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GENDER DIFFERENCES IN PREVALENCE AND PATTERN OF CONDUCT DISORDER AMONG ADOLESCENT SECONDARY SCHOOL STUDENTS IN SOUTH EAST NIGERIA

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ABSTRACT

Background: Conduct Problems are common among Adolescents. They may lead to *risky behaviors later in life. This study sets out to assess the gender differences in prevalence and pattern of conduct disorders among secondary school students in Orlu Imo State, South East, Nigeria.*

Method: *A school based descriptive cross sectional survey of 402 students in selected public and private schools in Orlu Imo state.*

Results: *69.7% of the respondents had committed at least one form of antisocial behavior. Males had higher prevalence of antisocial behaviour compared to their female counterparts ($\chi 2=10.71$, df=1, p=0.001). The most prevalent antisocial behaviour in both genders was stealing. Differences in causal factors among the genders was significant, ($\chi 2=9.54$, df=4, p=0.002). More males, (93.8%), agreed on the presence of regulations against antisocial behaviours in their schools compared to their female counterparts ($\chi 2=5.61$, df=1, p=0.017). Commonest forms of penalty for offenders were suspension for males and flogging for females ($\chi 2=56.80$, df=2, p=0.000).*

Conclusion: *Identifying factors associated with Adolescent Risk Behaviour is critical for developing effective preventive strategies. Early intervention will minimize the risk of progression to more serious criminal behavior later in life.*

Keywords: Gender, conduct disorder, secondary schools, Nigeria

INTRODUCTION

Conduct problems include a spectrum of antisocial, aggressive, dishonest, delinquent, defiant and disruptive behaviours (Advisory Group on Conduct Problems (2011). It incorporates a range of behaviours, from minor offensive or harmful acts to more serious criminal activity (McAtamney & Morgan, 2009; Smart, Vassallo, Sanson & Dussuyer, 2004). There is a repetitive and persistent pattern of behavior by a child or teenager in which the basic rights of others or major age-appropriate societal norms or rules are violated[4].

The term conduct disorder is used in psychiatry while within educational circles challenging behaviour or emotional and behavioural disturbance have been used to describe these conducts (APA, 1994; Church, 2003). Whatever the terminology used, there is widespread worry that these behaviours are on the increase among the young (Roberts & Indermaur, 2009). And since they can persist throughout adolescence into adulthood, they become a significant social issue with long term negative consequence for the individual, the family

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and the community (Armitage, 2002). The symptoms can range from sexual promiscuity, physical aggression towards others, stealing and pick-pocketing, staying out at night, truancy, running away from home to disrespect for elders (APA, 1994).

Prevalence rates of antisocial behaviour ultimately depends: on the type of incident being examined, geographical location, culture, family characteristics, socio-economic setting, sampling procedure and diagnostic criteria used (Iloeje, 1992; Boyle et al., 1996). But generally they have been found to be common. About 30% and 45% of General Practice child consultations and community child health referrals are for behavioural disturbances (NICE guidelines, 2013). It has been reported to be as high as 10 - 26% in both developed and developing countries (Abiodun, 1993; Rutter, 1973). In a study of 240 students in four schools in Kanke, 27% rate was reported among adolescents (Sujit, Vinod & Pushpal, 2006). A retrospective assessment of Conduct Disorder among a national representative sample of respondents in the National Comorbidity Survey Replication in the US showed an estimated lifetime prevalence of 9.5% (males = 12.0%, females = 7.1%), with a median age-of-onset of 11.6 years (Nock, Kazdin, Hiripi & Kessler**,** 2006). Other studies in the US have estimated the lifetime prevalence of conduct disorder at between 6% and 16% for males and 2% and 9% for females in the U.S (Maughan, Rowe, Messer, Goodman & Meltzer, 2004). Another study revealed an almost equal prevalence among both genders worldwide (4.58% of boys and 4.5% of girls) (Sujit et al., 2006). In South East Nigeria, cultism (68.7%) is the major antisocial behavior among secondary school students, followed by smoking (13.4%), then truancy (12.3%), alcoholism (3.0%) and lastly drug abuse (2.6%) (Nwankwo et al, 2000). Research into the prevalence of antisocial behaviour done by the Australian Institute of family studies showed that the most prevalent types of antisocial behaviour in early adolescence were fighting (32%), alcohol use (25%), theft (16%) and property damage (14%) (Harradine, Kodz, Lemetti & Jones, 2004; Hayes, 2004). These behaviours continued into mid adolescence along with high rates of cigarette use (28%) and truancy (27%) (Harradine, Kodz, Lemetti & Jones, 2004; Hayes, 2004). In late adolescence alcohol use (84%), truancy (43%) cigarette use (39%), fighting (23%), property damage (20%), Marijuana use (19%) and driving a car without permission (15%) were the most common types of antisocial behavior (Harradine, Kodz, Lemetti & Jones, 2004; Hayes, 2004).

A study carried out in Owerri South East Nigeria on prevalence and factors influencing antisocial behaviours among secondary school students reported that antisocial behaviours were significantly associated with gender, religion, parent's economic status and parenting style particularly autocratic and permissive parenting (Nwankwo et al, 2000). Race, neighborhood, parental education, income and occupation have been found to be associated with anti-social behavior, particularly in its more severe form (Elliot & Menard, 1996; Wilson and Herrnstein, 1985). Uneducated parents working in unskilled occupation were found to be significantly less effective in discipline, monitoring, problem solving, positive reinforcement and involvement (Patterson & Larzelere, 1990). Negative peer influence was found to be the major factor responsible for the high prevalence of antisocial behaviour among the sampled adolescents (Nwankwo etal., 2000). Studies done in two different universities reported that peer influence ranked higher than parental and teacher's influence put together as a cause of anti-social behavior (Sylie & Micheal, 2009). Delinquent peers provide considerable positive re-enforcement with a deviant behaviour and punishment for socially conforming acts (Patterson & Larzelere, 1990).

Stressors impinging on the family such as unemployment, family violence, marital discord and divorce are associated with both delinquency and child adjustment problems in general (Hetherington, 1981). In the case of divorce, post separation behaviour problems occur with diminished parental responsiveness, affection and involvement and increased parental irritability (Hetherington, 1981; Wallerstein and Kelly, 1981). A cross-sectional study carried out among 572 pupils from six schools selected randomly in Uyo, Nigeria reported behavioural problems to be more common among students in government schools compared to those from private schools (Akpan, Ojinnaka, Ekanem, 2010). This they attributed to parents from high socio-economic class being more likely to afford private schooling for their wards (Akpan et al, 2010).

This study sets out to assess the gender difference in prevalence and pattern of conduct disorder among secondary school students in Imo State, South East, Nigeria.

METHODOLOGY

Study area and study population

The study was conducted in Secondary Schools in Orlu Local Government Area, Imo State. Orlu is a major business town in South East Nigeria. The major occupations of its inhabitants are trading and farming. Christianity is the dominant religion. There are 18 secondary schools in the local government area. Out of these, 10 are Public secondary schools (9 co-educational, 1 males only) while 8 are private secondary schools (6 co-educational, 1 males only, 1 females only). The

The population comprised both male and female students in the selected secondary schools.

Study design

This is a school based descriptive cross sectional survey.

Subject selection criteria

Only Adolescent students (10-19 years) of the selected schools were eligible for the study.

Instrument, Data collection, and Analysis

Only students within the adolescent age group in the selected schools were enrolled and interviewed. Data was collected using a pre-tested semi structured self administered questionnaire. The questionnaire was designed based on the objectives of the study into 2 sections namely: Section A which comprise the biodata and Section B which covers relevant desired information for the study. Guide on how to answer each question on the questionnaire was demonstrated to the students.

Data was cleaned manually and analyzed using computer software (EPI-INF7.1.3). Frequency tables and percentages were generated. Chi square was used to test significance for categorical variables and p-value was set at 0.05.

Sample size determination and Sampling technique

A total of 402 students were studied. This was gotten using Cochran formular for populations greater than 10,000 (z^2pq/d^2) (Araoye, 2008) and then applying Cochran correction formular for populations less than 10,000 ($n_f=n/1+n/N$) (Araoye, 2008). Where n=minimum sample size, P=proportion of conduct disorder in previous study, d=desired precision at 5%, z=a constant at 95%, confidence interval=1.96 and N=target population.

Multi stage and proportionate sampling techniques were used for the selection of respondents for this survey. In the first stage, we selected 9 secondary schools (5 Public schools and 4 private schools) using simple random technique by balloting. Of the Public schools, 4 are co-educational institutions while 1 is male only. Out of the 4 private schools, 2 are co-educational institutions while the others are males only and females only. The 5 Public schools were day schools while out of 4 private schools selected only one had boarding facility.

Stage 2 was done based on proportionate simple random sampling. We divided the number of respondents into 2 using a ratio of 5:4 for public and private schools respectively. We studied 235 students from public schools and 167 students from private secondary schools. Forty seven students were studied from each of the public schools. For the private schools, 42 students were studied from the 2 co-educational institutions and 1 males only institution while 41 students were studied in the females only institution.

Stage 3 involved the stratification of students. In each school, we classified the adolescent students by age, class and sex. Using the school register, a list of all the adolescent students in each class was made and numbers were assigned to each student. Using simple random sampling we selected students from each class based on the male to female ratio of each of the classes, until the required sample size for each class was gotten.

Ethical consideration

Ethical clearance was obtained from the Ethics Committee of Imo State University Teaching Hospital Orlu (IMSUTHEC) and permission obtained from the management of the schools involved in the study. Informed verbal consent was also obtained from the students that participated. The participating students were instructed not to write their names or reveal their identities in any form to ensure confidentiality. It was explained to the students that information obtained from the study will not be used against them.

RESULTS

Table 1(part-I). Socio-demographic characteristics of respondents

Variable	*Frequency n(402)*	*Percentage (%)*
Age group (year)		
10-13	150	37.3
14-17	208	51.7
>18	44	11.0
	Range=10-19 years, mean = 14.4±0.2 years	
Gender		
Female	209	52.0
Male	193	48.0
Class		
Junior (JSS1-3)	235	58.5
Senior (SS1-3)	167	41.5
Type of school		
Female only	47	11.7
Male only	89	22.1
Co-educational	266	66.2
Type of family		
Monogamous	272	72.6
Polygamous	110	27.4

Table 1(part-II). Socio-demographic characteristics of respondents

Variable	*Frequency n(402)*	*Percentage (%)*
Religion		
Christianity	359	89.3
Islam	27	6.7
Tribe		
Ibo	347	86.3
Hausa	25	6.2
Yoruba	26	6.5
Others	4	1.0

The age range and mean age of the respondents were 10-19 years and 14.4±0.2 years respectively with more of them, 208(51.7%) being within the 14-17 years age bracket. The male to female ratio is 1:1.1 with more of the students, 235(58.5%), being in the junior classes (JSS1-3). Majority of the students 268 (66.7%), were in the co-educational schools and public schools, 224(59.6%). Most of them lived outside the school hostels, 345 (89.6%), were from monogamous unions, 272 (72.6%); were Catholics 359 (89.3%) and Ibos by tribe 347 (86.3%).

Table 2. Prevalence, pattern and factors influencing antisocial behavior among respondents

Variable	*Male* *Freq (%)*	*Female* *Freq (%)*	*Total* *Freq (%)*	*Stat/ p-value*
Committed any form of antisocial behavior				
Yes	150(777)	130(62.2)	280(69.7)	10.71
No	43(22.3)	79(37.8)	122(30.3)	df=1
Total	*193(100)*	*209(100)*	*402(100)*	p=0.001*
Pattern of antisocial behaviour **	140(72.5)	120(57.4)	260(64.7)	
Stealing	67(34.7)	50(23.9)	117(29.1)	
Cultism	33(17.1)	60(28.7)	93(23.1)	1.21
Sexual promiscuity	62(31.1)	30(14.7)	92(22.9)	df=5
Alcohol use	65(33.6)	20(9.6)	85(21.1)	p=0.272
Smoking/Tobacco use	40(20.7)	35(16.7)	75(18.6)	
Clubbing				
Perceived factors influencing antisocial behaviour **				
Peer group influence	113(58.5)	95(45.5)	208(51.7)	
Poor parenting	60(31.1)	89(42.6)	149(37.1)	9.54
Media influence	52(26.9)	45(21.5)	97(24.1)	df=4
Family socioeconomic status	33(17.1)	62(29.7)	95(23.6)	p=0.002*
Religious/moral decadence	22(11.4)	48(23.0)	70(17.4)	
Perceived consequences **				
Poor academic performance	100(51.8)	169(80.9)	269(66.9)	0.789
Increased criminal activities	120(62.2)	122(60.1)	242(60.2)	df =2
Increase adolescent mortality/morbidity	60(31.1)	111(53.1)	171(42.5)	p=0.371

** = multiple response, * = significant

Two hundred and eighty (69.7%) of the respondents had committed at least one form of antisocial behavior. Males, 150 (77.7%) had higher prevalence of antisocial behaviour compared to their female counterparts, 130 (62.2%). This difference in prevalence was statistically significant, (χ^2=10.71, df=1, p=0.001).

The most prevalent antisocial behaviour in both sexes was stealing {male, 140 (72.5%); females 120 (57.4%). This was followed by cultism 67(34.7%), smoking 65(33.6%) and alcohol use 62 (31.1%) in males. In females it was sexual promiscuity, 60 (28.7%), cultism 50 (23.9%) and clubbing, 35(16.7%). This variation in pattern was not statistically significant (p >0.05).

Common factors perceived by respondents that influenced antisocial behavior were peer group pressure 208 (51.7%), poor parenting, 149 (37.1%), media/internet influence, 97 (24.1%) and family socioeconomic status 95 (23.6%). In males it was peer group pressure, 113(58.5%), poor parenting, 60(31.1%) and media/internet influence, 52(26.9%), while in females it was peer group pressure, 95(45.5%), poor parenting 89(42.6%) and family socioeconomic status 62 (29.7%). This variation in perceived causal factors was statistically significant, (χ^2=9.54, df=4, p=0.002). The commonest perceived consequence of antisocial behaviour in females was poor academic performance, 189 (80.9%) while it was increased criminal activities among their male counterparts, 120 (62.2%). This variation was not statistically significant, p>0.05.

Table 3. Preventive measures against antisocial behaviours carried out in their schools.

Variable	*Male (n=193)* *Freq (%)*	*Female (209* *Freq (%)*	*Total (402)* *Freq (%)*	*Statistics/p-value*
Presence of school regulations/rules against antisocial behaviour				
Yes	181(93.8)	180(86.1)	361(89.9)	5.61
No	12(6.2)	29(13.9)	41(10.2)	df=1
Total	*193(100)*	*209(100)*	*402(100)*	p=0.017*
Major forms of penalty for offenders				
Suspension	100(51.8)	68(32.5)	168(41.8)	56.80
Expulsion	83(43.0)	62(29.7)	145(36.1)	df=2
Flogging	10(5.2)	79(37.8)	89(22.1)	P=0.000*
Total	*193(100)*	*209(100)*	*402(100)*	
Presence of moral instruction				
Yes	150(77.7)	162(77.5)	312(77.6)	0.005
No	43(22.2)	47(22.5)	90(22.4)	df=1
Total	*193(100)*	*209(100)*	*402(100)*	p=0.944
Presence of Guardian and Counselors in schools				
Yes	107(55.4)	183(87.6)	290(72.1)	49.92
No	86(44.6)	26(12.4)	112(29.9)	df=1
Total	*193(100)*	*209(100)*	*402(100)*	P=0.000*

* = significant

More males, 181 (93.8%), agreed on the presence of regulations against antisocial behaviours in their schools compared to their female counterparts, 180 (86.1%). This difference was statistically significant, (χ^2=5.61, df=1, p=0.017). Commonest forms of penalty for offenders were suspension for males, 100 (51.8%), while it was flogging for their female counterparts 79 (37.8%). This difference was statistically significant, (χ^2=56.80, df=2, p=0.000). Majority of the respondents, in both males 150 (77.7%), and females 162 (77.5%), believed that their school conducted moral instructions against antisocial behaviours, ($p>0.05$), but more females, 183 (87.6%) agree that there is Guardian and Counselling services in their school compared to their male counterparts, 107 (55.4%). This difference was statistically significant, (χ^2=49.92, df=1, p=0.000).

DISCUSSION

This study shows a male to female ratio of 1:1.1. This ratio is an improvement on the 0.91 Gender parity index (ratio of girls to boys) for enrollment into public and private secondary schools in Nigeria in 2010 (UNESCO, 2010). This almost equal ratio could be attributed to sampling. Most of the schools used in this study were co-educational, while 2 schools were males only and 1 females only, implying that other factors outside of sampling may be at play. It may in part be due to the introduction of Universal Basic Education (UBE) as part of the effort to meet with the Millenium Development Goals (UBEC, 2012; Labo-Popoola, Bello and Atanda, 2009). It could also be due to high rate of male drop-out in the south eastern part of Nigeria in order to engage in commercial activities (Ezegwu, Ewemooje & Aiyede, 2011).

The rate of conduct problems in this study is significantly higher in males compared to females. This is comparable to what has been reported in most other studies (Nock et al., 2006; Maughan et al., 2004; Nwankwo et al., 2000; Akpan et al., 2010). It however differs from an almost equal rate reported among males and females in Kanke, India (Sujit et al, 2006). The rate 69.7%, reported in this study is much higher than 10 - 26% reported in other countries (both developing and developed) (Rutter et al., 1973; Sujit et al., 2006). This high rate could be due to methodological differences (Iloeje, 1992). It could also be due to a high rate of stealing and cultism reported in this study. It could also be due to this study using as prevalence the rate of those that had committed at least one form of antisocial behavior rather than measuring the rate of repetitive antisocial behavour. Self-rating of conduct problems, coupled with the questionnaires being distributed by persons whom the students were quite unfamiliar with are expected to result in a more truthful response.

Stealing was found to be the most prevalent antisocial behavior followed by cultism. Smoking and use of alcohol were also quite high, especially putting into perspective that these students are not allowed to smoke nor drink. Cultism has been widely reported as a major challenge in Nigerian schools (Nwankwo et al., 2000). In both genders, peer group pressure was thought to be the greatest contributor to antisocial behavior. This is in keeping with what has been found in other studies (Nwankwo et al, 2000; Sylie & Micheal, 2009). Its influence appears to be more among males while poor parenting appears to play a greater role in females (Sylie & Micheal, 2009). The schools applied some disciplinary (suspension and flogging) and instructional (moral instruction and counseling) actions. The high rate of antisocial behavior in these schools shows that these disciplinary measures are not effective. This is buttressed by the fact that not all the students were aware of the presence of these instructional measures. This underscores the need to look for other approaches that are acceptable, cheap and sustainable.

CONCLUSION

Identifying factors associated with adolescent risk behaviour is critical for developing effective preventive strategies. Early identification and intervention will minimize the risk of progression to more serious criminal behavior later in life. It is hoped that this paper will make policy makers and educators realize the need to enact and enforce appropriate policies that will curtail the risk of conduct disorder in adolescents.

LIMITATIONS

The instruments were self-administered so the reliability of information given cannot be guaranteed, so strict care should be taken when generalizing information gotten from this study. Also it was a cross sectional survey so causal relationships cannot be determined.

AUTHORS CONTRIBUTIONS

DK and AC conceptualized and designed the research project; DC and UK analysed the results while MA and AE wrote up the project. All authors proof- read and approved the manuscript.

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