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## 2 Childhood Conduct Problem and Alcohol Use of Students in Tertiary Institutions in Nigeria

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Early behavioural problems in children may place them at risk of alcohol abuse in later life. The study investigated the association between childhood conduct problem and alcohol abuse of students in tertiary institutions in Nigeria. The data for this cross sectional study was collected from a randomly selected sample of seven hundred and fifty-three (753) tertiary institution students in Nigeria. Questionnaire for Students in Tertiary Institutions in Nigeria adapted from Loza (2006) Self Appraisal Questionnaire (SAQ) was used for data collection. The results showed significant influence of childhood conduct problem in the

likelihood of the abuse of alcohol ( $\chi^2=2.189$ , Wald of  $\chi^2=102.155$ , and  $p=0.000$ ).

However gender and age do not play significant roles in determining the Alcohol use of students. It is recommended that early careful assessment and treatment of children with conduct problem may be valuable for future prevention of alcohol abuse.

Keywords: Conduct problem, alcohol use, childhood

Previous research findings indicated significant association between early childhood conduct problem and later development of deviant behaviours (Loza & Loza-Fanous, 2002).

Lynskey and Fergusson (1995) found that 4 children who showed tendencies to conduct problems at age 8 consumed 1.5 to 1.9 times more alcohol and had rates of alcohol-related problems, daily cigarette smoking, and illicit drug use that were 1.9 to 2.0 times higher than children with low conduct problem scores. Conduct disorder according to

Wikipedia (2012) 1 is a childhood behaviour disorder characterized by aggressive and destructive activities that cause disruptions in the child's natural environments such as home, school, place of worship, or the neighbourhood. Conduct problem or disorder is one of the most common psychiatric disorders in children and adolescents between age of four and sixteen. The Diagnostic and Statistical Manual of Mental Disorder (DSM-IV, 2000) categorizes conduct disorder behaviour into four main groupings: (a) aggressive conduct that causes or threatens physical harm to other people or animals, (b) non-aggressive conduct that causes property loss or damage, (c) deceitfulness or theft, and (d) serious violations of rules. There is an additional recommendation by the work group of the 5<sup>th</sup>

edition to include callous and unemotional traits (DSM-V, 2010) The Manual diagnostic

criteria for Conduct disorder are: 3 a repetitive and persistent pattern of behaviour in which the basic rules of others or major age-appropriate societal norms or rules are violated as manifested by the presence of three or more of the listed behaviours below in the past 12 months, with at least one criterion present in the past 6 months. These behaviours are: aggression to people and animals- often bullies, threatens, or intimidates others often initiates physical fights, use weapon that can cause serious physical harm to

others (e.g., a bat, brick, broken bottle, knife, gun) physically cruel to people or animals - stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery) forced someone into sexual activity. Destruction of property- often deliberately engage in fire setting with the intention of causing serious damage, deliberately destroyed others' property (other than by fire setting). Deceitfulness or theft- often stolen things from someone else's house, building or car, often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others), stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery) Deceitfulness or theft: often stays out at night despite parental prohibitions, beginning before age 13, has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period), often truant from school, beginning before age 13( DSM IV, 2000 & DSM-V, 2010)

There are two subtypes of conduct disorder onset outlined in DSM-IV (2000)The first, childhood-onset type. 5 is defined by the onset of one criterion characteristic of conduct disorder before age 10. The second onset is the adolescent-onset type and occurs when conduct disorder symptoms are present after the age of 10 years . 1 Children with childhood-onset conduct disorder frequently display physical aggression; they usually have disturbed peer relationships, and may have had oppositional defiant disorder during early childhood. (Moffitt, 1993) These children usually 3 meet the full criteria for conduct disorder before puberty, they are more likely to have persistent conduct disorder, and are more likely to develop adult antisocial personality disorder than those with the adolescent-onset type (DSM-IV,2000) Children 1 who had conduct problem are likely to become delinquent , alcoholics and drug addicts in later life than their peers who had no conduct problem (Lynskey & Fergusson, 1995). Conduct problems are strong positive predictors of substance abuse and problem among teens (Loza, 2005). The concern of this paper is to investigate effect of childhood conduct problem on alcohol use of young adults in the tertiary institutions in Nigeria. There is paucity of literature on conduct problem and alcohol use in Nigeria thus the need to fill

this gap. Though conduct problem is better studied in a longitudinal study but this is done retrospectively. This study hypothesized that conduct problem will significantly correlate with <sup>2</sup> alcohol abuse of students in tertiary institutions.

## Methodology

<sup>1</sup> Participants and setting: The participants for this correlation study were selected from the three old regions in Nigeria (North, East and the West). <sup>2</sup> Seven hundred and fifty-three (753) tertiary institution students were randomly selected from nine higher institutions across Nigeria.

### <sup>1</sup> Procedure

There was no formal permission sought to administer the questionnaires from the different schools because the students were readily available in the lecture rooms, hostels and other facilities within the school yet their personal consents were sought and obtained verbally after explanation of the purpose of the study by the research team. They were equally assured of anonymity and confidentiality.

### Instrument

The instrument used for the study was tagged Questionnaire for Students in Tertiary Institution It was adapted from two subsections of the Self Appraisal Questionnaire by Loza Wandy (2005). The SAQ has been assessed for face, construct and concurrent validity, as well as predictive in multiple samples It has also been validated for use in Nigeria by Chenube ( 2009). The SAQ's reliability has been established using the internal consistency (.91 coefficient was obtained) (Loza, 2005) The two sections adapted from SAQ for this study are; Conduct problem subscale and Alcohol abuse. The items in the scales were expanded and made suited for Nigerian samples .Section A deals with the demographic data such as gender, age, type of institution, and ethnicity. Section B has fifteen items

measuring childhood conduct problem. Section C has fifteen items on alcohol abuse. Section B and Care in the form of statements in which the respondents were expected to answer True (T) or False (F). The highest score for an item is 1 while the least is 0 . A total score of 1-6 range falls into the non-elevated score, 7-15 is an elevated score. The analysis evaluated the relationship amongst the keys variables : Childhood Conduct Problem, and Alcohol Abuse. Data were analyzed using Pearson's Chi-square, Logistic Regression, and t-test analysis at 0.05 alpha levels.

## Results

A total of seven hundred and fifty-three (753) tertiary institution students were surveyed. Of these, 432 (57.4%) were male as against 321 (42.6%) being female; 206 (27.4%) were aged 15 to 20 years, 493(65.5%) were age 21 to 30 years, while 54 (7.2%) were aged 31 years and above; 294 (39.0%) were from Universities,161 (21.4%) were from Polytechnics, while 298 (39.6%) were from Colleges of Education. The analysis evaluated the relationship amongst the keys variables: Childhood Conduct Problem, and Alcohol Abuse. Data were analysed using Pearson's Chi-square, Logistic Regression, and t-test analysis at 0.05 alpha levels.

## Association between Alcohol Abuse and Conduct Problem

Table 1: Association between childhood Conduct Problems, and Alcohol Abuse

Variable	Category	Observed Frequency	Expected Frequency	df	x2	p
Alcohol Abuse	Non Elevated	626	626.0	1	122.70	0.001
	Elevated	127	127.0			
Conduct problem	Non Elevated	553	553.0			
	Elevated					

Elevated 200 200.0

= 0.05

(LR: Likelihood Ratio  $\chi^2$  = Chi-square)

As shown in Table 1, the chi-square analysis carried out to test for the association between Alcohol Abuse and childhood Conduct Problem indicates the existence of a significant association between both variables. The analysis yielded a chi-square value of 122.70 at 1 degree of freedom. This chi-square value was deemed significant since p-value of 0.001 is less than 0.05. This implies that the likelihood to Abuse Alcohol is associated with the childhood Conduct Problem status of tertiary institution students. This result further implies that there is a high likelihood (LR of 109.01) for this association to hold. Thus, a change in a student's Conduct status (from Non-elevated Conduct Problem to Elevated Conduct Problem) will lead to a change in their Abuse of Alcohol (from Non-elevated Alcohol Abuse to Elevated Alcohol Abuse).

Influence of Gender, Age group, and Conduct Problem on Alcohol Abuse status

Table 2: Logistic Regression output for influence of Gender, Age group, and Conduct Problem on Alcohol Abuse

Variable	SE	Wald	$\chi^2$	df	p
Conduct Problem	2.189	0.217	102.155	1	0.000
Gender	0.169	0.217	0.607	1	0.436
Age	0.259	0.188	1.903	1	0.168
Constant	-3.199	0.510	39.328	1	0.000

df = 3  $\chi^2$  = 111.46 P-value = 0.000

R2(Negelkerke) 0.231 log likelihood = 285.94

= 0.05

The result in table 2 shows the individual influence of Gender, Age, and Conduct Problem on the likelihood of students to Abuse Alcohol. Gender and Age showed non-significant influence on Alcohol Abuse while Conduct Problem yielded significant influence. The analysis showed that Gender yielded a beta value of 0.169, a Wald chi-square of 0.607, and a p-value of 0.436 at 1 degree of freedom; this was not significant since  $p > 0.05$ . Similarly, Age yielded a beta value of 0.259, a Wald chi-square of 1.903, and a p-value of 0.168 at 1 degree of freedom; this was not significant since  $p > 0.05$ . This implies that neither Gender nor Age exerts any significant influence on the likelihood that students will Abuse Alcohol. However, the Conduct Problem status of students yielded a beta value of 2.189, a Wald chi-square of 102.155, and a p-value of 0.000 at 1 degree of freedom; this was significant since  $p < 0.05$ . Thus, the likelihood for students to Abuse Alcohol is determined by their Conduct Problem status.

Further evaluation shows that when these variables i.e Gender, Age, and Conduct Problem, are considered collectively, they significantly influence the likelihood of students to Abuse Alcohol. This is depicted by a chi-square value of 111.46 and p-value of 0.000 at 3 degree of freedom; this is significant since  $p < 0.05$ . The analysis also shows that these variables i.e Gender, Age, and Conduct Problem, collectively account for about 23.1% of the change (Nagelkerke  $R^2$  of 0.231) in the Alcohol Abuse status of students.

Difference in Alcohol Abuse status between Male and Female students

Table 3: t-test output for difference in Alcohol Abuse status between Male and Female students

Variable	N	Df	Means	Std Dev	t	p
Male	432	3.17	3.564			
Female	751	0.268	0.789			



Female 321 3.09 4.390

= 0.05

The result in table 3 shows whether there exists a difference in Abuse of Alcohol between male and female students. The finding shows a mean Alcohol Abuse score of 3.17 for male, and 3.09 for female students. This yielded a t-statistics of 0.268, and p-value of 0.789 at 751 degree of freedom; this is not significant since  $p > 0.05$ .

This implies that there is no major/significant difference in the abuse of alcohol based on the gender of students.

## Discussion

Alcohol Abuse has been linked to various anti-social/immoral outcomes. The analysis of the study data significantly associates the abuse of alcohol to Conduct Problems inherent from childhood. This simply brings to bear that the experiences of students in their early formative years resurfaces later in life as a catalyst of anti-social and deviant behaviors.

This is evidently implied in the logistic regression analysis where childhood Conduct Problem showed significant influence in the likelihood of the Abuse of Alcohol i.e

$\beta = 2.189$ , Wald of  $\chi^2 = 102.155$ , and  $p = 0.000$ .  $p = 0.0$  However, the study showed that Gender and Age do not play significant roles in determining the Alcohol Abuse status of students.

Evidently, this goes to suggest that there's no varying tendency for alcohol abuse based on gender or age of students. The findings show that the tendency to abuse is not peculiar to any of the sexes; male and female students share similar tendency to abuse alcohol.

Conduct problem in childhood is a predictor of alcohol abuse in later life, this finding corroborates that of Loza & Loza- Fanous (2002); Lynskey and Fergusson (1995) who found that conduct problems during childhood are among the best predictors of later offending and development of a deviant behavior. The study revealed that gender and age do not significantly influence the alcohol use of students, this is a departure from the status quo because males are known to be more prone to alcohol abuse than the females. It is

also a known fact that younger people are more vulnerable to alcohol abuse than adult. The plausible explanation for this non significant differences in age and gender maybe because students in tertiary institutions are exposed to similar experiences

#### Recommendation and Conclusion

There is the need for childhood conduct problems to be identified and treated early. Presently in Nigeria such treatment is not widely available except for constant corrections and disciplinary actions of teachers and parents. Though some schools have counselors but they are not fully trained and equipped to handle conduct problems. Moreover counseling services are not available in most primary schools where the problem first surfaces. . Early intervention is essential in preventing future behavior such as alcohol/substance abuse. Early identification and appropriate and innovative treatment will improve the display of conduct disorder and possibly prevent a host of negative outcomes that are often a consequence of the behaviors associated with it There are different treatment packages/intervention that can be introduced to treat conduct problem some of these are practiced in developed countries but presently in Nigeria there is no formal structure in place for identification and treatment of children with conduct problem. Yet it is imperative to give adequate attention to this childhood disorder to avert the future negative consequences of abusing alcohol. The treatment intervention ranges from community based intervention; Child Cognitive Behavioural Treatment and Skills Training and Parent Management Training and Family Therapy. Community-based interventions are sometimes called wrap-around services to describe the intention that they will be brought to the child's natural environment in a comprehensive and flexible way.(Leaver,2010) The idea is to target a range of child, parent, family and social system factors associated with a child's behavioural problems. This approach has been successful in modifying antisocial behaviour, rates of restrictive placement, and in reducing the cost of services(Leaver,2010).Another treatment that has been used with some success is the Child Cognitive Behavioural Treatment and Skills Training which trains children with

conduct disorder in anger-coping, peer coping, and problem-solving skills. Family and Parent Management Training are also used to treat conduct disorder. Parents learn to apply behavioural principles effectively, how to play with their children, and how to teach and coach the child to use new skills. Leaver (2010) It is necessary to find the right resources and support for children with Conduct Disorder early it is essential to changing the patterns of behaviour and preventing the disorder from continuing into adulthood.

#### Limitation of the study

The relationship between Childhood conduct problem and alcohol abuse is a study that should be longitudinal, that is children are usually followed up from early years to young adult. This will enable the research findings to be firsthand, it would not be as reported by individuals but evidence based. So this study is not a longitudinal study since was funded by the researchers themselves but was a retrospective study with individuals responding to questions on childhood experiences as much as they can remember. Though the study is retrospective in nature yet the relationships between alcohol and conduct problem is positive.

## Sources

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