

EFFECT OF SELF-CONTROL THERAPY ON ALCOHOL ABUSE AMONG COLLEGE OF EDUCATION STUDENTS IN ZUBA FCT ABUJA, NIGERIA

Ndifon, M. A.

Department of Educational Psychology, FCT College of Education, Zuba. Abuja.

Corresponding Email: maryadandifon@yahoo.com

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Abstract

This study was conducted to investigate the Effect of self-control therapy on alcohol abuse among college of education students in Zuba FCT Abuja, Nigeria. The study was an experimental research design involving randomised experimental and control groups. The population for the study consisted of 2,150 NCE 1 (100level) students of the college. However, the target population were those identified with high level of alcohol abuse. A sample of 56 NCE 1(100level) students constituted the subjects for the study. Both stratified and simple random sampling were adopted for selecting the sample, taking into cognisance, the students' schools, departments and gender. One instrument Alcohol Abuse Questionnaire (AAQ) was used for data collection. The instrument was validated by expert judgment and had a reliability co-efficient of 0.73. The data collected were analysed by using both descriptive and inferential statistics to answer the research questions and test the postulated hypothesis respectively. The result indicated that the level of alcohol abuse among FCT College of Education students was moderate. It also revealed that self-control therapy was effective

in the reduction of alcohol abuse among both male and female students. The self-control therapy was recommended for both psychologists and Guidance Counsellors for the modification of alcohol abuse and drugs use among students.

Keywords: Self-control therapy, Alcohol Abuse, Effects, College Students.

Introduction

Alcohol is a complex health and social issue and one of the most popular moods changing recreational drugs that can be chemically derived, synthesized or brewed the world over and can be accessed legally by people over the ages of 18 in parks, bars, and clubs. The active ingredient in alcohol is ethanol, a liquid which comes from the fermentation of starches like wheat, corn and barley. Alcohol is one of the addictive potential most commonly used by young people who use alcohol to fulfil their social and personal needs, enhance contacts

with peers and initiate new relationships which sometimes engender risky behaviour and brings negative consequences for students. Alcoholism has been observed to be one of the variables related to the use of other illegal drugs meaning that, the earlier the consumption of alcoholic beverages begins, the more substances will be used later in life (Shepard & Carison, 2003).

Alcohol abuse by students is a major public health problem, leading to the Second-hand effects: decrease in academic performance, injuries, blackouts, sexual abuse etc. Alcohol abuse affects the health of individuals and is associated with high risk of stroke, fatal accident, aneurysm, heart failure and even death among people. The injuries could be physical or health injuries that may affect the person for life. Roddriquez (2014) found that most of the injuries associated with college students were as a result of drinking and alcohol abuse. Yoshimoto and Tohoku (2017) observed that alcohol related injuries in college students were strongly associated with alcohol abuse and hard drugs. Drinking alcohol can also lead to domestic accident of different sort which may result in serious injuries.

Teacher education is a critical component in ensuring the quality of education and overall development of students. It encompasses various programme and practices designed to

prepare individuals to become effective educators. The colleges of education in Nigeria are primarily focused on training teachers for basic education (Pre-primary, Primary and Junior secondary) which serves as the foundation of education. The dangers of alcoholism on teacher education are far reaching and can have devastating consequences on the individual, students and the educational community as a whole. Some of the dangers include; alcohol impairs cognitive functions, leading to poor decision-making, reduce judgement, increased risk-taking behaviour, it decreases productivity and performance.

Teachers struggling with alcoholism may inadvertently promote harmful behaviours to students, damaging their own professional reputation and the educational reputation and the educational environment. Alcoholism can lead to difficulties in personal and professional relationships, impeding effective communication and collaboration with colleagues, students, and parents. Chronic alcohol consumption is linked to various mental and physical health problems, including depression anxiety, liver damage, and increased risk of certain cancers. In extreme cases, alcohol-impaired teachers may pose a risk to student safety and well-being, compromising the learning environment.

It is crucial for teacher education programme to ensure that the pre-service teachers are free from alcohol abuse by identifying those that are involved and helping them to overcome the problem. This therefore calls for the need to investigate whether self-control therapy will help in the reduction of the rate of alcohol abuse among college of education students. Self-control is the ability to regulate one's emotions, thought and behaviours in the face of temptation and impulses. It is a cognitive process that is necessary for the regulation of one's behaviour in order to achieve specific goals. Strayhorn (2002) conceptualizes self-control as those behaviours a person deliberately undertakes to achieve self-selected outcomes. Although sometimes external pressure such as influences or coercion by parents, peers or spouse to control certain behaviours may be brought to bear. To qualify as self-control, an individual must commit himself to that goal and apply the procedures. To Gottfredson and Hirschi (2004), the establishments of correlates of crime such as association with delinquent peers are spurious because they are the outcome of self-control. Individuals with high self-control, self-select environments, relationships and people that are not conducive with crime, accordingly, those with low self-control demonstrate a

constellation of attitudinal and behavioural characteristics and tend to:

have a here and now orientation whereby they seek and prefer simple and easy tasks and dislike activities that require diligence, tenacity and persistence.

engage in behaviours that are risky and exciting rather than cautious and cognitive behaviour.

fail to see the longer-term benefits of investing in social institutions and are attracted to endeavours that entail little skills or planning.

be unkind, insensitive, hot-tempered, self-centred and unsympathetic to others' plight.

The generality of self-control theory pertains to the multitudinous way that the characteristic manifest. Those with low self-control are hypothesized to be attracted to and engage in imprudent behaviours such as smoking gambling, drinking, sexual promiscuity and unsafe driving. Criminal behaviours that encompass the use of "force and fraud" against others and failure in or indifference to family, school, work and other social institutions. Delisi (2005) sees self-control as a situation in which an individual actively implements specific procedures to control his or her own behaviour. The extent to which a person can be involved in his or her own treatment is a matter of choice and such individual can be a complete object of the treatment procedure that others administer, or completely design and

implement for himself or herself the external agents of change which may be involved in varying degrees so that self-control and external control can both operate.

Self-control procedures in behaviour modification refer primarily to techniques where a client plays an active part and occasionally the sole part in administering treatment. Typically, the emphasis in self-control is placed on those variables beneath the skin which determine the motivation for change.

For Lynam and Miller (2004), the basic rationale for self-control approach is three-folds which are more powerfully realized when the client is given an active role in the change process. Clients skilled in self-management techniques can apply the skills to problems not directly approached in treatment, and changes obtained should prove more stable overtime if the client can re-apply change procedures as needed. Self-control may also refer to regulating behaviours that have conflicting consequences that could be positive or negative. Reinforcement consequences that follow behaviour may be immediate while excessive drinking of alcohol for example, may result in immediate positive reinforcement derived from drinking alcohol. However aversive consequences that could follow over -

drinking of alcohol could be physical discomfort and social ostracism.

Gottfredson and Hirschi (2004) observed that acts of self-control often appear to forego immediate rewards for future rewards. A student may forego the opportunity to attend a night party as an apparent act of self-control. The immediate rewards which involve enjoyment may be sacrificed for the prospect of future reward such as performing very well in the exams to earn admission into the University from the college of Education. Equally, individuals often undergo moderate discomfort in the present to avoid potential greater discomfort in the future.

The cognitive social learning theorists define self-control as a learnable cognitive process used in generating controlling responses which in turn alter factors modifying behaviour over time thus, self-control is restricted to areas of human performance that are commonly problematic and require behaviour modification. These are typically personal-social, academic and vocational behaviours.

Strayhorn (2002) further clarified the definition by showing that;

Self-control processes involve a variety of learnable skills and are not restricted to reinforced process.

Self-control involves plans that the person develops and implements to influence a

particular behaviour and also places considerable emphasis on the thoughtful actions that the individual takes to fashion his environment to promote behaviour change.

The variables to be altered include both internal and external environment.

The distinction between the problem behaviour (action to be controlled) and specific self-controlling actions is considered very important.

Self-control is composed of a variety of overt and covert actions which like other human actions are learned through cognitive sensory processes but whose performance is influenced by many cues and consequences.

The relative magnitude and variety of self-controlling actions required will tend to diminish over time at first, constant vigilance and continual effort are typically needed to change the pattern of problem behaviours gradually. The new pattern gets some environmental support much as the old behaviour pattern does thus, in this way the amount of effort and volition gradually subsides. As the new pattern becomes established, a former drinker often spends less effort over time in maintaining his non-drinking behaviour. Self-control therapy has been found to be quite successful with relatively simple problems of habit such as

smoking, drinking, over eating and study habits.

Self-control strategies are cognitive and behavioural skills that helps students to maintain self-motivation in order to achieve specific goals (Sandra & Friedrich, 2016).

These strategies could be used to reduce behavioural deficiency or excesses that occur when an individual engages in negative, unreliable behaviours such as alcohol drinking, it is a procedure that helps to, improve students focus, promotes congruence, and curtail impulsive behaviours such as lying, drinking.

Ikediashi (2013) conducted a study on the influence of self-control and multimodal aversion therapy in the cessation of alcohol-drinking behaviour among 6,000 students of the Imo State University Owerri. The sample of the study comprised of 48 selected alcoholic students of the university who volunteered to participate in the study. The findings of the study indicated that the two techniques were effective in the cessation of alcohol-drinking behaviour at Imo State University, Owerri. The present study will be conducted in the FCT and will be with NCE students.

The study of Wolfe and Higgins (2008) investigated self-control and perceived behavioural control (PBC) as a measure for reducing college students drinking and had two research questions. The study adopted a short-

term prospective design where measures of self-control and PBC were collected at the first assessment and the measure of drinking captured at the second assessment. A survey was given to a total of two hundred and forty-five students but two hundred and thirty-two completed the survey. The study found evidence that there is an addictive effect rather than a moderating effect between self-control and perceived behavioural control on alcohol use.

Schilbach (2015) carried out a study on alcohol and self-control. It was a field experiment in India. This study lasted for three weeks and focused on low-income workers. The researcher provided 229 individuals with a high-return savings opportunity and randomized incentives for sobriety. The study used an experimental design. The 229 workers were made to complete a Breathalyzer test and a short survey on labour supply earnings and expenditure patterns per day and alcohol consumption both on the previous day and on the same day. The study involved three experimental actions: control group, incentive group and choice group. The findings suggest that heavy alcohol consumption is not just a result of self-control problems but also creates self-control problems in other areas, potentially even exacerbating poverty by reducing savings. The study focused on low-income workers and

how alcohol affects savings while the present study intends to focus on the cessation of alcohol-drinking behaviour.

Statement of the Problem

The issue of alcohol abuse among students is a significant concern, with far-reaching consequences for individual health, academic performance, and social well-being. Despite various interventions and prevention programs, alcohol abuse remains prevalent in student populations worldwide. This problem necessitates exploring and validating effective therapeutic approaches to mitigate its impact. One such approach is self-control therapy, which focuses on enhancing an individual's ability to regulate their behaviour, emotions, and thoughts to achieve specific goals. The efficacy of self-control therapy in addressing alcohol abuse among students, however, is not thoroughly understood. This gap in knowledge forms the basis for the current study, which aims to investigate the effectiveness of self-control therapy in reducing alcohol consumption and related adverse outcomes among students.

Research Questions

The following research questions serve as guide for the conduct of the study.

1. What is the level of alcohol abuse among NCE One Students?

2. To what extent does self-control therapy influence the students' ability to regulate their drinking behaviour?
3. What is the sustained effect of self-control therapy on alcohol abuse after six weeks of follow-up?

Hypotheses

Two null hypotheses were postulated for the study and tested at 0.05 level of significance:

- H₀₁: There is no significant difference between the post-test mean scores of alcohol abuse among students exposed to self-control therapy and those in the control group.
- H₀₂: There is no significant gender difference between the post-test mean scores on alcohol abuse among students exposed to self-control therapy.

Methodology

This study adopted a true experimental research design involving randomized control groups, post-test design made up of one experimental and one control group. The design is considered most appropriate because, there is improvement in internal validity. Subjects were randomly selected and assigned to groups which took care of extraneous variables. The experimental group was exposed to self-control therapy, while the second group served as the control group. This allows one treatment group to be compared to another to

establish superiority. The population for this study consisted of all the 2,150 NCE 1 (100 Level) students of the FCT COE Zuba. The target population were those identified with alcohol abuse. The choice of NCE 1 was informed by virtue of the fact that they have a longer period to spend in the College whereby making the three months follow-up possible.

A sample of 56 NCE 1 (100 level) students who were identified with drinking abuse were selected for this study. The sampling technique adopted was stratified random sampling which involved stratifying the college into the five schools that is; School of Arts and Social Sciences (ASS), Early Childhood Care Education/Primary Education Study (ECCE/PES), Languages (LANG), Sciences (SC) and Vocational and Technical Education (VTE). This sampling technique was adopted to give every identified alcohol abusive student an equal chance and opportunity of being selected. Within each school, the selection also involved sample from each department that make up each of the schools with particular reference to gender.

The researcher made use of one instrument for screening and data collection. It was also used to classify the subjects into groups, evaluation and follow-up.

a) Alcohol Abuse Questionnaire (AAQ)

The AAQ was a paper and pencil structured questionnaire adapted from Ikediashi (2013). The questionnaire contains 22 items and has two Sections A and B. Section A contained bio data of the respondents while section B consist of items that elicit specific information about an individual's drinking pattern and degree of alcohol abuse. The items were arranged on a scale with responses ranging from “Always”, “Sometimes” and “Never”. Those who ticked ‘Always’ were considered to have a high level of abuse, those who ticked ‘Sometimes’ were considered to have a moderate level of abuse and those who indicated never were not considered for the study. The respondents who ticked “Always” were the only ones involved in the study.

The instrument (AAQ) was subjected to experts’ judgment to determine the content validity of the instrument in terms of the extent to which the items of the instruments were relevant to the objective of the study. This is in tandem with Awotunde and Ugodulunwa (2004) that the usual process for certifying the

content validity is to subject the instrument to expert scrutiny to ensure that the universality of the content is properly represented. Thus, the experts were expected to ascertain that the content, research questions, purpose and objectives of the study are appropriate. The construct validity of AAQ was established by subjecting the items to factor analysis. The reliability of AAQ was established by adopting a test re-test method within three weeks’ interval. The instrument was observed to compare favourably with reliability co-efficient obtained in other studies using attitude scale such as Ferguson (1983) range of 0.52 to 0.82 for 20 items (Onongha, 2011). The data generated were subjected to Pearson Product Moment reliability to establish a reliability coefficient of 0.73.

The data collected for this study were analysed using both descriptive and inferential statistics. The descriptive statistics involved simple percentage, mean and standard deviation to answer the research questions 1 & 2 while t-test was used to test hypotheses 1 & 2 at 0.05 level of significance.

Result

Research Question 1

What are the mean achievement scores of pupils taught basic science using mother tongue and those taught using English language?

Results

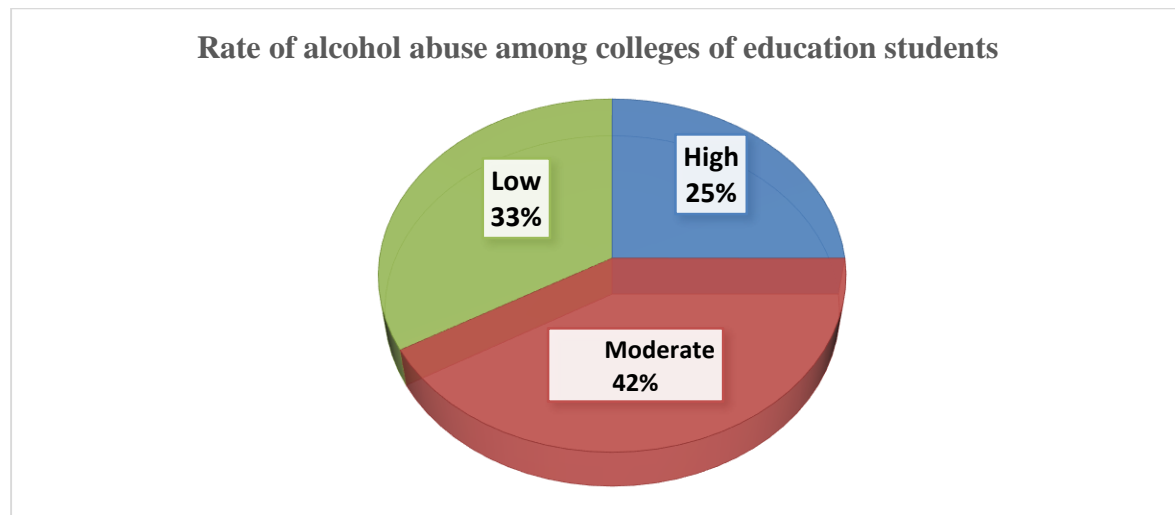
Research Question One

What is the level of alcohol abuse among NCE One Students?

Table 1: Frequency and Percentage Analysis of Alcohol Abuse

Range	Level of Abuse	Frequency	Percentage
53-66	High	105	25.0
38-52	Moderate	175	41.67
21-37	Low	140	33.3
Total	-	420	100

Table 1 shows that out of 420 students tested for alcohol abuse, 105 students representing 25.0% had high level of alcohol abuse, 175 students representing 41.67% had moderate level of abuse, while 140 students representing 33.3% had low level of alcohol abuse. Majority of the students had moderate indulgence rate in alcohol drinking behaviours. This can be seen from the pie chart below.



Research Question Two

To what extent does self-control therapy influence the students' ability to regulate their drinking behaviour?

Table 2: Mean Score of the NCE One Students' Change in Alcohol Drinking Dependence Behaviour before and after Exposure to Self-Control Therapy

	N	Minimum	Maximum	Mean	Mean Difference	Std. Deviation
Before Exposure to Self-Control Therapy	56	44	54	49.07	5.28	3.32
After Exposure to Self-Control Therapy	56	36	52	43.79		4.60

Table 2 shows the mean score of the NCE one students' change in alcohol abuse before and after exposure to self-control therapy. From the Table, the mean score of students before exposure to self-control therapy was 49.07 and after exposure to treatment was 43.79 with mean difference of 5.28. The reduction in the mean implies that the treatment has positive impact in the alcohol abuse among the subjects (students).

Research Question Three

What is the sustained effect of self-control therapy on alcohol abuse after six weeks of follow-up?

Table 3: Mean and Standard Deviation of Post-test and Follow-up Test of Alcohol Abuse

Groups	N	Post-test		Follow-up		Mean
		Mean	SD	Mean	SD	Drop
Experimental (SCT)	28	40.79	4.59	37.81	4.53	2.98
Control	28	47.43	4.98	48.65	4.88	-1.22
Total	56					
Mean Difference		3.64		7.84		4.2

Table 4 result shows that, the experimental group (Self-control) had a post-test and follow-up test mean scores of 40.79 and 37.81 respectively, with standard deviation of 4.59 and 4.53 respectively. The drop in the mean between post-test and follow-up test was 2.98. The control group had a post-test and follow-up test mean scores of 47.43 and 48.65 respectively and standard deviation of 4.98 and 4.88 respectively. There was an increase in the mean between the post-test and follow-up mean scores which accounted for -1.22. The drop in

alcohol abuse between the experimental and control groups was 4.2 This by implication depicts that self-control therapy is effective in

sustaining students' ability to regulate alcohol abuse after six weeks of follow-up.

Hypotheses Testing

Hypothesis One

There is no significant difference between the post-test mean scores of alcohol abuse among students exposed to self-control therapy and those in the control group.

Table 4: t-test Showing Difference between the Post-Test Mean Scores of Alcohol Abuse among the Self-Control Therapy Group and the Control Group

Groups	N	Mean	Std	df	t-cal	Sig(2-tailed)
Self-Control Therapy Group	28	40.79	4.59	54	-11.45	0.003
Control Group	28	47.43	4.98			

$p > 0.05$

Table 4 indicates that $t\text{-cal} = -11.45$, $df = 54$, $p < 0.05$. Since p -value is less than 0.05, hence, the null hypothesis is rejected. That means, there is a significant difference between the

post-test mean scores of alcohol abuse among the self-control therapy group and the control group.

Hypothesis Two

There is no significant gender difference between the post-test mean scores on alcohol abuse among students exposed to self- control therapy.

Table 5: t-test of difference between post-test mean scores on alcohol abuse among male and female students exposed to self-control therapy

Gender	N	Mean	Std	df	t-cal	Sig(2-tailed)
Male	16	40.88	3.27	26	-4.04	.002
Female	12	47.67	2.88			

$p > 0.05$

Table 5 reveals that $t\text{-cal} = -4.04$, $df = 26$, $p < 0.05$. Since p -value is less than 0.05, hence, the null hypothesis is rejected. That is, there is a significant difference between the post-test mean scores on alcohol abuse among male and female students exposed to self-control therapy. The females had mean = 47.67 higher than the male counterpart with mean = 40.88. It simply means that the treatment package had a better effect in reducing alcohol abuse among the male students than their female counterparts.

Discussion

The result of the study reveals that the level of alcohol abuse among Colleges of Education NCE students is moderate with 25% indulging highly in alcohol abuse while 42% indulge moderately. This is similar to Chikere and Mayowa (2011) report of survey on alcohol use among college students which indicated that alcohol drinking habit is common among students especially those that had their first drinking in family settings. However, the result is contrary to Musyoka, Mbwayo and Mutham (2019) findings which indicated a higher prevalence rate of 77% of alcohol use among substance abuse by 649 students of University of Ilorin, Kwara State. The result of Adekeye, Adeusi, Chenube, Ahmadu and Sholarin (2015) showed that alcohol had a prevalence rate of 72% next to cigarettes (81%) among students

The prevalence rate of alcohol use was 56% for Ibadan, and 51% for Abeokuta. Alcohol use was found more common among younger students in the lower school classes and among those from higher and medium socio-economic backgrounds.

The study revealed that a significant difference exist between post-test mean score of alcohol drinking abuse among self-control therapy group and control group. This was a follow-up of research question two. It was discovered that self-control treatment strategy was quite effective in the cessation of alcohol abuse compared to control group that had placebo (no treatment). Franken et al (2016) result indicated that self-control is highly important as it associated with an abundance of negative life experiences such as substance abuse, alcoholism, school drop-out and unplanned pregnancies among others. They concluded that young people with lower self-control are likely to have deviant behaviours. The findings of Mathna, Roberts and Koen (2020) is consistent with the result of the present study. The findings indicated that developing strong social bonds as a form of self-control can reduce the likelihood of alcohol abuse.

The study indicated that a significant difference was found between the post-test mean score of alcohol abuse of male and female students exposed to self-control therapy with the male

doing better than the female. This means that the treatment package had a better effect in reducing alcohol abuse among the male students than their female counterparts. The result is contrary to Smith and Frawley (1993) findings that indicated no remarkable difference between male and female chemically dependent patients in a multimodal programme.

Conclusion

On the basis of the findings, it can be affirmed that self-control therapy is an effective therapeutic technique for the treatment and cessation of alcohol abuse among students in College of Education Zuba, Abuja. This is predicated on the established fact that students that were not exposed to the treatment package (Self-Control) did not show significant improvement (or reduction) on the abuse of alcohol. Consequently, Self-Control can be regarded as effective therapeutic technique for the treatment (cessation) of alcohol abuse among students.

Recommendations

1. The self-control therapy should be adopted by psychologists and Guidance Counsellors for the modification of alcohol abuse among students.

2. The therapy could also be adopted for the reduction of drug abuse among college students and adolescents in the society considering the prevalence of drug abuse reported on daily basis on our media outfits.
3. More enlightenment should be provided by colleges and school management on the dangers of indulging in alcohol abuse.

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