

Association between Social Factors and Conduct Disorder among Adolescents in Selected Charitable Institutions.

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ABSTRACT

Conduct disorder (CD) is a disruptive mental health condition characterized by aggressive, hostile, deceitful and disobedient behaviour. This research aimed to investigate the relationship between conduct disorder and social factors within charitable institutions. The study included a sample of 174 individuals (n=174) selected from a population of 348 boys and girls aged 10 to 17 living in two charitable children's institutions (CCIs) in Kenya. A correlational research design was employed, and a stratified random sampling technique was used for participant selection. Data collection involved a social demographic questionnaire and a conduct disorder scale. Inferential statistics were applied, including paired t-tests, which revealed statistically significant association between conduct disorder and respondent's age ($p<.001$), experience of violence ($p=.003$), lacking basic needs ($p<.001$) and drug abuse ($p=.007$). As a result, the study recommends the implementation of counseling services, personalized adult supervision, and creative approaches for managing adolescents within CCIs. These recommendations aim to address and mitigate the behavioral challenges associated with conduct disorder among young residents in charitable institutions.

Keywords: Conduct disorder, Charitable institution, Abuse, Adolescents, Social factors

INTRODUCTION AND BACKGROUND

Conduct disorder is a mental disorder which mostly manifests in children and adolescents and is characterized by lack of respect for collective rules and regulations, as well as impulsiveness (APA, 2013). Further, Conduct Disorder (CD) in adolescents is marked by abnormal aggression toward other people and animals (Bassarath, 2001). Such adolescents bully, threaten, intimidate, and often initiate fights, sometimes using weapons that can cause serious harm such as a knife, gun, or broken bottle (Adeusi et al., 2014; Gilliam, 2002). Conduct disorder is associated with a myriad of factors ranging from social to environmental in addition to other factors.

The violence inhibition mechanism theory postulates that every living being has a mechanism to control aggression (Krol et al., 2004). When an aggressor reads cues of distress and dissatisfaction in a victim, that situation should automatically provoke an emphatic response (Fido et al., 2011). The violent behavior is therefore inhibited. However, if this system is non-functional, it leads to the development of aggressive behavior. Additionally, the social information processing theory emphasizes states that when there is a deficiency in the processing, adolescents respond to minor provocations with hostility, become defensive, over-reactive since they perceive their environment as hostile (Bowen et al., 2014; Burgess, 2011)

Adolescents with CD are known to harbor a negative attitude towards school and education (Frick, 2016). According to Morewitz (2016), adolescents who defy school rules, challenge teachers, or perform poorly may struggle with CD-related complications. The result could be dropping out of school. A longitudinal study in Sweden, (Jolliffe & Farrington, 2009) concluded that impulsiveness at a lower age predicted future hurdles with CD-related complications ($p<.0001$). A similar association was found in Sarkhel et al.'s (2006)

study in India ($p=.004$) whereas in Brazil, a case-control study involving school dropouts and a control group of students (Tramontina et al., 2001) showed a significant relationship between school dropouts and CD ($p<.001$). High prevalence rates of CD were found in the school dropouts as compared to school-going adolescents.

Conduct disorder is comorbid with other mental disorders. A study by Patel et al. (2018) showed a significant association between CD and psychosis, alcohol, drug abuse, and depression ($p=.001$). Additionally, adolescents with a history of crime are more likely to have CD. Al Banna et al. (2008) reported a significant relationship between CD and other mental conditions ($p=.001$). This study aimed at establishing social factors associated with conduct disorder among adolescents.

Scholars have underlined gender as a risk factor for CD. A study in the US by Yockey et al. (2021) reported a statistically significant association between gender and CD ($p<.001$). Reportedly, males are more at risk of developing CD than their female counterparts.

Adverse experiences in the family setting during childhood increase an adolescent's chances of developing CD (Scott, 2012). Adolescents brought up by divorced or single parents have higher risks of developing CD ($p<.01$). Other precipitating factors that had a significant association with CD ($p<.01$) were parental violence, parents abusing drugs, parents committing a crime or with a history of incarceration and living with a parent with a mental illness (Yockey et al., 2021).

A study conducted in Nigeria by Kumuyi et al. (2021) to determine parental factors on the development of CD reported a significant relationship between parenting styles and the emergence of CD among adolescents ($p<.01$). Findings showed that an authoritarian style of parenting had a leading influence on the development of CD ($\mu=26.38/SD= 5.56$), followed by negligent parenting ($\mu=26.05, SD=6.33$), and permissive parenting ($\mu=25.05$ and $SD =5.00$). An authoritative parenting style had the least influence on the emergence of deviant behaviors ($\mu=24.67, SD=5.07$).

It is evident that a history of incarceration and the number of siblings in a family have an impact on the development of CD among adolescents. A cross-sectional descriptive study by Olashore et al. (2016) sought to examine the prevalence, correlates, and predictors of CD among inmates in a correctional facility for adolescents in Abeokuta Nigerian Borstal institution. The findings from the study reported a significant relationship between CD and the number of siblings ($p=.010$), and former history of incarceration ($p=.043$) as independent social predictors of CD. In a comparable study in Egypt, the risk of CD was found to be higher among adolescents under rehabilitation who had a previous history of incarceration ($p<.001$) as compared to adolescents in the general population (Mounir et al., 2007).

In Kenya, findings from a study by Gitonga et al. (2017) reported a statistically significant link between CD and gender. Males scored higher than females in the study sample ($p=.009$). In addition, Mbiriri (2017) reported a major connection between CD and age ($p=0.001$); CD was found to increase with age. When adolescents observe or experience critical incidences in the primary home environment, their likelihood to develop CD is high. Abuse and violence in the immediate family can increase an adolescent's chances of developing CD. James and Munene (2018) noted a statistically significant relationship between CD and observing parents fight ($p<.0001$) or abuse alcohol ($p=.001$). Furthermore, sexual abuse ($p=.001$) and parental neglect ($p=.011$) had a statistically major relation with the development of CD. A history of imprisonment also increases an adolescent's chances of having CD-related issues. Adolescents with a history of incarceration run higher risks of developing CD as compared to adolescents who do not, with a statistically significant association of $p=.049$ (Okwara, 2013).

Drug and substance abuse has been closely linked to conduct disorder. A study by Moracha et al. (2021) reported a statistically significant relationship between CD and substance abuse ($p<.01$). Similar results were obtained in the study by Khasakhala et al. (2013). Ease to access and consume drugs had a relation

with the increasing number of young offenders brushing with the law, leading to incarceration. Thus, from the reviewed literature, it is evident that some social factors are associated with conduct disorder and for preventive measures to be effective, strategies ought to be developed with a distinct focus on the predisposing factors

METHODOLOGY

This study used correlational research design to determine the prevalence and degree of relationship between two or more variables (Kombo & Tromp, 2014). The target population comprised of adolescents admitted and living in two (2) charitable institutions in Kenya. The two institutions serve as schools and rescue centers for vulnerable children and adolescents. In this study, those who were included in the measurement of variables were adolescent boys and girls, 10 to 17 years of age.

A social demographic questionnaire (SDQ) and a Conduct Disorder Scale [CDS] (Gilliam, 2002) were used for data collection. The CDS has been lauded as an effective tool to evaluate persons between 5 to 22 years who may exhibit disruptive behaviors. It is individually administered and takes 30 minutes to complete. This standardized and validated tool comprises of 40 items that describe specific diagnostic behaviors that characterize persons with CD. The items are all arranged into four symptom clusters that are key for diagnosis (APA, 2013). The clusters are aggressive, non-aggressive, deceitfulness/theft and rule violation behaviors. The scoring of CDS was done by computing raw data in line with the 4 subscales of the tool (Gilliam, 2002). The scores in each subscale were summed up and later recorded in the response form of the CDS. Concerning the psychometric properties of CDS, it was found to be a highly reliable tool with an alpha coefficient of 0.96 (Adeusi et al., 2014). Comprehensively, the CDS 40 items in four clusters were found to have Cronbach’s co-efficient alpha as follows: Aggressive conduct (.94), Hostility (.91), Deceitfulness/theft (.79), rule violations (.74). This supports the point that the items of the tool have strong internal consistency (Curtis, Comiskey & Dempsey, 2016).

The validity of CDS can only be confirmed if it measures what it is supposed to measure. The CDS were normed on a well-represented sample (n=644) whose respondents had previously been diagnosed with CD. This normative sample had a diverse representation on race, age, gender, geographical location, ethnicity, and social economic status. The CDS were found to have strong content, criterion, and construct validity. The tool has incorporated items from the DSM 4, after reviewing the CD related literature and after inspecting other instruments designed to assess the same condition (Adeusi et al. 2

RESULTS

This study involved 174 adolescents from the two charitable institutions, boys and girls aged between 10 to 17 years. Among the respondents, 90(51.1%) were male, while 84(48.3%) were female. There was a bigger percentage of male respondents as compared to female respondents. Of the respondents’ age distribution, 10–11-year-olds were 21(12.1%), 12-13 year olds were 59(33.9%), 14-15 year olds were 50(28.7%), and 16-17 year olds were 44(25.3%). Based on religion, most of the respondents, 163(93.7%), were Christians, while 5(2.8%) were Muslims. Six (3.4%) of them did not express their religious affiliation. On the level of study among the respondents, grade 1-5 were 43(24.4%), while class 6-8 were 96(54.5%), form 1-2 had 26(14.8%), and form 3-4 had 11(6.3%) participants.

Table 1. Conduct Disorder and Associated Social Factors

Variables	Total	Frequency
	n=174	%
Number of siblings (brothers and sisters at home)		
4 or less	95	54.6

5 or more	79	45.4
I have been a victim of violence		
Yes	16	9.2
No	158	90.8
I have a history of incarceration (jail)		
Yes	5	2.9
No	169	97.1
I have seen my parents argue/fight		
Yes	45	25.9
No	129	74.1
I have used drugs (like alcohol, Bhang, Cigarettes, etc.)		
Yes	11	6.3
No	163	93.7
I used to lack food, clothing, shelter, and medical care		
Yes	44	25.3
No	130	74.7
I have been physically abused		
Yes	28	16.1
No	146	83.9
I have been sexually assaulted		
Yes	2	1.1
No	172	98.9
I have been a member of a street gang		
Yes	11	6.3
No	163	93.7
My parent (s) abuse alcohol		
Yes	19	10.9
No	155	89.1
My parent (s) has ever been in prison		
Yes	28	16.1
No	146	8.39
My parent brings partners of opposite sex in the house		
Yes	35	20.1
No	139	79.9

Table 1 displays some of the social factors that could be associated with CD. One of these factors is the number of siblings in a family. From the results, respondents who came from smaller families (with 4 or less siblings) were 95(54.6%) of the sampled individuals, and 79(45.4%) came from larger families (with 5 or more siblings). The higher percentage of respondents came from smaller families.

Adolescents who experienced violence were 16(9.2%). A smaller group of five (2.9%) respondents had been in juvenile prisons. Those who had at one time seen or witnessed their parents argue or fight were

45(25.9%), and 11(6.3%) had at one time abused drugs in their lifetime.

On the other hand, 44(25.3%) of the respondents reported experiencing struggles to acquire basic needs like food, shelter, medical care, or clothing. Twenty-eight (16.1%) had experienced physical abuse in all its various forms. Two (1.1%) participants had experienced sexual assault and 11(6.3%) had formerly been members of street gangs. Respondents who came from families where parents abused alcohol were 19(10.9%), while 28(16.1%) reported that one of their parents had been to jail. Thirty-five percent (20.1%) respondents noted that their parents used to bring partners into the house. The highest percentage of respondents indicated seeing their parents bring in partners into the house. This data is a clear indication that most of the respondents in this study had experienced critical events.

Table 2: Gender versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggression	-0.02874	0.84954	0.0644	-0.15585	0.09838	-0.446	0.656
Hostility	0.01724	0.84302	0.06391	-0.1089	0.14338	0.27	0.788
Deceitfulness/ Theft	-0.55172	1.06178	0.08049	-0.7106	-0.39285	-6.854	0.000
Rule Violations	-0.18966	0.95185	0.07216	-0.33208	-0.04723	-2.628	0.009
Severity of CD	-0.71839	1.242785	0.094215	-0.90435	-0.53243	-7.625	0.000

From the results in Table 2, gender and aggressive behaviors had a $p=.656$, while gender and hostility had a $p=.788$. Therefore, from the sample, there was no significant statistical association between gender, aggression, and hostility as symptoms of CD. On the contrary, there were significant associations between gender versus deceitfulness ($p<.001$), gender versus rule violations ($p=.009$), and gender and severity of CD ($p<.001$). Hence, gender plays a great role in the development of aggression and hostility among adolescents.

The study aimed to establish the association between age and CD. The findings are shown in Table 3

Table 3: Association between Age and CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggression	1.16092	1.23881	0.09391	0.97555	1.34628	12.362	0.000
Hostility	1.2069	1.17918	0.08939	1.03045	1.38334	13.501	0.000
Deceitfulness/ Theft	0.63793	1.42681	0.10817	0.42444	0.85143	5.898	0.000
Deceitfulness/	1	1.41012	0.1069	0.789	1.211	9.354	0.000
Deceitfulness/	0.471264	1.650637	0.125134	0.224278	0.718251	3.766	0.000

Findings indicated a constant statistically significant association ($p=.000$) between age and all the four

symptom clusters of CD, as shown in Table 3. This strong significance value pointed to a strong association between age and CD.

Table 4: Religion versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.78161	1.26697	0.09605	0.59203	0.97119	8.138	0.000
Hostility	0.82759	1.22316	0.09273	0.64456	1.01061	8.925	0.000
Deceitfulness/Theft	0.25862	1.44126	0.10926	0.04296	0.47428	2.367	0.019
Rule Violations	0.62069	1.44447	0.10951	0.40455	0.83683	5.668	0.000
Severity of CD	0.091954	1.581191	0.11987	-0.14464	0.32855	0.767	0.444

The results in Table 4 show that religion had a significant association with all the four main symptom clusters of CD. Religion versus aggressive conduct, hostility, and rule violations had a $p < .001$, while deceitfulness and theft had a $p = .019$. However, religion did not have a statistically significant association with the overall development of CD ($p = .444$). These results indicated that, although religion can be a protective factor against behavioral challenges in adolescents, it may exert more influence on aspects of behavior than a blanket form of disruptive behaviors.

The study sought to determine the relationship between the number of siblings and CD. The findings are depicted in Table 5.

Table 5: Number of Siblings versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggression	-0.05747	0.82387	0.06246	-0.18075	0.06581	-0.92	0.359
Hostility	-0.01149	0.79731	0.06044	-0.1308	0.10781	-0.19	0.849
Deceitfulness/ Theft	-0.58046	1.07621	0.08159	-0.74149	-0.41943	-7.115	0
Rule Violations	-0.21839	0.97868	0.07419	-0.36483	-0.07195	-2.944	0.004
Severity of CD	-0.74713	1.255908	0.09521	-0.93505	-0.5592	-7.847	0

The findings in Table 5 showed no statistically significant relationship between the number of siblings with aggressive conduct ($p = .359$) and hostility ($p = .849$). Therefore, the null hypothesis was accepted, meaning that being born in a large or small family had nothing to do with the development of aggressive or hostile attitudes. Aggression and hostility can be learned through peer pressure and other factors.

On the other side, data analysis showed a statistically significant relationship between the number of siblings with deceitfulness/theft ($p < .000$) and rule violations ($p = .004$). There was equally a statistically significant association between the number of siblings and CD ($p < .000$). This means that the size of a

family in which one is born may increase one’s level of deceitfulness as well as the tendency to steal and violate rules.

This study aimed to establish if there exists any significant association between being a victim of violence and the development of conduct issues. Table 6 displays the results.

Table 6: Victim of Domestic Violence and CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggression	0.4023	0.79681	0.06041	0.28307	0.52153	6.66	0
Hostility	0.44828	0.74893	0.05678	0.33621	0.56034	7.896	0
Deceitfulness/ Theft	-0.12069	1.08181	0.08201	-0.28256	0.04118	-1.472	0.143
Rule Violations	0.24138	0.91822	0.06961	0.10398	0.37877	3.468	0.001
Severity of CD	-0.28736	1.271366	0.096382	-0.47759	-0.09712	-2.981	0.003

Results from the analysis in Table 6 showed a statistically significant relationship between having been a victim of violence and the development of aggressive attitudes, as well as developing hostile behaviors ($p < .001$).

The results also reported no statistically significant association between being a victim of violence and the development of rule violation behaviors ($p = .143$). In this case, the null hypothesis was accepted.

On the other hand, data analysis indicated a significant relationship between having been a victim of violence and developing rule violation issues ($p = .001$). It showed a statistically significant relationship between CD and being a victim of violence ($p = .003$). Therefore, having been a victim of violence can be a precipitating factor in the development of aggressive and hostile behaviors as well as violation of social norms. It is not likely to influence disruptive attitudes like deceitfulness and theft.

Relationship between seeing parents fight or argue and the development of CD (Table 7).

Table 7: Seeing Parents Argue or Fight versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.22414	0.84065	0.06373	0.09835	0.34993	3.517	0.001
Hostility	0.27011	0.81285	0.06162	0.14849	0.39174	4.383	0
Deceitfulness/ Theft	-0.29885	1.10296	0.08362	-0.46389	-0.13381	-3.574	0
Rule Violations	0.06322	0.95659	0.07252	-0.07992	0.20635	0.872	0.385
Severity of CD	-0.46552	1.279661	0.097011	-0.65699	-0.27404	-4.799	0

As per the results in Table 7, seeing parents fight or argue is significantly related to the development of aggressive conduct, hostile behaviors, and deceitfulness/theft ($p < .001$). However, there was no significant relationship between seeing parents argue or fight and the development of rule violations ($p=.385$). As a predictor of CD, seeing parents fight or argue is shown to have a statistically significant relationship ($p<.001$). It means that seeing parents argue or fight can trigger the development of aggressive, hostile, and deceitful attitudes among adolescents. Nonetheless, it may not have a hand in an individual adolescent’s tendency to disobey societal rules and norms.

Table 8 shows the association between lacking basic needs and CD.

Table 8: Lacking Basic Needs and CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.24138	0.81127	0.0615	0.11999	0.36277	3.925	0.000
Hostility	0.28736	0.81755	0.06198	0.16502	0.40969	4.636	0.000
Deceitfulness/Theft	-0.28161	1.09966	0.08337	-0.44615	-0.11707	-3.378	0.001
Rule Violations	0.08046	0.94003	0.07126	-0.0602	0.22112	1.129	0.26
Severity of CD	-0.44828	1.270006	0.096279	-0.63831	-0.25824	-4.656	0.000

Table 8 presents the association between CD and lack of basic needs. According to the results, lacking basic needs such as food, shelter, medical care, and clothing had a statistically significant relationship with the development of aggressive conduct and hostility ($p<.001$) and deceitfulness ($p=.001$). Nevertheless, there was no statistically significant relationship between lacking basic needs and rule violations ($p=.260$). Conclusively, lacking basic needs was statistically significant to the overall development of CD ($p<.001$). This meant that lack of basic needs could precipitate the development of aggressive and hostile behaviors and consequently, accelerate adolescents’ deceitfulness and indulgence in delinquent behaviors such as stealing. However, the lack of basic needs may not contribute to the attitude of violating rules in a given environment.

Table 9 shows the relationship between physical abuse and CD.

Table 9: Physical Abuse versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.33333	0.8212	0.06226	0.21046	0.45621	5.354	0.000
Hostility	0.37931	0.81519	0.0618	0.25733	0.50129	6.138	0.000
Deceitfulness/Theft	-0.18966	1.0772	0.08166	-0.35084	-0.02847	-2.322	0.021
Rule Violations	0.17241	0.93989	0.07125	0.03178	0.31305	2.42	0.017
Severity of CD	-0.35632	1.281049	0.097116	-0.54801	-0.16464	-3.669	0.000

The findings in Table 9 indicated that physical abuse is significantly associated with all the four main

symptoms of CD ($p < .001$); Aggressive conduct and hostility ($p < .001$), deceitfulness/theft ($p = .021$), and rule violation ($p = .017$). It meant that adolescents who experienced physical abuse had more likelihood of developing CD.

This study sought to establish the association between the abuse of drugs like alcohol, bhang, and cigarettes with the development of CD.

Table 10: Drug Abuse versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggression	0.42529	0.79204	0.06004	0.30677	0.5438	7.083	0.000
Hostility	0.47126	0.77294	0.0586	0.35561	0.58692	8.043	0.000
Deceitfulness/Theft	-0.0977	1.05167	0.07973	-0.25506	0.05966	-1.225	0.222
Rule Violations	0.26437	0.89907	0.06816	0.12984	0.3989	3.879	0.000
Severity of CD	-0.26437	1.267283	0.096072	-0.45399	-0.07474	-2.752	0.007

The results in Table 10 showed a statistically significant association between abuse of drugs and aggression, hostility, and rule violations ($p < .001$). However, there was no statistically significant association between drug abuse and deceitfulness ($p = .222$). Therefore, drug abuse had a statistically significant association with the emergence of CD ($p = .007$), meaning that adolescents who abused drugs were more susceptible to developing aggressive and hostile behaviors. Drug abuse can also lead one to disobey rules at home or school.

Analysis was done to determine the association between a parent’s imprisonment and CD. The findings are summarized in Table 11.

Table 11: Parent’s Imprisonment and CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.32759	0.79131	0.05999	0.20918	0.44599	5.461	0.000
Hostility Raw Score	0.37356	0.77055	0.05842	0.25826	0.48886	6.395	0.000
Deceitfulness/Theft	-0.1954	1.0295	0.07805	-0.34945	-0.04136	-2.504	0.013
Rule Violations	0.16667	0.93786	0.0711	0.02633	0.307	2.344	0.02
Severity of CD	-0.36207	1.258933	0.095439	-0.55045	-0.17369	-3.794	0.000

As per the findings in Table 11, the association was significant between a parent’s imprisonment and aggression and hostility ($p < .001$), deceitfulness and theft ($p = .013$), and rule violations ($p = .020$). Similarly, data analysis showed a significant association between a parent’s imprisonment and an individual’s development of CD ($p < .001$). These results implied that adolescents brought up by parents who had served or were serving jail terms were more likely to develop disruptive behaviors as compared to adolescents whose parents had never been to jail. This outcome could be attributed to parental absence in the home or

from learning troublesome behaviors from adult caregivers.

Table 12 presents the association between parents bringing partners into the house and CD.

Table 12: Parents Bringing Partners into the House versus CD

	Paired Differences					t	Sig. (2-tailed)
	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference			
				Lower	Upper		
Aggressive Conduct	0.28736	0.79606	0.06035	0.16824	0.40647	4.762	0.000
Hostility	0.33333	0.7552	0.05725	0.22033	0.44633	5.822	0.000
Deceitfulness/Theft	-0.23563	1.09476	0.08299	-0.39944	-0.07182	-2.839	0.005
Rule Violations	0.12644	0.94109	0.07134	-0.01438	0.26725	1.772	0.078
Severity of CD	-0.4023	1.271836	0.096418	-0.59261	-0.21199	-4.172	0.000

Thirty-five (20.1%) of the respondents reported that they had seen their parents bring partners into the house., data analysis, sought to establish if there existed any relationship between this practice and an adolescent’s development of CD.

From the results in Table 12, data analysis revealed a significant association between the practice of bringing partners into the house and the development of aggression and hostile attitudes ($p < .000$) and deceitfulness/theft ($p = .005$). There was no statistically significant relationship between bringing partners into the house and violation of rules ($p = .078$). Furthermore, results showed a statistically significant association between parents bringing partners into the house and development of CD ($p < .001$). These results pointed to the fact that adolescents brought up by parents who frequently brought partners into the house were more likely to develop aggressive, hostile, and deceitful attitudes. The findings also showed that bringing partners into the house may not have contributed to the adolescent’s violation of rules and regulations.

DISCUSSION

Several factors have been known to impact adolescents, thus leading to the development of disruptive behaviors (Murray & Farrington, 2010). This study established numerous social factors associated with conduct disorder among the adolescents in the selected charitable institutions.

Among the diverse factors in this study, gender was found to have a statistically significant association with CD ($p < .001$). On individual clusters of CD, gender similarly had a statistically significant association with deceitfulness/theft ($p < .001$) and rule violations ($p = .009$). Females were found to be more deceitful and more likely to disregard communal norms and rules. Gender did not have any statistically significant association with aggression ($p = .656$) or hostility ($p = .788$). Gender has been found to have an association with conduct disorder (Frick, 2016). According to Gitonga et al. (2017) and Scott (2012), males are more vulnerable to disruptive behaviors compared to females.

A statistically significant association between age and CD ($p < .001$) was established in this study. Similarly, age was found to have a statistically significant association with the development of aggression, hostility, deceitfulness, and violation of norms ($p < .001$). APA (2013) noted that CD increases with age. The adolescence stage is a delicate developmental stage that can be marked by solitude, opposition, and boredom

(Whitehead & Whitehead, 2016). As adolescents navigate through this stage, risks of engaging in disruptive behaviors in their search for identity increase. Thus, inappropriate behaviors have been recorded more in older adolescents as compared to younger ones (APA, 2013).

Religion was not reported to have a statistically significant association with CD ($p=.444$), even though it was found to have a significant relationship with specific symptoms of CD. These symptoms include aggression ($p=.000$), hostility ($p=.000$), deceitfulness and theft ($p=.019$), and rule violations ($p=.000$). James and Munene (2017) noted that religion is a major protective factor in the development of disruptive behaviors among adolescents.

The study results showed no statistically significant association between number of siblings and the development of aggression ($p=.359$) or hostility ($p=.849$) among adolescents. On the contrary, the number of siblings had a statistically significant association with the development of deceitful and stealing tendencies ($p<.001$) and rule violations ($p=.004$). All in all, the number of siblings was found to have a significant association with the increase of disruptive behaviors among adolescents ($p<.001$). Large families have often contributed to the emergence of delinquency among adolescents, as seen in the fact that, as siblings increase with uncontrolled discipline, sibling rivalry may crop in, which later translates to delinquency (Morewitz, 2016; Murray & Farrington, 2010).

This study revealed that circumstances such as the imprisonment of a parent, seeing parents argue or fight, and bringing partners into the house had a statistically significant association with the development of CD ($p<.001$). It mostly has to do with mentorship, an art that goes through imitation. When adolescents see negative behaviors from their significant adults, they tend to do the same through social learning (Halgunseth et al, 2013). Parental factors have also been linked to the emergence of disruptive behaviors among adolescents (Kumuyi et al., 2021). As noted by Finch et al. (2006), parents who have served jail terms or abused psychoactive substances tend to have delinquent adolescents. When parents are in prison, there exists a weak, if any, attachment to their adolescents. Consequently, adolescents with a weak bonding or attachment with parents are more likely to engage in inappropriate behaviors (Okwara, 2013; Selvam, 2019; Venta et al., 2021).

This research found a statistically significant association between CD and physical abuse ($p<.001$) and drug abuse ($p=.007$). Similarly, Humaida (2012) and Khasakhala et al. (2013) stated that parental factors play a great role in the development of CD. Such factors include parental involvement in crime, parental supervision, abuse of drugs, and domestic feuds. These factors have a negative impact on adolescents and may easily lead to the emergence of disruptive behaviors among them (Okwara, 2013).

Being a victim of violence also had a significant association with the development of CD ($p=.003$). Todd (2013) noted that dysfunction in families, where there is violence or abuse either physical or emotional, has a link to inappropriate behaviors. James and Munene (2018) and Mounir et al. (2007) singled out violence as a factor that contributes greatly to the emergence of disruptive behaviors among adolescents. For instance, those who live in areas characterized by high crime and violence tend to develop disruptive behaviors as coping mechanisms.

The study findings showed an overall statistically significant association between CD and basic needs ($p<.001$). Similar findings were observed in a study by Nyagwencha et al. (2018) who reported that a lack of basic needs was statistically associated with CD.

CONCLUSION

From the findings of this study, it is evident that exposure to critical incidents such as violence, physical abuse, lack of basic needs, being raised by parents who use substances in addition to other social factors is significantly associated with the development of conduct disorder.

REFERENCES

1. Adeusi, S. O., Abioye, T. O., & Gesinde, A. M. (2014). Pervasiveness of conduct disorder in special correctional centres in Lagos, Nigeria. *Procedia-Social and Behavioral Sciences*, 159, 447-451. <https://doi.org/10.1016/j.sbspro.2014.12.40>
2. Al Banna, A., Al Bedwawi, S., Al Saadi, A., Al Maskari, F., & Eapen, V. (2008). Prevalence and correlates of conduct disorder among inmates of juvenile detention centres, United Arab Emirates. *EMHJ-Eastern Mediterranean Health Journal*, 14(5), 1054-1059.
3. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th)*. <https://doi.org/10.1176/appi.books.9780890425596>
4. Bassarath, L. (2001). Conduct disorder: A biopsychosocial review. *The Canadian Journal of Psychiatry*, 46(7), 609-616.
5. Bowen, K. N., Roberts, J. J., Kocian, E. J., & Bartula, A. (2014). An empirical test of social information processing theory and emotions in violent situation. *Criminology; Criminal Justice, Law & Society*, 15(1), 18-33
6. Burgess, R. (2011). Family networks and social engagement: Pentecostal responses to street children and youth in Lagos, Nigeria. *PentecoStudies*, 10(2), 196-214. <http://dx.doi.org/10.1558/ptcs.v10i2.196>
7. Curtis, E. A., Comiskey, C., & Dempsey, O. (2016). Importance and use of correlational research. *Nurse Researcher*, 23(6), 20-25.
8. Fido, D., Bloxom, C. A. J., Hunter, K. A., Hem, N., Gregson, M., & Sumich, A. L., (2011). Physical aggression and EPA and the violence inhibition. <https://psyarxiv.com/m5xr2/download>.
9. Finch, A. J., Nelson, M. W., & Hart, K. J. (2006). Conduct disorder; Description, prevalence and etiology. In W. Nelson, A. J. Finch & K. J. Hart (Eds), *Conduct disorders; A practitioner's guide to comparative treatments* (pp. 1-14). Springer.
10. Frick, P. J. (2016). Current research on conduct disorder in children and adolescents: State of the science. *South African Journal of Psychology*, 46(2), 160-174. <https://doi.org/10.1177/2F0081246316628455>
11. Gilliam, J. E. (2002). *Conduct disorder scale (CDS): Examiner's manual*. Pro-ed.
12. Gitonga, M. K., Muriungi, S. K., & Omondi, M. P. (2019). Determine the effect of conduct disorder on students' academic performance and their correlation: A case study of Kamukunji and Olympic secondary schools, Nairobi, Kenya. *International Journal of Current Research*, 11(6), 4463-4469.
13. Gitonga, M., Muriungi, S., & Ongaro, K. (2017). Prevalence of conduct disorder among adolescents in Secondary schools: A case of Kamukunji and Olympic Sub-County secondary schools in Nairobi, Kenya. *African Journal of Clinical Psychology*, 01(01), 98-114.
14. Halgunseth, L. C., Perkins, D. F., Lippold, M. A., & Nix, R. L. (2013). Delinquent-oriented attitudes mediate the relation between parental inconsistent discipline and early adolescent behavior. *Journal of family psychology : JFP : journal of the Division of Family Psychology of the American Psychological Association (Division 43)*, 27(2), 293-302. <https://doi.org/10.1037/a0031962>
15. Humaida, I. A. I. (2012). Research on the prevalence of conduct disorders among primary school pupils in Khartoum-Sudan. *Health*, 4(3), 125-132.
16. James N., & Munene, A. (2017). The prevalence of conduct disorder among juvenile delinquents in selected rehabilitation schools in Kenya. *African Journal of Clinical Psychology*, 01(01), 115-134.
17. James, N., & Munene, A. (2018). Conduct disorder and distressful situations experienced by juvenile delinquents in Kenya. *African Journal of Clinical Psychology*, 1(2), 5-9.
18. Jolliffe, D., & Farrington, D. P. (2009). A systematic review of the relationship between childhood impulsiveness and later violence. In M. McMurran & R. Howard (Eds.). *Personality, personality disorder and violence: An evidence based approach* pp 41-61). Wiley-Blackwell.
19. Khasakhala, L. I., Ndeti, D. M., Mathai, M., & Harder, V. (2013). Major depressive disorder in a Kenyan youth sample: Relationship with parenting behavior and parental psychiatric disorder. *Annals of General Psychiatry*, (12(1), 1-10. <https://doi.org/10.1186/1744-859X-12-15>

20. Kombo, D. K., & Tromp, D. L. (2014). *Proposal and thesis writing: An introduction*. Pauline's Africa.
21. Kumuyi, D. O. K., Akinnawo, E. O., Akintola, A. A., Akpunne, B. C., & Onisile, D. F. (2021). Parental factors as determinants of conduct disorder among in-school adolescents in Ibadan Metropolis, Nigeria. *Psychology*, 12(4), 643-659.
22. Krol, N. P. C. M., Morton, J., & De Bruyn, E. (2004). Theories of conduct disorder: A causal modelling analysis. *Journal of child Psychology and Psychiatry*, 45(4), 727-742. <https://doi.org/10.1111/j.1469-7610.2004.00267.x>
23. Mbiriri, M. (2017). To establish the relationship between socio-demographic characteristics and conduct disorder among girls incarcerated at Kirigiti and Dagoretti rehabilitation schools in Kenya. *International Journal of Social Sciences and Economic Research*, 2(8), 41-47.
24. Mbiriri, M., Waithima, A. K., & Omondi, M. P. (2017). Psychiatric morbidity among adolescent girls incarcerated at Kirigiti and Dagoretti rehabilitation schools in Kenya. *American Journal of Applied Psychology*, 5(2), 57-62.
25. Moracha, E. N., Mbiriri, M., & Bironga, S. (2021). Effects of drugs and substance on conduct disorder among the young offenders in Shikusa Borstal Institution, Kenya. *Hybrid Journal of Psychology*, 2(1), 7-25.
26. Morewitz, S. J. (2016). Conduct problems among runaway and homeless teens. In S. Morewitz & C. Study (Eds.), *Handbook of missing persons* (pp. 63-75). Springer.
27. Mournir, G., Attia, M., & Tayel, K. (2007). Street children in Alexandria: Profile and psychological disorders. *Journal of High Institute of Public Health*, 37(1), 56-77. <https://dx.doi.org/10.21608/jhiph.200722014>.
28. Murray, J., & Farrington, D. P. (2010). Risk factors for conduct disorder and delinquency: Key findings from longitudinal studies. *The Canadian Journal of Psychiatry*, 55(10), 633-642. <https://doi.org/10.1177/070674371005501003>
29. Nyagwencha, S., Munene, A., & James, N. (2018). Types of abuse experienced by adolescents living in charitable children's institutions in Nairobi County, Kenya. *African Journal of Clinical Psychology*, 1(3), 1-24.
30. Okwara, L. V. (2013). *Prevalence of psychiatric morbidity among juvenile offenders committed to Borstal institutions in Kenya* [Unpublished doctoral dissertation]. University of Nairobi.
31. Olashore, A. A., Ogunwale, A., & Adebowale, T. O. (2016). Correlates of conduct disorder among inmates of a Nigerian Borstal Institution. *Child and Adolescent Psychiatry and Mental Health*, 10(13). <https://doi.org/10.1186/s13034-016-0100-0>
32. Sarkhel, S., Sinha, V. K., Arora, M., & DeSarkar, P. (2006). Prevalence of conduct disorder in schoolchildren of Kanke. *Indian Journal of Psychiatry*, 48(3), 159-164. <https://doi.org/10.4103%2F0019-5545.31579>
33. Scott, S. (2012). *Conduct disorders*. <https://iacapap.org/content/uploads/D.3-CONDUCT-DISORDER-072012.pdf>
34. Scott, S. (2007). Conduct disorders in children. *BMJ*, 334(7595), 646-656
35. Selvan, S. G. (2019). *Pastoral psychology for Africa: A guide for practice*. Pauline's Africa.
36. Todd, T. (2013). *Dysfunctional families are everywhere*. <https://disinherited.com/wills-variation/dysfunctional-families/>
37. Tramontina, S., Martins, S., Michalowski, M. B., Ketzer, C. R., Eizirik, M., Biederman, J., & Rohde, L.A. (2001). School dropout and conduct disorder in Brazilian elementary school student. *The Canadian Journal of Psychiatry*, 46(10), 941-947. <https://doi.org/10.1177/070674370104601006>
38. Venta, A., Sharp, C., Fletcher, J. M., & Fonagy, P. (Ed.). (2021). *Developmental psychopathology*. Wiley
39. Whitehead, E. E., & Whitehead, J. D. (2016). *Transforming our painful emotions*. St. Pauls.
40. Yockey, R. A., King, K. A., & Vidourek, R. A. (2021). Family factors and parental correlates to adolescent conduct disorder. *Journal of Family Studies*, 27(3), 356-365. <https://doi.org/10.1080/13229400.2019.1604402>