

**INFLUENCE OF CONDUCT DISORDER ON THE ACADEMIC PERFORMANCE OF
STUDENTS IN SENIOR SECONDARY SCHOOLS OF KANO MUNICIPAL
EDUCATION ZONE, KANO STATE.**

BY

IBRAHIM MU'AZU

SPS/13/MED/00165

**A DISSERTATION SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES
THROUGH THE DEPARTMENT OF EDUCATION, BAYERO UNIVERSITY, KANO,
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF
MASTER OF EDUCATION IN EDUCATIONAL PSYCHOLOGY**

SUPERVISOR:

DR. AHMAD MOHAMMAD GARBA

DECEMBER, 2016

APPROVAL SHEET

This research work has been read and approved as meeting the requirement for the award of Master of Education in Educational Psychology of Bayero University, Kano.

Dr. Ahmad M. Garba
Supervisor

Date

Professor M.Y. Bichi
Internal Examiner

Date

Prof. Ayanniyi B. Alhassan
External Examiner

Date

Dr. Ahmad M. Garba
P.G. Coordinator

Date

Prof. M.A. Lawal
Head of Department

Date

Prof. Sa'idu Ahmad Babura
Dean, School of Postgraduate Studies

Date

CERTIFICATION

I certify that this research work was conducted, written and compiled by me. I also certify that to the best of my knowledge this research work has never been presented wholly or partially for the award of any Degree or for publication elsewhere.

Ibrahim Mu'azu

Date

SPS/13/MED/00165

DEDICATION

This dissertation is dedicated to Almighty Allah for the blessing He bestowed on me and making it possible for me to come this far in my educational career

This dissertation is also dedicated to my parents, late Mu'azuDatti and HajiaSafiya Usman to whom I will eternally remain grateful and prayerful.

ACKNOWLEDGEMENT

All praises are due to Almighty Allah who gave me life, wisdom and making it possible for me to come this far. I express my sincere gratitude to my supervisor Dr. Ahmad Muhammad Garba for his untiring efforts and guidance without which this work would never have been completed.

My gratitude also goes to all Lecturers in the Department of Education, particularly Prof M.Y. Bichi, Prof M.I. Yakasai, Prof Sagir Abbas, Prof Kabir Isyaku, Prof M.A. Lawal, Dr. Kabir Bello Dungurawa, Dr. Abubakar Abdullahi, Dr. Isa Ado Abubakar, Dr. M.I. Kwankwaso and Malama Binta Abba.

My heartfelt appreciation goes to my parents Muazu Datti and Hajia Safiya Usman, my wives Sadiya Ahmad and Bilkisu Ahmad and my children Khalid, Muazu, Usman, Umar and Abubakar for their love, care, understanding, support and prayers all through the research work. May Almighty Allah grant us many more glorious years together as one happy and fulfilled family by the grace of Allah, amin.

I value the material and kind contributions of the following persons: Prof A.A Rashid, Dr. Y.I. Bunkure, Dr. Ahmad Makama Getso, Malam Muhammad Maikyari and Ibrahim Kabiru. I also owe thanks to personnel of Kano State Senior Secondary School Management Board (KSSSMB), various staff of senior secondary schools, especially those who serve as my research assistants and all the wonderful SSSIII students of Kano Municipal education zone for the patience and cooperation they showed during this research.

ABSTRACT

This research work investigated the Influence of Conduct Disorder on the Academic Performance of Students in Senior Secondary Schools of Kano Municipal Education Zone. Seven (07) research questions with corresponding hypotheses were formulated, answered and tested using percentages for research questions 1, 2 and 3, PPMCC for hypothesis 1 and t-test for hypotheses 2, 3 and 4 respectively. Ex-post facto design was used to carry out this research. The population of the study comprises of 10, 275 SSIII students of 41 senior secondary schools in Kano municipal education zone. The sample of the study was 370 students drawn purposively from 10 senior secondary schools in the zone. Multi-Stage sampling technique was used for this research. An instrument titled 'Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder' which contains items from the DSM-V was adapted and used to gather data on conduct disorder, while Pro forma for collecting and recording student's academic performance was used to collect and record data on the academic performance of the students identified with conduct disorder. Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder has high concurrent validity coefficient index of .79. And it has a positive Cronbach alpha reliability coefficient index of .86. The study found physically being cruel to people and animal; failure to follow simple instructions; lies to get favour or to avoid obligation; loses temper to others easily; Truancy; being angry to class mates; and makes demand rather than requests, to be the most common offences committed by students with conduct disorder in senior secondary schools of Kano municipal education zone (SSSKMEZ). The study also found three (03) severity levels of conduct disorder in SSSKMEZ to include mild, moderate, and severe. The finding of the study also shows the prevalence rate of conduct disorder in SSSKMEZ to be 3.5%. Similarly, the finding of the research indicates a negative relationship between conduct disorder and academic performance of students with conduct disorder in senior secondary schools. The finding of the study also revealed that there is significant gender difference in academic performance of students with conduct disorder, there is significant gender difference in conduct disorder and also there is significant age difference in conduct disorder among the students of senior secondary schools in Kano municipal education zone. Conclusively, this research found there is significant negative relationship between conduct disorder and the academic performance of students with conduct disorder in Senior Secondary Schools of Kano Municipal Education Zone in Kano state. This shows that conduct disorder negatively influenced the academic performance of students in Senior Secondary Schools of Kano Municipal Education Zone in Kano state. Based on this research, it is recommended that psychologists and experts in tests and measurement should try to develop indigenous instruments for assessing conduct disorder. This is to avoid over dependency on western instruments, as we have different norms and culture. Since the research had established that conduct disorder influence academic performance negatively, there is the need for special teaching and learning programme for the students with conduct disorder, so that they can keep pace academically with their colleague without conduct disorder.

TABLE OF CONTENTS

CONTENTS	PAGE
Title Page	i
Approval Sheet	ii
Certification	iii
Dedication	iv
Acknowledgement	v
Abstract	vi
Tables of Content	vii
List of Tables	x
Abbreviations	xi
Operational Definition of Terms	xii

CHAPTER ONE: INTRODUCTION

1.1 Background of the Study	1
1.2 Statement of the Problem	6
1.3 Objectives of the Study	8
1.4 Research Questions	9
1.5 Research Hypotheses	10
1.6 Significance of the Study	10
1.7 Scope and Delimitation of the Study	12

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1 Introduction	14
2.2.0 Conceptual Framework	14
2.2.1 Conduct Disorder	14
2.2.2 Types of Conduct Disorder	17
2.2.3 Common Behaviours Associated with Conduct Disorder	18
2.2.4 Severity Levels of Conduct Disorder	20
2.2.5 Academic Performance	21
2.2.6 Conduct Disorder and Academic Performance	22
2.3.0 Theoretical Framework	25
2.3.1 Psychoanalytic Theory on Conduct Disorder	25

2.3.2 Personality Theory on Conduct Disorder	26
2.3.3 Parental Acceptance/Rejection Theory (PAR) on Conduct Disorder	28
2.3.4 Moffitts' Dual Taxonomy Theory on Conduct Disorder	28
2.3.5 Social Learning Theory on Conduct Disorder	29
2.3.6 Differential Association Theory of Conduct Disorder	30
2.4.0 Review of Empirical Studies	31
2.4.1 Conduct Disorder	32
4.2.2 Prevalence Rate of Students with Conduct Disorder	33
4.2.3 Common Offences Committed by Students with Conduct Disorder	35
2.4.4 Conduct Disorder and Academic Performance	37
2.4.5 Gender Difference in Conduct Disorder	41
2.4.6 Age and Conduct Disorder	45
2.5. Summary and Uniqueness of the Research	46

CHAPTER THREE: METHODOLOGY

3.1 Introduction	49
3.2 Research Design	49
3.3 Population and Sample	50
3.3.1 Population	50
3.3.2 Sample Size	52
3.3.3 Sampling Techniques	53
3.4 Data Collection Instrument(s)	54
3.4.1 Scoring Procedure	55
3.5 Validation and Reliability of the Instrument(s)	56
3.5.1 Validity of the Instrument(s)	56
3.5.2 Reliability of the Instrument	57
3.6 Data Collection Procedure	57
3.7 Data Analysis Procedure	58

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 Introduction	59
4.2 Data Presentation	59
4.2.1 Demographic Data	59
4.2.2 Summary of the Findings	60
4.3 Data Analysis	62
4.3.1 Answers to Research Questions	62
4.3.2 Hypotheses Testing	66
4.4 Summary of the Findings	70
4.5 Discussion of the Findings	71

CHAPTER FIVE: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction	76
5.2 Summary	76
5.3 Conclusions	77
5.4 Recommendations	78
5.4.1 Recommendations from the Study	79
5.4.2 Recommendations for Further Studies	80
REFERENCES	81
APPENDICES	97
Appendix one: Introductory letter from Education Department	87
Appendix two: An introductory letter from KSSSSMB	88
Appendix three: List of schools and number of students in Municipal Education Zone	89
Appendix four: Data Collection Instrument	90
Appendix five: Pro forma	91
Appendix six: SPSS Results for HO1	104
Appendix seven: SPSS Results for HO2	105
Appendix eight: SPSS Results for HO3	106
Appendix nine: SPSS Results for HO4	113
Appendix ten: Pilot testing result	108
Appendix eleven: Research Advisor	110

LIST OF TABLES

Table	Page
Table 3.1: Distribution of Population by Schools	51
Table 3.2: Population distribution according to gender	52
Table 3.3: Sample distribution according to schools	53
Table 4.1: Summary of sex distribution of the respondents	59
Table 4.2: Summary of age distribution of the respondents	60
Table 4.3: Distribution of the respondent's age by sex	60
Table 4.4: Data summary of the research findings	
Table 4.5: Prevalence rate of students with conduct disorder	63
Table 4.6: Severity levels of conduct disorder among the students with conduct disorder	64
Table 4.7: Offences committed by students with conduct disorder	65
Table 4.8: PPMC summary of the relationship between CD and AP of students with CD	67
Table 4.9: t-test summary on gender difference in the AP of students with conduct disorder	68
Table 4.10: t-test summary on gender difference in conduct disorder	69
Table 4.11: t-test summary on age difference in conduct disorder	69

LIST OF ABBREVIATIONS

ADHD: Attention Deficit/Hyperactivity Disorder

AP: Academic Performance

APA: American Psychiatric Association

APD: Antisocial Personality Disorder

CD: Conduct Disorder

DSM-V: Diagnostic and Statistical Manual of Mental Disorders-V

ODD:Oppositional Defiant Disorder

SSS: Senior Secondary School

SSSKMEZ: Senior Secondary School Kano Municipal Education Zone

SPSS: Statistical Package for the Social Sciences

OPERATIONAL DEFINITION OF TERMS

For the purpose of this research, the following terms are operationally defined:

Academic Performance (AP): This is a success recorded by student in qualify examination, which is measured through the assessment of average in the three (03) major subjects of Civic Education, English Language, and Mathematics.

Antisocial Personality Disorder (APD): This is a behaviour disorder among adult persons marked by a general pattern of disregard for and violation of other people's rights.

Conduct Disorder (CD): Conduct Disorder is defined for the purpose of this research as when a student was found to be committing six (06) out of the thirty one (31) offences on the instrument and scored eleven and above points from the instrument.

Influence: This is the ability to change the development of fluctuating conditions such as conduct, thoughts, or decision, which can be negative or positive. Influence refers to the ability of conduct disorder to change the academic performance of students with conduct disorder either negatively or positively

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Every living individual must pass through various stages of development, which span from birth, infancy, childhood, adolescent and adulthood period. Each stage usually comes with some challenges to an individual, which may be due to some biological limitation, psychological struggles or environmental stress. These challenges need to be properly investigated and managed, otherwise they may cause some dysfunctions in the life of the affected individual. Some of these possible dysfunctions are oppositional defiant disorder (ODD), attention deficit/hyperactivity disorder (ADHD), antisocial personality disorder (APD), Conduct disorder (CD), among many others.

Most of the behavioural disorders are usually developed during childhood and adolescence period, especially during adolescent period. Possibly this is why some scholars designated it as a period of storm and stress, which is full of contradictions and wide swings in mood and emotion. Lawal (2011) stressed that adolescent period is the most critical period in the development of an individual, in which adolescent always resists an attempt by adult to treat him as a child and this confusion normally breeds antagonism and distrust between the adolescent and the adult, hence, we often see law-breaking, truancy, delinquency, etc. By definition, Lawal (2011:p43) defined adolescent “as a period in human development between the beginning of puberty and the attainment of adulthood. He added that; adolescence period begins at 12 or 13 years and continues up to 18 or 20 years. Consequently, these years

corresponded to the years of entering and finishing our secondary schools, and also corresponded with age range of conduct disorder.

The future of any country is largely determined by the well-being and education of its adolescents. Since time immemorial, this period of development has been a source of concern for parents, teachers and all critical stakeholders in the field of education, not only in Nigeria but the entire world. Incidents of youth violence are soaring all over the globe and most of the violence are perpetrated by adolescents diagnosed with conduct disorder (Kadzin, 1997). The writer added that, the number of youths diagnosed with conduct disorder has increased drastically within the last 30 years, with the greatest increase occurring in urban areas. The proliferation of conduct disorder in the world is a cause for concern, especially for parents and teachers. Affected children and adolescents tend to experience significant problems both at home and at school and they often view the world as a hostile and threatening place. Their friends and family members usually become upset with their misbehaviour and become more irritated when they do not show remorse or guilt over their actions. It was observed that students with conduct disorders will not just hurt themselves but also hurt others.

Narrowing it down to Nigeria, the situation is not better too. One often hears the cases of cultism, stealing, vandalism, among others, in our senior secondary schools (Idris, 2014). Various behavioural disorders, including conduct disorder were found to undermine effective teaching and learning processes in Nigerian senior secondary schools, to the extent that, some teachers have become helpless and disorganized in their task of imparting knowledge to the learners.

Kano state also is not an exception. There is an alarming increase in the cases of bullying, intimidation, vandalism, deceitfulness, stealing, raping and other serious violation of rules,

etcamongst the students of senior secondary schools in Kano State. For instance, on 28th June, 2006, some students of Government Senior Secondary School, Sumaila carried out a riot that claimed the lives of three (3) people including a police inspector (Iliyasu, 2006). On 15th January, 2015, a student of Government Secondary School, Gwarzo absented himself from the school for good one month before he was later seen in Kaduna State (Dandago, 2015). Various reports from the principals of senior secondary schools indicate that; some students of senior secondary schools are excessively aggressive towards people and animals, has no respect to authority, they engaged in serious violation of laws, destruction of school property and stealing of properties. A lot of students of senior secondary schools of today are restless, violent, and cannot pay adequate attention in class. Most of the adolescents have great disrespect for school rules and regulations and they use rude and abusive words to their colleagues and even their teachers aretimes. They show great lack of restraint, they are incorrigible, and have little or no regard for the rightsand freedom of others.

It is normal for adolescents to have behaviour-related problems at some time during their developmental period. Nevertheless, such behaviour is considered to be a conduct disorder when it persists for a long period of time and it involves violations of the rights and privileges of others,goes against accepted norms of behaviour in the society and disrupts the child's or family's everyday life. In other words, adolescents who persistently exhibit those antisocial behaviours can be regarded as adolescents with conduct disorder. It is imperative at this juncture to define conduct disorder. According to Robert (1999: p187) conduct disorder “is a persistent pattern of behaviour in which a child or adolescent ignores the basic right of others and breaks major norms or rules of the society in which he lives”. From this definition one can deduce that; conduct disorder is a disorder amongst children and adolescents which is

characterized by a repetitive and persistent pattern of dissocial, aggressive or defiant behaviour. Such behaviour should amount to major violations of age-appropriate social expectations and it should be more severe than ordinary childish mischief or adolescent rebelliousness and should imply an enduring pattern of behaviour. Children and adolescents with conduct disorder are highly visible in any setting, demonstrating a complicated group of behavioural and emotional problems. Serious, repetitive, and persistent misbehaviour is the essential feature of this disorder. These behaviours fall into four main groups according to diagnostic statistical manual for mental disorder-5 (DSM-5), which are; aggressive behaviour toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules.

In general, education plays such a rudimentary role in our society that we cannot even imagine a life without it. Therefore, it became necessary for children to be sent to school. On the other hand academic performance which is a success recorded by a student in school, lead to success in life. Despite the tremendous efforts in improving the school curriculum and quality of teaching, poor academic performance among students have been noted to be on the increase in Nigeria. This is because several factors now influence the educational performance of students including, socio-economic status, family background, teachers, learning environment, curriculum, learning materials etc. Apart from these external factors, the student's academic performance may also internally be affected by different psychological and mental constructs including conduct disorder (CD), mental disorder, oppositional defiant disorder (ODD), among others.

It is worth noting here that; a student who cannot pay adequate attention in class, a student who frequently absented himself from class, a student who frequently engages in violent activities, among others, may never succeed academically in school.

The conduct of children and their academic performance are the major area of concern to parents, teachers, administrators, and the entire members of the society. For parents, good behaviour and excellent academic performance of their children, portrays the prestige, name and image of the family. This explains the reasons why parents work tirelessly to ensure proper upbringing of their children. Despite the tremendous efforts of parents to ensure that their children are free from any behavioural problems, some children and adolescents deviate and develop some kind of antisocial behaviour, which may affect their behaviour and academic performance in schools and colleges. Most of the adolescents with profound conduct disorder usually end up in the streets, because some of them might be expelled from the school due to their bad conduct. Problems ranging from lying, physical fight, cruelty, stealing, truancy, vandalism, bullying, drug abuse and use of weapons among the students of senior secondary schools are some of the obvious challenges that need to be investigated in Kano State. According to Idris, 2014 while there is an increase in such mentioned unwanted behaviour, there is also a decrease in academic performance of students in senior secondary schools of Kano municipal education zone. It is worth noting here to state that; no society can prosper with its future leaders being aggressive, liars, deceitful, vandals and so on. Despite the effect and the increase of such conduct among our teeming youth of senior secondary schools in the state, there is little or no research conducted on influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, Kano state. These prompted the researcher to carry out a research on this topic, which is very challenging to parents, teachers, and the entire society.

1.2 Statement of the Problem

There is no doubt our treasured cultural, moral, and social values are forth fading away among the students of senior secondary schools as a result of conduct disorder and other behavioural and psychological problems which plague the Nigerian students due to emotional, psychological, biological, and social problems or even because of the inability of some parents and teachers to ensure proper upbringing of their children and students. This makes the students to become frustrated, unhappy, and eventually developed inappropriate behaviours which cause problem to themselves and the entire society.

Social and behavioural problems are on the increase amongst the youth of Kano State, while the positive values that would have helped in curbing the ills are in the serious decline. The pace of discipline in Nigerian secondary schools had reduced considerably and hence an increase in the manifestation of unacceptable behaviour that could be said to be multiplying. Going by Nigerian Guidance and Councillors' consistent report as cited in Aladegbola (2013); more than 75% of Nigerian secondary students have a total disregard for authority, they engaged in truancy, gangsterism, as well as hostility to selves and others. This behaviour contradicts the *modus operandi* in the teaching and learning environment. It was observed that some secondary school's students of today show disrespect and disloyalty to higher authority in the teaching and learning environment. Their in-school misdemeanours sometimes degenerate to public hooliganism and lawlessness like over speeding, drug addiction, abortion, bank robbery, pick pocketing and a lot of other terrible activities outside school. All the aforementioned behaviours are the manifestation of conduct disorder. Nigerian students with conduct disorder engage in deviant behaviours such as aggression, cruelty to their peers, fighting, bullying or threatening others, rioting, stealing, truancy, substance abuse, raping, smoking, lateness, violation of

rules and regulations, destruction of school properties, among other things. It was also reported that the prevalence of conduct disorder among Nigerian students has increased in the last three years in terms of frequency of recorded delinquent crimes and the number of students involved. Hence, the problem of conduct disorder needs to be investigated in Nigeria and Kano state in particular.

Various researches show that parents in developing countries are not much aware of the problem of conduct disorder, neither the common offences committed by adolescents with conduct disorder. They (parents) consider it as just problems of discipline. This makes the problem more profound, when they try to discipline their children without knowing the actual problem faced by the child. Based on the facts that parents are not much aware of the problem of conduct disorder, this research on conduct disorder needs to be conducted and accorded its utmost priority. This will help in improving the knowledge of parents on conduct disorders.

A student with conduct disorder is a problem not only to himself and his family, but also to his mates and the entire society at large. For instance, the financial costs of crime and correction for repeated juvenile offences by students with conduct disorder are expensive. Also, its educational and social costs which include, citizens' fear of such behaviour, loss of sense of safety, and disruptions in classrooms that interfere with other students' opportunity to learn. Therefore conduct disorder is a problem that must be critically investigated and managed, because of its devastating effect on the economic, educational, and socio-cultural development of the entire society. Students with an excellent academic performance constitute the potent force for driving the engine of growth and development of a nation. They also, provide human labour and exploit the resources needed for development and prosperity of our society. Thus, their general conduct needs to be investigated and monitored to ensure that they are free from

any conduct disorder or any form of antisocial behaviour, so that they can excel in their academic activities, and help in the general development of our country.

It was observed that some students of senior secondary schools, who are seen as future teachers and leaders, have turned to become unnecessarily rebellious, disobedient, vandals, cruel and sadistic, because of conduct disorder. This made the stakeholders in education, that include teachers, parents, educational administrators and members of the community at large to cry out loudly because of the perceived influence of this on the student's academic performance, on the economic, and on socio-cultural development of the entire society. It may well be that conduct disorder is perilous, inimical and adherently dangerous to teaching and learning, hence this study is timely needed to investigate the influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, Kano state.

1.3 Objectives of the Study

The objectives of the study are to:

1. examine the prevalence rate of conduct disorder in senior secondary schools of Kano municipal education zone;
2. determine the severity levels of conduct disorder among students of senior secondary schools in Kano municipal education zone of Kano state;
3. identify the most common offences committed by students with conduct disorder in senior secondary schools of Kano municipal education zone;
4. determine gender difference in conduct disorder among the students of senior secondary schools in Kano municipal education zone;

5. determine gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone;
6. determine the relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone; and
7. determine age difference in conduct disorder among students of senior secondary schools of Kano municipal education zone.

1.4 Research Questions

In the light of the aforementioned objectives, this research answered the under listed questions:

1. What is the prevalence rate of conduct disorder in senior secondary schools of Kano municipal education zone?
2. What are the severity levels of conduct disorder among students of senior secondary schools in Kano municipal education zone of Kano state?
3. What are the most common offences committed by students with conduct disorder across senior secondary schools of Kano municipal education zone?
4. Is there gender difference in conduct disorder among the students of senior secondary schools in Kano municipal education zone?
5. Is there gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone?
6. What is the relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone?
7. Is there any age difference in conduct disorder among students of senior secondary schools of Kano municipal education zone?

1.5 Research Hypotheses

This research is based on the following hypotheses:

H01. There is no significant relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone.

H02. There is no significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.

H03. There is no significant gender difference in conduct disorder among the students of senior secondary schools in Kano municipal education zone.

H04. There is no significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone.

1.6 Significance of the Study

Research is aimed at making significant contribution to the existing body of knowledge and finding solutions to problems. Accordingly, the purpose of this research is to investigate the influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, Kano state. This study would hopefully be significant to the community in the following ways;

1. Conduct of an individual student is determined by his social network, therefore, this research work will be beneficial to this social network which comprises of the individual himself, family, school, peers, neighbourhoods, and community entities such as masjid and church.
2. This study would serve as a valuable source of information to various personnel in different institutions that are dealing with students. Reduction in the level of conduct disorder, if

not its total eradication among our youths would lead to sanity, increase the security level in our society, and relatively restore peace and orderliness.

3. This study on conduct disorder would serve as a useful tool to clinicians, teachers, and the community in that it will enable them to fully understand conduct disorder in order to provide preventions, interventions and treatment programmes for the disorder.

4. This research would be useful to parents and guardians, considering their roles as those who rear and bring up children, as well as build social and moral character in them. They will be able to differentiate conduct disorder and normal adolescent misbehaviour.

5. The research work would also benefit teachers and college administrators who deal directly with the students, make and implement decisions that affect the students, respectively. It will help them in effectively dealing with the conduct disordered students and possibly design programmes that will help in reducing the menace of conduct disorder in the state. And also help them in organizing educational programme that will help in reducing the influence of conduct disorder on academic performance of students.

6. This study would be of significance to Counsellors and Psychologists, as they will be more enlightened on the problem of conduct disorder. Thus, enabling the Counsellors and Psychologists to help students build their self-esteem, teach them new skills and healthy ways to behave.

7. This research work will also be beneficial to peers and friends of those students with conduct disorder. It will enable them to know how to leave in peace with their conduct disordered friend.

8. In addition, this research work will be of significant to religious and community leaders. By virtue of their positions in the society, they take part in most decisions making of schools and the society at large, for these reasons, they will by far gain from this research work.

9. Social workers can also leverage on the findings of this study by offering qualitative help to individuals, parents and family members that come for assistance.

10. Government at various levels will also benefit from this study, because it will enable it to promulgate laws that will promote good conduct in the society, provide necessary facilities or amenities for the students with conduct disorder and put necessary measures in place that will reduce the problem of conduct disorder.

11. The study is beneficial to the students particularly those with conduct disorder as it enabled them to understand their behavioural disorders and consciously reconstruct their thinking pattern and also rehearse good behavioural pattern to correct their conduct disorder which will enable them to be useful to themselves, their families and the society thereby reducing the rate of atrocities committed in the society.

1.7 Scope and Delimitation of the Study

As with all research, the present study is not without some scope and delimitations. This research work focuses mainly on the influence of conduct disorder on academic performance of students in senior secondary schools of Kano Municipal education zone, Kano State. The researcher looks into the most common offences committed by students with conduct disorder, the severity levels of conduct disorder, the prevalence rate of the problem of conduct disorder, gender difference in conduct disorder, the relationship between conduct disorder and academic performance of students, gender difference in the academic performance of students with conduct disorder, and age difference in conduct disorder among the students in senior secondary schools of Kano municipal education zone, Kano State.

This covered both male and female students of SSSIII students in senior public secondary schools in the education zone only. The students of other classes and private schools are out of the scope of this study.

Since the research is limited to conduct disorder only, such other psychological disorders that are co-morbid to conduct disorder like oppositional defiant disorder (ODD), attention deficit and hyperactivity disorder (ADHD), etc, are not delved into during the course of the research. Also this research work is limited to the senior secondary schools in Kano Municipal education zone of Kano State only. The zone comprises of Kano Municipal Council and some part of Tarauni Local Government Area. All other senior secondary schools in the state are not considered.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

For a research work to be reliable and be of good quality it must be rooted in the past efforts and findings in the relevant areas by scholars (Adeusi, 2013). This chapter presents a review of related literature on the main areas of the topic investigated. The chapter covers the conceptual framework and theoretical framework, which clearly and concisely clarified major concepts and theories related to conduct disorder and academic performance. Also empirical studies related to this research are reviewed.

2.2 The Conceptual Framework

Here the research reviews the concepts related to conduct disorder and academic performance.

2.2.1 Conduct Disorder

Conduct Disorder is a persistent pattern of behaviour in which a child or adolescent ignores the basic rights of others and breaks major norms of rules of society (Barkley, 1998). In the words of Comer (2007) conduct disorder is a persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated. Crowther, Bond, and Rolf (1981) viewed conduct disorder as a children or adolescent's disorder in which the child or adolescent repeatedly violates the basic rights of others, displays aggression, destroys other people property, steals, or runs away from home.

From all the meaning of conduct disorder given by various scholars above, one can easily deduce that conduct disorder is a way of life in which an individual adolescent consistently pay no attention to the basic rights of others and breaks societal rules and regulation.

Also from the definitions above, it can be said that conduct disorder is a behaviour that is contrary to the standards of the society. This behaviour usually involves ignoring the rights of other people, being selfish, being cruel to people and animals, among others.

Conduct disorder is a complicated group of behavioural and emotional problems in youngsters. Student with this disorder have great difficulty in following rules and behaving in a socially acceptable way. Students with such behavioural problem may exhibit some of the following behaviours; aggression to people and animals, destruction of property, deceitfulness, lying, stealing, or serious violation of rules and regulations of school and society (American Academy of Children and Adolescents, 2005).

Also Diagnostic and Statistical Manual for Mental Disorders-V (DSM-V) (2013) describes conduct disorder when three (3) or more of the following criteria manifest in the past twelve (12) months, with at least one criteria present in the past six (6) months:- frequent threatening of others; Frequent provoking of physical fights; Using dangerous weapons; physical cruelty to people or animal; stealing; raping; deliberate destroying of other's property; frequent staying out beyond curfews if any; running away from school; or running away from home.

From these two definitions we can understand that conduct disorder is a disruptive act characterized by overt and discreet hostility and intentional aggression towards others, which includes repeated violations of social rules, defiance to authority, deceitfulness, theft, and disregard for self and others. We can also understand that; repetition is what differentiates conduct disorder and the normal mischief conducted by adolescents.

Bilkisu, (2008) stresses that; antisocial behaviour can start out in childhood, adolescence or adulthood. In children, it is referred to as conduct disorder, in adolescent as delinquency and in adults as antisocial personality disorder. But Idris (2014) argued that this is a wrong assumption,

because various researches revealed that, conduct disorder is found and pronounced more among adolescents, even though some cases of conduct disorder can be found among children but it referred to as oppositional defiant disorder (ODD), which is a precursor to conduct disorder, while conduct disorder is a precursor to antisocial personality disorder found among adults. This shows that there is a strong connection between the three (3) disorders in human beings. All these show that children's oppositional defiant disorder may be predictive of adolescent's conduct disorder, and adolescent's conduct disorder may be predictive to adult antisocial personality disorder. Therefore, when a child is noticed or diagnosed with oppositional defiant disorder, all efforts should be made to treat it so that it cannot metamorphose into conduct disorder, the same thing to adolescent found with conduct disorder.

There is no known cause to conduct disorder but various researchers and physicians suggest that conduct disorder may be caused by the, poor parent-child relationships, dysfunctional families, drug abuse, physical abuse, brain damage, and biological defects.

According to Bock & Goode (1996) between 50% and 75% of children who have conduct disorder have co-morbid attention-deficit disorder/hyperactivity disorder (ADHD). About half of the children with conduct disorder also have an internalizing disorder such as depression or anxiety disorder. Children with conduct disorder and co-morbid depression are at higher risk of suicide than children with depression alone; and they are more likely to harm themselves without intending suicide. Bock & Goode (1996) added that, as many as 90% of drug abusing young offenders have conduct disorder.

According to Carey & Dilalla (1994) children with conduct disorder often show a significant history of the following: specific developmental disorders, lower scores on intelligence tests, head and facial injuries, soft neurological signs, psychomotor seizures.

Evans (2012) observed that adolescents who are diagnosed with conduct disorder judge the world as an antagonistic and intimidating place. They may tattle on friends or blame others for the harm they have caused. They have few if any friends because of their limited interpersonal skills. Peers and family members may view them as irritating because of their indifference to their actions. They often have low self-esteem internally but externally they appear tough, cocky or self-assured.

2.2.2 Types of Conduct Disorder

There are two types of conduct disorders and the distinction between both is marked by age at onset of each disorder (American Psychiatric Association (APA), 2000). Child-Onset Type of Conduct Disorder is diagnosed when at least one sign or symptom is evident, for at least six months, prior to the age of ten (10). Persons with childhood-onset type are usually males, who frequently display physical aggression toward others, and or have disturbed peer relationships, and or may have had Oppositional Defiant Disorder (ODD) during early childhood. These usually have symptoms that meet full criteria for conduct disorder prior to puberty. Such individuals are more likely to have persistent conduct disorder and to develop adult antisocial personality disorder compared to those with adolescent-onset type. Adolescent-Onset Type of Conduct Disorder is diagnosed when at least one sign or symptom is evidence, for at least six months, after the age of ten(10) but no signs or symptoms were noticed prior to the age of ten (10) years. Individuals with adolescent-onset type of conduct disorder are less likely to display aggressive behaviours and tend to have more normative peer relationships compared with those with the childhood-onset type of conduct disorder. Individuals with adolescent-onset type of conduct disorder are less likely to have persistent conduct disorder or to develop adult antisocial

personality disorder. The ratio of males to females with adolescent on-set conduct disorder is lower as discovered from studies (APA, 2000).

According to DSM-V (2013) there are two types of conduct disorder. The first is known as the childhood-onset type and occurs when conduct disorder symptoms are present before the age of ten (10). Children in this group have greater level of attention deficit and hyperactivity disorder symptoms, neuropsychological deficits, more academic problems, increased family dysfunction, and higher likelihood of aggression and violence. The second type of conduct disorder is known as adolescent-onset type and occurs when conduct disorder symptoms are present after the age of ten (10) years. Individuals with adolescent-onset conduct disorder exhibit less impairment than those with the childhood-onset type and are not characterized by similar psychopathology. Research has shown that there is greater number of persons with adolescent-onset conduct disorder than those with childhood-onset, suggesting that adolescent-onset conduct disorder is an exaggeration of developmental behaviours that are typically seen in adolescence, such as rebellion against authority figures and rejection of conventional values. Conduct disorder can be mild, moderate or severe. Consistent exhibition of violence, aggression and other symptoms of conduct disorder determine how severe conduct disorder is.

2.2.3 Common Offences Associated with Conduct Disorder

According to International Encyclopaedia of Marriage and Family (2003), common offences associated with conduct disorder are clustered into four (4) broad categories of;

- a) Aggressive conduct which threatens or causes physical harm to people or animals and typically involves in acts such as initiating fights, bullying, intimidating, overt aggression, and physical cruelty.
- b) Non-aggressive conduct which is characterized by vandalism or intentional destruction of property.

c) Deceitfulness or theft which includes stealing, persistent lying, and fraudulent behaviour.

d) Lastly rules violation which entails deeds that defy or circumvent social convention.

Comer (2007) stresses that, students with conduct disorder exhibits aggressive behaviour that causes harm, destruction of property, deceitfulness or theft, and serious rule violations, in a variety of settings-at home, at school, and in social situations. According to him they often misinterpret the actions of others as being hostile or aggressive and responded by escalating the situation into conflict.

According to DSM-V (2013) the most common behaviour of conduct disordered youth are; actively defies or refuse to go along with adults' request or rules, deliberately annoys people, blames others for his or her mistakes or misbehaviours, always angry or resentful, he or she is spiteful, he or she is bullying, threatening, or intimidating others, always start physical fight, always lies, truant from school, physically cruel to people and animal, stealing of people property, and been vandal deliberately.

According to Waschbusch& Elgar (2007) the behaviours of those with conduct disorder include; lying to obtain goods or favours or to avoid obligations (i.e., 'cons' others), initiating physical fights, been physically cruel to people, stealing items of value without confronting a victim (e.g., shoplifting; forgery), skipping school, breaking into someone else's house, building, or car, destroying of people property, bullying, threatening, or intimidating others, always being physically cruel to animals and people, and always using a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).

Adeusi in 2013 wrote that; the common offences associated with conduct disorder include:

i. Aggression to people and animals: often bullies, threatens, or intimidates others, often initiates physical fights, has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife gun), has been physically cruel to people, has been physically cruel to animals, has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery), has forced someone into sexual activity (Baker & Scarth, 2002).

- ii. Vandalism and or Destruction of property: has deliberately engaged in fire setting with the intention of causing serious damage, has deliberately destroyed others' property (vandalism).
- iii. Deceitfulness or theft: has broken into someone else's house, building or car, often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others), has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without, breaking and entering; forgery).
- iv. Serious violation of rules: often stays out at night despite parental prohibitions, beginning before age 13 years, 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), is often truant from school, beginning before age thirteen (13).

2.2.4 Severity Levels of Conduct Disorder

According to American Psychiatric Association (APA), (2000), conduct disorder can be grouped according to the degree of severity. Conduct disorder can be mild, moderate or severe. Consistent exhibition of violence, aggression and other symptoms of conduct disorder determine how severe conduct disorder is. These degrees are mild, moderate, severe and profound. Mild: Children with mild conduct disorder will exhibit few symptoms and cause little harm to others. Examples of such are lying, truancy, or staying out after dark without permission; Moderate: is between mild and severe. Children with moderate conduct disorder will exhibit multiple symptoms and cause some harm to others, examples being stealing without confronting the victim or vandalism. Severe: Children with severe conduct disorder will exhibit many symptoms (more than three in the previous twelve months or more than one in the previous six months) and will cause much harm to others through their actions or the consequences of their actions (Nurcombe, 2008). Examples of severe and profound conduct

disorders are: forced sex, physical cruelty, use of weapon, stealing while confronting the victim, or breaking and entering a home or building.

2.2.5 Academic Performance (AP)

In educational institutions, success is measured by academic performance, or how well a student meets standards set out by government and the institutions itself. Academic performance refers to how well a student is accomplishing his or her tasks and studies (Melissa, 2007). Melissa pointed out that, although education is not the only road to success in the working world, much effort is made to identify, evaluate, track and encourage the progress of students in schools and parents care about their child's academic performance because they believe good academic results will provide more career choices and job security.

Academic performance or achievement is the outcome of education; the extent to which a student, teacher or institution achieved their educational goals. Academic performance is commonly measured by examinations or continuous assessment, but there is no general agreement on how it is best tested or which aspects are most important; procedural knowledge such as skills or declarative knowledge such as facts (Annie, Howard, Mildred & Murray, 1996).

Academic performance is the achievement of a student in school. It is what a student has acquired after an assessment (Bello, 1981).

Academic performance according to the Cambridge University Reporter (2003) is frequently defined in terms of examination performance. Academic performance refers to what the student have learned or what skills the student has learned and is usually measured through assessments like standardized tests, performance assessments and portfolio assessments (Santrock, 2006). Academic performance is one of the major goals of all schools. He argues that schools are

established with the aim of imparting knowledge and skills to those who go through them and behind all this is the idea of enhancing good academic performance.

Academic achievement or academic performance represents performance outcomes that indicate the extent to which a person has accomplished specific goals that were the focus of activities in instructional environments, specifically in school, college, and university (Woolfolk, 2007).

From the various concepts of academic performance mentioned above, we can understand that academic performance is a multifaceted construct that comprises different domains of learning like critical thinking, acquisition of knowledge and understanding in a specific intellectual domain. Also from the above concepts we can deduce that academic performance refers to how students deal with their studies and how they cope with or accomplish different tasks given to them by their tutors. It is the ability to study and remember facts and being able to communicate the knowledge verbally or in written. It is something you do or accomplished in school.

2.2.6 Conduct Disorder and Academic Performance

Low scores on measures of children's cognitive ability such as school achievement, general intelligence quotient (IQ), and verbal ability are associated with conduct disorder. While there is some disagreement, most of the evidence suggests that cognitive deficits lead to antisocial behaviour and vice versa. For example, a longitudinal study of 837 children on the Hawaiian island of Kauai indicated that age-appropriate language development at 2 and 10 years protected high-risk children against later delinquency. Another longitudinal study of 1,037 children from New Zealand indicated that intelligent quotient (IQ) deficits tended to precede the development of serious antisocial behaviour and that the effects of low IQ on behaviour were independent of the effects of factors such as low socioeconomic status, ethnicity, academic attainment, and motivation.

Individuals diagnosed with conduct disorder exhibit neuropsychological deficits. These deficits affect verbal comprehension skills and intelligence quotient levels of the individual. These verbal skill deficits include impaired social judgment, weak language processing, and poor auditory memory (Moffitt, 1994). Conduct disorder often develops into antisocial personality disorder, so it's not surprising that antisocial persons share the same verbal skill deficits. Conduct disordered children and adolescents are shown to consistently score lower on intelligence quotient tests (Moffitt, 2008).

Children with conduct disorder often have below-average intelligence, as measured by verbal intelligent quotient. They often achieve poorly in school, especially in reading and other verbal skills. Assessment may indicate that conduct disorder is co-morbid with learning or communication disorders in some children and adolescents (Barto&Barto, 2011).

While language impairments are most common, approximately 20-25% of youth with conduct disorder have some type of learning disability. Although the relationship between the disorders is complex, it seems as if learning disabilities result from a combination of ADHD, a history of academic difficulty and failure, and long-standing socialization difficulties with family and peers. However, confounding variables, such as language deficits, or neurodevelopment delay also need to be considered in this relationship, as they could help explain some of the association between conduct disorder and learning problems (McMahon& Frick, 2013).

In terms of cognitive functioning, intelligence and cognitive deficits are common amongst youths with conduct disorder, particularly those with early-onset and have intelligence quotients (IQ) one standard deviation below the mean and severe deficits in verbal reasoning and executive function. Executive function difficulties may manifest in terms of one's ability to shift between tasks, plan as well as organize, and also inhibit a prepotent response. These findings hold true even after taking into account other variables such as socioeconomic status (SES), and

education. However, intelligent quotient and executive function deficits are only one piece of the puzzle, and the magnitude of their influence is increased during transactional processes with environmental factors (McMahon& Frick, 2013).

Beyond difficulties in executive function, youth with conduct disorder may also demonstrate differences in brain anatomy and function. Compared to normal controls, youths with early and adolescent onset of conduct disorder displayed reduced responses in brain regions associated with antisocial behaviour. In addition, youths with conduct disorder also demonstrate less responsiveness in the orbit frontal regions of the brain during a stimulus-reinforcement and reward task. This provides a neural explanation for why youths with conduct disorder may be more likely to repeat poor decision making patterns. Lastly, youths with conduct disorder display a reduction in grey matter volume in the amygdale, which may account for the fear conditioning deficits. This reduction has been linked to difficulty in processing social emotional stimuli, regardless of the age of onset. Aside from the differences in neuro anatomy and activation patterns between youth with conduct disorder and controls, neuro chemical profiles also vary between groups. Individuals with conduct disorder are characterized as having reduced serotonin and cortical levels, as well as reduced autonomic nervous system (ANS) functioning. These reductions are associated with the inability to regulate mood and impulsive behaviours, weakened signals of anxiety and fear, and decreased self-esteem. Taken together, these findings may account for some of the variance in the psychological and behavioural patterns of youth with conduct disorder (McMahon and Frick, 2005).

2.3 Theoretical Framework

This research reviews the theories related to conduct disorder. There are various theories associated with conduct disorder, but for the purposes of this research, the following theories which are considered to be more pertinent are reviewed.

2.3.1 Psychoanalytic Theory on Conduct Disorder

Psychoanalytic theory changed the perception of psychopathology and had consequences on the research and treatment of delinquency, conduct disorder and antisocial behaviour. This theory remained relevant until 1970. A lot of this success can be attributed to Anna Freud's work with children and the development of ego-psychology. Ego-psychology as a derivation of psychoanalytic theory became the dominant direction in child and adolescent psychiatry in many nations and was influential in shaping the way conduct disorder and antisocial behaviour in youth are perceived (Ludvigsen&Seip, 2009).

Ego-psychology is developed from psychoanalytic theory and it divides the human mind into three parts: the Id, Ego and Superego, each serving a distinct function. The Id is the unconscious part of our mind. It is made up of our biological needs and wants, instinctual wishes and sexual desires. The Id is present at birth and gives us psychological energy and motivation to act. The Ego is the conscious and rational part of our mind; it is here that logical thoughts take place. The Ego is battling with the needs of the Id and the demands of the external world. We can deduce from this explanation that; the id and the ego have no moral value. Therefore, we can say conduct disorder among adolescents and the adolescent's aggressive and selfish characteristics are all governed by the id and ego. When the third part (the Superego) is developed later in human life restriction is placed on the id and the ego. Superego represents the social-moral component of a person's life. It is made up of the moral codes that are passed onto

us through our upbringing from our parents, religion and the rest of the society. However, the Superego is more an ideal than a reality and the Ego have to balance the demands of the Id with the Superego. If people act against their Superego, guilt and worry is often the result (Muus, 1996).

The application of psychoanalytic theory in the work with antisocial and conduct disorder children and adolescents did not come directly from Freud himself. The psychiatrist William Healy is credited with being the first person to apply psychoanalytic theory in the work with antisocial and conduct disordered adolescents, as well as methodologically studying them through his first child guidance clinic in USA. The clinic was a research and treatment facility connected to the Chicago Juvenile Court (Muus, 1996). Healy drew on psychoanalytic ideas in his work with children as well as he expanded these ideas with experiences and thoughts from his own work. Healy identified three major causes for delinquency and conduct disorder among children and adolescents: Mental abnormality, defective home conditions and abnormal physical conditions (Ludvigsen&Seip, 2009).

2.3.2 Personality Theory on Conduct disorder

There are various classifications of personality type which relate to conduct disorder. For instance, Greek physicians in 5th century B.C classified people into four broad categories on the basis of their emotional and temperamental characteristics as indicate in the table below;

Personality Theory on Conduct disorder

S/N	Humour	Temperament	Characteristics
1.	Blood	Sanguine	Active, Hopeful, Optimistic
2.	Yellow bile	Choleric	Irritability, Quick to Anger
3.	Phlegm(mucus)	Phlegmatic	Calm, Temperamentally Sluggish
4.	Black bile	Melancholic	Depressed, Slow and Pessimistic

Source: A.M. Garba lecture note

From the above table, we can say that a person with dominance of yellow bile and black bile can be considered to be a person with conduct disorder. This is because among the characteristics of conduct disorder is depression, pessimistic, irritation, anger, etc.

Also Sheldon (1940) cited in Kaugama (2014) divided all human beings into three broad categories of physical dimensions and their corresponding temperamental characteristics as follows:

Endomorphic (soft, round, and fleshy);

Mesomorphic (muscular, strong, broad shoulder, and athletic); and

Ectomorphic (thin, tall, and narrowly shouldered).

The ectomorphic are cerebrotonic, fearful, shy, and restrained, thus, adolescent with conduct disorder fall within this category according to Sheldon.

Hans Eysenck(1963) is famous for his use of classical learning theory in combination with biology to explain crime, conduct disorder and other behaviour and mental problems. Starting from the point of view that humans are selfish beings, the question for Eysenck was not so much why people commit crimes as why they don't. His theory proposes that classical conditioning both apply when social behaviour is learnt and to our consciousness (Raine, 1997). Eysenck further proposes that a genetic factor in people whom display conduct disorder affects their central nerve system, which in turn has consequences for their personality and behaviour. Several studies shows that people with conduct disorder have lower levels of arousal compared to the without the disorder. As a consequence they will need stronger stimuli for the classical conditioning to have the same effect as in people with normal levels of arousal (Raine, 1997).

Eysenck (1963) cited in Lahey (2004) also comes up with another dimension of personality: extrovert and introvert or stable and unstable personalities. According to this theory people can

mainly be classified into four as stable extroverts and stable introverts who adjust to their social environment without difficulty, and unstable extroverts and unstable introverts, who have characteristics that are considered in negative sense by most societies. Such characteristics according to Eysenck may include; being cruel, aggressive, destructive and impulsive.

2.3.3 Parental Acceptance/Rejection Theory (PAR) on Conduct disorder

Many psychologists maintain the view that satisfactory and positive child-parent relationships are instrumental to developing good conduct and good mental health. Adolescents who are deprived of emotional attachment with parents or other adult figures, suffer in many aspects of human behaviour and their mental health, including their conduct (Bowlby, 1951).

According to number of researchers like, Woolton (1959) & Yarrow (1961) there is association between delinquency and broken homes. Several studies carried out with institutionalized children showed that they suffer disorders of conduct, personality, language cognition and physical growth (Rutter, Haggel & Giller 1998). These researches suggest that normal child-parent relationships are important for normal mental, emotional, social, moral cognition and physical development. Studies generally have shown that children from broken homes, either as a result of loss of parent, divorce or separation, exhibit a great degree of immoral and antisocial behaviours especially conduct disorders and socialized aggressive delinquency, than children from intact homes (Biller, 1974; Herzog & Sudia, 1973; Hetherington & Deur, 1971; Hetherington & Martin, 1979, all cited in Kauman, 1980).

2.3.4 Moffitts' Dual Taxonomy Theory on Conduct Disorder

Moffitt proposed in 1993 a new dual taxonomy for conduct disorder based around the time of onset. The first smaller group was labelled "early-onset life-persistent", suggesting that they develop Conduct Disorder before adolescence and continue in their offending way into

adulthood. The second group was labelled the “adolescence-limited”, suggesting they develop conduct problems during adolescence, but the problems diminish again when they reach adulthood. According to Moffitt (1993) the small group of early-onset children offends steadily through their lifespan, while the large adolescence-limited groups are doing the majority of offending in adolescence. This taxonomy would explain the longstanding finding that the number of criminal offences in correlation to age peaks to the ten fold in late adolescence, before it drops in early adulthood.

The two different pathways are proposed to have different causal mechanisms behind them, and Moffitt developed two theories to explain the difference. The early-onset groups are characterized by biological inherited predispositions, making parenting difficult with an antisocial outcome as result. The callous-unemotional trait subgroup discussed earlier could also fit in here. The adolescent-limited group on the other hand, commits delinquent acts as a result of a “maturity gap”. This refers to the period after physical maturation, but before reaching the status of an adult. During this time, they commit offences to establish their own independents and because of role models and reinforcement from peers. When the adolescence limited group reaches adulthood they have no need to commit offences any more, and their antisocial behaviour ceases (Moffitt, 1993). This taxonomy can also explain the finding that adult crime appears to be more heritable than juvenile delinquency, since adult crime would most likely be committed by the early onset group that has a stronger biological base (Moffitt, 2003).

2.3.5 Social Learning Theory on Conduct Disorder

An important part in understanding how the environment contributes to the development of conduct disorder and other behavioural and mental problems came from the theoretical insights of social learning theory. Social learning theory came into the picture at the same time as the

popularity of the psychodynamic approach started to decline. The foundation of social learning theory came through the work of the psychologist Albert Bandura, who in the 1960s conducted a series of experiments where he investigated the effect of imitation learning on children. In these studies, the children first watched a tape of an adult that either behaves prosocial or aggressive in a playroom. Afterwards the children were let into the same playroom, with the same toys and their behaviour was observed. Bandura found that the children who had been watching the tape where the adults behave aggressively, were imitating the adult's behaviour and behaved aggressively themselves to the point where they were copying the exact actions of the adult (Bandura, 1969).

Compared to other theories regarding antisocial behaviour and conduct disorder, one of the advantages with social learning theory, is the relatively ease in testing the specific components of the theory in experimental designs (Snyder, John & Gerald, 2003). This makes it suitable to develop intervention where one alters the specific components of the interaction. Parent Management Training has proven to be one of the more effective interventions in treating conduct disorders and is based on social learning theory. In Parent Management Training, the parents undergo education around the processes that are going on in the family, and with help and advice are able to turn these around (Burke, 2002).

2.3.6 Differential Association Theory of Conduct Disorder

The theory of differential association also deals with young people in a group context, and looks at how peer pressure and the existence of gangs could lead them into crime. It suggests that young people are motivated to commit crimes by delinquent peers, and learn criminal skills from them. The diminished influence of peers after men marry has also been cited as a factor in desisting from offending. There is strong evidence that young people with criminal friends are

more likely to commit crimes themselves. However it may be the case that offenders prefer to associate with one another, rather than delinquent peers causing someone to start offending. Furthermore there is the question of how the delinquent peer group became delinquent initially.

2.4 Review of Empirical Studies

Here the researcher reviewed various empirical studies, related to conduct disorder, and its influence on academic performance of students.

2.4.1 Conduct Disorder

Jermund, (2010) in his thesis which he conducted under post positivistic research paradigm guided by the ontology of critical realism and employed the qualitative methods of historical and text analysis, identified three distinct periods in the history of conduct disorders. The first period begins in 1880 where the origins of conduct disorder lie within the social and legal problem of delinquency. This period is characterized by the initial recognition of delinquency and antisocial behaviour as a medical and educational problem. In the second period from 1910 until 1968 there was increased research interest in conduct problems of children as researchers attempted to identify the causes of inappropriate behaviours. This culminated with the first categorization of Conduct Disorder as an official category in 1968. Thus, the final period begins in 1968 and is marked by a rapid accumulation in the knowledge around conduct disorders and an increasingly holistic perception of the cause and treatment of conduct disorder, taking into account the individual's interaction with the environment. His findings also revealed that; Schools in general makes up a significant part of an adolescent's social and educational life, and for adolescent student with conduct disorder, the school environment can be more challenging than the normal students. He added that; schools enforces rules, boundaries and expectations on student's general behaviour, which always turned to be problematic for student suffering from

conduct disorder, whom always opposes the authority of the tutors and the school. This causes difficulties for the student and the teacher's ability to ensure positive learning outcomes for all the class members.

David, (2006) in his research on disruptive behaviour disorders: what is normal and what is not? In which he used ex post facto design and Revised Behaviour Problem Checklist (RBPC) to gather data among 190 purposively sampled students revealed that; conduct disorder is much more common in males than females. Furthermore, his findings showed that; students with conduct disorder consistently, roam the streets, challenge class and school rules, lose interest in school, refuse to do assignments, run away from school, fail to establish good relationships with their peer, have problem of low self-esteem, low self-confidence and depression and argue or fight with other students. His findings further suggested that; this conduct can cause significant impairment in both social and academic functioning of the student with conduct disorder.

A research titled behavioural problems and conduct disorder by Royal College of Psychiatrists, a professional body based in England, which is responsible for education, training and setting, and raising standards in psychiatry worldwide, revealed that conduct disorder can cause a lot of distress to students, families, schools and the larger society. Students with conduct disorder will often find it difficult to make friends and have difficulties in understanding social situations. They may be feeling that they are worthless and that they just cannot do anything right. It is common for students with conduct disorder to show anger, aggression and blame others for their difficulties. Conduct disorder usually make students to be spiteful, vindictive, deceitful, lack of remorse, destructive, aggressive, anger, resentful, depressed, loneliness, disrespectful, among other acts of antisocial behaviour.

A research by Lacourse, (2010) in which he use quasi-experimental design and Child and Adolescent Disruptive Behaviour Inventory to gather data on 120 Canadian children and adolescents revealed that; conduct disorder has both genetic and environmental component. That is, it is caused by hereditary and the environment. His findings also shows that functional family therapy, multi-system therapy, and cognitive behavioural approaches which focus on building skills such as anger management, are the best way of treating conduct disorder.

2.4.2 Prevalence Rate of Students with Conduct Disorder

Many researches, including some multiple cohort studies with long follow up times, have yielded high quality data on the prevalence of conduct disorder in children and adolescents in schools. And around six to sixteen percent (6-16%) of male teens and two to nine percent (2-9%) of female teens have a conduct disorder.

A study was conducted to estimate the prevalence of childhood conduct disorder in Jharkhand, India by Latha (2007) using ex-post facto design, frequency and t-test to analyzed data. A total of 240 students, selected through purposive sampling, were subjected to the Schedule for Affective Disorders and Schizophrenia for School Age Children: Present and Lifetime Version (K-SADS-PL) screening interview. Two hundred and nineteen (219) students who qualified were subjected to conduct disorder and attention deficit and hyperactivity disorder supplement of K-SADS-PL with additional information from parents. Conduct disorder was found in 3.58%; the ratio of boys to girls being 3.5:1. Childhood onset was found in 73% and adolescent onset in 27%. Mild conduct disorder was found in 36%, moderate in 64% and severe conduct disorder in none. Co-morbid attention deficit and hyperactivity disorder was found in 36%, hyperactive-impulsive being predominant.

Also a study was conducted in Kerala, South India by Bhakta (2010) to estimate the prevalence and associations of childhood and adolescence conduct disorders. Revised Behaviour Problem Checklist (RBPC) was used to gather data, quasi-experimental design was employed, frequency and PPMC were used to analyse the data. Among 103 children aged 8 to 15 years selected by random cluster sampling, a projected prevalence of 9.4% was found.

A research conducted on the prevalence rate of conduct disorder in school children of Kanke by Arora, (2006) in which he used Schedule for Affective Disorders and Schizophrenia for School age Children: Present and Lifetime Version (K-SADS-PL) screening interview to gather data from 240 students sampled from a total pool of 1690 students, and used descriptive statistics and non-parametric test (Mann Whitney) to analyse the acquired data revealed that the prevalence of conduct disorder is 3.58%, prevalence among boys being 2.75% and girls being 1.85%. The researcher also found that while there was significant difference in temperament between students with and those without conduct disorder, there was no significant difference in lying and truancy between the two groups. The findings also showed that 36.63% students with conduct disorder also have attention deficit and hyperactivity disorder (ADHD).

Conduct disorder is more common among boys than girls, with study by Mental Health America (2000) indicating that the prevalence rate among boys in the general population ranges from 6% to 16%, while the prevalence rate among girls ranges from 2% to 9%.

2.4.3 Common Offences Committed by Students with Conduct Disorder

From the data gathered and analyzed by Aladegbola, (2013) using ex-post facto design and self-designed instrument titled 'Oppositional Defiant and Conduct Disorder (ODCD)' in his research on the effect of oppositional defiant and conduct disorder found that; students with conduct

disorder tend to be perpetually restless in classroom, hostility to self and others, unnecessarily aggressive, truancy, among others.

Comer(2007) in his research using Conduct Disorder Rating Scale, found that; an adolescent with conduct disorder usually exhibits aggressive behaviour that causes harm, destruction of property, deceitfulness or theft, and serious rule violations, in a variety of settings-at home, at school, and in social situations, and these can cause significant impairment in his or her social, academic, and family functioning. Apart from these four symptoms, his findings also revealed that many youth with conduct disorder may have trouble in feeling and expressing empathy or remorse and reading social cues. They often misinterpret the actions of others as being hostile or aggressive and respond by escalating the situation into conflict. His findings also shows that conduct disorder tends to co-occur with a number of other emotional and behavioural disorders, particularly attention deficit and hyperactivity disorder (ADHD), oppositional defiant disorder, and mood disorders (such as depression).

Tiffany (2005) used survey design and Strengths and Difficulties Questionnaire (SDQ) to gather data and linear regression to analysed the gathered data, revealed that; most children and adolescents with conduct disorder do not grow up to have behavioural problems or problems with the law as adults; most of them do well as adults, both socially and occupationally. His findings also revealed that; children with conduct disorder exhibit assault, truancy, disrespect, shoplifting, fights, cruelty, and disobedience and they are often been diagnosed with other disorders like (attention deficit and hyperactivity disorder (ADHD), oppositional defiant disorder), because the traits of aggression or behaviour for each may overlap. These findings are similar to that of Comer (2007).

David (2014) reported that; approximately 15% of high school students engaged in physical fight in school premises, bullying is a major problem in secondary schools and early physical aggression is a predictor of later difficulties.

Phillip (2007) in his research on the effects of conduct disorder on student's mental health, which he employed experimental design and Mental Health and Conduct Disorder Rating Scale and PPMC to gather data and measure how conduct disorder impairs mental health revealed that; individuals with conduct disorder show callous, unemotional lack of kindness, and compassion. They have little concern for the feelings, wishes and well-being of others. They are bullies, thieves and vandals. They show disrespect for others, lack of cooperation, irresponsibility, and dishonesty, thus they disregard rules in the society.

Angela & Edward (2008) in their empirical study on Conduct Disorder amongst Children in an Urban School in Nigeria, which they used survey design and a structured questionnaire based on Vanderbilt Diagnostic Teacher Rating Scale for Oppositional Defiant and Conduct Disorder and used simple frequency and t-test to analysed the gathered data, found that students with conduct disorder often have difficulty maintaining friendships. Their friends and family members become upset with their misbehaviour. They often have low self-esteem, even though their behaviour may make them to appear tough, or self-assured. These students may also participate in crimes and are often involved with the court system. They are also more likely to smoke, use alcohol or illegal drugs, and engage in early sexual activity and other reckless behaviours, which may increase the risk of teenage pregnancy among girls and sexually transmitted diseases including human immunodeficiency virus (HIV) infection.

2.4.4 Conduct Disorder and Academic Performance

For successful learning to take place or for a student to record good academic performance, the student needs to interact positively and closely with his peers and teachers, otherwise, the student will not succeed in an academic setting (Zins, 2006). This shows that; students with conduct disorder who find it difficult to establish positive relationship and interaction will fail in school.

As seen above in the literature review, low scores on measures of children's cognitive ability such as school achievement, general intelligence quotient (IQ), and verbal ability are associated with conduct disorder. While there is some disagreement, most of the evidence suggests that; cognitive deficits lead to antisocial behaviour and vice versa (Moffit, 2008).

Moffit(2008) in his study on adolescence-limited and life course-persistent antisocial behaviour in which he employed quasi-experimental design and RBPC found that individual with conduct disorder exhibit neuropsychological deficits and these deficits affect verbal communication skills and IQ levels. According to his findings these verbal skill deficits include impaired social judgment, weak language processing, and poor auditory memory, thus, affect the school performance of the student with conduct disorder.

Fareeha(2012) in her research on behavioural problems and conduct disorder, reported that student with conduct disorder might be quite bright, but may not do well at school, because of the various social and learning problems attached to conduct disorder, which make the student to be absenting classes, aggression to his course mates, violation of school rules, and even make it difficult for him to create or sustain reciprocal relationships with peers and teachers.

A study by Dishion, (2009) on family, school, and behavioural antecedents to early adolescent involvement with antisocial peers, in which he used Vanderbilt Assessment Scale to assess

206 boys students in schools and their parents and survey design; revealed that poor parental discipline and monitoring practices, peer group influence and substance abuse are factors responsible for conduct disorder. The finding added that conduct disorder usually leads to loss of self-esteem, low commitment to learning activities, frustration and aggression to people, which in turn results in under performance in school activities.’’

Cynthia(2002), cited in Bilkisu (2008) found out in her studies that the amount of time students with conduct disorder are engaged in lecture or meaningful school activities is reduced due to their truancy and lateness. Additionally, her findings also revealed that student with conduct disorder may also developed negative relationships with his teachers and peers, or negative feelings about school, and as a consequence be less inclined to exert effort on academic work, thus, resulted in poor academic performance.

A research conducted on prevalence of conduct disorder in school children of Kanke by Arora (2006) in which he used Schedule for Affective Disorders and Schizophrenia for School age Children: Present and Lifetime Version (K-SADS-PL) screening interview to gather data from 240 students sampled from a total pool of 1690 students, and used descriptive statistics and non-parametric test (Mann Whitney) to analyse the acquired data revealed that; severity of conduct disorder cause poor classroom behaviour, failure to complete assignment, academic under-achievement and school dropout.

Jermund (2010) in his thesis which he conducted under post positivistic research paradigm guided by the ontology of critical realism and employed the qualitative methods of historical and text analysis, revealed that; Schools in general make up a significant part of an adolescent’s social and educational life, and for adolescent student with conduct disorder, the school environment can be more challenging than the normal students. He added that schools

enforcerules, boundaries and expectations on student's general behaviour, this always turned to be problematic for student suffering from conduct disorder, whom always opposes the authority of the tutors and the school. This causes difficulties for the student and the teacher's ability to ensure positive learning outcomes for all the class members.

Durlak (2005) in his research using ex-post facto design and Vanderbilt Assessment Scale to collect data and PPMC to analysed the gathered data revealed that conduct disorder brings academic under-achievement and poor development of pro-social skills among students and this problem remain a concern for educators, parents, and the entire public to tackle.

Problem of conduct disorder like violence, vandalism, bullying and similar behaviours associated with conduct disorder create an unsafe learning environment, undermine instructions, and pose a threat to the student himself and his entire colleagues (Hawkins, Catalano, & Miller, 2006).

From the data analysedusing simple percentages and t-test by Aladegbola, (2013) using ex-post facto design andself-designed instrument titled 'oppositional defiant and conduct disorder (ODCD)' in his research on the effect of oppositional defiant and conduct disorder found that students with conduct disorder tend to be perpetually restless in classroom, hostility to self and others, unnecessarily aggressive, truancy, among others. This conduct affects learning negatively, which may be attributed to the fact that such attributes of conduct disorder seem not to agree with conditions under which effective learning could take place. Also, the fact that obedience to authority is another surest means to fast learning may make learning impossible where it (obedience) is lacking as in the case of students with conduct disorder, especially the male ones. His finding agrees with that of Tokunbo (2007) which revealed that conduct disorder is a learning disorder in the pre pubescence and adolescence stages. Also revealed in the finding

is that gender and age have significant influence in deciding the effect of conduct disorder on learning. This contradicts Pope's findings in (2009); that male suffers chronic conduct disorder in the pre pubescence stage of postnatal development and hence are more backward in learning than their female counterparts.

Angela & Edward (2008) in their empirical study on Conduct Disorder amongst Children in an Urban School in Nigeria, using survey design and a structured questionnaire based on Vanderbilt ADHD Diagnostic Teacher Rating Scale for oppositional defiant and conduct disorder to gather data and simple percentage and t-test to analyze data found that; students with conduct disorder, compared to students without conduct disorder, had persistent academic difficulties that resulted in the following: lower average marks, more failed grades, more expulsions, increased dropout rates, and a lower rate of college undergraduate completion. Their findings also revealed that the academic performances of the students who suffered from conduct disorder and related problems were poor. Their previous term result showed that their overall average ranged between 28-46%, none of them had up to 50% in their class academic activity. The disruptive behaviour sometimes associated with the disorder may make students with conduct disorder more susceptible to suspensions and expulsions (Tamani, 2006).

Bilkisu (2008) in her research on adolescent antisocial behaviour in senior secondary schools in Nassarawa education zone of Kano State, in which she used survey design and self-designed questionnaire to gather her data, frequency distribution table and Mannwhitney to analyzed data, revealed that such antisocial behaviour exhibited by students with conduct disorder like aggression, disruption, fighting, etc waste teaching time, disrupts learning of all students, threaten safety and disturb teachers, all these, negatively affect the student chances of academic success. Her findings also indicated that students with conduct disorder usually repeat a class,

frequently get suspended due to their breaking of school rules and sometimes get expelled from the school.

Idris (2014) in his research on incidences of antisocial behaviour among senior secondary school students of Kano Municipal Education Zone, in which he used descriptive survey design and adapted self-report adolescent antisocial behaviour scale to collect data, frequency distribution table and t-test to analysed the gathered data, revealed that the most common antisocial behaviours among senior secondary students are lack of respect for teachers, examination malpractice, drug abuse, fighting, stealing, gossiping, possession of dangerous weapons an bullying. These behaviours will no doubt affect the academic performance of the students with the antisocial behaviour.

2.4.5 Gender Difference in Conduct Disorder

There has been much less research regarding conduct disorder in girls (Loeber& Keenan, 1994), although some studies are now appearing. Gender differences in the expression of conduct disorder become more obvious at adolescence, with boys more likely to exhibit aggressive behaviour and girls to commit covert offenses and prostitution. However, these gender differences in type of behaviour tend to disappear in the youth who are the most severely disturbed. In recent years, there has been an increase in the number of very aggressive girls admitted to Young Offender facilities in Ontario. Many of these girls have serious abuse and neglect issues that create a very complex clinical picture and risks to society for future parenting in the next generation. Epidemiological studies on conduct disorder, estimate the male-female ratio to be between about 3:1 and 5:1. Although more boys are affected at all ages, the gap between boys and girls closes at adolescence and, by mid-adolescence; girls surpass boys in the onset of conduct disorders (Bartol&Bartol, 2011).

British Journal of Psychiatric (2009) research titled sex difference in antisocial behaviour, conduct disorder, and violence, in which he found gender difference in conduct disorder. The finding reveals that conduct disorder is rare in females especially in their childhood period, with a ratio of ten (10) males to one (01) female. But, in their adolescence period the ratio reduced to 1.5 male to 1 female.

Comer (2007) also in his research titled “Practice parameters for the assessment and treatment of conduct disorder of children and adolescents with conduct disorder” found that conduct disorder is more common among boys than girls, the study indicated that the rate among boys in general population ranges from 6% to 16% while the rate among girls ranges from 2% to 9%. The researcher employed ex-post facto design, Conduct Disorder Rating Scale and t-test on analysed data.

Also, Bilkisu (2008) in her research on adolescent antisocial behaviour in senior secondary schools in Nassarawa education zone of Kano State, in which she used survey design and self-designed questionnaire to gather her data, frequency distribution table and Manwhitney to analyze the data, revealed that there is significant gender difference among students with conduct disorder; the female students mostly engage in internalized antisocial behaviour like stealing, substance abuse, etc, while the males students mostly engage in externalized antisocial behaviour like fighting, vandalism and other forms of physical aggression.

The research of Angela & Edward (2008) indicated that boys are more likely to be diagnosed with Conduct Disorder than girls. Boys are also more likely to show aggressive behaviour, threats, vandalism, and confrontational behaviour than girls. Girls with Conduct Disorder are more likely to lie, skip school, run away, and shoplift, and are less confrontational in their behaviour.

Marti & Jeri (2008) in their research titled; A comparison of female and male adolescents' social behaviour and cognitions, in which they employed correlation design and Vanderbilt Assessment Scale, PPMC and t-test to analysed data and indicated that females tend to be appropriately assertive in their overt behaviours than males. Males were more aggressive.

Alice(2013) stated in her research that;sexes typically differ in a variety of social behaviours including aggression, helping, nonverbal behaviour, and various aspects of inter-action in task-oriented groups. Her findings revealed that males are more susceptible to physicallyaggressive behaviour compared with their females counter parts.The findings also show that females enjoy an advantage in communication skills both in verbal and non-verbal communication. In addition to being more expressive are generally better at processing and decoding other people's nonverbal behaviour.

In his research on gender differences in personality and social behaviour among students of the University of New Mexico, USA, Marco (2013) provided a descriptive overview of gender differences in social cooperation and competition, social play, and communication. On social cooperation and competition his findings shows that males are more likely to engage in cooperative group activities, form larger groups and engage in frequent and intense between-group competitions than the females. Although his findings shows that both males and females engage in social play, but boys show a higher frequency play fighting, rough and tumble, than females. His empirical studies also showcase that females have an edge over males in all the domains of communication, which include both verbal and non-verbal communication skills. Marco employed descriptive survey design and RBPC to gather data and t-test to analyzed the data.

The result of Research conducted by Eleanor in 2009 on evaluation of typical patterns of socialization of children using survey design and t-test to analyzed the data, showed that girls tend to choose same-sex partners by age 3 and continue this preference into elementary school. They tend to favour one-on-one interaction, as opposed to boys, who learn toward large group relationships based on shared interests. Girls are more likely to form tight bonds, share secrets and wait their turn to speak. While boys are more likely to threaten, boast, or call each other names and display an importance of hierarchy in groups. Her findings added that; when these children grown up, they maintain many of these social behaviours. Women tend to build closer bonds overall, with more affectionate language and lengthy conversations. Men on the other hand, tend to spend time with friends during activities or shared professions. While women tend to seek out friends in times of struggle or weakness, men are less likely to share weaknesses or emotional concerns with their friends.

Also, the findings of Idris (2014) in his research on incidences of antisocial behaviour among senior secondary school students of Kano Municipal Education Zone, in which he used descriptive survey and adapted self-report adolescent antisocial behaviour scale to collect data indicated that; there is higher level of antisocial behaviour among male students than female students, hence there is gender difference in antisocial behaviour among the students.

2.4.6 Age and Conduct Disorder

Tiffany (2005) in his research also revealed that most children and adolescents with conduct disorder do not grow up to have behavioural problems or problems with the law as adults; most of them do well as adults, both socially and occupationally. This finding also supported the report of Bernstein (2014) which reported that conduct disorder usually appears in early or middle childhood as oppositional defiant disorder (ODD) and nearly one half of children with

ODD have conduct disorder by adolescence. Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds; depending on how exactly the disorder is defined (U.S. Department of Health and Human Services, 1999). Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder (Adeusi, 2013).

2.5. Summary and Uniqueness of the Research

Here the researcher summarised the reviewed literature and showed how the problem under investigation is different from those highlighted above. From the above discussions in this chapter, we have seen the review of related literature on some main areas of conduct disorder, the offences committed by conduct disordered students, the prevalence rate of students with conduct disorder, gender differences in conduct disorder, academic performance, and how each variable is related to each other. The review covers the conceptual and theoretical framework of each; inclusive is the various empirical studies carried out by different researchers.

On conduct disorder we have seen various concepts and theories associated with the conduct disorder. In the review of concept of conduct disorder we have seen that conduct disorder is a behaviour that is contrary to the standards of our society which usually involves ignoring the rights of other people, being selfish, being cruel to people and animal, being aggression, vandal, and breaking social rules. We have seen that the degree of exhibiting such antisocial behaviour determine the severity of the disorder (i.e. mild, moderate or severe). We have also seen the two types of conduct disorder, which include children-onset and adolescent-onset types. Thus, there is no specific known cause of conduct disorder; we have seen the causes suggested by various researchers which include; poor parent-child relationships, dysfunctional families, drug abuse, physical abuse, brain damage, and biological defects. The researcher also reviews some theories

related to conduct disorder which include; Psychoanalytic, Personality, Parental acceptance/rejection, Moffit's dual taxonomy, Social learning, Performance, among other theories. We also seen that; the offences committed most by those with conduct disorder are; aggressive conduct which threatens or causes physical harm to people or animals and typically involves acts such as initiating fights, bullying, intimidating, overt aggression, and physical cruelty, non-aggressive conduct which is characterized by vandalism or intentional destruction of property, deceitfulness or theft which includes stealing, persistent lying, and fraudulent behaviour and lastly rules violation which entails deeds that defy or circumvent social convention.

On the prevalence of conduct disorder, we have seen that the disorder is estimated to affect 51.1 million people globally as of 2013. And the prevalence rates of conduct disorder have increased over several decades, with six (6) to sixteen (16) percent of males and two (2) to nine (9) percent of females under the age of 18 fulfilling diagnostic criteria (American Psychiatric Association 1994).

On academic performance, we have seen that Academic performance or achievement is the outcome of education; the extent to which a student, teacher or institution has achieved their educational goals and it is commonly measured by examinations or continuous assessment, but there is no general agreement on how it is best tested or which aspects are most important; procedural knowledge such as skills or declarative knowledge such as facts.

On empirical review of the study, we have seen various empirical researches conducted by varied researchers on the relationship between conduct disorder and social behaviour, relationship between conduct disorder and academic performance, and the relationship between the three variables i.e. conduct disorder, social behaviour and academic performance.

This research is very unique from the various literature and empirical researches reviewed above. Even though there are many researches carried out on conduct disorder, but there is no single research carried out on influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, in Kano State in particular and the country in general. The research was unique in terms of population, geographical location, among others.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

The problem being investigated is influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, Kano State. In this chapter, the researcher presents the methods and the procedure used in collection of relevant data for the study. Details of the research design, population, sample size and sampling techniques are highlighted. Data collection instrument, scoring procedure, validation of the instrument(s), procedure for data collection, as well as the statistical methods of analyzing the data are discussed.

3.2 Research Design

For the purpose of this research, ex post facto design was used to carry out this investigation. Since the researcher cannot cause the students to have conduct disorder for him to conduct a research on them, the researcher has no choice than to use ex post factor design. According to Hassan (1995), Ex post facto design is a quasi-experimental study examining how an independent variable, present prior to the study in the participants, affects a dependent variable. In this design participants were not randomly sampled. According to Bichi (2004), the educational researcher is often concerned with variables that are not inherently manipulable, as they already exist in his subjects, he often has no choice other than to rely on already existing groups and thus, his studies are mainly ex post facto.

3.3 Population and sample

3.3.1 Population

The study covered both male and female SSS III students of senior secondary schools in Kano municipal education zone of Kano State. The population of the study therefore comprised all the SSS III students spread across forty one (41) senior secondary schools in Kano municipal education zone, which comprised of 5556 male and 4719 female students, thus, totalling 10, 275 students. The distribution of the population by schools is alphabetically arranged in table 3.1 below:

Table 3.1: Distribution of Population by Schools

S/N	Name of School	Type of School	No. of Students
1.	ABCQS Kano	Boys	203
2.	Ado Gwaram, GSS	Boys	320
3.	A/Nametuwo, GGASS	Girls	158
4.	City Women Centre	Girls	230
5.	Eng B/Karaye, GSS	Boys	00
6.	B/GIJI, GASS	Boys	138
7.	Darmanawa, GGSS	Girls	117
8.	Darmanawa, GSS	Boys	81
9.	FatiMuhd,GGSS	Girls	330
10.	Festival, GGSS	Girls	211
11.	GandunAlbasa, GGSS	Girls	617
12.	GyadiGyadi, GSS	Boys	266
13.	HasiyaBayero, GGASS	Girls	461
14.	HajiaDelu, GGASS	Girls	71
15.	Hassana Sufi, GGSS	Girls	450
16.	Hausawa, GASS	Boys	151
17.	Hausawa, GSS	Boys	120
18.	Hausawa, GGSS	Girls	149
19.	HIS Shahuci	Boys	357
20.	Kofar Kudu, GGSS	Girls	110
21.	Koki, GGASS	Girls	67
22.	Koki, GSS	Boys	00
23.	KofarNassarawa, GSS	Boys	554
24.	Kundila, GASS	Boys	00
25.	Kundila, GSS	Boys	335
26.	Maryam Shekarau, GGSS	Girls	00
27.	Rumfa College	Boys	514
28.	SabuwarKofa, GSS	Boys	924
29.	SAS, Kano	Boys	520
30.	Saudat, GGASS	Girls	120
31.	Sharada, GGSS	Girls	360
32.	Sharada, GSS	Boys	644
33.	Shekara, GGSS	Girls	205
34.	Tahir, GGASS	Girls	150
35.	T/Kudu, GGASS	Girls	90
36.	Umma Zaria, GGSS	Girls	171
37.	UnguwaUku, GGSS	Girls	350
38.	UnguwaUku, GSS	Boys	271
39.	U/Gano, GSS	Boys	158
40.	Yakasai, GGSS	Girls	302
41.	Zoo Road, GGASS	Girls	00
Total		41	10,275

Source: Kano State Senior Secondary Schools Management Board (2015)

On the other hand, table 3.2 show the population distribution according to gender.

Table 3.2 Population Distribution According to Gender

Gender	Number of Schools	Number of Students
Male	19	5556
Female	22	4719
Total	41	10,275

Source: Kano State Senior Secondary Schools Management Board (2015)

3.3.2 Sample Size

According to Bichi (2004), a sample is a portion of the population that is studied. A sample is a representation of the larger population that a researcher wishes to understand (McCready, 2006). All educational researches are mostly conducted based on sample from which the researcher derives certain generalizations applicable to the population the sample was drawn from.

The sample size of the study was determined based on the method of determining sample developed by research advisors (2006). According to the table therein which is shown in appendix iii, the sample size of three hundred and seventy (370) is required from the population of 10,275. Going by this method, three hundred and seventy (370) SSS III students were selected from the ten (10) selected senior secondary schools in Kano municipal education zone, as shown in table 3.3 below:

Table 3.3 Sample Distribution According to Schools

S/N	SCHOOLS	TYPE	SAMPLE
1	A	Boys	26
2	B	Girls	09
3	C	Girls	27
4	D	Girls	50
5	E	Boys	22
6	F	Girls	37
7	G	Boys	45
8	H	Boys	27
9	I	Boys	75
10	J	Boys	52
Total		10	370

3.3.3 Sampling Techniques

A sampling technique is a plan specifying how data can be drawn from the population of a study. There are many sampling techniques, but for the purpose of this research which is the influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone, Kano State, the researcher employed multi stage sampling technique for this research. In the first stage, the researcher clustered the 41 senior schools in the zone into two, according to the two Local Government Areas (LGAs) that make up the research zone (i.e. Tarauni and Municipal LGAs). In the second stage, the researcher used

stratified random sampling to select ten (10) schools out of the forty(41) senior secondary schools in the zone, five(5) schools from Kano Municipal LGA cluster and five (5) from Tarauni LGA cluster. Three (3) schools were randomly selected through hat and draw method of randomization from male strata of Kano Municipal LGA cluster and two (2) schools from female strata of the same LGA cluster. The same technique applied in Tarauni LGA. Ndagi (1984) defined stratified random sampling as the process of dividing population into strata, or sub-populations. In line with the aforementioned, senior secondary schools in each LGA were grouped according to Male and Female school strata.

After random selection of the ten (10)schools from male and female strata of the two (2) clustered LGAs, the researcher then selected three hundred and seventy (370)students of SSSIII in the selected senior secondary schools purposely from the population of the students. This was to avoid selecting only those without the disorder when the selection is done randomly. The researcher used punishment book, class masters, discipline masters, and school counsellors, whom served as research assistants to select the three hundred and seventy (370) SSSIII students that met the diagnostic criteria for conduct disorder as stated in DSM-V.

3.4 Data Collection Instrument(s)

Instrument is the generic term that researchers use for a measurement device, which include, survey, test, questionnaire, scales, etc. For the purpose of this research, Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder was adapted to the researcher's intention. The instrument is measuring two (02) disorders, which are Conduct Disorder and Attention Deficit/Hyperactivity Disorder, the researcher excluded the part of the instrument measuring Attention Deficit/Hyperactivity Disorder for the purpose of this research

which studied the influence of conduct disorder on the academic performance of students in senior secondary schools of Kano municipal education zone.

The adapted Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder consisted of two sections. Section ‘A’ contained the biographical data of the respondents, while section ‘B’ contained the questions that identify those students with conduct disorder in line with current conceptualization as described in DSM-V. Pro forma for recording student’s academic performance was used to collect the Senior Secondary School Qualifying Examinations (SSSQE) result of the identified students with conduct disorder from the examination officers of the various selected schools, used it to measure their academic performance, determine the influence of conduct disorder on academic performance, and determine gender difference in the influence of conduct disorder on academic performance of students with conduct disorder in Senior Secondary Schools of Kano Municipal Education Zone.

3.4.1 Scoring Procedure

Section ‘B’ of the adapted Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder which contained the list of behaviours taken from the DSM-V that indicates a child may have conduct disorder, was placed on frequency code of 0 to 3. 0 stands for never, 1 stands for occasionally, while 2 stands for often and 3 stands for very often. Behaviours were counted only if they were scored 2 and 3. An adolescent must show a pattern of at least six (6) of the behaviours in the instrument for at least a year before he was considered to have conduct disorder. The students who obtained eleven (11) to thirty two (32) points were classified as having mild conduct disorder. Those students who scored thirty three (33) to fifty three (53) points were classified or considered as having moderate conduct disorder. While those students

who scored fifty four (54) to seventy four (74) were categorized as those with severe conduct disorder. And those students who obtained seventy five (75) to ninety five (95) were classified as having profound conduct disorder.

3.5 Validation and Reliability of the Instrument(s)

The principles of validity and reliability are fundamental cornerstones of research in all fields of human endeavour. Together, they are the core of what is accepted as scientific proof, by scientists and philosophers alike. Validity of an instrument refers to the extent to which an instrument or test measures what it is supposed to measure. The process of validating an instrument is in large part focused on reducing error in the measurement process. Reliability of an instrument on the other hand, is concerned with the extent to which the instrument yields the same results on repeated trials. Reliability is the degree of consistency with which an instrument or test measures what it is measuring (Bichi, 2004).

3.5.1 Validity of the Instrument(s)

A standardized instrument, titled Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder developed by Wolraich (1998) was adapted for the study. Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder is conceivably the most frequently used and the most widely known instrument for measuring conduct disorder and other behavioural problems Wolraich (1998). The scale contains items from DSM-V and it has high concurrent validity coefficient index of .79. The findings of Smith (2003), in his longitudinal study to determine the psychometric properties of Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder revealed that the internal consistency and factor structure of the Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder are acceptable and consistent

with DSM-V and other accepted measures of conduct disorder. He concluded that the Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder is valid, reliable and cost-effective assessment for conduct disorder in clinical and research settings. For the purpose of ensuring its validity for this research in Kano Municipal education zone, Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder was given to the supervisor and other experts in psychology and tests and measurement for content and face validity.

3.5.2 Reliability of the Instrument

Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder has a good internal consistency with a Cronbach alpha of .90 in every case. Pilot test was conducted on a sample of thirty (30) students from Kano Municipal education zone who were not part of the study in order to determine the reliability index of the instrument in the research area. Cronbach alpha was used to analyse the items included in the instrument. A positive Cronbach alpha reliability coefficient index for the instrument was found to be .86. All items in the instrument appeared to be worthy of retention. This indicates that the items included in the instrument have good internal consistency and they are similar to one another, hence it was adjudged to be statistically reliable for the research.

3.6 Data Collection Procedure

Data for this research was collected in two stages. In the first stage, each sampled student was screened using the conduct disorder diagnostic section of Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder, which enabled the researcher to identify the students with conduct disorder. The respondents for this research were given the adapted Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity

Disorder to fill. In the second stage, a pro forma for recording academic performance was used to collect the examination records of the identified conduct disordered students, which was used to determine the influence of conduct disorder on academic performance of students in senior secondary school. Some of the instruments were distributed and collected directly by the researcher, while some by the research assistants recruited to help the researcher in carrying out the research.

3.7 Data Analysis Procedure

Data analysis is concerned with description of the statistical design and statistical analysis proposed by the researcher for analysing the research questions and hypothesis (Olayilola, 2007). The researcher used both descriptive and inferential statistics to analyse the gathered data. At the descriptive level of this study, the researcher put the collected data in frequency distribution table and analysed it using percentage method and answered the research questions.

At the inferential level, Pearson Product Moment Correlation Coefficient (PPMCC) was employed in testing the hypothesis that seeks to determine the relationship (H_{01}), while t-test was used in testing hypotheses that seeks to find out gender differences (H_{02} , H_{03} and H_{04}).

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.1 Introduction

This study investigated the influence of conduct disorder on the academic performance of students in senior secondary schools of Kano municipal education zone, Kano state. The instruments used for the collection of pertinent data for the study was Vanderbilt Assessment Scale for conduct disorder and Attention Deficit/Hyperactivity Disorder and pro forma for recording student's academic performance. Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder consisted of two (02) sections. While, section "A" contained demographic information of the respondents, section "B" contained list of behaviours taken from the DSM-V that indicates a child may have conduct disorder. In this chapter, summary of the data was given, the data collected was analysed and presented in accordance with the research questions and hypotheses, followed by summary of the findings and finally the discussion of the findings.

4.2 Data presentation

4.2.1 Demographic Data of the Respondents

Table 4.1 Summary of sex distribution of the respondents

Sex of Respondents	Frequency	Percent
Male	247	66.8%
Female	123	33.2%
Total	370	100.0%

The above table shows the number of respondents by sex. It shows that 247 respondents, which account for 66.8% of the respondents are male, while 123 which account for 33.2% of the

respondents are female, given a total of 370 respondents that constitute the sampled population of the study and 100% respondents.

Table 4.2 Summary of age distribution of the respondents

Age of respondents	Frequency	Percent
16-19 years	311	84.1%
20-23 years	59	15.9%
Total	370	100%

The above table indicates that students between the ages of 16-19 years constitute the highest number of the respondents with three hundred and eleven(311) respondents, consequently, made up 84.1% of the respondents. While those students in age bracket of 20-23 years of age constituted the least number of respondents with just 59 respondents and gulped only 15.9% of the total respondents.

Table 4.3 Distribution of the respondent’s age by sex

Age	Male		Female		Total	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
16-19years	215	69.1%	96	30.9%	311	100%
20-23years	32	54.2%	27	45.8%	59	100%
Total	247		123		370	

The above table reveals that the male respondents between ages of 16-19 years were 215 which constitutes sixty nine percent (69.1%) of the respondents, while the female respondents between the ages of 16-19 years were 96 and constitutes 30.9% of the respondents. On the other hand, the male respondents between the ages of 20-23 years were 32 and constitute 54.2% of the respondents, while their female counterparts were 27 and constitute 45.8% of the respondents.

4.2.2Data Summary of the Findings

Below is a table showing the gathered data summary of the research findings

Table 4.4 Data summary of the research findings

S/N	Research Questions	Frequency	Percent(%)	
1	Prevalence Rate of Students with Conduct Disorder	358	3.5%	
2	Levels of Conduct Disorder:			
	No CD	12	3.2%	
	Mild CD	141	38.1%	
	Moderate CD	160	43.2%	
	Severe CD	57	15.4%	
	Profound CD	00	00.0%	
3	Common Offences Committed by Students with Conduct Disorder:			
	Cruel to people and animal	265	74.0%	
	Failure to follow simple instruction	244	68.2%	
	Lies to get favour or to avoid obligation	228	63.7%	
	Loses temper to others easily	226	63.1%	
	Skips school (Truancy)	221	61.7%	
S/N	Research Hypothesis	N	Mean	SD
4	Relationship between Conduct Disorder and Academic Performance:			
	Conduct Disorder	358	36.15	15.192
	Academic Performance	358	47.52	12.984
5	Gender Difference in the Academic Performance of Students with Conduct Disorder:			
	Male	239	46.09	12.202
	Female	119	50.40	14.043
6	Gender Difference in Conduct Disorder:			
	Male	239	37.62	15.010
	Female	119	33.18	15.185
7	Age Difference in Conduct Disorder:			
	16-19 years	310	39.10	14.146
	20-23 years	48	17.08	2.952

4.3 Data Analysis

Out of the three hundred and seventy (370) sampled students, 358 students were found to have conduct disorder. Therefore, 358 students with conduct disorder were used in analysing the data to answer the research questions and in testing the hypotheses.

4.3.1 Answers to Research Questions

Answer to Research Question One: What is the prevalence rate of students with conduct disorder in senior secondary schools of Kano municipal education zone?

In order to find out the prevalence rate of students with conduct disorder in senior secondary schools of Kano municipal education zone, the data was analysed by subtracting the number of students found with conduct disorder from the total number of subjects in the studied area which was tenthousand two hundred and seventy five (10,275) and obtained the result through percentage, as shown below:

Table 4.11 Prevalence Rate of Students with Conduct Disorder

Students	Frequency	Percent
Those with conduct disorder	358	3.5%
Those without conduct disorder	9917	96.5%
Total	10, 275	100%

The above table indicated that 10, 275 students were studied and 358 of them were found to have conduct disorder, giving the prevalence rate of conduct disorder among the students of senior secondary schools of Kano municipal education zone in Kano state as 3.5%.

Research Question Two: What are the severity levels of conduct disorder among the students with conduct disorder in senior secondary schools of Kano municipal education zone in Kano state?

In order to find out the severity levels of conduct disorder among the students with conduct disorder in senior secondary schools of Kano municipal education zone in Kano state, the students who obtained zero (0) to ten (10) were classified as students with no conduct disorder. Those that scored eleven (11) to thirty two (32) points were classified as having mild conduct disorder. Those students who scored thirty three (33) to fifty three (53) points were classified or considered as having moderate conduct disorder. While those students who scored fifty four (54) to seventy four (74) were categorized as those with severe conduct disorder. And those students who obtained seventy five (75) to ninety five (95) were classified as having profound conduct disorder as seen in scoring procedure and in table 4.5 below:

Table 4.12 Severity Levels of Conduct Disorder among the Students with Conduct Disorder

Interval	Frequency	Severity Levels	Percent
0-10	12	No CD	3.2%
11-32	141	Mild CD	38.1%
33-53	160	Moderate CD	43.2%
54-74	57	Severe CD	15.4%
75-95	00	Profound CD	00.0%
Total	370		100%

The above table shows that, out of the 370 sampled students it was only twelve (12) students were found not to have scored points that will make them to be classified as students with conduct disorder. Therefore, their behaviour is just normal adolescent misbehaviour. One hundred and forty (141) students were found to score between eleven (11) to thirty two (32) points. The number (141) which amount to 38.1% of the respondents, are classified as students with mild conduct disorder. While one hundred and sixty (160) students, amounting to 43.2% of the respondents were found to obtained points between thirty three (33) to fifty three (53), hence are classified as students with moderate conduct disorder. Fifty seven (57) students, which

amount to 15.4% of the respondents, have scored points between fifty four (54) and seventy four (74) points, therefore, are classified as students with severe conduct disorder. No single student was found to score between seventy five (75) and ninety five (95) points, therefore no student was found to have profound conduct disorder. The findings show there are four (04) degrees of conduct disorder which are mild, moderate, severe and profound conduct disorder. But the predominant one was moderate followed by mild and severe.

Research Question Three:What are the most common offences committed by students with conduct disorder in senior secondary schools of Kano municipal education zone?

In order to find out the most common offences committed by students with conduct disorder in senior secondary schools of Kano municipal education zone, the researcher analysed the data gathered and determined how many students with conduct disorder are committing each particular offence, and the offences found committing by most students are the most common offences committed by students with conduct disorder, as seen below:

Table 4.13 Offences Committed by Students with Conduct Disorder

S/N Offences	F (A)	% (A)	F (B)	% (B)	N	T of %
1. Deliberately destroy other's property	154	43.0%	204	57.0%	358	100%
2. Lies to get favour or to avoid obligation	228	63.7%	130	36.3%	358	100%
3. Initiate physical fight with class mates	196	54.7%	162	45.3%	358	100%
4. Cruel to people and animal	265	74.0%	93	26.0%	358	100%
5. Been angry to my class mates	209	58.4%	149	41.6%	358	100%
6. Bullies or intimidates others	168	46.9%	190	53.1%	358	100%
7. Loses temper to others easily	226	63.1%	132	36.9%	358	100%
8. Been spiteful and vindictive	153	42.7%	205	57.3%	358	100%
9. Skips school (Truancy)	221	61.7%	137	38.3%	358	100%
10. Destroy school property	41	11.5%	317	88.5%	358	100%
11. Used a weapon that can cause injury	08	2.2%	350	97.8%	358	100%
12. Steal items of nontrivial value	124	34.6%	234	65.4%	358	100%
13. Failure to follow simple instruction	244	68.2%	114	31.8%	358	100%
14. Blaming others for a mistake or misbehaviour	168	46.9%	190	53.1%	358	100%
15 Rejecting moral statement about what is right or wrong	159	44.4%	199	55.6%	358	100%
16. Verbally abusive to people	152	42.5%	206	57.5%	358	100%
17. Never mind being caught doing a wrong things	126	35.2%	232	64.8%	358	100%
18. Been coming to school late and staying out late at night	174	48.6%	184	51.4%	358	100%
19. Abused substance	51	14.2%	307	85.8%	358	100%
20. Infringes on the right of others	156	43.6%	202	56.4%	358	100%
21. Always displaying a negative attitude	163	45.5%	195	54.5%	358	100%
22. Involve in sex	09	2.5%	349	97.5%	358	100%
23. Been uncooperative to my mates	159	44.4%	199	55.6%	358	100%
24. Irritates my teachers and other students	142	39.7%	216	60.3%	358	100%
25. Ignores adult's warning and respond to discipline poorly	151	42.2%	207	57.8%	358	100%
26. Uses other's property without their permission	107	29.9%	251	70.1%	358	100%
27. Makes demands rather than requests	203	56.7%	155	43.3%	358	100%
28. Associates with antisocial students	136	38.0%	222	62.0%	358	100%
29. Cheats in assignments, tests or games	163	45.5%	195	54.5%	358	100%
30. Not care what happens to me	133	37.2%	225	62.8%	358	100%
31. Hardly waited for something patiently	159	44.4%	199	55.6%	358	100%

Key F (A) = Frequency of those found committing an offence, % (A) = percentage of F (A), while F (B) = Frequency of those found not committing an offence, % (B) = percentage of F (B), and T of % = total percentages of % (A) and % (B).

The above table shows that the most common offences committed by students with conduct disorder in senior secondary schools are: being physically cruel to people and animal with frequency of 265 and percentage of 74.0% out of 358 and total percentage of 100; failure to follow simple instructions with 244 frequency out of the 348 and 68.2%; lies to get favour or to avoid obligation with frequency of 228 out of 358 and 63.7%; loses temper to others easily with 226 frequency out of 358 and 63.1%; skipping school (Truancy) with 221 frequency out of 358 and percentage of 61.7; been angry to my class mates with frequency of 209 out of the 358 and 58.4%; and makes demand rather than requests with frequency of 203 out of the 358 and 56.7%. While the least offences committed by those with conduct disorder are; using of weapon that can cause injury with 08 frequency out of 358 and 2.2%; involving in sex with frequency of 09 out of 358 and 2.5%; destroy school property with 41 frequency out of the 358 and 11.5% and abused substance with 51 frequency out of the 358 and 14.2%.

4.3.2 Hypotheses Testing

The four (04) hypotheses of the study were tested below using PPMCC and t-test to analyze the data obtained from the study.

Testing Hypothesis One: There is no significant relationship between conduct disorder and academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.

Table 4.14 PPMC Summary of the Relationship between Conduct Disorder and Academic Performance of Students with Conduct Disorder

Variables		Conduct Disorder	Academic Performance
Conduct Disorder	Pearson Correlation	1	-.877**
	Sig. (2-tailed)		.000
	N	358	358
Academic Performance	Pearson Correlation	-.877**	1
	Sig. (2-tailed)	.000	
	N	358	358

** . Correlation is significant at the 0.01 level (2-tailed).

The above table indicates the PPMCC summary of the relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone. The data in the above table indicates that; the computed r to be -.877 for two-tailed test at 0.05 significant level. This indicates there is negative relationship between conduct disorder and academic performance. It is negative relationship because, while scores of conduct disorder increase, the scores of academic performance decrease. Hence, the null hypothesis which says there is no significance relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone is hereby rejected. Meaning there is significance relationship between conduct disorder and academic performance.

Testing Hypothesis Two: There is no significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.

Table 4.15 T-test Summary on Gender Difference in the Academic Performance of Students with Conduct Disorder

Gender	N	Mean	Sd	Df	T-cal	P value
Male	239	46.09	12.202	356	2.993	.003
Female	119	50.40	14.043			

T = 2.993, DF 356, p<0.05

The above table shows the t-test of gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone. From the finding using tow tailed test at the significant level of 0.05, the p value is .003, degree of freedom is 356, tcal is 2.993. From this finding, the p value which is .003 is less than 0.05. Hence, the null hypothesis of there is no significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone is hereby rejected. This means there is significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.

Testing Hypothesis Three: There is no significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone.

Table 4.16 T-test Summary on Gender Difference in Conduct Disorder among the Students of Senior Secondary Schools of Kano Municipal Education Zone

Gender	N	Mean	Sd	Df	T-cal	P value
Male	239	37.62	15.010	356	2.625	.009
Female	119	33.18	15.185			

T = 2.625, DF356, p<0.05

The table above shows the t-test of gender difference in conduct disorder among the students of senior secondary schools of Kano Municipal education zone. From the t-test findings using two tailed test at the significant level of 0.05, the p value is .009, degree of freedom is 356, and t

calis 2.625. From this finding, the p value is less than 0.05. Therefore, the null hypothesis of there is no significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone, is here by rejected. Meaning, there is significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. Also the mean of male students which is 37.62 is greater than the mean of female students which is 33.18 has shown that there are more male students with conduct disorder, than their female counterparts.

Testing Hypothesis Four: There is no significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone.

Table 4.17 T-test Summary on Age Difference in Conduct Disorder among the Students of Senior Secondary Schools of Kano Municipal Education Zone

Variables	N	Mean	Sd	Df	T-cal	P value
16-19 years	310	39.10	14.146	356	10.734	.000
20-23 years	48	17.08	2.952			

T = 10.734, DF 356, P<0.5

The table above shows the t-test of age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. From the findings using tow tailed test at the significant level of 0.05, the p value is .000, degree of freedom is 356, and t-cal is 10.734. From this finding, the p value is less than 0.05. Therefore, the null hypothesis of there is no significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone, is hereby rejected. Meaningthere is significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. The mean and standard deviation of 16 to 19 years that is 39.10 and 14.146 respectively, and the mean and standard deviation of 20 to 23 years which is 17.08 and 2.952 justify this.

4.4 Summary of the Findings

This study examined the influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone in Kano state. All the research questions were answered using percentage and four (04) research hypotheses were answered using Pearson Product Moment Correlation (PPMCC) and t-test respectively. Based on the analyses carried out in this study, the followings are the summary of the findings:

1. The study also found the prevalence rate of conduct disorder among the students of senior secondary schools of Kano municipal education zone in Kano state to be 3.5%.
2. Out of the sampled three hundred and seventy (370) students, twelve (12) were found not to have conduct disorder, one hundred and forty one (141) students were found to have mild conduct disorder, one hundred and sixty (160) students were found to have moderate conduct disorder, fifty seven (57) students were found to have severe conduct disorder, and no single student was found to have profound conduct disorder. The research shows there are four (04) degrees of conduct disorder - mild, moderate, severe and profound, but only mild, moderate and severe were found among our students. But the predominant one was moderate followed by mild and severe.
3. The most common offences found students with conduct disorder committing in senior secondary schools are:
 - i. Being physically cruel to people and animal;
 - ii. Failure to follow simple instructions;
 - iii. Lies to get favour or to avoid obligation;
 - iv. Loses temper to others easily;
 - v. Skipping school (Truancy);

- vi. Been angry to my class mates; and
 - vii. Makes demand rather than requests.
4. The research found there is a negative relationship between conduct disorder and academic performance of students with conduct disorder in senior secondary school of Kano municipal education zone. That is, if conduct disorder goes up, the academic performance goes down.
 5. This study also found a significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.
 6. Also the research found a significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. There is more conduct disorder among the male students, than female students.
 7. The study also found a significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. Those within the age of 16 to 19 years were found to have conduct disorder more than those within the age of 20 to 23 years.

4.5 Discussion of the Findings

This research investigated the influence of conduct disorder on the academic performance of students in senior secondary schools of Kano municipal education zone in Kano state. Three (03) research questions were answered, and four (04) hypotheses were tested.

This study found the prevalence rate of conduct disorder among the students of senior secondary schools of Kano municipal education zone in Kano state to be 3.5%. This finding supports the study by Mental Health America (2000) which stressed that the prevalence rate of

conduct disorder among general population ranges from 2% to 9%. The findings also agree with that of Shibin, (2012) whom found the prevalence rate to be between 1-10% among adolescents, International Encyclopaedia of Marriage and Family (2003), which reported the prevalence rate to be around 2-09%, Global Burden of Disease Study (2013), which reported the prevalence to be 1 to 10%, Gureje (1994) cited in Mathew (2001) which reported it to be 3-9%, and Bartol, and Bartol (2013) which reported the prevalence of conduct disorder among youth to be between 3-9%.

The research found three (03) levels of conduct disorder among the students of senior secondary schools in Kano municipal education zone of Kano state, which are mild conduct disorder, moderate conduct disorder and severe conduct disorder. One hundred and forty one (141) students were found to have mild conduct disorder, one hundred and sixty (160) students were found to have moderate conduct disorder, fifty seven (57) students were found to have severe conduct disorder, and no single student was found to have profound conduct disorder. The finding shows that moderate conduct disorder is the most common among the students of senior secondary school of Kano municipal education zone, followed by the mild conduct disorder, then severe conduct disorder, and lastly the profound conduct disorder. The findings is similar to that of Arora (2006) which found the Mild conduct disorder to be 36%, moderate conduct disorder to be 64% and severe and profound conduct disorders to be 0% each.

According to the finding, the most common offences found students with conduct disorder committing in senior secondary schools are: being physically cruel to people and animal; failure to follow simple instructions; lies to get favour or to avoid obligation; loses temper to others easily; skipping school (Truancy); been angry to my class mates; and makes demand rather than requests. While the least offences committed by those with conduct disorder are; using of

weapon that can cause injury; involving in sex; destroy school property and abused substance. This finding correspond with the findings of Angela & Edward (2008) which found the common offences committed by students with conduct disorder to include; frequent physical fights, lying to peers or teachers bullying/threatening classmates and other students, stealing from peers destruction of property, drug use, and sexual exposure.

The finding also agreed with that of Aladegbola (2013) which stated in his findings that; students with conduct disorder tend to be perpetually restless in classroom, hostility to self and others, unnecessarily aggressive, truancy, among others. This finding also corresponds with the research of Comer (2007) which found that an adolescent with conduct disorder usually exhibits aggressive behaviour that causes harm, destruction of property, deceitfulness or theft, and serious rule violations, in a variety of settings-at home, at school, and in social situations. The finding also buttress the findings of Tiffany (2005) that revealed; children with conduct disorder exhibit assault, truancy, disrespect, shoplifting, fights, cruelty, and disobedience. The research finding also correspond to the opinion of Philip (2007) which opined that; adolescents with conduct disorder shows callous, unemotional lack of kindness, and compassion, have little concern for the feelings, wishes and well-being of others and they are bullies, thieves and vandals.

The study found a significant relationship between conduct disorder and academic performance of students. But the relationship is a negative relationship. This mean conduct disorder negatively influences the academic performance of students in senior secondary schools of Kano municipal education zone. The finding agrees with the findings of Moffit (2008) which stressed that, individual with conduct disorder exhibit neuropsychological deficits and these deficits affect verbal communication skills and IQ levels of the individual. The study also buttress the finding of Dishion, (2009) which found that conduct disorder usually lead to loss of

self-esteem, low commitment to learning activities, frustration and aggression to people, which in turn results in under performance in school's activities. The study also corresponds with the findings of Durlak (2005) which revealed that conduct disorder brings academic underachievement and poor development of prosocial skills among students with the disorder. The finding is also similar to that of Angela & Edward (2008) which found that students with conduct disorder, compared to students without conduct disorder, had persistent academic difficulties that resulted in the following: lower average marks, more failed grades, more expulsions, and increased dropout rates. The finding is also similar to that of Oluremi (2013) which found that truancy which is part of conduct disorder could result into poor academic achievement, losing friends and parties.

This study also found a significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone. This implies that conduct disorder negatively influence the academic performance of male students with conduct disorder than their female counterparts. This finding supports the finding of Aladegbola (2013) which revealed that gender have significant influence in deciding the influence of conduct disorder on academic performance in particular, and learning in general. The finding also agrees with that of Tokunbo (2007) which revealed that gender and age have significant influence in deciding the effect of conduct disorder on learning. The finding also support the research of Pope's in (2009) which revealed that males suffer chronic conduct disorder in the pre pubescence stage of postnatal development and hence they are more backward in learning than their female counterparts.

Also the research found significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. This finding also correspond with that of Comer (2007) which found that conduct disorder affect boys more than their girls

counterparts. The research also supports a report in British Journal of Psychiatric (2009), which reported that there is gender difference in conduct disorder. The report reveals that conduct disorder is rare in females especially in their childhood period, with a ratio of ten (10) males to one (01) female. But, in their adolescence period the ratio reduced to 1.5 male to 1 female. This finding also buttresses the finding of Idris (2014) which found a significant difference in conduct disorder, his findings also reveal higher conduct disorder among male students than among female students.

The study also found a significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone. Those within the age of 16 to 19 years were found to have conduct disorder more than those within the age of 20 to 23 years. This finding supports the finding of Tiffany (2005) which revealed that most children and adolescents with conduct disorder do not grow up to have behavioural problems or problems with the law as adults; most of them do well as adults, both socially and occupationally. This finding also supported the report of Bernstein (2014) which reported that, Conduct disorder usually appears in early or middle childhood as oppositional defiant disorder (ODD) and nearly one half of children with ODD have conduct disorder by adolescence.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This research examined the influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone in Kano state. The focal points of this chapter are on summary of the entire research work, then conclusions and recommendations based on the research findings.

5.2 Summary

The main thrust of this research is influence of conduct disorder on academic performance of students in senior secondary schools of Kano municipal education zone. In chapter one, background to the study was highlighted, statement of the problem was stressed, seven (07) research objectives of the study were stated, seven (07) research questions based on the research objectives were stated and four (04) research hypotheses were formulated from the research questions. The significance of the study was also highlighted and the scope and delimitation of the study were also highlighted.

In chapter two which deals with review of related literature, the various related literature on conduct disorder, the offences committed by conduct disordered students, the prevalence rate of students with conduct disorder, gender differences in conduct disorder, academic performance, and how each variable is related to each other, were reviewed. The review covers both the conceptual and theoretical framework of each variable; inclusive is the various empirical studies carried out by different researchers.

In chapter three which is the research methodology deals with what was done and how it was done in carrying out the research. The design employed was ex post factodesign; the population

of the study was 10,275 SSIII students of senior secondary schools of Kano municipal education zone, from which a sample of 370 students was drawn through purposive sampling technique, and using of research advisor as a guide. Also in this chapter, the data collection instrument used and the procedure followed to gather data was discussed. Vanderbilt Assessment Scale for Conduct Disorder and Attention Deficit/Hyperactivity Disorder and pro forma for collecting and recording student's academic performance, were used to collect data of the research and they were administered and collected by the researcher and research assistants. Scoring procedure and validations of the instruments were discussed. The chapter ended with the remarks on how the gathered data will be analysed. The researcher used percentages, PPMCC and T-test to answer the research questions and tested hypotheses respectively.

Chapter four focuses on data presentation and analysis. Under this chapter, the data gathered were presented and analysed through the customary presentation of the research questions one after the other from the first question to the last one, then the research hypotheses in the same order. Each research question and hypotheses was accompanied by tables that contain the findings of the research, which comprise of information on frequencies, percentages, mean, standard deviation, degree of freedom and levels of significance in case of hypotheses.

The final chapter of the research is chapter five, and it comprises of summary, conclusions and recommendations based on the research findings.

5.3 Conclusion

From the aforementioned findings and discussions of the study, it can be concluded that there is significant negative relationship between conduct disorder and academic performance of students in senior secondary schools of Kano municipal education zone in Kano state. This means that an increase in conduct disorder is followed by decrease in academic performance.

This indicates that conduct disorder negatively influences the academic performance of students in senior secondary schools of Kano municipal education zone.

The study also concludes that the most common offences committed by students with conduct disorder in senior secondary schools are: being physically cruel to people and animal; failure to follow simple instructions; skipping school (Truancy); loses temper to others easily; lies to get favour or to avoid obligation; and initiating physical fight with class mates.

From the findings it can also be concluded that most of our students with conduct disorder have moderate conduct disorder, followed by the mild conduct disorder, and then severe conduct disorder.

It can also be concluded from this research that the prevalence rate of conduct disorder among the students of senior secondary schools of Kano municipal education zone in Kano state is 3.5%.

The study also concludes that there is significant gender difference in the academic performance of students with conduct disorder in senior secondary schools of Kano municipal education zone.

Also the research concludes that there is significant gender difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone.

Lastly the research concludes that there is significant age difference in conduct disorder among the students of senior secondary schools of Kano municipal education zone in Kano state.

5.4 Recommendations

This has to do with suggestions from the study and suggestions for further studies.

5.4.1 Recommendation from the Study

Based on the findings of the research, the following recommendations are offered:

1. Psychologists and experts in tests and measurement should try to develop indigenous instruments for assessing conduct disorder. This is to avoid over dependency on western instruments, as we have different norms and culture.
2. KSSSMB should endeavour to organize lectures and workshops to acquaint the various counsellors and teachers in secondary schools with relevant knowledge of conduct disorder. This will help them in devising a way to help in containing the menace of conduct disorder in secondary schools.
3. Cognitive, affective and psychomotor domains should be enhanced among students of senior secondary schools, with a view to help in curtailing the menace of conduct disorder.
4. Instead of corporal punishment of the students with conduct disorder, teachers and parents should be giving them advice and proper counselling against their misconduct.
5. The state government should establish conduct disorder and other minor behavioural disorders correction centre, where those identified with conduct disorder, especially those with severe and profound conduct disorder will be taken there for correction of their behaviour.
6. Parents and guardians should endeavour to be monitoring their wards, particularly adolescents. This will help in detecting early symptoms of conduct disorder and putting measures to contain its deteriorating.
7. Teachers should work tirelessly to inculcate discipline and moral values to their students.

8. Teachers should also be motivating their students and they should also try as much as possible to establish cordial relationship with their students. This will make the students to feel free with their teachers, thus discarding their unwanted conduct.

9. Religious bodies should intensify preaching and teaching, especially among adolescents.

10. Since the research had established that conduct disorder influence academic performance negatively, there is the need for special teaching and learning programme for the students with conduct disorder, so that they can keep pace academically with their colleague without conduct disorder.

5.4.2 Recommendation for Further Studies

Considering the negative effect of conduct disorder on the life of affected individual, his/her family and the entire community, there is the need for further research on the causes of conduct disorder, and the possible way of treating the disorder.

It is also recommended for further research to find out the specific level of conduct disorder which influences the academic performance of students most in senior secondary schools.

This research was limited to senior secondary schools in Kano municipal education zone of Kano state, thus it is important to replicate this empirical study for a larger population.

Similarly, the research was limited to public schools only, similar research should be conducted to incorporate both public and private schools.

REFERENCES:

- Abrantes, R. (2005) *Evolution of Canine Social Behaviour*. Cambridge: Dogwise publishing Company.
- Adeusi, S.O. (2013). *Efficacy of Cognitive Restructuring and Behavioural Rehearsal on Conduct Disorder in Adolescents in Special Correctional Centres in Lagos state*. Unpublished Thesis Submitted to Covenant University, Otta.
- Agulanna, (2012). *Family Dynamics and Adolescent Conduct Disorders among Nigerian Secondary School students*. Retrieved on 16th September, 2015, from <http://www.studymode.com/essays/Family-Dynamics-Adolescent-Conduct-Disorders-html>.
- Ahmad, M.G. (2014) *Unpublished Lecture Note on Personality Traits*. Kano: BUK.
- Akpan, M. U., Ojinnaka, N. C., and Ekanem (2012). *Academic performance of school children with behavioural disorders in Uyo, Nigeria*. *African Health Science Journal*, 10(2): 154–158.
- Aladegbola, A.G. (2013). *Oppositional Defiant and Conduct Disorder in Ekiti State Secondary Schools, The Effect on Learning*. *Ekiti: Global Advance Research Journal of Educational Research and Reviews* (11, pp. 218-221).
- Alice, H.E. (2013). *Sex Differences in Social Behaviour: A Social-Role Interpretation*. Indiana: Harvard business press.
- American Psychiatric Association.(2000). *Diagnostic and statistical manual of mental disorders* (4th ed., 98-99). Washington, DC: American Psychiatric Association.
- Arora, M. (2006). *Prevalence of conduct disorder in school children of Kanke*. Ranchi India: Jharkhand publishers.
- Angela, I.F. & Edward A.D. (2008). *Conduct Disorder amongst Children in an Urban School in Nigeria*: Port Harcourt.
- Annie, W., Howard W. S., & Mildred M.W.(1999). *Achievement and Ability Test - Definition of the Domain*. Lanham. University Press of America.
- Baker, L.L. & Scarth, K. (2002). *Cognitive Behavioural Approach to Treating Children and Adolescents with Conduct Disorder*. Ontario: Children's Mental Health.

- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. EnglewoodCliffs, New Jessy: Prentice-Hall.
- Barkley, R. A. (1998). *Attention Deficit and Hyperactivity Disorder: A handbook for diagnosis and treatment* (2nd edition). New York: Guilford Press.
- Bello, A.B. (2015). *Guidelines for Writing Theses and Dissertations for Post Graduate Students In Education Department*. Unpublished paper.
- Bernstein, B.E. (2014). *Overview of Conduct Disorder*. Retrieved on 23rd June, 2015 from; <http://emedicine.medscape.com/article/9182-overview>.
- Bichi, M. Y. (2004). *Introduction to Research and Statistics*. Kano: Debis-Co Press and Publishing Company.
- Burke, J. D., et al (2002). *Oppositional Defiant Disorder and Conduct Disorder: A Review of the Past 10 Years, Part II*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 41(11), 1275-1293.
- Comer (2007) in his research titled “ Practice parameters for the assessment and treatment of conduct disorder of children and adolescents with conduct disorder”
- Comer, R. J. (2007). *Abnormal Psychology* (6th edition). New York: Worth Publishers.
- Crowther, T.J., Bond, L.A., and Rolf, J.E. (1981). *The Incidence, Prevalence, and Severity of Behaviour Disorder among Preschool-Age Children in Day Care*. Retrieved on 7th August, 2015, from <http://www.ncbi.nlm.nih.gov/pubmed/7217536>. Retrieved on 14/6/2015.
- David, S.R (2006). *Disruptive behaviour disorder: what is normal and what is not?* Washington: Canyon Publishers.
- Dishion, T. J. (2009). *A Research on Family, School, and Behavioural Antecedents to Early Adolescent Involvement with Antisocial Peers*. Arizona; Arizona State University Press. *Diagnostic Statics Manual-5*, (2013).
- Evans, G.D. (2012). *Conduct Disorder*. Retrieved on 19th August, 2015, from <http://edis.ifas.ufl.edu/he136>.
- Fareeha, A. S. (2012). *Behavioural Problems and Conduct Disorder: Information for Parents, Guidance and Anyone who Works with Young People*. London: Prescott Printers.

- Fiyifolu, B. A. L. (2011). Reflections on Unacceptable Behaviour among Nigerian Youths in Nigerian Universities in the Past Decades. *The Nigerian Social Scientist*, March, 7(4): 7-11.
- Hassan, T. (1995). *Understanding Research in Education*. Lagos: Merrifield Company.
- Hawkins, J.D. & Catalano, R. (1995). *Risk focused prevention: Using the Social Development Strategy*. Seattle: Developmental Research and Programs, Inc.
- Idris, S. R. (2014). Incidences of antisocial behaviour among senior secondary school students of Kano Municipal education zone. *Kano journal of educational studies*, volume 4, number 1, P 133-148.
- Iliyasu, B. (2006, June, 29). Secondary school riot in Sumaila consumes a police inspector. *Daillytimes newspaper*. Retrieved on 23/11/2015, from www.thetimes.co.za/News/Article.aspx?
- International Encyclopaedia of Marriage and Family. 2003. Retrieved December 02, 2015 from Encyclopedia.com: <http://www.encyclopedia.com/doc/1G2-3406900090.html>.
- Jermund, N. (2010). *The Historical Foundations of Conduct Disorder: Historical Context, Theoretical Explanations and Interventions*. Norway: Oslo printers.
- Kazdin, A. E. (1995). Risk Factors, Onset, and Course of Dysfunction. In *Conduct Disorders in Childhood and Adolescence* (2nd ed.) (pp. 50-74). Thousand Oaks, CA: Sage Publications.
- Lahey, B. B. (2004). *A Developmental Propensity Model of the Origins of Conduct Problems During Childhood and Adolescence*. New York: Guilford Press.
- Lahey, B.B. (1995). Four-year Longitudinal Study of Conduct Disorder in Boys: Patterns and Predictors of Persistence. *Journal of Abnormal Psychology*, 104(1), 8393.
- Lahey, B. B., Moffitt, T. E., and A. Caspi (2003). *Causes of Conduct Disorder and Juvenile Delinquency*. New York: Guilford Press.
- Lawal, M.A. (2011). *An Introduction to Educational Psychology*. Zaria: ABU Press Ltd.

Lacourse (2010) Gaining a better understanding of the causes of conduct disorder and other behavioural problems

Leaver, J. (2015). Conduct disorder – Encyclopaedia of Mental Disorders. Retrieved on 23rd August, 2015, from www.minddisorders.com/Br-Del/Conduct-disorder.html.

Loeber, R., Green, S.M., Keenan, K., Lahey, B.B. (1995). Which Boys Will Fare Worse? Early Predictors of the Onset of Conduct Disorder in a six-year Longitudinal Study. *Journal of the American Academy of Child & Adolescent Psychiatry*. (34) 4, 499–509.

Lucky, F. & Biggy, B.N. (1999). The Physiological Differentiation of Fear in Adolescents. *Psychosomatic Medicine*, 15: 433-442.

Ludvigsen, K. & Seip, A. A. (2009). The Establishing of Norwegian Child Psychiatry: Ideas, Pioneers and Institutions. Norwich: PM press Ltd.

Mauro, C.F. (2006). Cognitive Behavioural Therapy for Children and Adolescents with anxiety, Mood and Conduct Disorders. Ohio: Miami University.

McCready, W.C. (2006). Applying sampling procedures. California: Thousand Oaks publishers.

McMahon R. J., Frick P. J. (2005). "Evidenced-based assessment of conduct problems in children and adolescents". *Journal of Clinical Child and Adolescent Psychology* 34: 477–505.

Melissa, B. (2007). Environment and Academic Performance of Students. Retrieved on 6th November, 2015, from www.ehow.com/about_4740750_define.

Moffitt, T. E. (1993). Adolescence limited and life course persistent antisocial behaviour: A developmental taxonomy. *Psychological Review*, 100(4), 674-701.

Moffitt, T. E., Caspi, A., Rutter, M., and Silva, P. (2001). Sex differences in antisocial behaviour: Conduct disorder, delinquency, and violence in the Dunedin longitudinal study. Cambridge, UK: Cambridge University Press.

Muuss, R.E. (1996). Theories of Adolescence. New York: McGraw-Hill.

- Nurcombe, B. (2008). *Oppositional Defiant Disorder and Conduct Disorder: Current Diagnosis and Treatment Psychiatry* (2nd edition). New York: McGraw Hill.
- Ndagi, M. (1984). *How to write dissertations and project reports* (2nd edition). Harlow: Pearsonpublishers.
- Onwukwe, R. N. (2007). *Advanced psychology of learning and scientific enquiries*. Enugu: J.J Classic Publishers.
- Peck, C.K. (2002). Personality of High School Truants. *The Personnel and Guidance Journal*, (2),1, 16-22.
- Patterson, G. R., Barbara D. & Elizabeth, R. (1989). A Developmental Perspective on Antisocial Behaviour. *American Psychologist*, 44(2), 329-335.
- Patterson, G.R. (1975). *A Social learning approach to family intervention*. Eugene: Castaliainc.
- Peter, W. (2013). *Social anxiety: causes and effect*. New York: Harper and Row.
- Ross, A. (2011). How can a teacher guide adolescents for proper emotional development. Retrieved on 23rd July, 2015, from <http://www.preservearticles.com/2011111517267/how-can-a-teacher-guide-adolescents-for-proper-emotional-development.html>.
- Rutter, M. & Taylor, E. (2008). *Rutter's child and adolescent psychiatry*. London: Blackwell Publishing.
- Santrock, J.W.A. (2008). *Topical Approach to Life-Span Development. Moral Development, Values, and Religion: Antisocial Behaviour*.
- Segilola, R. (2009). *Anxiety: Causes and Treatment*. Nigeria: University of Lagos Press.
- Snodgrass, J. (1984). Pioneer child psychiatrist and criminologist. *Journal of the History of the Behavioural Sciences*, 20(4), 332-339.
- Snyder, J. J., John, B. R. & Gerald, R. P. (2003). *A Social Learning Model of Child and Adolescence Antisocial Behaviour*. New York: Furrow publishers.

Tokunbo, L. (2001). Psychiatric Classification of Non Conversion Non Epileptic Seizures. *Archives of Neurology*, 41:199-201.

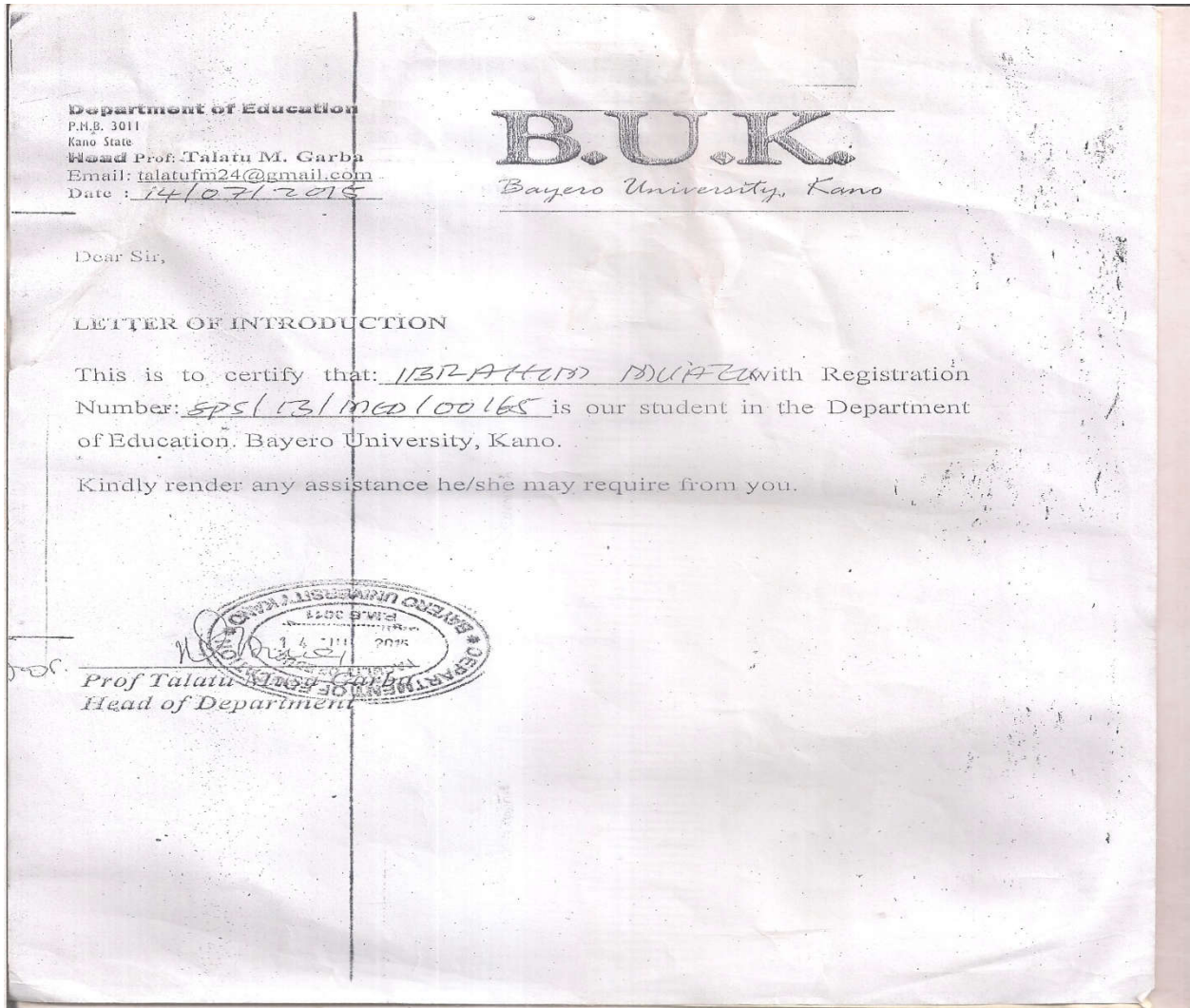
U.S. Department of Health & Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services.

Walklate, S (2003). *Understanding Criminology – Current Theoretical Debates*, 2nd edition, Maidenhead: Open University Press.

Waschbusch, D. A., & Elgar, F. J. (2007). *Development and Validation of the Conduct Disorder Rating Scale*. Buffalo, New York: HighWire Press platforms.

Woolfolk, A. (2007). *Educational Psychology* (10th ed.). Boston: Pearson press.

APPENDIX ONE



APPENDIX TWO



KANO STATE SENIOR SECONDARY SCHOOLS MANAGEMENT BOARD
GIDAN MALAMAI


No. 1 Lawan Danbazau Link, P. M. B. 3065, Kano.
☎ : 064-318855, 669420, 661948, 667884, 667869

Our Ref:.....Your Ref:.....Date:.....
KSSSMB/ADM/600/V.I/308 4TH NOVEMBER, 2015

TO WHOM IT MAY CONCERN

This is to introduce **Ibrhim Mu'azu** who is currently on research as part of his thesis.

Please, give him all the necessary assistance he may require


Nura Abba Dandago
Coordinator Feeding & Other Matters
For: Executive Secretary

APPENDIX THREE

List of schools and number of students in Municipal Education Zone

S/N	SCHOOL	TYPE OF SCHOOL	NO. OF STUDENTS
1.	ABCQS Kano	Boys	203
2.	Ado Gwaram, GSS	Boys	320
3.	A/Nametuwo, GGASS	Girls	158
4.	City Women Centre	Girls	230
5.	Eng B/Karaye, GSS	Boys	00
6.	B/GIJI, GASS	Boys	138
7.	Darmanawa, GGSS	Girls	117
8.	Darmanawa, GSS	Boys	81
9.	FatiMuhd, GGSS	Girls	330
10.	Festival, GGSS	Girls	211
11.	GandunAlbasa, GGSS	Girls	617
12.	GyadiGyadi, GSS	Boys	266
13.	HasiyaBayero, GGASS	Girls	461
14.	HajiaDelu, GGASS	Girls	71
15.	Hassana Sufi, GGSS	Girls	450
16.	Hausawa, GASS	Boys	151
17.	Hausawa, GSS	Boys	120
18.	Hausawa, GGSS	Girls	149
19.	HIS Shahuci	Boys	357
20.	Kofar Kudu, GGSS	Girls	110
21.	Koki, GGASS	Girls	67
22.	Koki, GSS	Boys	00
23.	KofarNassarawa, GSS	Boys	554
24.	Kundila, GASS	Boys	00
25.	Kundila, GSS	Boys	335
26.	Maryam Shekarau, GGSS	Girls	00
27.	Rumfa College	Boys	514
28.	SabuwarKofa, GSS	Boys	924
29.	SAS, Kano	Boys	520
30.	Saudat, GGASS	Girls	120
31.	Sharada, GGSS	Girls	360
32.	Sharada, GSS	Boys	644
33.	Shekara, GGSS	Girls	205
34.	Tahir, GGASS	Girls	150
35.	T/Kudu, GGASS	Girls	90
36.	Umma Zaria, GGSS	Girls	171
37.	UnguwaUku, GGSS	Girls	350
38.	UnguwaUku, GSS	Boys	271
39.	U/Gano, GSS	Boys	158
40.	Yakasai, GGSS	Girls	302
41.	Zoo Road, GGASS	Girls	00
Total		41	10,275

APPENDIX FOUR

SECTION 'A'

Name of student:-..... Age:-..... Class:-..... Gender:-.....
 School:-..... Date:-.....

Instructions: The items listed below describe student's behaviour in senior secondary schools. Please read each item carefully and honestly tick the box that best describes your behaviour for the last 12 months.

SECTION 'B'

In the past 12 months, I have:-		Never	Occasionally	Often	Very often
1	Deliberately destroy other's property				
2	Lies to get favour or to avoid obligations				
3	Initiate physical fight with my classmates				
4	Physically been cruel to people and animals				
5	Been angry or spiteful to my classmates				
6	Bullies or intimidates others				
7	Loses temper to others easily				
8	Been vindictive and uncooperative to my mates				
9	Skips school (truancy)				
10	Destroy school property				
11	Use weapon that can cause injury				
12	Steal items of nontrivial value				
13	Refuse to follow simple instruction				
14	Blame others for my mistakes or misbehaviours				
15	Rejects moral advise on what is right or wrong				
16	Been verbally abusive to people				
17	Never mind been caught doing the wrong thing				
18	I go to school late or stay out from home till night				
19	Abuses substance				
20	Infringes on the right of others				
21	Displays negative attitude toward others				
22	Involve in sex				
23	Been uncooperative to my mates				
24	Irritates my teachers and other students				
25	Ignores adult's warning and respond to discipline poorly				
26	Uses other's property without their permission				
27	Makes demands rather than requests				
28	Associates with antisocial students				
29	Cheats in assignments, tests, or games				
30	Did not care what happens to me				
31	Hardly waits for something patiently				

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: -School 'A'. Type of school: - Boys. LGA: - Tarauni.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	KhalifaTijjani	34	38	24	34
2.	JamiluAbdullahi	70	81	40	64
3.	Mustapa Bello Hassan	81	71	45	66
4.	Ismail AbubakarDanyaro	50	58	34	47.3
5.	HalifaRabi'u	71	60	19	49
6.	Musa Ridwan Musa	50	60	38	49.3
7.	Musa Sabo Aliyu	61	51	26	47
8.	Shafi'uHarunaShuaibu	50	71	09	43
9.	Aliya Ali	61	54	26	47.3
10.	YasirIdrisAbubakar	71	60	50	60
11.	Abdujjabar A. Mahmud	19	34	29	27
12.	AuwalAbdullahi A.	62	27	48	61
13.	Aliyu Muhammad	73	65	47	60
14.	Abdullah A Aminu Ibrahim	73	47	12	44
15.	Anwar DahiruAbdullahi	17	27	17	48
16.	KabirMuhammad	41	27	40	64
17.	Ahmad Jafar	58	60	26	48
18.	Aliyu Usman Sani	59	63	25	49
19.	Ibrahima A Ahmad	40	50	27	39
20.	Hafizu Muhammad	46	60	09	40
21.	Zaidu Umar	84	55	13	50
22.	Abubakar A Muhd	90	60	48	66
23.	ShuaibuHamisu	40	55	19	49
24.	Muazzam A Muhd	51	73	54	60.3
25.	AbubakarMuhd	29	50	41	40
26.	Aliyu Usman Salisu	58	60	29	49

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "B". Type of school: - Girls. LGA: - Tarauni

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	Amina Usman	40	45	34	40
2.	ZainabIsma'il	51	54	38	48
3.	Sakina Jabir	50	51	41	47
4.	Binta Hassan	42	91	80	71
5.	Bara'atu Yusuf	54	43	51	49
6.	HasiyaAbdulkadir	34	30	29	31
7.	HassenatuGarba	42	40	16	32
8.	Rabi'atuAbdullahi	60	55	24	46
9.	Farida Salihu Ahmad	40	50	26	41

DEPARTMENT OF EDUCATION**BAYERO UNIVERSITY, KANO**

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "C"; Type of school: - Girls; LGA: - Tarauni

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	SadiyaShu'aibu	90	50	42	61
2.	Fatima Sani Muhd	59	57	52	56
3.	BilkisuAdamu	57	54	07	39.3
4.	HussainaIdris	55	31	45	44
5.	HauwaMuhdIsah	53	40	40	44.3
6.	Zulaihat Ahmad	45	39	41	42
7.	Jamila Bashir	50	28	42	40
8.	Aishat Hussain	51	58	44	51
9.	Nafisat Nasir	60	41	46	49
10.	Aisha Murtala Y	43	55	57	52
11.	Nabila Muktar	40	45	34	40
12.	Aisha Shehu Ahmad	51	54	38	48
13.	Sadiya Ado Ahmad	31	58	50	46.3
14.	Aisha Sani	50	22	54	42
15.	Sadiya Yusuf Yunusa	58	52	40	50
16.	Maryam Sada	59	43	19	41
17.	ZainabAbdussalam	35	50	40	42
18.	Maimuna Adam	50	44	42	45.3
19.	Maryam SadiSulaiman	60	55	52	56
20.	RuqayyaMuhdZakari	46	40	22	36.3
21.	Aisha Abdullahi Umar	48	33	09	30
22.	Sa'adatu Saleh	59	49	42	50
23.	Huwaila Bello	55	52	39	55.3
24.	HadizaIyaku	40	40	23	34.3
25.	ZainabNura Sani	58	54	37	50
26.	AishatuShehu	19	38	00	19
27.	Fatima Datti	40	23	36	33
28.	Amina Hussain	50	58	32	47
29.	Shamsiyya Ado	55	42	44	47.3
30.	MufidaHaruna	44	51	46	49

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "D". Type of school: - Girls. LGA: - KMC

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	Aisha YakubuRabi'u	38	52	37	42.3
2.	RahamaYakubuSa'id	49	33	40	41
3.	Amina Abubakar	39	54	39	44
4.	Halima Musa Maman	42	57	69	56
5.	UmmiFaruk Umar	38	44	49	44
6.	DayyabaMuhd Sani	38	48	37	53
7.	UmmulkhairBadamasi	40	50	32	41
8.	Hauwa'uBadaru	48	39	50	46
9.	Asma'uRufa'i	53	31	40	41.3
10.	HadizaAbdussalam	60	40	19	40
11.	ZainabKabir	51	40	38	43
12.	HannatuYakubu	47	39	40	42
13.	Binta M Hassan	54	57	36	49
14.	RukayyaAbdulhadi	43	45	42	43.3
15.	ZainabHaladu	49	43	40	44
16.	FauziyyaLabaran Baba	70	37	58	55
17.	ShamsiyyaJibiril	56	70	61	62.3
18.	Aina'u Muhammad	78	40	58	56
19.	SalamatuSulaiman	60	49	40	50
20.	HadizaAbubakar Yusuf	62	48	63	58
21.	Rashida Bello	56	45	59	53.3
22.	Fa'izaAliyu	57	66	49	57
23.	HanifatuAbdullahi	58	51	56	55
24.	NusaibaAbubakar	59	53	50	54
25.	Fatima Abdurrazaq	90	47	53	64
26.	MunubiyaYakubuKani	82	50	33	55.3
27.	RufaidaAyuba	60	85	59	68
28.	Nafisa Ahmad Abdulaziz	88	45	42	58.3
29.	Khadija Kabir	56	39	32	49
30.	HaulatuShehu	50	40	19	36
31.	Halima Sa'ad	44	48	56	49
32.	Ruqayya M Yusuf	55	49	46	50
33.	SadiyaJafar	46	40	35	40
34.	Jamila Mukhtar	45	61	12	47

35.	Safiya Ado	51	57	41	49
36.	Hadiza S Mu'azu	71	55	37	48
37.	Saudat Yakub	53	60	29	47
38.	Shafa'atu M Sani	89	84	67	80
39.	Amina Hussain	50	58	32	47
40.	Shamsiyya Ado	55	42	44	47.3
41.	Mufida Haruna	44	51	46	49
42.	Nana Aisha Sadiq	40	45	34	40
43.	Aljannatu Muhammad	51	54	38	48
44.	Nadia Ishaqa	31	58	50	46.3
45.	Hafsat Ibrahim	50	22	54	42
46.	Sadiya M Shuaibu	45	58	59	54
47.	Hajara S Bako	54	59	46	53
48.	Aminatu Usman	45	36	41	37
49.	Saddiqa Ibrahim	87	39	19	33
50.	Bilkisu Ahmad	57	42	21	47

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "E". Type of school: - Girls. LGA: - Tarauni

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	SayyadiSanda	40	45	34	40
2.	AyubaYakubu	50	72	56	59.3
3.	Haruna Ahmad	90	56	46	65
4.	Muhammad Isyaku	49	55	72	50
5.	Ibrahim Garba	45	15	56	39
6.	SagirYahuzaAbdulkadir	55	40	25	40
7.	MuntariAliyu	70	45	45	53.3
8.	Umar Muhammad Ahmad	58	37	55	50
9.	HarunaUsaman	60	58	44	54
10.	Lawal Yusuf	57	28	15	33.3
11.	Ibrahim Garba A	38	14	00	17.3
12.	ShehuHamisu Ibrahim	23	31	40	31.3
13.	AbdussalamIdris	45	40	26	37
14.	Musa Adamu	41	27	46	38
15.	Saad Ali Mukhtar	38	45	50	44.3
16.	Kabiru Sani	35	42	44	40.3
17.	Ado Ismail	41	45	34	40
18.	HarunaIshaq	42	57	55	45
19.	Muhammad Zuladaini	92	82	51	75
20.	SanusiSulaiman	55	33	41	43
21.	Ismail Musa Falgore	51	58	55	55
22.	AuwalZubairu	46	40	37	41
23.	Adamu S Ayuba	60	51	46	52.3
24.	Abbas Mukaddas	51	40	42	44.3
25.	AbubakarSulaiman	55	44	49	49.3
26.	Yusuf GarbaAhnad	49	47	18	35

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "F". Type of school: - Girls. LGA: - KMC.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	Hauwa' uYahaya Ahmad	46	55	33	45
2.	Aisha Nasir Zubair	50	60	34	48
3.	Amina Kabir	49	62	38	50
4.	Aisha M Ahmad	46	50	24	40
5.	SadiyaShehu	40	90	37	56
6.	HassanaKamilu	58	80	38	59
7.	HajaraRabi' u	55	50	34	46.3
8.	Ruqayya Musa Sani	58	60	39	52.3
9.	Hauwa Hussain Muhd	53	83	37	58
10.	Fatima Bello	46	60	29	45
11.	Hussaina Umar Rabi' u	59	90	33	61
12.	Amina Abubakar	50	58	35	48
13.	Amina IliyasuHaruna	60	51	38	50
14.	Khadija S Hassan	55	90	31	59
15.	Fatima B Jibrin	58	71	36	55
16.	Maryam Abdussalam	56	54	41	50.3
17.	Halima Adam	58	50	30	46
18.	Salamatuldris	50	58	37	48.3
19.	Aisha Abdullahi Y	59	76	39	58
20.	Hauwa' uFarukYakasai	60	61	33	51.3
21.	Yasira Ibrahim Basher	58	80	44	61
22.	Nusaiba Sale Muhd	63	40	28	44
23.	Maryam U Usman	45	57	31	44.3
24.	BintaLawalAbdullahi	80	51	37	61
25.	Zulaihat Ibrahim	82	53	39	58
26.	Sadiya Adam Alkasim	55	58	32	47
27.	Haifah Isa Ishaq	40	90	59	68
28.	BintaKhailaniKabir	54	61	42	48
29.	Yahanasu Ibrahim	90	57	36	49
30.	Aisha YakubuHaruna	22	91	39	73.3
31.	Na' ima Ibrahim	45	11	39	24
32.	Ruqayya Muhammad	61	58	37	52
33.	Maryam Ahmad	40	53	11	35
34.	RukayyaAbubakar	50	28	17	32
35.	Amina Abdullahi	60	19	27	35.3
36.	Maryam Jamilu	41	57	16	38
37.	Zaituna Habib	45	42	20	36

DEPARTMENT OF EDUCATION**BAYERO UNIVERSITY, KANO**

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "G". Type of school: -Boys. LGA: - KMC.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	AliyuNasiru	59	37	47	48
2.	Lawal Ado	54	23	17	26.3
3.	Halifa Abba	55	32	31	39
4.	Umar I Abba	50	74	40	46
5.	Sani Shafiu	41	24	52	39
6.	AbubakarSalisu	50	52	47	50
7.	MustaphAsani	48	57	47	53.3
8.	Abdussalam S Ahmad	20	20	20	20
9.	Umar Mustapha	40	40	46	42
10.	Halifa Sabo	60	37	23	40
11.	Aminu M Saraki	34	37	42	38
12.	Mubarak Hassan	79	55	48	61
13.	YahuzaYahya	21	13	27	29,3
14.	Usman Dandela	26	30	34	30
15.	Wada Bello	44	30	25	33
16.	Peter Rabo	50	40	28	39.3
17.	Aliyu Muhammad	41	38	32	37
18.	Aminu Bello	50	41	14	35
19.	Umar Aliyu	30	45	40	38.3
20.	NasiruSulaiman	40	44	39	41
21.	Musa Ya'u	57	40	22	40.3
22.	Basher Ismail	55	47	31	44.3
23.	Kamal H Abdullahi	37	47	39	41
24.	AbdullahiSanusi	41	44	50	45
25.	Saddam Ahmad	56	40	39	45
26.	Muazu Sani	41	42	41	41.3
27.	HaliluDahiruBunu	47	43	37	42.3
28.	AbdurraqMuazu	51	47	35	44.3
29.	Hassan Abdullahi	40	53	46	46.3
30.	Umar Ahmad	63	57	72	64
31.	Abbas Abdullahi	50	50	41	47
32.	Sadiq Ahmad	45	52	44	47
33.	Ahmad Shehu	88	57	50	65
34.	MuktarJamilu	53	47	48	49.3

35.	SayyidSagir	46	51	54	50.3
36.	AbubakarBabaganaAje	56	48	52	52
37.	Muhammad M Kabir	91	77	60	76
38.	Muktar Abba Muktar	50	66	40	52
39.	Muhammad I Azare	60	56	61	59
40.	KaabAbdulrahaman	54	59	46	53
41.	Yusuf Muhammad	71	51	49	57
42.	Khailani Ibrahim	60	48	52	53.3
43.	HilalSanusi	66	48	63	59
44.	Umar Atiku	74	53	48	58.3
45.	ZaharaNasidi	58	42	40	40
46.	Ismail Muhammad	49	44	37	43.3
47.	Lawan Ahmad	48	39	42	43
48.	Ahmad A Auwal	51	47	49	49
49.	SalisuAbubakarYakasai	84	74	73	77

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "H". Type of school: - Boys. LGA: - Tarauni.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	Hamza Sulaiman	50	46	38	45
2.	Sagir Sani	55	40	45	47
3.	Bashir Ismail	51	52	55	53
4.	NuraMurtala	60	52	54	52.3
5.	Abdussalam Ibrahim	51	56	50	52.3
6.	Kabiru Usman	53	33	18	35
7.	Bello S Abubakar	45	40	47	44
8.	SanusiIdris	55	46	48	50
9.	AminuSulaiman	54	59	42	52
10.	Sulaiman T Abdullahi	70	48	42	53.3
11.	NuraYakubu	90	40	45	58.3
12.	Ahmad Garba	60	42	50	51
13.	NuhuAbdullahi	29	24	18	24
14.	MurtalaBayero	59	37	51	49
15.	Kabir I Mustapha	54	90	46	63.3
16.	Yusha'u Umar	57	49	40	49
17.	Tijjani Ahmad	55	51	50	52
18.	MukhtarAbubakarRabiu	91	41	45	59
19.	AuwallShaq	48	40	24	37.3
20.	HarunaTanko	60	45	42	49
21.	Muhammad Muhammad	55	39	50	48
22.	Khalid Ibrahim	59	52	37	49.3
23.	HamidanKabiru	46	62	51	41.3
24.	Abubakar I Takai	31	20	38	30
25.	HaliluDahiru	64	37	59	53.3
26.	Garba Yusuf	55	44	49	49..3
27.	Bello Bala	58	38	56	51
28.	DahiruAbubakar	50	47	59	52
29.	Sabi'uLawal	51	49	35	45
30.	AmaduSa'idu	90	37	58	62
31.	JamiluGarba	40	31	31	34.3
32.	SalisuSulaiman	38	44	30	37.3
33.	AliyuSadiq	68	55	45	56
34.	Rabi'uAbubakar	56	50	40	49
35.	Sule Saleh	47	44	37	41
36.	AyubaYakubu	50	40	46	45.3

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: -School "I". Type of school: - Boys. LGA: - KMC.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu.	Eng.	Maths	Average
1.	Rabiu Sani Hamza	34	41	70	50
2.	Ibrahim Khalid Sani	57	50	52	53
3.	Abdullahi Aminu Isa	55	52	59	55.3
4.	Jamilu Haruna	29	40	17	29
5.	Aliyu Hamza Sani	56	37	21	38
6.	Abdulhakim Tukur	56	60	71	62.3
7.	Inuwa Aminu Ibrahim	40	34	26	33.3
8.	Abdurrahaman Yau	48	36	29	38
9.	Abdussalam Umar	60	63	50	58
10.	Abubakar Sani	31	29	00	20
11.	Adamu Usman Muhd	46	55	33	45
12.	Abba Hamisu Mijinyawa	58	80	38	59
13.	Abdurrahaman A Hassan	58	71	36	53
14.	Ahmad Mustafa Alhassan	50	58	37	48.3
15.	Ahmad Nazifi Ahmad	31	45	57	44.3
16.	Junaidu A Muhd	58	32	50	47
17.	Zaharadin A Muhd	50	25	45	40
18.	Garzali Garba	60	27	19	33.3
19.	Aliyu Muhammad	40	36	23	33
20.	Bazallahi Abdulkadir	53	11	46	35
21.	Shamsu Nura	38	16	03	19
22.	Kabiru Sale	53	41	18	38
23.	Abubakar Musa	48	32	29	36.3
24.	Abdullah Hamisu	17	48	30	32
25.	Faisal Ali	49	62	38	50
26.	Yakubu Ibrahim	58	78	40	56
27.	Sulaiman Ibrahim	55	80	41	59
28.	Yusuf Yakubu	61	39	57	52
29.	Abubakar Kabiru Haruna	59	75	40	58
30.	Abdullahi Hashimu	60	85	59	68
31.	Ali Sale Ibrahim	90	91	39	73.3
32.	Abdullahi Sulaiman	50	27	40	39
33.	Abdussamad Sulaiman	50	27	40	39
34.	Nawafil Usman Abdullahi	60	50	20	43

35.	Auwal Hussain Muazu	70	15	47	44
36.	Nura A Abubakar	40	29	60	44
37.	Faruk Musa Sabo	50	41	27	40
38.	Abba Rabi'uSalisu	60	55	29	48
39.	NuraMuhdAbdullahi	53	40	31	41.3
40.	AlasanMamuda	52	26	39	39
41.	Adamu Sani Salisu	50	48	39	46
42.	Abdurrahman Ibrahim	61	45	12	47
43.	Khalid Muhammad	56	32	39	49
44.	Sani Khalid	46	59	54	53
45.	AbubakarZubairu	55	71	37	48
46.	Ahmad Musa	90	48	40	58.3
47.	AbubakarIliyasu	52	59	37	39.3
48.	Yusuf Ibrahim	37	59	52	49.3
49.	SadiqAliyu Bashir	45	41	35	40.3
50.	AminuSunusi	46	60	51	52.3
51.	AnfarDanjumaAliyu	48	55	50	50
52.	Surajo M Kabir	56	58	27	47
53.	Shamsu S Abdullahi	59	50	53	54
54.	MukhtarHaruna	43	40	41	41.5
55.	Auwal Ibrahim	50	29	38	46
56.	Muhd Sani Sunusi	93	48	40	60.3
57.	AminuLawal Ahmad	53	60	45	53
58.	Auwal D Ibrahim	50	48	59	51.3
59.	Zaharadddeen M Nasidi	58	42	40	40
60.	Ismail Muhammad	49	44	37	43.3
61.	AminuSulaiman	54	59	42	52
62.	Sulaiman T Abdullahi	70	48	42	53.3
63.	NuraYakubu	90	40	45	58.3
64.	Umar Muhammad Ahmad	58	37	55	50
65.	HarunaUsaman	60	58	44	54
66.	Lawal Yusuf	57	28	15	33.3
67.	Ibrahim Garba A	38	24	30	30.6
68.	ShehuHamisu Ibrahim	23	31	40	31.3
69.	AbdussalamIdris	45	40	26	37
70.	Musa Adamu	41	27	46	38
71.	Saad Ali Mukhtar	38	45	50	44.3
72.	Aminu Bello	50	37	25	37
73.	Usman Ibrahim	46	41	11	33
74.	SadiqZubairu	21	37	48	35
75.	Umar Said Sulaiman	75	70	41	40

DEPARTMENT OF EDUCATION

BAYERO UNIVERSITY, KANO

Pro forma for recording student's academic performance in civic education, English, and mathematics

Name of School: - School "J". Type of school: - Boys. LGA: - KMC.

Senior Secondary School Qualify Examination (2014/2015 Session)

S/N	Name of Students	Subjects			
		Civic Edu..	Eng.	Maths	Average
1.	ShamsuTukur	50	40	44	42
2.	Zaharadin Abbas	55	54	40	50
3.	Hassan Gambo	45	46	23	33
4.	HarisZubairu	50	17	29	32
5.	Musa Ahmad	58	56	45	53
6.	SagirRufai	33	37	23	31,3
7.	Usman Dahiru	60	40	46	49
8.	Abdulgaffar Ibrahim	55	56	41	51
9.	Mubarak Abubakar	54	50	27	57
10.	Ibrahim Tasiu	70	50	41	54
11.	SalmanuYushau	50	45	40	45
12.	Musa Abdulkadir	34	30	29	31
13.	AbdulhadiRabiu	42	40	16	32
14.	Ibrahim Idris	90	45	23	53
15.	MudassirZayya	61	52	30	38
16.	SulaimanLawan	66	56	50	57
17.	Usman Yau	59	52	41	53.3
18.	AliyuSaidu	59	56	45	53.3
19.	MunzaliDahiru	32	29	47	43
20.	Muhammad Ismail	93	50	48	64
21.	Ado Sulaiman	60	53	45	33
22.	Aliyu Umar	50	59	48	51,3
23.	Kamal Mustapha	44	46	40	43.3
24.	Khalid Ibrahim	50	40	44	45
25.	HaliluDahiru	58	45	42	48.3
26.	Nasiru S Ahmad	39	10	19	23
27.	Zakariyya Sani	51	40	44	44
28.	AbubakarAbubakar	58	56	51	55
29.	Ahmad Tijjani	53	58	23	47
30.	AdamuTukur	50	45	48	48
31.	AbdulrashidSaminu	29	40	41	42.3
32.	MudassirSanusi	50	59	53	54
33.	Umar Sanusi	41	39	40	40

APPENDIX FIVE

Correlations

[DataSet1]

Descriptive Statistics

	Mean	Std. Deviation	N
Conduct Disorder	36.15	15.192	358
AP	47.52	12.984	358

Correlations

		Conduct Disorder	AP
Conduct Disorder	Pearson Correlation	1	-.877**
	Sig. (2-tailed)		.000
	N	358	358
AP	Pearson Correlation	-.877**	1
	Sig. (2-tailed)	.000	
	N	358	358

** . Correlation is significant at the 0.01 level (2-tailed).

APPENDIX SIX

T-Test

[DataSet3]

Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
Academic Performance	Male	239	46.09	12.202	.789
	Female	119	50.40	14.043	1.287

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Academic Performance	Equal variances assumed	1.374	.242	2.993	356	.003	4.312	1.441	7.146	1.479
	Equal variances not assumed			2.856	208.768	.005	4.312	1.510	7.289	1.335

APPENDIX SEVEN

T-Test

[DataSet2]

Group Statistics

Gender	N	Mean	Std. Deviation	Std. Error Mean
Conduct Disorder Male	239	37.62	15.010	.971
Female	119	33.18	15.185	1.392

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Conduct Disorder	Equal variances assumed	1.523	.218	2.625	356	.009	4.439	1.691	1.114	7.763
	Equal variances not assumed			2.615	233.352	.009	4.439	1.697	1.095	7.782

APPENDIX EIGHT

T-Test

[DataSet1]

Group Statistics

	Age	N	Mean	Std. Deviation	Std. Error Mean
Conduct Disorder	16 to 19 years	310	39.10	14.146	.803
	20 to 23 years	48	17.08	2.952	.426

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	T	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
Conduct Disorder	Equal variances assumed	42.076	.000	10.734	356	.000	22.017	2.051	17.983	26.050
	Equal variances not assumed			24.208	333.697	.000	22.017	.909	20.228	23.806

APPENDIX NINE

Case Processing Summary

		N	%
Cases	Valid	31	100.0
	Excluded ^a	0	.0
	Total	31	100.0

a. Listwise deletion based on all variables in the procedure.

Scale: ALL VARIABLES

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.862	.892	31

Item Statistics

	Mean	Std. Deviation	N
I deliberately destroy other's property	.90	.305	30
I lies to get favour or to avoid obligation	.93	.254	30
I initiate physical fight	.93	.254	30
Am physically cruel to people and animal	.93	.254	30
Am always angry and resentful	.93	.254	30
I bullies and intimidates others	.93	.254	30
I lost temper to others easily	.93	.254	30
Am spiteful and vindictive	.93	.254	30
I skips school (Truancy)	.93	.254	30
I destroy school property	.93	.254	30
I uses weapon that can cause injury	.73	.450	30
I steal items of trivial and non-trivial value	.97	.183	30
I refuse to follow simple instruction	.93	.254	30
I blame others for my mistake or misbehaviour	.90	.305	30
I reject moral statement about what is right or wrong	.87	.346	30
Am verbally abusive to people	.97	.183	30
I never mind being caught doing wrong things	.90	.305	30
I go to school late or stay out from home till night	.83	.379	30
I abused substance	.97	.183	30
I infringes on the right of others	.77	.430	30
I displays negative attitude toward others	.77	.430	30
I involve in sex	.13	.346	30
I have been uncooperative to my mates	.57	.504	30
I irritates my teachers and other students	.50	.509	30
I ignores adult's warning and respond to discipline poorly	.53	.507	30
I uses other's property without their permission	.93	.254	30
I makes demands rather than requests	.90	.305	30
I associates with antisocial students	.87	.346	30
I cheats in assignments, tests, or games	.97	.183	30
I did not care what happens to me	.70	.466	30
I hardly waited for something patiently	.70	.466	30

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
25.70	14.424	3.798	31

APPENDIX TEN

Required Sample Size†

Population Size	Confidence = 95%				Confidence = 99%			
	Margin of Error				Margin of Error			
	5.0%	3.5%	2.5%	1.0%	5.0%	3.5%	2.5%	1.0%
10	10	10	10	10	10	10	10	10
20	19	20	20	20	19	20	20	20
30	28	29	29	30	29	29	30	30
50	44	47	48	50	47	48	49	50
75	63	69	72	74	67	71	73	75
100	80	89	94	99	87	93	96	99
150	108	126	137	148	122	135	142	149
200	132	160	177	196	154	174	186	198
250	152	190	215	244	182	211	229	246
300	169	217	251	291	207	246	270	295
400	196	265	318	384	250	309	348	391
500	217	306	377	475	285	365	421	485
600	234	340	432	565	315	416	490	579
700	248	370	481	653	341	462	554	672
800	260	396	526	739	363	503	615	763
1,000	278	440	606	906	399	575	727	943
1,200	291	474	674	1067	427	636	827	1119
1,500	306	515	759	1297	460	712	959	1376
2,000	322	563	869	1655	498	808	1141	1785
2,500	333	597	952	1984	524	879	1288	2173
3,500	346	641	1068	2565	558	977	1510	2890
5,000	357	678	1176	3288	586	1066	1734	3842
7,500	365	710	1275	4211	610	1147	1960	5165
10,000	370	727	1332	4899	622	1193	2098	6239
25,000	378	760	1448	6939	646	1285	2399	9972
50,000	381	772	1491	8056	655	1318	2520	12455
75,000	382	776	1506	8514	658	1330	2563	13583
100,000	383	778	1513	8762	659	1336	2585	14227
250,000	384	782	1527	9248	662	1347	2626	15555
500,000	384	783	1532	9423	663	1350	2640	16055
1,000,000	384	783	1534	9512	663	1352	2647	16317
2,500,000	384	784	1536	9567	663	1353	2651	16478
10,000,000	384	784	1536	9594	663	1354	2653	16560
100,000,000	384	784	1537	9603	663	1354	2654	16584
300,000,000	384	784	1537	9603	663	1354	2654	16586

† Copyright, The Research Advisors (2006). All rights reserved.