

# **Determinants Of Examination Malpractice Among Students of Adamawa State College of Health Science and Technology, Michika, Adamawa State, Nigeria.**

**Minkailu Abubakar Amadu<sup>1\*</sup>, Suleiman Saidu Babale<sup>2</sup>, Ala Margwa Carlos<sup>3</sup>, Mohammed Adamu<sup>4</sup>,  
Musa Ahmed<sup>5</sup>, Isah Abubakar<sup>6</sup>**

**<sup>1</sup>Health Information Management Federal University of Health Sciences, AzareJega, Kebbi State, Nigeria**

**<sup>2</sup>Health Information Management Adamawa State College of Health Science and Technology, Michika  
Adamawa State, Nigeria**

**<sup>3</sup>Public Health Adamawa State College of Health Science and Technology, Michika Mubi, Adamawa  
State, Nigeria.**

**<sup>4</sup>Health Education and Promotion Adamawa State College of Health Science and Technology, Michika  
Mubi, Adamawa State, Nigeria.**

**<sup>5</sup>Public Health Adamawa State College of Health Science and Technology, Michika Mubi, Adamawa  
State, Nigeria.**

**<sup>6</sup>Community Health Kebbi State College of Health Sciences and Technology, Jega Jega, Kebbi State,  
Nigeria**

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## **ABSTRACT**

Examination malpractice undermines academic integrity and poses serious risks to professional competence, particularly in health science education. This study examined the determinants of examination malpractice among students at Adamawa State College of Health Science and Technology, Michika, Nigeria. Guided by Bandura's Social Learning Theory and Rational Choice Theory, the research employed a descriptive cross-sectional survey design with a quantitative approach. A sample of 250 students was selected using stratified random sampling. Data were collected via structured questionnaires and analyzed using SPSS version 25, applying descriptive statistics and logistic regression. Results indicated that 64% of respondents had engaged in malpractice, while 72% had witnessed it. Significant predictors included peer influence (OR=2.45, p=0.002), fear of academic failure (OR=2.12, p=0.009), inadequate preparation (OR=1.89, p=0.015), and institutional lapses (OR=1.67, p=0.042). Moral conviction was a protective factor (OR=0.61, p=0.028). The findings highlight the need for holistic interventions combining policy reform, academic support, ethical education, and institutional accountability to uphold integrity in health science education.

**Keywords:** Examination malpractice, academic integrity, peer influence, institutional lapses, tertiary education, health science students, Nigeria

## **INTRODUCTION**

Examination malpractice remains a deeply rooted issue in Nigeria's tertiary education system, threatening the integrity of academic qualifications and public confidence in institutions. In health science colleges, where students are trained to become future healthcare professionals, the implications are especially alarming, raising

ethical concerns about the competence and reliability of graduates.

While several studies have examined the general causes of examination malpractice, such as institutional weaknesses, peer pressure, and socio-economic challenges (Adebayo & Osamoka, 2024; Ogunsina, 2024), there is a notable gap in research focusing specifically on health science students. These students are expected to uphold rigorous ethical standards, making it essential to understand the unique drivers of malpractice within this group.

This study investigates the determinants of examination malpractice among students at Adamawa State College of Health Science and Technology, Michika. It draws on Bandura's Social Learning Theory, which explains how students may imitate peers who cheat without consequence, and Rational Choice Theory, which posits that individuals weigh risks against perceived benefits (Bandura, 1977; Cornish & Clarke, 1986). By integrating these frameworks and employing both quantitative and qualitative methods, the study aims to uncover the personal and systemic factors sustaining malpractice and propose actionable strategies to promote academic integrity in health science education.

## LITERATURE REVIEW

Examination malpractice has been widely documented as a persistent challenge in Nigeria's educational system, particularly in tertiary institutions. Scholars have identified a range of factors contributing to its prevalence, including institutional weaknesses, socio-economic pressures, and cultural normalization of dishonest practices (Onyibe et al., 2015; Ogunsina, 2024).

**Institutional and Policy Gaps:** Ogunsina (2024) assessed examination malpractice policies in a public university in Southwestern Nigeria and found that weak enforcement mechanisms and inconsistent disciplinary actions embolden students to cheat. The study emphasized the need for institutional reforms, including transparent policy implementation and staff accountability.

**Cultural and Peer Influences:** Onyibe et al. (2015) argued that the normalization of malpractice is deeply embedded in the academic culture, where students often view cheating as a necessary survival strategy. This aligns with Bandura's (1977) Social Learning Theory, which posits that individuals adopt behaviors modeled by peers, especially when such behaviors go unpunished.

**Health Science Context:** Although general studies on examination malpractice are abundant, research specifically targeting health science institutions remains limited. This gap is significant, given the ethical and professional expectations placed on healthcare students. The few available studies suggest that the high-stakes nature of health-related programs, coupled with inadequate academic support, may drive students toward unethical practices (Umar et al., 2024).

**Theoretical Perspectives:** Rational Choice Theory provides a useful lens for understanding why students engage in malpractice. Cornish and Clarke (1986) argue that individuals make calculated decisions based on perceived risks and rewards. In environments where detection is unlikely and consequences are minimal, students may view malpractice as a rational option.

**Emerging Trends and Technology:** Recent discussions have also highlighted the role of technology in facilitating new forms of malpractice, such as the use of mobile devices and online platforms to share answers during assessments (Kpah & Adeniyi, 2016). This evolution calls for updated institutional policies and digital surveillance strategies.

In summary, while the literature offers valuable insights into the causes and consequences of examination malpractice, there is a pressing need for focused research on health science students, whose future roles demand high ethical standards. This study seeks to fill that gap by exploring the specific drivers of malpractice within a health science institution in Nigeria.

## METHODOLOGY

**3.1 Research Design:** This study employed a descriptive cross-sectional survey design using a quantitative approach. The design was selected to enable the systematic collection and analysis of numerical data that reflect students' experiences, perceptions, and behaviors related to examination malpractice. By capturing data at a single point in time, this approach facilitated the identification of statistical patterns and relationships among variables within the target population.

**3.2 Study Area:** The research was conducted at Adamawa State College of Health Science and Technology, Michika, located in northeastern Nigeria. The institution offers a variety of health-related programs and attracts students from diverse socio-economic and cultural backgrounds across Adamawa State and neighboring regions. Its role in training future healthcare professionals made it a relevant setting for investigating academic integrity within health science education.

**3.3 Study Population:** The study population consisted of all registered students of the college during the 2024/2025 academic session. Participants were drawn from departments such as Community Health, Medical Laboratory Science, Environmental Health, and Health Information Management. This inclusive approach ensured that the findings would reflect a broad spectrum of student experiences across different health disciplines.

**3.4 Sampling Technique and Sample Size:** A stratified random sampling technique was used to ensure proportional representation across departments, academic levels (ND1, ND2, HND), and gender. Stratification was based on year of study and department to enhance the representativeness of the sample. Using Yamane's formula for sample size determination, and applying a 95% confidence level with a 5% margin of error, a sample size of 250 students was selected from an estimated population of 1,200.

**3.5 Instrumentation:** Data were collected using a structured, self-administered questionnaire developed by the researchers. The instrument comprised closed-ended items organized into four sections: demographic information, awareness of examination regulations, personal involvement in malpractice, and perceived causes and consequences. Responses were measured using multiple-choice formats and five-point Likert scales ranging from "Strongly Disagree" to "Strongly Agree," allowing for nuanced assessment of attitudes and behaviors.

**3.6 Validity and Reliability:** To ensure content validity, the questionnaire was reviewed by three experts in educational research and measurement. A pilot test was conducted with 20 students who were not included in the final sample. Feedback from the pilot study informed minor revisions to improve clarity and contextual relevance. Reliability was assessed using Cronbach's alpha, which yielded a coefficient of 0.81, indicating high internal consistency.

**3.7 Ethical Considerations:** Ethical approval for the study was obtained from the College Research Ethics Committee. All participants were informed about the purpose of the research, assured of confidentiality, and provided written consent. Participation was voluntary, and students were allowed to withdraw from the study at any stage without any penalty or consequence.

**3.8 Data Analysis:** Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS), version 25. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize demographic and behavioral data. Inferential statistics, including logistic regression analysis, were employed to identify significant predictors of examination malpractice. All results were interpreted at a 0.05 level of statistical significance and presented in tabular form for clarity.

## RESULTS

### 4.1 Demographic Characteristics of Respondents

A total of 250 students participated in the study. Respondents ranged in age from 18 to 28 years, with a mean age of 21.7 years. Female students constituted 58% of the sample, while males accounted for 42%. Regarding

academic level, 40% were enrolled in ND1, 35% in ND2, and 25% in HND programs. Departmental representation included Community Health (32%), Medical Laboratory Science (28%), Environmental Health (22%), and Health Information Management (18%).

## 4.2 Awareness and Perception of Examination Malpractice

The majority of respondents (84%) indicated awareness of the college's examination rules and regulations. However, only 46% believed that these rules were strictly enforced. When asked about their perception of examination malpractice, 62% agreed that it was a common practice among students, while 38% viewed it as a necessary strategy to cope with academic pressure.

## 4.3 Prevalence of Examination Malpractice

Among the 250 respondents, 160 students (64%) admitted to engaging in examination malpractice at least once during their academic career. Additionally, 180 students (72%) reported witnessing peers cheat during examinations. The most frequently reported forms of malpractice included the use of unauthorized materials (41%), copying from peers (33%), and impersonation (7%).

## 4.4 Factors Associated with Examination Malpractice

Logistic regression analysis was conducted to identify significant predictors of examination malpractice. The table below summarizes the key variables, odds ratios (OR), p-values, and interpretations:

Factor	Odds Ratio (OR)	p-value	Interpretation
<b>Peer Influence</b>	2.45	0.002	Strong predictor; students influenced by peers were more likely to cheat.
<b>Fear of Academic Failure</b>	2.12	0.009	Significant emotional driver of malpractice.
<b>Inadequate Preparation</b>	1.89	0.015	Linked to poor study habits and time management.
<b>Institutional Lapses</b>	1.67	0.042	Weak enforcement of rules contributed to malpractice.
<b>Moral Conviction</b>	0.61	0.028	Protective factor; students with strong ethical beliefs were less likely to cheat.

## 4.5 Summary of Findings

The findings reveal that examination malpractice is a prevalent issue among students at Adamawa State College of Health Science and Technology, Michika. A substantial proportion, 64% admitted to engaging in malpractice, while 72% reported witnessing peers cheat. These figures suggest that malpractice is not only widespread but also socially normalized within the student community.

The most common forms of malpractice included the use of unauthorized materials, copying from peers, and impersonation. Although most students were aware of the college's examination regulations, fewer than half believed these rules were consistently enforced, highlighting a gap between policy and practice. The logistic regression analysis identified peer influence, fear of academic failure, inadequate preparation, and institutional lapses as significant predictors of malpractice, while moral conviction emerged as a protective factor.

## DISCUSSION

The findings of this study provide compelling evidence that examination malpractice is a widespread and deeply rooted issue among students of Adamawa State College of Health Science and Technology, Michika. With 64%

of respondents admitting to personal involvement and 72% reporting having witnessed malpractice, the data reflect a culture in which unethical academic behavior is normalized and, in some cases, rationalized as a necessary survival strategy.

One of the most significant predictors identified was peer influence, which strongly aligns with Bandura's Social Learning Theory. This theory posits that individuals learn behaviors through observation, imitation, and modeling, especially when those behaviors appear to yield benefits without negative consequences. In this study, students who observed their peers engaging in malpractice were more inclined to replicate such behavior, particularly in environments where institutional enforcement was perceived as weak or inconsistent. This imitation is not merely behavioural, it reflects a learned response to perceived norms within the academic setting, reinforcing the idea that cheating is both acceptable and effective.

Fear of academic failure also emerged as a strong emotional driver of malpractice, resonating with Rational Choice Theory. This framework suggests that individuals make calculated decisions by weighing potential risks against perceived rewards. Students experiencing academic pressure or lacking confidence in their abilities may view cheating as a rational strategy to avoid failure, especially when the likelihood of detection is low and penalties are inconsistently applied. Inadequate preparation linked to poor study habits, time constraints, and limited access to learning resources further compounded this fear, reinforcing the perceived necessity of unethical alternatives.

Institutional lapses, including ineffective invigilation and unclear disciplinary procedures, were found to significantly contribute to the prevalence of malpractice. These systemic weaknesses reduce the perceived risk of engaging in dishonest behavior, thereby tipping the cost-benefit analysis in favor of malpractice. This finding supports Rational Choice Theory's assertion that behavior is influenced by the structure of incentives and deterrents within a given environment. When rules are not enforced and violators are not punished, the deterrent effect of institutional policy is diminished, making malpractice a more attractive option.

Interestingly, the study also revealed that students with strong moral convictions were significantly less likely to engage in malpractice. This suggests that internalized ethical values can override external pressures and rational calculations, serving as a protective factor. From a theoretical standpoint, this finding complements both frameworks: while Social Learning Theory emphasizes the role of modeled behavior, it also acknowledges the influence of personal agency and moral reasoning; Rational Choice Theory allows for the inclusion of non-material costs, such as guilt or damage to self-concept, in decision-making.

In conclusion, the integration of Social Learning Theory and Rational Choice Theory provides a robust framework for understanding the multifaceted nature of examination malpractice. Social Learning Theory explains how unethical behavior becomes culturally embedded through peer modeling and institutional neglect, while Rational Choice Theory captures the individual calculus that drives students toward or away from malpractice. Together, these theories underscore the importance of addressing both the social environment and the individual decision-making processes in efforts to combat academic dishonesty. A holistic approach, one that strengthens institutional integrity, promotes ethical education, and supports students academically and emotionally is essential for restoring academic credibility and ensuring the ethical development of future health professionals.

## CONCLUSION

This study has revealed that examination malpractice is a pervasive and multifaceted issue among students of Adamawa State College of Health Science and Technology, Michika. With 64% of respondents admitting to personal involvement and 72% reporting having witnessed malpractice, the findings underscore the normalization of academic dishonesty within the student community. The most common forms of malpractice—use of unauthorized materials, copying from peers, and impersonation—reflect both individual choices and systemic vulnerabilities.

The integration of Bandura's Social Learning Theory and Rational Choice Theory provided a robust framework

for interpreting these behaviors. Social Learning Theory explained how peer modeling and institutional neglect contribute to the spread of malpractice, as students imitate behaviors that appear to yield academic success without consequences. Rational Choice Theory illuminated the decision-making process behind cheating, showing how students weigh risks and rewards in environments where enforcement is weak and academic pressure is high.

Significant predictors of malpractice included peer influence, fear of academic failure, inadequate preparation, and institutional lapses, while strong moral conviction emerged as a protective factor. These findings suggest that examination malpractice is not merely a result of poor character but a rational and socially reinforced response to academic and institutional stressors.

Addressing this issue requires more than punitive measures. A holistic strategy is needed—one that strengthens institutional integrity, promotes ethical education, and provides academic and emotional support to students. By targeting both the behavioral and rational dimensions of malpractice, stakeholders can foster a culture of integrity and accountability. Such efforts are essential to safeguard the credibility of academic qualifications and ensure the ethical development of future healthcare professionals.

### Practical Implications

The findings of this study offer actionable insights for policy reform within tertiary institutions and health science accreditation bodies. The high prevalence of examination malpractice, coupled with its significant predictors, peer influence, fear of academic failure, inadequate preparation, and institutional lapses underscores the need for systemic interventions that go beyond punitive measures.

For tertiary institutions, the results highlight the importance of strengthening enforcement mechanisms and embedding ethical education into the curriculum. Policies should be revised to ensure consistent application of disciplinary procedures, transparent communication of examination rules, and proactive monitoring during assessments. Institutions must also invest in academic support services that address the root causes of malpractice, such as poor preparation and emotional stress.

Health science accreditation boards can leverage these findings to develop sector-specific guidelines that emphasize academic integrity as a core component of professional competence. Accreditation standards should require institutions to demonstrate effective anti-malpractice frameworks, including staff training, student ethics programs, and confidential reporting systems. By aligning institutional practices with ethical expectations, accreditation bodies can help safeguard the credibility of health science education and the reliability of future healthcare professionals.

These reforms, informed by both Social Learning and Rational Choice theories, recognize that students' behavior is shaped by both environmental modeling and rational decision-making. Addressing malpractice, therefore, requires a dual approach: cultivating ethical norms and restructuring institutional incentives to favor integrity over expediency.

### RECOMMENDATIONS

In light of the study's findings and the theoretical frameworks underpinning the analysis, the following recommendations are proposed to address the multifaceted issue of examination malpractice among students of Adamawa State College of Health Science and Technology, Michika:

- 1. Strengthen Examination Policies and Enforcement:** The College should undertake a comprehensive review of its examination regulations to ensure clarity, accessibility, and consistency in enforcement. Clear communication of rules and uniform application of penalties are essential to restoring the deterrent effect of institutional policy, as emphasized by Rational Choice Theory. Visible and consistent enforcement can shift students' cost-benefit analysis away from malpractice.

2. **Enhance Academic Support Services:** To address the academic pressures that drive students toward unethical behavior, the institution should expand support services such as peer tutoring, academic counseling, study skills workshops, and time management training. These interventions can mitigate the fear of failure and inadequate preparation, reducing the perceived need for malpractice.
3. **Promote Ethical and Value-Based Education:** Integrating courses and seminars on academic integrity, professional ethics, and personal responsibility into the curriculum can help cultivate moral conviction among students. Drawing from Social Learning Theory, mentorship programs and role modeling by faculty and senior students can reinforce ethical behavior and counteract the normalization of malpractice.
4. **Improve Invigilation and Monitoring Systems:** Effective invigilation is critical to reducing opportunities for malpractice. Invigilators should receive regular training on detection and prevention strategies. Additionally, the use of surveillance technologies, randomized seating arrangements, and stricter access control during examinations can enhance monitoring and reduce the likelihood of cheating.
5. **Establish Student Dialogue Platforms:** Creating regular forums for student-faculty dialogue can foster a participatory academic environment where students feel heard and supported. These platforms can be used to identify academic challenges early, co-develop solutions, and build a culture of mutual accountability and trust.
6. **Institutional Transparency and Accountability:** A confidential and accessible reporting mechanism should be established to allow students and staff to report incidents of malpractice without fear of retaliation. Investigations must be prompt, impartial, and followed by appropriate disciplinary action. Transparent handling of cases reinforces institutional credibility and aligns with both theoretical frameworks by increasing perceived risk and modeling ethical standards.

By implementing these recommendations, the College can address both the behavioral and rational dimensions of examination malpractice, fostering a culture of academic integrity and ethical professionalism among future healthcare practitioners.

## Limitations

While this study provides valuable insights into the determinants of examination malpractice within a health science tertiary institution, several limitations must be acknowledged to contextualize the findings and guide future research.

First, the use of a descriptive cross-sectional survey design limits the ability to establish causal relationships between identified predictors and students' engagement in malpractice. Although logistic regression analysis revealed statistically significant associations, the temporal dynamics of these behaviors remain unexplored. Longitudinal studies would be more appropriate for examining how examination malpractice evolves over time, particularly in response to institutional reforms or shifts in academic culture.

Second, the study relied exclusively on self-reported data obtained through structured questionnaires. Given the sensitive nature of examination malpractice, responses may have been influenced by social desirability bias. Despite assurances of anonymity and confidentiality, some students may have underreported their involvement or overstated their moral convictions. This potential distortion affects the reliability of behavioral data and underscores the need for triangulation with observational or qualitative methods.

Third, the sample was drawn solely from Adamawa State College of Health Science and Technology, Michika. While this focus enhances the relevance of findings to health science education, it limits generalizability to other tertiary institutions in Nigeria. Differences in institutional policies, enforcement mechanisms, academic pressures, and student demographics may yield varying patterns of malpractice across contexts.

Fourth, the study did not incorporate qualitative methods such as interviews or focus group discussions, which could have enriched the understanding of emotional, cultural, and institutional dynamics influencing malpractice. The integration of qualitative data would have complemented the quantitative findings and provided deeper insight into students' motivations, perceptions, and ethical reasoning, particularly relevant given the study's grounding in Social Learning and Rational Choice theories.

Finally, several potentially influential variables were not included in the analysis. Factors such as parental education, access to academic support services, mental health status, and institutional disciplinary history may also shape students' decisions regarding malpractice. Their exclusion limits the comprehensiveness of the predictive model and highlights areas for future investigation.

In sum, while the study offers a theoretically grounded and empirically supported exploration of examination malpractice, its limitations point to the need for broader, more nuanced research designs that capture the complexity of academic dishonesty in health science education.

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