COPING BEHAVIOUR AMONG RETIREES IN ANAMBRA STATE: INFLUENCE OF SELF-ESTEEM AND LOCUS OF CONTROL

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ABSTRACT: *The study focused on locus-of-control and self-esteem vis-à-vis retirees' coping behaviour in Anambra State, Nigeria. The study used Ways of Coping Checklist, Index of Self-Esteem, and Nowicki-Strictland Locus-of-Control Scale; cross-sectional factorial designs; two-way ANOVA statistics, random and snow-balling samplings, 56 retirees (26 males/30 females), 60-81 years retirees' age-range and SD=1.98. Results: Self-esteem and Locus-of-control respectively had no significant influence on the retirees' general coping behaviour in Anambra State, Nigeria; Self-esteem and locus-of-control combined had no significant influence on the retirees' general coping systems; Self-esteem and Locus-of-control respectively significantly influenced only the retirees' "avoidance coping" system; Self-esteem, locus-of-control, and their combined effects contributed 98%, 98%, and 90% respectively to retirees' "avoidance coping" system; finally, Self-esteem and Locus-of-control respectively did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful-thinking coping" elements of coping system. Recommendations: Effective coping with retirement should involve improved self-esteem, and constructive/positive locus-of-control of retirees.*

KEYWORD: coping-behaviour, retirees, self-esteem, locus-of-control, Anambra-State, Nigeria

INTRODUCTION

In Nigeria, retirees are often perceived with psychosocial disdain and mocked with a name like "dead wood". Retirees' retirement benefits like gratuities and pensions are often not paid to them, but instead regularly embezzled by corrupt public office holders. In the current COVID-19 challenge, retirees in developing societies may be adversely affected (Greenwald and Associates, 2020). Thus, retirement is dreaded by most Nigerians. The non-payment of retirement benefits is well known in Nigeria. However, what are not known are how retirees cope with retirement and the factors that influence retirees' coping behaviour. Retiring from active service is an inevitable life change. Significant population of the society belongs to this group. Yet, in Nigeria, no considerable consideration is given on how retirees cope with retirement life changes. Serious minded societies are highly concerned about their retirees and how they cope with life, bearing in mind that adaptive coping skills are associated with greater psychological well-being (Yang, 2010). This is part of societal development. Therefore, the present study is very important as it will make insight into how retirees cope with life. This will be very instrumental in societal and developmental programmes for the retirees as members of the society.

Some factors influencing retirement include rules guiding labour participation; individual's job perception/feelings; health status; accrued income; family responsibilities (Quadagno, 2005); adequate material possession; sound health; nature of retirement; family status; sufficient and timely retirement planning; freedom to choose how to retire; and perception of retirement (Ali, 2014; Adewuyi, 2008; Fapohunda, 2015; Garba & Mamman, 2014; Quadagno 2005; Adedokun, 2010; Ogbebor, 2011). There are essentially three types of retirement in Nigeria namely voluntary, compulsory, and mandatory retirement (Garba & Mamman, 2014).

Voluntary retirement refers to a situation in which a worker disengages from active service for personal volition and reasons, with or without consideration for years put into service, age, family and public expectations. People retire voluntarily on the basis of health, the work environment, financial status and family responsibility (especially for women) (Adewuyi, 2008). *Compulsory retirement* occurs when a worker is compelled to retire contrary to his or her desire, but in the interest of the organisation. Such situation may arise without the individual's readiness to quit service. This is common in the private sector of the economy, as a tool for organisational re-alignment. In the civil service, it may be utilised to sanitise the sector (Adewuyi, 2008). Individuals in this category are less likely to be satisfied and fulfilled in their post-retirement years (Garba & Mamman, 2014). According to Oniye (2015), workers who are compelled to quit work in an organisation are prone to psychological and socio-economic stress. They experience psychological trauma as a result of the unforeseen circumstances suddenly presented to them. Often, they have to contend with joblessness for a period of time. Socio-economic problems ensue due to their lack of preparedness, especially in the area of finance (Garba & Mamman, 2014). *Mandatory retirement*, on the other hand, is retirement based on the statutory provision for the workforce of a society. The propensity to be satisfied is higher with this type of retirement because the employee is aware of the statutory retirement policy right from inception into service. This impels employees into adequate planning and readiness for retirement. A significant percentage of government employees in Nigeria retire within this arrangement (Ali, 2014). They are, however, and in most cases, in their old age, with limited strength and chances to take hold of opportunities in their environment.

Statement of Problem

Retirement in Nigeria is usually accompanied with a sense of uncertainty. Retirement is perceived as a transition from the known to the unknown, with its accompanying stress (Adewuyi, 2008; Ali, 2014; Garba & Mamman, 2014; Oniye, 2015). This is occasioned through the tension and strain retirees experience before they are able to access their retirement benefits and entitlements from either the government or the pension managers (Inaja & Chima, 2013). Retirees in Nigeria are made to go through rigorous screening exercises on a regular basis. Some of these exercises take more than a day and the retirees may have to be on queue at the venues for several hours (Olatunde & Awosusi, 2011). Reports are abounding in which retirees collapsed and died at screening venues (Adedokun, 2010; Olatunde & Onyinye, 2013). At the end of the exercise, they might not still be paid their retirement benefits many years after retirement (Adedokun, 2010; Garba & Mamman, 2014; Olatunde & Awosusi, 2011). This scenario has brought untold hardship on many retirees and their immediate dependent family members (Fapohunda, 2013) that coping systems of retirees have become curious issues interest worth researching on. And that is the objective the present study explores by investigating the influence of self-efficacy and locus of control in the coping behaviour of retirees in Anambra State, Eastern Nigeria (Biafra).

At retirement, individuals' experience life changes in lifestyles, daily routine, income, social status, age, strength and health. These changes leave some retirees in stressful state (Adedokun, 2010). There is the possibility that some workers due for retirement do experience depression and stress (Kato, 2012) as they imagine their retirement. Some retirees, especially the government-employment ones experience abject poverty, frustration, depression, and ill-health during retirement. In Nigeria, many workers in public employment do alter downwards their retirement ages so as to avert their retirements when due. Retirees' coping ability depends on the coping strategy employed. Coping behaviour and styles vary in their adaptive value with some forms of coping being highly adaptive and constructive in their efficacy to mediate or reduce the impact of retirement (Carver &Conner-Smith, 2010). Effective coping behaviour has been linked with reduction in depression, anxiety and distress among retirees (Kato, 2012). Failing to engage in coping behaviour can lead to long term distress, especially in the face of sudden loss or unexpected events among retirees (Davis, Nolen-Hoeksema, & Larson, 1998).

Nigeria with her morbid institutional corruption and official embezzlement of retirees' pension and gratuity funds, many retirees often die without receiving their retirement benefits. Again, living in a society highly endemic in superstitions and various forms of belief systems, it is possible that self-esteem and locus of control could exert some influence on the retirees' coping behaviour. The present study therefore aims at investigating the influence of self-esteem and locus of control on the retirees' coping behaviour in Anambra State, Eastern Nigeria (Biafra). Individuals with high self-esteem, which is a measure of someone's self-worth, are presumed to have better coping behaviour than those with low self-esteem (Baumeister, Campbell, Krueger & Vohs, 2003). Locus of control, which is someone's belief that the person's life is under an influence devoid of the individual's determination/efforts (self-efficacy) (Karimi, 2003) could also be a predictor of retirees' coping behaviour in Anambra State, Eastern Nigeria (Biafra). Retirees are societal and family members which need to be taken care of. The present study therefore provides knowledge-base that will assist the retirees themselves and concerned persons in retirees' healthy rehabilitation during the inevitable retirement period.

Research Questions
1. How will self-esteem influence retirees' coping behaviour in Anambra State, Eastern Nigeria (Biafra)?
2. To what degree will locus of control influence retirees' coping behaviour in Anambra State?
3. In what way will combined effects of self-esteem and locus of control influence retirees' coping behaviour in Anambra State?

Purpose of the Study
The objectives of the study are:
1. To examine how self-esteem influences retirees' coping behaviour in Anambra State, Eastern Nigeria (Biafra).
2. To examine the degree of influence locus of control has on retirees' coping behaviour in Anambra State.
3. To examine the extent of influence combined effects of self-esteem and locus of control have on the retirees' coping behaviour in Anambra State.

Significance of the Study
1. The study will add to theoretical framework on how to manage retirement both at the individual and institutional levels. Those professionals like social workers, psychologists, and counsellors will find the study of high value in assisting retirees with problems in living.
2. The study brings to the limelight the misconception that economic comfort of retirees is the major facilitator of retirement adjustment and retirees happiness. Psychological state like self-esteem and locus of control also play some significant roles.

Operational Definition Variables
1. **Coping Behaviour:** It means the adjustment a person makes in order to manage adversity as measured with Ways of Coping Checklist (WCCL) by Aldwin, Folkman, Shaefer, Coyne and Lazarus (1980).
2. **Locus of Control:** It is the explanatory attitude of an individual to attribute the happening of an events in the individual's life or society to forces beyond the person's influence (management/control), as measured with Nowicki-Strictland Locus of Control Scale (N-SLCS) by Nowicki and Strictland (1973).
3. **Self-Esteem:** It the perception of a person's self-worth, measured with Index of Self-Esteem by Hudson (1982).

LITERATURE REVIEW

THEORETICAL REVIEW

On Coping Behaviour
Transactional model of coping behaviour by Lazarus and Folkman (1984): Lazarus and Folkman (1984) stated that stress can be thought of as resulting from an "imbalance between demands and resources'' or as occurring when "pressure exceeds one's perceived ability to cope." Retirees' coping behaviour can be premised on the idea that challenges of retirement

are not a direct response to a stressor but rather imbalance in the retirees' resources and ability to cope with retirement (Lazarus & Folkman, 1984). Therefore, if the retirees can be provided with adequate knowledge of stress coping behaviour they will see the challenge of retirement in the positive sense rather than a life change disaster. Hence, the current study seeks to investigate into the role of self-esteem and locus of control in retirees' coping behaviour vis-à-vis retirement.

On Self-Esteem

Socio-Meter Theory of Self-Esteem by Leary and Baumeister (2000): The socio-meter theory of self-esteem by Leary & Baumeister, 2000 posits that self-esteem is an internal gauge designed to monitor individual successes in interpersonal relationships. This is with particular reference to the degree to which retirees are being included or excluded from social groups, as well as motivated corrective actions when retirees' level of social inclusion gets dangerously low. This theory strongly suggests that social interactions and general environmental forces determine or shape self-esteem/self-worth. Hence, the environment where retirees live and interact must play a role in determining how they view retirement or understand themselves.

On Locus of Control

Attribution theory of locus of control by Weiner (1985): The attribution theory of Weiner (1985) emphasizes that on ascertaining the cause of either success or failure in what we do in our environment. The basic premise behind attribution theory is that failure or success motivates spontaneous searches for causes as to why the outcome happened (Weiner, 1985). Ascertaining the causes of either success or failure allows people to better predict and understand their environment and promote effective coping (Weiner, 1985). The theory has two basic premises namely internal and external loci attributions. Internal locus of attribution tries to explain events in the retirees' life from the ability/efforts of the retirees, while the external locus of attribution explains events the retirees' life from influences beyond the retirees' control. Consequently, retirement is better managed when retirees possess more internal locus of attribution than external locus. Internal locus/explanation possesses more adaptive coping style with less psychological distress for the retirees.

EMPIRICAL REVIEW

On Coping Behaviour

A study was conducted by Benson, Cobbold, Boamah, Akuoko and Boateng (2020) on the high incidence and mortality rate of breast cancer (BC) in Ghana. Little attention has been given to the issue of how adult women cope with having BC. The aim of the study was to explore the challenges, coping strategies, and support systems among women diagnosed with BC in Ghana (Benson et al, 2020). A descriptive cross-sectional study was conducted from February to August 2017 at the Komfo Anokye Teaching Hospital (KATH), Ghana. A systematic random sampling technique was used to select 202 women with a confirmed diagnosis of BC. Coping strategies of women with BC were assessed using the Brief-COPE (Benson et al, 2020). The associations between sociodemographic characteristics, social network/support, and coping strategies were assessed using linear regression models. The findings showed that the most and least adopted active coping strategies were religious coping and humors, respectively. Self-distraction and substance use were the most and least adopted avoidant coping strategies, respectively (Benson et al, 2020). Spouses and children offered the most support to women

with BC; having support from 5 or more sources was associated with higher mean active coping (beta [β] 1.14; 95% CI 0.66 to 1.62) and avoidant coping (β1.46; 95% CI 0.98 to 1.94), as compared with having <2 sources of social support (Benson et al, 2020). The study demonstrates that women diagnosed with BC in Ghana adopt varied coping strategies to deal with these challenges. The forms of coping strategies adopted by women diagnosed with BC are influenced by the extent of social support received. Psychosocial counseling and support should be an integral part of BC management. Exploring and including social networks could play an important role in the management of BC in Ghana (Benson et al, 2020). Retirees in Anambra State, Eastern Nigeria (Biafra) should therefore be given the requisite psychosocial rehabilitation that will aid them cope with retirement.

On Self-Esteem
A study was conducted by Pazzaglia, Moe, Cipolletta, Chia, Galozzi, Masiero and Punzi (2020) with the aim to examine how different domains of self-esteem (social, competence, affect, academic, family, and physical) relate to coping behaviour in physical and mental health, lower back pain (LBP), smoking, and physical exercise in a sample of adolescents. A sample of 326 adolescents 14–19 years old completed several self-report questionnaires collecting epidemiological data, and information on their LBP, smoking, and physical exercise, the Short Form Health Survey (SF-36), and the Multidimensional Self-Concept Scale (Pazzaglia et al, 2020). Pearson's correlations were calculated between their self-esteem scores and their physical and mental health scores. Three multivariate analyses of variance (MANOVAs) were performed to estimate associations between self-esteem and LBP, smoking, and physical exercise. Self-esteem (total and subcomponent scores) correlated positively with physical and mental health, and with physical exercise, and negatively with smoking (Pazzaglia et al, 2020). The results also confirm gender-related differences in self-esteem, in favor of boys. This study offers the first findings on the relationship between different domains of self-esteem and a variety of health outcomes in an adolescent population. The results suggest that multidimensional interventions could be devised to improve adolescents' coping behaviour in physical health by promoting their physical exercise, and to prevent their smoking by nurturing their self-esteem (Pazzaglia et al, 2020). Similar multidimensional interventions that enhance self-esteem of retirees could also be devised to improve retirees' coping behaviour.

On Locus of Control
A study was done by Toscano, Blanchin, Bourdon, Antignac and Sebille (2020) on a diagnosis of breast cancer or melanoma which is a traumatic life event that patients have to face. The patients' locus-of-control (LOC), beliefs and coping strategies, as well as the associations with health-related quality of life (HRQoL) changes over time are still not well known and rarely compared by cancer site (Toscano et al, 2020). The objective of this longitudinal study was to assess the association of LOC (Cancer Locus-of-Control Scale) and coping (Brief Cope) changes, with change in HRQoL (EORTC QLQ-C30) over time in newly diagnosed breast cancer and melanoma patients at 1, 6, 12, and 24 months post-diagnosis. Mixed models were used to compare LOC and coping longitudinal changes, as well as their associations with HRQoL changes in early-stage breast cancer and melanoma patients (Toscano et al, 2020). Overall, 215 breast cancer and 78 melanoma patients participated in the study. At baseline, HRQoL levels were often higher for breast cancer compared to melanoma patients. For breast cancer and melanoma patients, negative coping strategies and perceived control over the course

of illness were negatively and positively associated with HRQoL changes, respectively. For breast cancer patients only, emotional coping and internal causal attribution were negatively associated with HRQoL changes. For both cancer sites, living with a partner correlated with worse HRQoL (Toscano et al, 2020) Understanding coping strategies and LOC beliefs used by patients soon after their cancer diagnosis and over the course of illness can help identifying psychological and supportive care to modify maladaptive thoughts and beliefs and promote more adaptive behaviors to ultimately improve patients' well-being and HRQoL (Toscano et al, 2020). Retirees in Anambra State, Eastern Nigeria (Biafra) need to adopt positive locus of control so as to live positive, constructive and adaptive retirement life.

Hypotheses

1. Self-esteem will have no significant influence on retirees' coping behaviour in Anambra State, Eastern Nigeria (Biafra).
2. Locus of control will have no significant influence on retirees' coping behaviour.
3. Combined effects of self-esteem and locus of control will have no significant influence on the retirees' coping behaviour.
4. Self-esteem will have no significant influence on retirees' elements of coping behaviour.
5. Locus of control will have no significant influence only retirees' elements of coping behaviour.
6. Combined effects of self-esteem and locus of control will have no significant influence on retirees' elements of coping behaviour.

METHOD

Participants

The participants of this study retirees in Anambra State. The total sample for the study was drawn through a multistage sampling technique. First, the retirees were drawn from the three senatorial zones of the State namely Anambra North, Anambra Central and Anambra South. This gave a total representation of retirees across the State. Secondly, from each senatorial zone three Local Government Areas (L.G.A.) were randomly sampled for the study. Therefore, nine Local Government Areas were used to draw samples for this study. Thirdly, a combination of simple random sampling techniques and snowballing sampling procedures were used to select fifty-six (56) retirees who are still alive. The participants were made up of 26 males and 30 females. Their ages ranged from 60 to 81 years and standard deviation of 1.98. And 16 participants were married while 15 participants were widowed, 7 were separated, 10 participants were divorced and 6 were single. The employment status shows that 32 were retired but still engaged while 24 were retired but still not engaged. Position held before retirement shows that 28 held management cadre while 27 held non-management position. Employment organization worked before retirement shows that 25 worked for federal government, 13 worked for state government, 13 worked for local government and 5 worked for private organization. The educational qualification shows that 14 have bachelors of Science and above (B.sc), 10 have higher diploma certificate (HND) 16 have ordinary national diploma certificate (OND), 8 have Secondary School Certificate (SSCE) and 8 have first school leaving certificate (FSLC) respectively.

Instruments

Three instruments were used in the study. The instruments include: Ways of Coping Checklist (WCCL) by Aldwin, Folkman, Shaefer, Coyne and Lazarus (1980), Index of Self-esteem by Hudson (1982) and Nowicki-Strictland locus of control Scale (N-SLCS) by Nowicki and Strictland (1973).

The Ways of Coping Checklist (WCCL): This questionnaire was developed by Aldwin *et al.,* (1980). A 42 item scale: Designed to measure seeking social support, problem-focused, self-blamed, wishful thinking and avoidance behaviour. The scale has five subscales which are seeking social support (6 item), problem-solving (15 item), self-blamed (3 item), wishful thinking (8 item) and avoidance behaviour (10 item). It has 4-points rating format: Not at all=1, Rarely=2, Occasionally=3, Always=4. The scale has five subscales has internal consistency reliability coefficient Cronbach alpha for problem-focused are .82 (original) and .88 (revised) for Medical students sample, .76 (original) and .85 (revised) for Spouse of SDAT patients sample, .82(original) and .88 (revised) for Psychiatric outpatients sample; for wishful thinking: .86 (original) and .85 (revised) for Medical students sample, .86 (original) and .86 (revised) for Spouse of SDAT patients sample, .86(original) and .87 (revised) for Psychiatric outpatients sample; for Seeks social support: .78 (original) and .75 (revised) for Medical students sample, .60 (original) and .79 (revised) for Spouse of SDAT patients sample, .60(original) and .81 (revised) for Psychiatric outpatients sample; for blamed self: .78 (original) and .78 (revised) for Medical students sample, .80 (original) and .80 (revised) for Spouse of SDAT patients sample, .76(original) and .76 (revised) for Psychiatric outpatients sample and for avoidance behaviour: .- (original) and .74 (revised) for Medical students sample, .- (original) and .73 (revised) for Spouse of SDAT patients sample, .- (original) and .81 (revised) for Psychiatric outpatients sample. The researcher conducted a pilot test by correlating WCCL with Nowicki-Strictland locus of control scale (N-SLCS) by Nowicki and Strictland (1973) and obtained Cronbach alpha of .89 and concurrent validity of $r = -.61$.

Index of Self-Esteem: This scale was developed by Hudson (1982) and validated for use with Nigerian samples by Onighaiye (1996). A 25 item scale designed to measure self-perceived and self-evaluative component of self-concept which is the sum total of the perceived views of the "self" held by a person. The scale has five-point rating format from Rarely or none of the time=1, A little of the time=2, some of the time =3, A good of the time =4, Most or all of the time =5. The scale has Cronbach alpha internal consistency reliability coefficient Cronbach alpha of .93 and a two test-retest coefficient of .92 as determined by Hudson (1982), while Onighaiye (1996) reported concurrent validity of .46 by correlating ISE with the Interpersonal Sensitivity Scale of the SCL-90 (Derogatis, Lipman, & Covi, 1972). In addition, Onighaiye obtained concurrent validity of .38 by correlating ISE with the Depression Scale of the SCL-90. The researcher conducted a pilot test using 65 civil servants working at Onitsha South Local Government Area, and obtained Cronbach alpha of .78.

Nowicki-Strictland Locus of Control Scale (N-SLCS): This scale was developed by Nowicki and Strictland (1973). A 40 items Scale designed to measure the extent to which an individual has internal or external locus of control. The internal locus of control is the tendency by an individual to attribute to the self the causes of happenings and events in the individual's personal life. The external locus of control is the tendency by an individual to make attribution to others or external sources. The scale has three-point rating format from No=1, Sometimes=2,

Yes=3. The scale has Cronbach alpha internal consistency reliability coefficient of test-retest of .63, .66, and .71 as determined by the authors. The researcher conducted a pilot test using 65 civil servants working at Onitsha South Local Government Area, and obtained Cronbach alpha of .92.

Procedures
Multi-stage sampling procedure was adopted for this study. First, the retirees were drawn from the three senatorial zones of the State namely Anambra North, Anambra Central and Anambra South. This gave a total representation of retirees across the State. Secondly, from each senatorial zone three Local Government Areas were sample through snowballing technique. Therefore, nine Local Government Areas were used to draw samples for this study. Thirdly, a combination of simple random sampling techniques and snowballing sampling procedures were used to select to the local government area and the participants. To select the towns, the names of the local government area were written down in pieces of papers and the towns used in the study picked. To sample the participants, snowballing sampling techniques was adopted. After sampling the participants, they were briefed about the objectives of the study and were assured of the confidentiality of the information that they are going to provide in this research. To gather research data in this study, questionnaire was preferred due to its ability to collect data from respondents within a limited time frame. The instrument had four parts such as demographic variables, ways of coping checklist, index of self-esteem and locus of control scale. Informed consent for all the participants was sought after which the questionnaires along with demographic sheets were administered on them. The data collected were analysed using the SPSS version 25.

Design/Statistics
The study had cross-sectional factorial designs. This was because the samples were acquired from a naturally established population with various levels (sections) of psychosocial attributes. Again, the participants' coping behaviours were tested on the factors of self-esteem and locus of control. Multivariate analysis of variance (MANOVA) was used to analyse the collected data.

RESULTS

The data were analyzed with multivariate statistics using version 25 of the SPSS.

Table 1: General Descriptive Statistics for the Impact of Self-Esteem and Locus of Control on Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	COPING BEHAVIOR	Problem-focused coping	Social-support seeking coping	Self-blame coping	Wishful thinking coping	Avoidance coping	SELF-ESTEEM	LOCUS OF CONTROL
N Valid	56	56	56	56	56	56	56	56
Missing	54	54	54	54	54	54	54	54
Mean	99.3571	36.9286	14.8929	6.9107	19.3929	24.4821	73.4643	81.8571
Mode	101.00	33.00	15.00	6.00	19.00	23.00	71.00	81.00
Std. Deviation	16.20149	9.01687	3.98487	2.36087	3.62154	3.94504	10.31850	7.93938
Variance	262.488	81.304	15.879	5.574	13.116	15.563	106.471	63.034
Skewness	-1.587	4.789	2.070	1.263	-.330	1.021	1.771	1.057
Std. Error of Skewness	.319	.319	.319	.319	.319	.319	.319	.319
Kurtosis	7.453	29.607	8.429	3.022	1.755	1.191	3.654	.624
Std. Error of Kurtosis	.628	.628	.628	.628	.628	.628	.628	.628

Source: Researcher's collected data

Table 1 showed the standard deviation for the coping behaviour (16.20149) and self-esteem (10.31850) being relatively large. It was an indication that the participants varied so much within themselves in their coping systems and self-esteem. The skewness for coping systems was negative (-1.587) indicating that the participants adopted negative and non-enhancing coping strategies in coping with retirement.

Figure 1: Histogram for the Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).
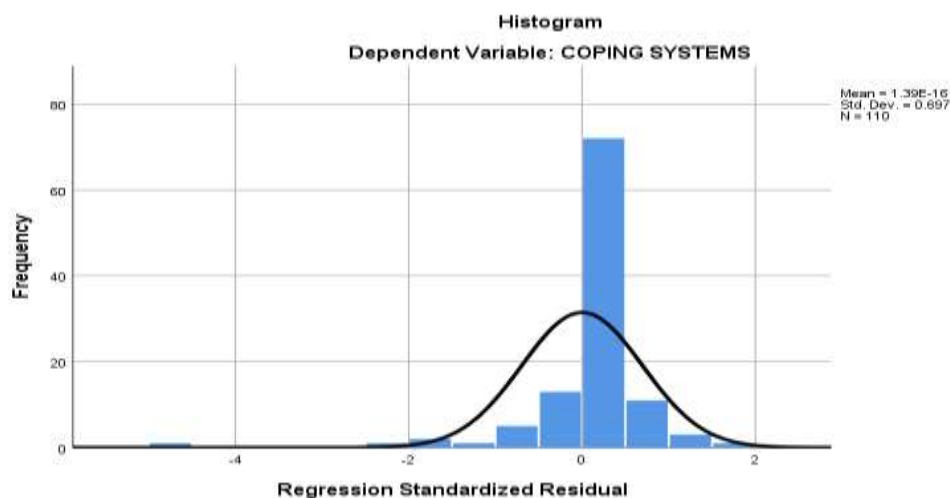
Source: Researcher's collected data

The histogram of figure 1 showed its tailness. The histogram has the highest concentration at about the center or origin (0). It showed that the retirees seemed to exhibit inertia on retirement coping behaviour. Again, it showed that the retirees were very low and seemed to adopt ineffective retirement coping behaviour, although there was exceptional performance as an outlier.

Figure 2: Plot of Regression Standardized Residual for Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).
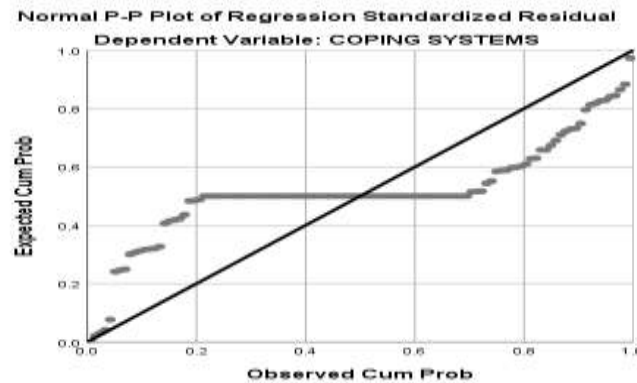
Source: Researcher's collected data

The figure 2 showed the standardized residual plot for the coping systems of retirees in Anambra State, Nigeria. The plot showed highly varied coping behaviour among the retirees. The coping behaviour were very unstable, and it transversed through the average while alternating from negative/poor coping system to positive/improved coping behaviour. The non-linear plot showed lack of fit indicating that the retirees seemed unsure of the appropriate coping systems to adopt.

Figure 3: Partial Regression Plot for Self-Esteem and Coping Behaviour of Retirees in

Anambra State, Eastern Nigeria (Biafra).
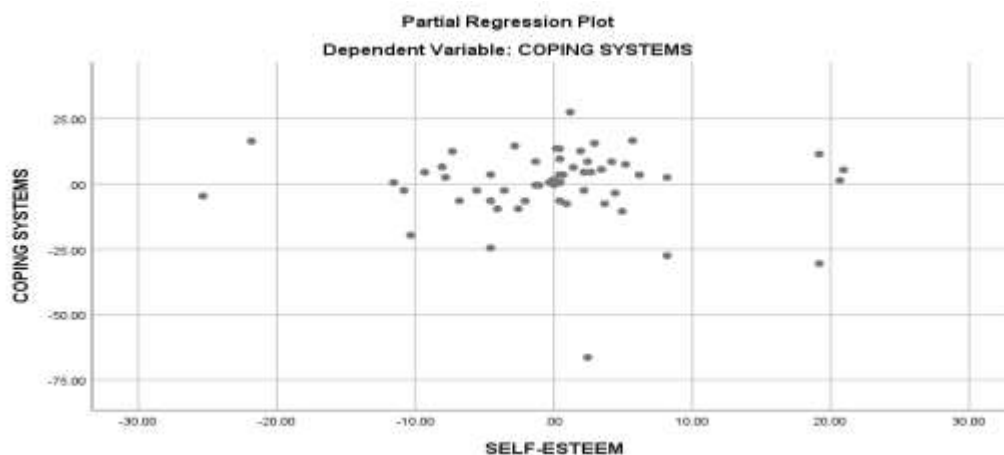
Source: Researcher's collected data

Figure 3 showed the scattergram of self-esteem and coping behaviour of retirees in Anambra State, Nigeria. The scatter plots were highly concentrated around the origin (0), with few erratic performances at both the positive and negative sides of the scattergram. This substantially showed ineffective and non-productive influence of self-esteem on the coping behaviour of majority of retirees.

Figure 4: Partial Regression Plot for Locus of Control and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).
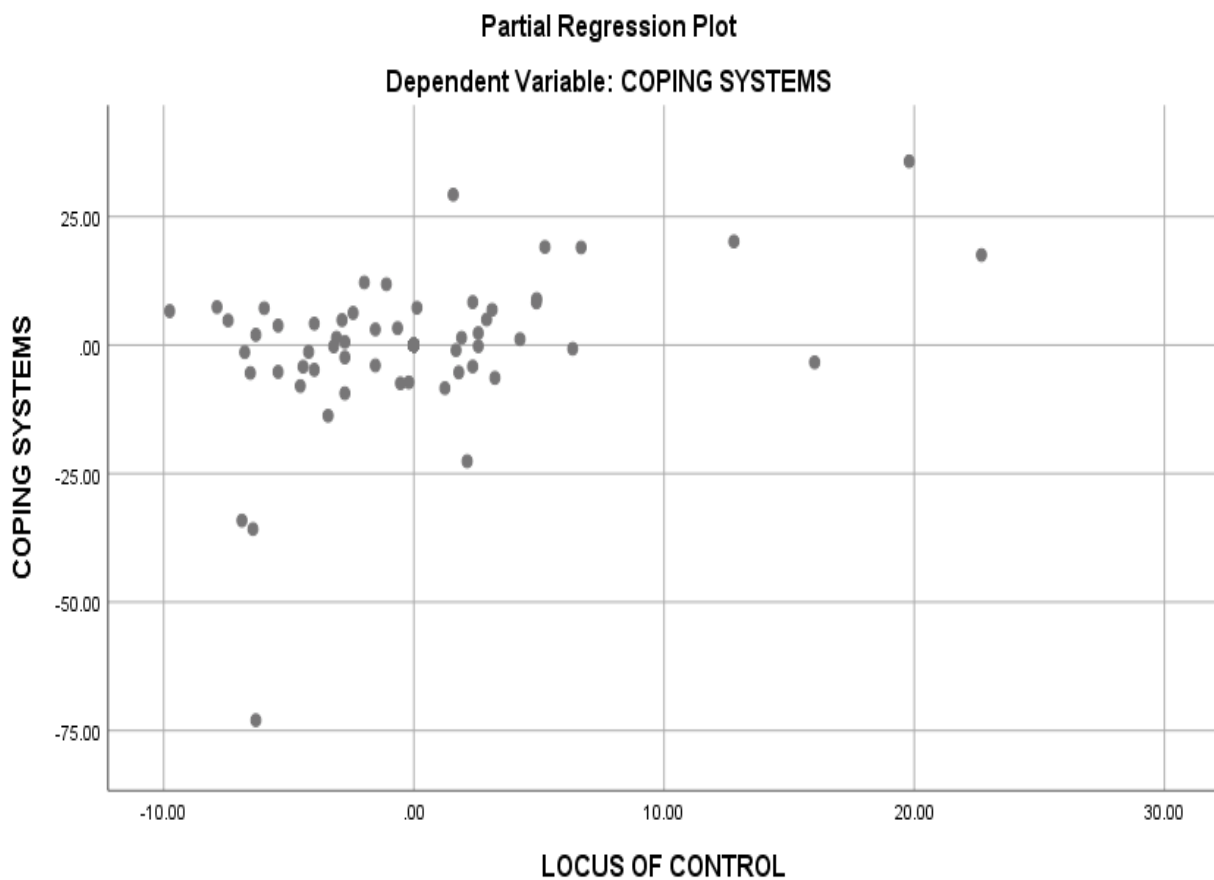
Source: Researcher's collected data

Figure 4 showed the scattergram of locus of control and coping behaviour of retirees in Anambra State, Nigeria. There was higher concentration of the plots on the negative side than the positive side. This was an indication that locus of control was very ineffective as an influencer of coping behaviour of most retirees in Anambra State. Nonetheless, very few retirees were highly influenced positively.

Table 2: Descriptive Statistics for Gender and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	GENDER	Mean	Std. Deviation	N
COPING BEHAVIOUR	Male	99.9615	11.64296	26
	Female	98.8333	19.50258	30
	Total	99.3571	16.20149	56
Problem-focused coping	Male	35.4231	4.96526	26
	Female	38.2333	11.36444	30
	Total	36.9286	9.01687	56
Social-support seeking coping	Male	14.3846	2.81534	26
	Female	15.3333	4.78023	30
	Total	14.8929	3.98487	56
Self-blame coping	Male	6.9231	2.63701	26
	Female	6.9000	2.13913	30
	Total	6.9107	2.36087	56
Wishful thinking coping	Male	19.5769	2.65591	26
	Female	19.2333	4.32860	30
	Total	19.3929	3.62154	56
Avoidance coping	Male	24.6538	3.77298	26
	Female	24.3333	4.14673	30
	Total	24.4821	3.94504	56

Source: Researcher's collected data

Table 2 showed descriptive statistics for gender and coping behaviour of retirees in Anambra State, Nigeria. Generally, both the male and female retirees had almost equal coping behaviour, even though the female retirees were slightly below the average, while the male counterparts were slightly above average. However, micro-analyses showed male retirees were below average than female counterparts in problem-focused coping, and social-support seeking coping. The two genders were about the same in the self-blame coping, wishful thinking coping, and avoidance coping.

Table 3: Descriptive Statistics for Educational Level and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	EDUCATIONAL LEVEL	Mean	Std. Deviation	N
COPING BEHAVIOUR	Fslc	100.6250	13.05962	8
	Ssce	92.7500	11.51086	8
	Ond/Nce	99.3125	22.77929	16
	Hnd	99.9000	12.90521	10
	Bsc & above	102.0714	14.04643	14
	Total	99.3571	16.20149	56
Problem-focused coping	Fslc	36.1250	4.99821	8
	Ssce	34.0000	2.13809	8
	Ond/Nce	41.6875	14.66387	16
	Hnd	35.8000	4.23740	10
	Bsc & above	34.4286	5.12482	14
	Total	36.9286	9.01687	56
Social-support seeking coping	Fslc	14.3750	3.42000	8
	Ssce	13.2500	3.57571	8
	Ond/Nce	16.1875	5.35685	16
	Hnd	14.4000	2.59058	10
	Bsc & above	15.0000	3.48624	14
	Total	14.8929	3.98487	56
Self-blame coping	Fslc	6.8750	1.64208	8
	Ssce	6.8750	1.64208	8
	Ond/Nce	6.3125	1.57982	16
	Hnd	5.6000	1.26491	10
	Bsc & above	8.5714	3.45775	14
	Total	6.9107	2.36087	56
Wishful thinking coping	Fslc	20.0000	3.02372	8
	Ssce	17.3750	1.40789	8
	Ond/Nce	19.3750	4.81491	16
	Hnd	19.8000	3.58391	10
	Bsc & above	19.9286	3.26907	14
	Total	19.3929	3.62154	56
Avoidance coping	Fslc	23.2500	2.54951	8
	Ssce	23.7500	3.19598	8
	Ond/Nce	24.2500	4.17133	16
	Hnd	24.3000	3.43350	10
	Bsc & above	26.0000	4.97687	14
	Total	24.4821	3.94504	56

Source: Researcher's collected data. Note: Fslc = first school leaving certificate; Ssce = senior school certificate of education; Ond/Nce = ordinary national diploma/national certificate of education; Hnd = higher national diploma; Bsc & above = Bachelor science (first degree) and above.

Table 3: Showed the educational levels and coping systems of retirees in Anambra State, Nigeria. The retirees with the Bsc and above, as well as Fslc had their coping systems generally

above the average. Further micro-analyses showed "problem-focused coping" was below average for all except Ond/Hnd; "social-support seeking coping" was below average except for Bsc and above, and Ond/Hnd; "self-blame coping" below average except Bsc and above; "wishful thinking coping" about average except SSCE that was below average; and "avoidance coping" below average except Bsc and above that was above average.

Table 4: Descriptive Statistics for Marital Status and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	MARITAL STATUS	Mean	Std. Deviation	N
COPING BEHAVIOUR	6.00	96.5000	6.36396	2
	Married	100.4375	22.79464	16
	Widowed	98.8000	12.36470	15
	Separated	108.0000	13.39154	7
	Divorced	92.8000	13.67723	10
	Single	99.6667	11.91078	6
	Total	99.3571	16.20149	56
Problem-focused coping	6.00	34.5000	.70711	2
	Married	40.3125	15.01874	16
	Widowed	34.8000	4.44329	15
	Separated	37.8571	6.20292	7
	Divorced	34.3000	3.30151	10
	Single	37.3333	5.35413	6
	Total	36.9286	9.01687	56
Social-support seeking coping	6.00	12.0000	.00000	2
	Married	16.5000	5.37897	16
	Widowed	14.4000	3.33381	15
	Separated	16.1429	4.05909	7
	Divorced	13.7000	2.62679	10
	Single	13.3333	2.06559	6
	Total	14.8929	3.98487	56
Self-blame coping	6.00	5.5000	2.12132	2
	Married	7.6875	2.15155	16
	Widowed	6.8000	3.42679	15
	Separated	6.7143	1.11270	7
	Divorced	6.3000	1.56702	10
	Single	6.8333	2.04124	6
	Total	6.9107	2.36087	56
Wishful thinking coping	6.00	19.5000	6.36396	2
	Married	19.6250	4.70284	16
	Widowed	18.4000	2.92282	15
	Separated	21.1429	3.57904	7
	Divorced	20.2000	2.29976	10
	Single	17.8333	3.06050	6
	Total	19.3929	3.62154	56
Avoidance coping	6.00	25.0000	2.82843	2
	Married	24.9375	4.29680	16
	Widowed	24.4000	4.30614	15
	Separated	26.1429	4.77593	7
	Divorced	22.7000	2.26323	10
	Single	24.3333	3.82971	6
	Total	24.4821	3.94504	56

Source: Researcher's collected data

Figure 4 showed that the coping behaviour were generally below average. Again, except for the widowed and divorced that were below average, all the marital status had their coping systems above average. Critical analyses showed that only the widowed and divorced had "problem-focused coping" below average; married and separated had "social-support seeking coping" above average; all the marital categories had "self-blame coping" below average except for the married; widowed and single had "wishful thinking coping" below average; as well as married and separated had "avoidance coping" above average.

Table 5: Descriptive Statistics for Retired Activity and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	RETIREMENT ACTIVITY	Mean	SD	N
COPING BEHAVIOUR	Retired but doing something	96.2813	17.72957	32
	Retired but not doing something	103.4583	13.16444	24
	Total	99.3571	16.20149	56
Problem-focused coping	Retied but doing something	36.5625	11.32208	32
	Retired but not doing something	37.4167	4.60545	24
	Total	36.9286	9.01687	56
Social-support seeking coping	Retied but doing something	15.1250	4.59137	32
	Retired but not doing something	14.5833	3.06334	24
	Total	14.8929	3.98487	56
Self-blame coping	Retied but doing something	6.9375	2.40882	32
	Retired but not doing something	6.8750	2.34637	24
	Total	6.9107	2.36087	56
Wishful thinking coping	Retied but doing something	18.5312	3.52854	32
	Retired but not doing something	20.5417	3.48885	24
	Total	19.3929	3.62154	56
Avoidance coping	Retied but doing something	24.0000	3.92675	32
	Retired but not doing something	25.1250	3.95972	24
	Total	24.4821	3.94504	56

Source: Researcher's collected data

Figure 5 showed presented a surprising general finding/result that "retired but not doing something" had their coping systems above average, while "retired but doing something" was below average. Critical evaluations showed that "retired but doing something" had "problem-focused coping" below average, "social-support seeking coping" above average, "self-blame coping" at average, "wishful thinking coping" below the average, and "avoidance coping" below average. On the other hand, "retired but not doing something" had "problem-focused coping" above average, "social-support seeking coping" below average, "self-blame coping" below average, "wishful thinking coping" above average, and "avoidance coping" above average.

Table 6: Descriptive Statistics for Before-Retirement Cadre and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	BEFORE-RETIREMENT CADRE	Mean	SD	N
COPING BEHAVIOUR	13.00	92.0000	.	1
	Management cadre	100.5357	14.15649	28
	Non-management cadre	98.4074	18.51041	27
	Total	99.3571	16.20149	56
Problem-focused coping	13.00	35.0000	.	1
	Management cadre	35.0714	5.07666	28
	Non-management cadre	38.9259	11.71431	27
	Total	36.9286	9.01687	56
Social-support seeking coping	13.00	12.0000	.	1
	Management cadre	14.6429	3.39077	28
	Non-management cadre	15.2593	4.59592	27
	Total	14.8929	3.98487	56
Self-blame coping	13.00	7.0000	.	1
	Management cadre	7.0000	2.72166	28
	Non-management cadre	6.8148	2.01984	27
	Total	6.9107	2.36087	56
Wishful thinking coping	13.00	15.0000	.	1
	Management cadre	19.6429	3.52992	28
	Non-management cadre	19.2963	3.73975	27
	Total	19.3929	3.62154	56
Avoidance coping	13.00	23.0000	.	1
	Management cadre	25.1071	4.69309	28
	Non-management cadre	23.8889	3.02977	27
	Total	24.4821	3.94504	56

Source: Researcher's collected data

Figure 6 showed that those who were at the management cadre before retirement had their coping systems above the average, while those at the non-management cadre before retirement were below the average in their coping systems. Further evaluations showed that those who were at the management cadre before retirement had "problem-focused coping" below average, "social-support seeking coping" below average, "self-blame coping" above average, "wishful thinking coping" above average, and "avoidance coping" above average. On the other hand, those at the non-management cadre before retirement had "problem-focused coping" above average, "social-support seeking coping" above average, "self-blame coping" below average, "wishful thinking coping" slightly below the average, and "avoidance coping" below average.

Table 7: Descriptive Statistics for Organization Worked For and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

	ORGANIZATION WORKED FOR	Mean	Std. Deviation	N
COPING BEHAVIOUR	Federal Govt	100.0000	11.42366	25
	State Govt	96.1538	25.73858	13
	Local Govt.	98.4615	13.05511	13
	Private Org.	106.8000	14.82228	5
	Total	99.3571	16.20149	56
Problem-focused coping	Federal Govt	36.3200	4.29845	25
	State Govt	41.3846	16.64601	13
	Local Govt.	33.5385	4.64786	13
	Private Org.	37.2000	2.58844	5
	Total	36.9286	9.01687	56
Social-support seeking coping	Federal Govt	14.2800	3.56511	25
	State Govt	16.1538	5.92799	13
	Local Govt.	15.0769	2.66025	13
	Private Org.	14.2000	2.68328	5
	Total	14.8929	3.98487	56
Self-blame coping	Federal Govt	6.6400	2.05913	25
	State Govt	6.4615	1.76141	13
	Local Govt.	7.6923	3.27579	13
	Private Org.	7.4000	2.50998	5
	Total	6.9107	2.36087	56
Wishful thinking coping	Federal Govt	18.7600	2.55408	25
	State Govt	19.0000	5.24404	13
	Local Govt.	19.9231	2.62874	13
	Private Org.	22.2000	4.91935	5
	Total	19.3929	3.62154	56
Avoidance coping	Federal Govt	24.8000	3.17543	25
	State Govt	23.6154	4.29221	13
	Local Govt.	24.2308	4.24566	13
	Private Org.	25.8000	6.22093	5
	Total	24.4821	3.94504	56

Source: Researcher's collected data. Note: Govt. = Government; Org. = Organization

Figure 7 showed that those who worked in the Federal government or private organizations before retirement had their coping systems above average, while those who worked in the State, or local government organizations before retirement were below average in their coping behaviour. Further analyses showed that "problem-focused coping" was below average for retirees of Federal, and local government organizations only; "social-support seeking coping" above average for retirees of State, and local governments organizations only;"self-blame coping" above average for retirees of State, and private organizations only; "wishful thinking coping" above average for local government, and private organizations only; and finally, "avoidance coping" above average for retirees of Federal government, and private organizations only.

Table 8: Multivariate Tests for Self-Esteem, Locus of Control, and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

Effect		Value	F	Hypothesis df	Sig.
Intercept	Pillai's Trace	1.000	1907.393	6.000	.018
	Wilks' Lambda	.000	1907.393	6.000	.018
	Hotelling's Trace	11444.361	1907.393	6.000	.018
	Roy's Largest Root	11444.361	1907.393	6.000	.018
SELF-ESTEEM	Pillai's Trace	4.578	1.016	114.000	.495
	Wilks' Lambda	.000	6.626**	114.000	.000
	Hotelling's Trace	.	.	114.000	.
	Roy's Largest Root	203806.580	64359.973**	19.000	.000
LOCUS OF CONTROL	Pillai's Trace	4.557	1.184	96.000	.288
	Wilks' Lambda	.000	7.963**	96.000	.000
	Hotelling's Trace	.	.	96.000	.
	Roy's Largest Root	139368.527	52263.198**	16.000	.000
SELF-ESTEEM * LOCUS OF CONTROL	Pillai's Trace	3.595	1.121	48.000	.364
	Wilks' Lambda	.000	5.523*	48.000	.005
	Hotelling's Trace	.	.	48.000	.
	Roy's Largest Root	26267.929	19700.947**	8.000	.000

Source: Researcher's collected data. Note: = significant @ p≥ .001; * p≥ .01 reject Ho.**

Table 8 showed multivariate tests for self-esteem, locus of control, and coping behaviour of retirees in Anambra State, Nigeria. Increasing values (from 0 or 1) of Pillai's Trace means that the impacts (effectiveness) of self-esteem and locus of control independently and jointly on retirees' coping behaviour were increasingly felt on the model (retirees' coping systems). Wilks' Lambda showed that there was not any (percent) variance not explained by the independent variables (self-esteem and locus of control). The Hotelling's Trace was nil indicating no differences among the various groups in their retirement coping systems. Roy's Largest Root increasing eigenvalue indicated that self-esteem and locus of control independently as well as jointly made contributions in the retirees' coping behaviour.

Table 9: Tests of Between-Subjects Effects for Self-Esteem, Locus of Control and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[g]
Corrected Model	COPING BEHAVIOUR	11466.190[a]	49	234.004	.473	.932	.794	.119
	Problem-focused coping	2869.548[b]	49	58.562	.219	.999	.642	.079
	Social-support seeking coping	679.190[c]	49	13.861	.428	.954	.778	.112
	Self-blame coping	295.387[d]	49	6.028	3.239	.071	.964	.650
	Wishful thinking coping	633.190[e]	49	12.922	.879	.645	.878	.194
	Avoidance coping	850.315[f]	49	17.353	18.374**	.001	.993	1.000
Intercept	COPING BEHAVIOUR	424629.866	1	424629.866	857.646**	.000	.993	1.000
	Problem-focused coping	56084.785	1	56084.785	210.034**	.000	.972	1.000
	Social-support seeking coping	9210.362	1	9210.362	284.612**	.000	.979	1.000
	Self-blame coping	1996.570	1	1996.570	1072.784**	.000	.994	1.000
	Wishful thinking coping	15816.408	1	15816.408	1076.353**	.000	.994	1.000
	Avoidance coping	26297.690	1	26297.690	27844.613**	.000	1.000	1.000
SELF-ESTEEM	COPING BEHAVIOUR	3635.914	19	191.364	.387	.947	.550	.102
	Problem-focused coping	655.706	19	34.511	.129	1.000	.290	.066
	Social-support seeking coping	352.061	19	18.530	.573	.835	.645	.132
	Self-blame coping	98.341	19	5.176	2.781	.105	.898	.545
	Wishful thinking coping	305.411	19	16.074	1.094	.494	.776	.227
	Avoidance coping	307.510	19	16.185	17.137**	.001	.982	1.000
LOCUS OF CONTROL	COPING BEHAVIOUR	4542.024	16	283.877	.573	.825	.605	.131
	Problem-focused coping	558.092	16	34.881	.131	.999	.258	.066
	Social-support seeking coping	113.882	16	7.118	.220	.993	.370	.078
	Self-blame coping	102.219	16	6.389	3.433	.068	.902	.637
	Wishful thinking coping	183.902	16	11.494	.782	.679	.676	.167
	Avoidance coping	350.551	16	21.909	23.198**	.000	.984	1.000
SELF-ESTEEM * LOCUS OF CONTROL	COPING BEHAVIOUR	1271.122	8	158.890	.321	.930	.300	.089
	Problem-focused coping	604.210	8	75.526	.283	.948	.274	.084
	Social-support seeking coping	94.528	8	11.816	.365	.906	.327	.095
	Self-blame coping	17.254	8	2.157	1.159	.441	.607	.219
	Wishful thinking coping	52.645	8	6.581	.448	.855	.374	.107
	Avoidance coping	54.111	8	6.764	7.162*	.014	.905	.902
Total	COPING BEHAVIOUR	567260.000	56					
	Problem-focused coping	80840.000	56					
	Social-support seeking coping	13294.000	56					
	Self-blame coping	2981.000	56					
	Wishful thinking coping	21782.000	56					
	Avoidance coping	34421.000	56					

**Note: ** = p≤ .001; * = p≤ .02 or .05.   a. R Squared = .794 (Adjusted R Squared = -.886); b. R Squared = .642 (Adjusted R Squared = -2.284); c. R Squared = .778 (Adjusted R Squared = -1.038); d. R Squared = .964 (Adjusted R Squared = .666); e. R Squared = .878 (Adjusted R Squared = -.120); f. R Squared = .993 (Adjusted R Squared = .939); g. Computed using alpha = .05**
Source: Researcher's collected data

The result of table 9 showed that self-esteem (F=.387; df = 1,19; P≥ .05 ≤ .947), and locus of control ((F=.573; df = 1,16; P≥ .05 ≤ .825) had no significant influence on the retirees' general coping systems. Even the combined effects of self-esteem and locus of control (F=.321; df = 1, 8; P≥ .05 ≤ .930) had no significant influence on the retirees' general coping systems. These results confirmed the three null hypotheses that **(a)** self-esteem, **(b)** locus of control, and **(c)** the interactions of self-esteem and locus of control will not respectively have significant influences on retirees' coping systems in Anambra State, Nigeria. The observed powers of self-esteem (.102), locus of control (.131), as well as combined effects (.089) of self-esteem and locus of control were very low respectively. These indicated inability of the independent variables to manifest appreciable impacts on the retirees' general coping systems, notwithstanding their respective $\eta p^2 = .550$ (55%), $\eta p^2 = .605$ (61%), and $\eta p^2 = .300$ (30%) effect sizes, which showed their respective percentage contributions to the overall model (general coping systems).

However, further micro-analyses showed that self-esteem (F = 17.137; df = 1,19; P≤ .001 ≥ .001), locus of control (F = 23.198; df = 1,16; P≤ .001 ≥ .000), as well as combined effects of self-esteem and locus of control (F = 23.198; df = 1,8; P≤ .05 ≥ .014) significantly and respectively influenced only the avoidance coping. Therefore, the fourth, fifth, and sixth null hypotheses that **(d)** self-esteem, **(e)** locus of control, and **(f)** the interactions of self-esteem and locus of control will not respectively have significant influences on element of coping systems for retirees in Anambra State, Nigeria, were rejected for only avoidance coping. The observed powers of self-esteem (1.000), locus of control (1.000), as well as combined effects (.902) of self-esteem and locus of control were very high. These showed that the independent variables profoundly impacted on the retirees' avoidance coping system. These were well reflected their respective $\eta p^2 = .982$ (98%), $\eta p^2 = .984$ (98%), and $\eta p^2 = .905$ (90%) effect sizes, as their respective percentage contributions to the micro model/element (avoidance coping systems). On the other hand, self-esteem, locus of control, as well as combined effects of self-esteem and locus of control did not significantly influence problem-focused coping, social-support seeking coping, self-blame coping, and wishful thinking coping elements of coping behaviour.

Figure 5: Profile Plots for Self-Esteem and Locus of Control and Coping Behaviour of Retirees in Anambra State, Eastern Nigeria (Biafra).
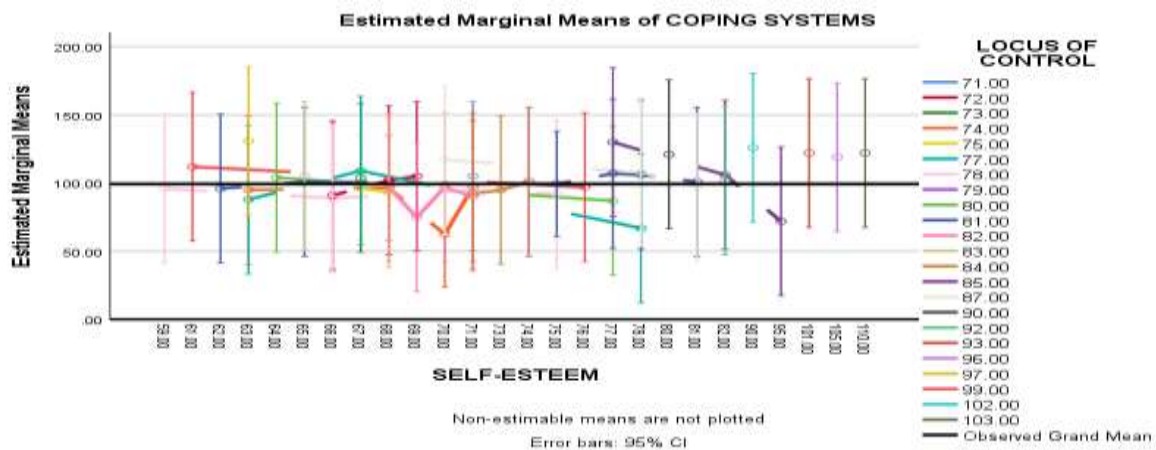
Source: Researcher's collected data

Figure 5 showed the profile plots for self-esteem, locus of control and coping behaviour of retirees in Anambra State, Nigeria. The residual plots were scattered along the linear average, without any predictable (error) variance. It indicated that the participants were randomly sampled. The data therefore followed a normal distribution. This tends to make any extrapolation and generalization plausible. This residual plot indicated that the independent variables did capture the entire deterministic component. The results of the data analyses can therefore be trusted.

SUMMARY OF FINDINGS

The following findings have been made
1. Self-esteem had no significant influence on the retirees' general coping behaviour in Anambra State, Nigeria.
2. Locus of control had no significant influence on the retirees' general coping systems in Anambra State, Nigeria.
3. Combined effects of self-esteem and locus of control had no significant influence on the retirees' general coping systems.
4. Self-esteem significantly influenced only the retirees' "avoidance coping" system.
5. Locus of control significantly influenced only the retirees' "avoidance coping" system.
6. Combined effects of self-esteem and locus of control significantly influenced only the retirees' "avoidance coping" system.
7. Self-esteem, locus of control, and combined effects of self-esteem and locus of control contributed 98%, 98%, and 90% respectively to retirees' "avoidance coping" system.
8. Self-esteem did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system.
9. Locus of control did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system.
10. Combined effects of self-esteem and locus of control did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system.

DISCUSSION

The findings of the study were as follows: Self-esteem had no significant influence on the retirees' general coping behaviour in Anambra State, Nigeria. Locus of control had no significant influence on the retirees' general coping systems in Anambra State, Nigeria. Combined effects of self-esteem and locus of control had no significant influence on the retirees' general coping systems. Self-esteem significantly influenced only the retirees' "avoidance coping" system. Locus of control significantly influenced only the retirees' "avoidance coping" system. Combined effects of self-esteem and locus of control significantly influenced only the retirees' "avoidance coping" system. Self-esteem, locus of control, and combined effects of self-esteem and locus of control contributed 98%, 98%, and 90% respectively to retirees' "avoidance coping" system. Self-esteem did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system. Locus of control did not significantly

influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system. Combined effects of self-esteem and locus of control did not significantly influence retirees' "problem-focused coping", "social-support seeking coping", "self-blame coping", and "wishful thinking coping" elements of coping system.

The study had mixed finding because individuals are influenced based on their psychological and social determinants (Skapinakis, Bellos, Oikonomou, Dimitriadis, Gkikas, Perdikari & Mavreas, 2020). While some retirees can cope easily with retirement, others may not Health and personality challenges could impede coping effectiveness during retirement. It is the finding that most of the retirees adopted avoidance coping behaviour. One plausible reason for this could be attributed to the societal perception and attitude towards the retirees. The retirees are derogatorily called "dead woods" by the Nigerian government just to refuse paying them their retirement benefits. Matter is made worse by superstition, neglect, non-constructive belief system, and fear of the unknown (future). These induce avoidance responses underpinned anxiety-like behaviour (Quah, Cockcroft, McIver, Santangelo & Roberts, 2020).

Implication to Research and Practice
1. One major implication of the study and its findings is that retirees can live positive and fulfilled retirement life if they can bolster their self-esteem. This will equip them with psychological wellbeing necessary for coping with depression associated with old age or retirement.
2. The study and its findings make very it imperative for the families of the retirees to give them supportive social and human environment. This will reduce the anxiety arising from negative locus of control and fear of the future (unknown).
3. From the findings of the study, individuals are counselled on early preparation for the inevitable retirement. Being aware of the behavioural patterns inherent in retirement is a good starting point for preparing for retirement.

CONCLUSION

The study investigated the influence of self-esteem and locus of control on the coping behaviour of retirees in Anambra State, Eastern Nigeria (Biafra). While self-esteem and locus of control did not have significant influence on the general coping behaviour of retirees, they however had significant influence on the avoidance coping behaviour. So, to live a positive and fulfilled retirement life, retirees are counselled to bolster their self-esteem, and reduce their reliance on superstition as a solution to life challenges.

Recommendations
1. Retirees should develop personal qualities that aid easy adjustment and coping with retirement. Such qualities like improved self-esteem and reduced reliance on locus of control can help a lot.
2. Behavioural scientists like psychologists and social workers should be regularly consulted by retirees when they have coping challenges.

Suggestions for Further Studies

1. Future studies need to examine the role of other psychosocial factors like culture, religion, wealth, and so on in coping with retirement, especially in the developing countries.

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APPENDIX

CONSENT FORM/AGREEMENT

I am above 18 years of age. I have read and understood that the information contained herein is for research purpose. I therefore voluntarily chose to participate and respond to these questionnaires. Tick in any of the boxes below:

Agree _____   **Disagree**_____

SECTION A

Tick the box as applicable to you

(1)   **Gender:**   Male_____   Female_____
(2)   **Age:** _____
(3)   **Educational Level:**   B.Sc and Above_____   HND_____   OND_____
                         NCE____   SSCE_____   FSLC_____
(4)   **Marital status:** Married_____   widowed_____   Separated_____
                 Divorced_____   Single_____
(5)   **Employment status:**   Retired but still working _____   Retired but not working_____
(6)   **Position Held before Retirement:**   Management _____   Non-Management_____
(7)   **Employment Organization before Retirement:**   Federal Government _____
         State Government _____   Local Government _____   Private Organization _____

SECTION B:

WAYS OF COPING CHECKLIST

Instructions: Identify a stressful encounter that occurred recently, where it took place and what happened Next, read each item below and indicate, by using the following rating scale, to what extent you used it in the situation you have just described. Not at all=1, Rarely=2, Occasionally=3, Always=4.

S/N		1	2	3	4
	Problem-Focused				
1	Bargained or compromised to get something positive from the situation.				
2	Concentrated on something good that could come out of the whole thing.				
3	Tried not to burn my bridges behind me, but left things open somewhat.				
4	Changed or grew as a person in a good way.				
5	Made a plan of action and followed it.				
6	Accepted the next best thing to what I wanted.				
7	Came out of the experience better than when I went in.				
8	Tried not to act too hastily or follow my own hunch.				
9	Changed something so things would turn out right.				
10	Just took things one step at a time.				

11	I knew what had to be done, so I doubled my efforts and tried harder to make things work.				
12	Came up with a couple of different solutions to the problem.				
13	Accepted my strong feelings but didn't let them interfere with other things too much.				
14	Changed something about myself so I could deal with the situation better.				
15	Stood my ground and fought for what I wanted.				
	Seeks Social Support				
16	Talked to someone to find out about the situation.				
17	Accepted sympathy and understanding from someone.				
18	Got professional help and did what they recommended.				
19	Talked to someone who could do something concrete about the problem.				
20	Asked someone I respected for advice and followed it.				
21	Talked to someone about how I was feeling.				
	Blamed Self				
22	Blamed yourself.				
23	Criticized or lectured yourself.				
24	Realized you brought the problem on yourself.				
	Wishful Thinking				
25	Hoped a miracle would happen				
26	Wished I was a stronger person, more optimistic and forceful.				
27	Wished that I could change what had happened.				
28	Wished I could change the way that I felt.				
29	Daydreamed or imagined a better time or place than the one I was in.				
30	Had fantasies or wishes about how things might turn out.				
31	Thought about fantastic or unreal things (like perfect revenge or finding a million dollars) that made me feel better.				
32	Wished the situation would go away or somehow be finished.				
	Avoidance				
33	Went on as if nothing had happened.				
34	Felt bad that I couldn't avoid the problem.				
35	Kept my feelings to myself.				
36	Slept more than usual.				
37	Got mad at people or things that caused the problem.				
38	Tried to forget the whole thing.				
39	Tried to make myself feel better by eating, drinking, smoking, taking medications.				
40	Avoided being with people in general.				
41	Kept others from knowing how bad things are.				
42	Refused to believe it had happened.				

Source: Developed by Aldwin, Folkman, Shaefer, Coyne and Lazarus (1980)

INDEX OF SELF-ESTEEM

Instructions: This questionnaire is designed to measure how you see yourself. It is not a test, so there are no right or wrong answers. Please answer each item as carefully and accurately as you can by placing a number by each one as follows: 1. Rarely or none of the time; 2. A little of the time; 3. Some of the time; 4. A good part of the time; 5. Most or all of the time
Please begin.

S/N		1	2	3	4	5
1	I feel that people would not like me if they really knew me well.					
2	I feel that others get along much better than I do.					
3	I feel that I am a beautiful person.					
4	When I am with other people I feel they are glad I am with them.					
5	I feel that people really like to talk with me.					
6	I feel that I am a very competent person.					
7	I think I make a good impression on others.					
8	I feel that I need more self-confidence.					
9	When I am with strangers I am very nervous.					
10	I think that I am a dull person.					
11	I feel ugly.					
12	I feel that others have more fun than I do.					
13	I feel that I bore people.					
14	I think my friends find me interesting.					
15	I think I have a good sense of humor.					
16	I feel very self-conscious when I am with strangers.					
17	I feel that if I could be like other people I would have it made_					
18	I feel that people have a good time when they are with me.					
19	I feel like a wallflower when I go out.					
20	I feel I get pushed around more than others.					
21	I think I am a rather nice person.					
22	I feel l that people really like me very much.					
23	I feel that I am a likeable person.					
24	I am afraid I will appear foolish to others.					
25	My friends think very highly of me.					

Source: Developed by Hudson (1982)

NOWICKI-STRICTLAND LOCUS OF CONTROL SCALE (N-SLCS)

Instructions: For each of the following statements, indicate the extent to which it concerns you by ticking in the appropriate number. **No**=1, **Sometimes**=2, **Yes**=3.

S/N	Items	1	2	3
1	Do you believe that most problems will solve themselves if you don't fool with them?			
2	Do you believe that you can stop yourself from catching a cold?			
3	Are some people just born lucky?			
4	Most of the time, do you feel that getting good grades means a great deal to you?			
5	Are you often blamed for things that just aren't your fault?			
6	Do you believe that if somebody studies hard enough, he or she can pass any subject?			
7	Do you feel that most of the time it doesn't pay to try hard because things never turn outright anyway?			
8	Do you feel that if things start out well in the morning that it's going to be a great day, no matter what you do?			
9	Do you feel that most of the time parents listen to what their children have to say?			
10	Do you believe that wishing can make good things happen?			
11	When you get criticized, does it usually seem it's for no good reason at all?			
12	Most of the time do you find it hard to change a friend's (mind) opinion?			
13	Do you think that cheering, more than luck, helps a team to win?			
14	Do you feel that it is nearly impossible to change your parents' mind about anything?			
15	Do you believe that your parents should allow you to make most of your own decisions?			
16	Do you feel that when you do something wrong there's very little you can do to make it right?			
17	Do you believe that most people are just born good at sports?			
18	Are most of the other people your age and sex stronger than you are?			
19	Do you feel that one of the best ways to handle most problems is just not to think about them?			
20	Do you feel that you have a lot of choice in deciding whom your friends are?			
21	If you find a four leaf clover, do you believe that it might bring good luck?			
22	Do you often feel that whether or not you do your homework has much to do with what kinds of grades you get?			
23	Do you feel that when a person your age is angry with you, there's little you can do to stop him or her?			
24	Have you ever had a good luck charm?			
25	Do you believe that whether or not people like you depends on how you act?			
26	Will your parents usually help you if you ask them to?			
27	Have you ever felt that when people were angry with you, it was usually for no reason at all?			

28	Most of the time, do you feel that you can change what might happen tomorrow by what you do today?			
29	Do you believe that when bad things are going to happen they just are going to happen no matter what you do to try to stop them?			
30	Do you think that people can get their own way if they just keep trying?			
31	Most of the time, do you find it useless to try to get your own way at home?			
32	Do you feel that when good things happen, they happen because of hard work?			
33	Do you feel that when somebody your age wants to be your enemy, there's little you can do to change matters?			
34	Do you feel that it's easy to get friends to do what you want them to do?			
35	Do you usually feel that you have little to say about what you get to eat at home?			
36	Do you feel that when someone doesn't like you there's little you can do about it?			
37	Do you usually feel that it is almost useless to try in school because most other students are just plain smarter than you are?			
38	Are you the kind of person that believes that planning ahead makes things turn out better?			
39	Most of the time, do you feel that you have little to say about what your family decides to do?			
40	Do you think it's better to be smart than to be lucky?			

Source: Developed by Nowicki and Strictland (1973)