation index of 0.55. Taking the square of the correlation index (0.55²) to get the coefficient of determination will give 30.3 percent. This value shows that 30 percent of the time, decrease in academic motivation is caused by increase in mood disorder among students in senior secondary schools in Edo State. By implication, this clearly indicates that a good proportion of a student's success or failure on the various duties that characterize their academic achievement such as: engagement in profitable academic debate with fellow peers, class attendance and ability to respondent to questions asked by a teacher among others could be traced to their academic motivation. It is therefore expected that the school counsellor takes advantage of this during counseling sessions for greater academic achievements.

ISSN: 2582-0745

Vol. 7, No. 06; 2024

5. RECOMMENDATIONS

The following recommendations are made on the study:

- 1) Balanced combination of mind training among students should be encouraged by secondary school administrators and educators to facilitate the identification, recognition and development of learners' emotional and mood management which in turn could help promote their personal, academic and career motivation for success.
- 2) Guidance and counselling unit should be employed in all faculties to afford students the opportunity of receiving information and orientation services about how to boost their mood disorder.

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