



Research Article



## Effects of drugs and substance on conduct disorder among the young offenders in Shikusa Borstal Institution, Kenya



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### Abstract

The main aim of the study was to assess the effects of drugs and substance on conduct disorder among the young offenders in Shikusa Borstal Institution. The study adopted a descriptive design. The target population was 248, simple random and census sampling methods were applied to select 92 respondents as the sample size. Primary data was gathered through closed-ended questionnaires. Descriptive and inferential statistical techniques were utilized to analyze quantitative data while verbatim accounts were used for qualitative data. The results were presented using tables and figures. The study established that Proximity of substance and drugs has made easier for young offenders to access them with highest mean of (2.7204), drop out school had the lowest mean of (2.1290). These findings indicated that the ease at which young offenders access drugs and substance has increased the consumption rate among young offenders hence increasing their numbers in Shikusa Borstal institution. The study found out that drug and substance had positive and a significant effect on conduct disorder among young offenders, hence a unit change in Drug and substance resulting to a significant positive change on conduct disorder among young offenders. Further, the study offers suggestive evidence that Substance and drug abuse had a positive but weak correlation with conduct disorder.

**Keywords:** conduct disorder, drugs and substance, young offenders



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**Public Interest Statement**

Studies have indicated that juvenile offenders incarcerated in Borstal institutions have been increasing tremendously, over 60% from 6,318 to 13108 in 2012, Griffin (2010). Drugs and substance as a comorbid and a correlate on conduct disorder contributes towards risk and predictor factors. If the tentative conclusions of my study are confirmed by the government, then there will be a case towards minimizing cases of CD and recidivism as a result of drug and substance among those incarcerated in Borstal institutions and integrated back to society

**Introduction**

The Conflict between kids and law is a global issue that is managed by a corrective juvenile justice system. This system is specifically made to address the complications witnessed when dealing with minors. This system aims to rehabilitate offenders. The Juvenile justice department is required to promote the rehabilitation of youngsters before they can be reintegrated back into society as responsible citizens. This will ensure that youngsters in government institutions are given basic needs like food, clothing and, shelter besides general rehabilitation (Okutoyi, 2015). Conduct disorder among youth offenders is normally in touch with their justice system at 6 or 7 years old. This leads to entry into offense cycle in the coming days. Over a decade down the line many of the reviews done didn't focus on a wide range of mental health problems that are taken to be a precursor for hullabaloo like upcoming personality disorders and self-inflicted injury (DeLisi et al., 2013).

Okwara (2013) found that Criminal activities among youths are a major concern and an aspect of crime that must get enough attention from the media as well as politicians. Commentators can use the nature and extent of crimes done by youths as a precursor for morality, law, and order in the societal setup. Some juvenile delinquents sometimes have mental challenges like post-traumatic stress disorder, or bipolar disorder, partial conduct disorder due to their delinquent characters.

Conduct disorder (CD) is a mental health challenge identified through behavioral changes that lead to, violating main society norms (A. P.A, 2013). CD is contributed by individual inability to fully control his or her emotions and conduct, which leads to huge impairment to the person's life.

An examined study Frick, (2012) indicates that 3.2% of male children whose CD started at a tender age experience anxiety disorder, while 2.9% experience depression, 7.8% become homeless, 3.6% alcoholic, 2.7% guilty of crimes, and 25 % attempted to take their lives by the age 32 compared to those with no conduct disorder. While, 49% of girls in a similar age bracket with severe conduct disorder started at childhood, 37% of them with severe depression, while 15% of conduct disorder are due to alcoholism, and 45% had an abusive relationship at adulthood.

In South Korea, a study by Demuth & Brown (2014) showed that issues affecting juveniles' co-morbidities and, correlates contributed to 55% of conduct disorder cases. Many of them are detained due to higher comorbid psychiatric disorders, violent crime perpetration physical, emotional, and sexual abuse.

APA, (2013) explained that co-morbid disorders increase admission of Children >11

years fivefold into hospitals for conduct disorder unlike adolescents in America. The rate of admission is higher for African American males with CD probably due to poverty. In most cases, kids with conduct disorder come from poor families as opposed to rich families.

Concept and models of co-morbidities between conduct disorder and other psychiatric challenges occur in 60% of kids. Over 30-50% of children with conduct disorder suffer from ADHD. Conduct disorder in children is assumed to an inverse outcome of Attention hyperactivity disorder having perilous growth of antisocial behaviors in adolescence and psychopathic traits. 35% of children have conduct disorder while 23% of kids in school have depression and patients have anxiety disorder range from 15%-18% (Kim et al., 2017).

Comorbid disorders lead to attention deficit hyperactivity disorder throughout their lives in a study in the Middle East. Children account for 65% of attention deficit Hyperactivity Disorder cases. They have one or more comorbid conditions. Some of the most frequent co-morbidities linked with neurodevelopmental problems, like dyslexia and developmental coordination disorder is common. Many children with ADHD also suffer from these disorders (Erskine, et al., 2016).

Conduct Disorder (CD) prevalence rates in community-based samples are high ranging from 1.8 to 16% for school-aged boys and 0.8% to 9% for girls. The prevalence of CD seems to increase with age and has been found to steadily increase for early teens. In the western studies, the prevalence rates were: Lowest, 45%, and the highest, 85% that gives an average of 65%. In the African studies, there was only one study in Nigeria with a prevalence rate of 67%. Despite all that has been done very little change is observed as juvenile offenders are on the rise and this indicates that more work in terms of awareness needs to be done for children and adolescents (Sharp 2015).

Olashore, Ogunwale, and Adebowale, (2016) Suggests that conduct disorder in incarcerated adolescents in Nigeria exceeds the total population threefold. Conductor disorder among youngsters is spearheaded by age, size of the family, and their effects are significant. Re-formulation of policies dealing with mental health is required to help young offenders to break recidivism by combining justice, mental condition, and child welfare

Conduct disorder lead to rejection, suspension, and expulsion of children by their peers. Also, conduct disorders during childhood reflect problems in subsequent developmental stages, during adolescence, and into maturity. It also leads to mental health challenges such as misuse substances, legal challenges like arrest, dropping out of school-out, social poor marital adjustment, occupational and physical health. Conduct disorder is big mental health issue which is linked with a huge risk of both current and future impairments (Frick, 2012).

APA, (2012) has developed an elaborate criterion to show how conduct disorder can be diagnosed as mild, moderate, or severe. It leads to physical fights and often bully, intimidates, or threatens others. Those with conduct disorder are harsh to both people and animals. It also led to property damage through arson and the intent of inflicting serious damage. Deceit and theft include forcefully entering someone's home, car, or structure; cunningly acquire commodities or favors and avoiding requirements, or applying non-violent means to steal items without confrontation with a victim. The serious undermining of the regulations includes running away from home while under the care of a parent, ignoring curfew, and being truant from school. Conduct disorder is an important mental health condition due to

its aggressive nature, its coexistence with criminal activities, and other social and behavioral health conditions including but not limited to substance abuse, depression, and suicidal attempt.

Conduct disorder are the most common mental health challenges affecting young children and adolescence. This has led to the increase of juvenile offenders. Many of the children suffering from conduct disorder were brought up with antisocial behavior and destructive lifestyles. This has led to the development of antisocial disorder for many of them. Conduct disorder have gone up in developing countries and place an economic burden on individuals, and society, healthcare services, social care agencies, all sectors of society including the family, schools, police and criminal justice agencies. Conduct disorder among juvenile offenders who commit more serious offenses or those who do so more frequently are well documented.

Merikangas et al., (2010) examined gender and cultural disparities being the greatest contributors to CD in the USA. The likelihood of boys turning a positive diagnosis to conduct disorder than girls is higher. Boys unlike girls manifest aggressive behavior, threats, vandalism, and confrontational behavior. On the other hand, girls who have CD lie, avoid schooling, run away, and shoplift, while experience reduced confrontational behavior. However, there is a need for caution as previous studies - particularly on its estimate that one in ten children in their sample could, according to their criteria and methodology, be said to have a mental health disorder.

In Australia, a study conducted by Maughan et al., (2004) showed that nearly 23% of kids that exhibit CD, ADHD or depression have more than one challenge about their mental health. Comparatively, boys exhibit more than a single condition at 27% as opposed to females at 15%. APA, (2013) established that comorbidity and mental health challenges are witnessed in those who have CD. Oppositional defiant disorder (ODD) is widely recognized as the indicator of the start of CD in childhood and if CD recur many times is replicated in ODD The new diagnostic and Statistical Manual (DSM-5) permits the determination of CD and ODD in a synchronized manner when both disorders meet the minimum.

Conduct disorder is a hard nut to crack. Normally, DBDs happens alone and it is not possible to determine the contribution of ODD/CD to impairment separately from the contribution of co-morbid at the clinical setting. The level to which this disorder leads to impairment is food for thought due to unknown impairment extent. As opposed to patients, parents, and teachers, many times experience the degree of the impediment in ODD/CD. Lack of free and willful reporting of impairment due to emotions of the reporter is a key challenge. Nevertheless, it is crystal clear that unchecked ODD/CD is perilous (Johnson et al., 2015).

Burke et al., (2014) suggested that adolescents in Midwestern community in the USA, who have CD indicate an increased amount of aggressiveness and increased failure in learning institutions unlike those who turn negative to CD. The level of impediment relies on statistics of peril and resiliency indicators in the surrounding like direct peer linkage and reliable presence of push either at home or at school.

Studies by Rishab, Gupta, Siddhartha & Sarkar, (2012) established that conduct disorder in India, was highly contributed by habitual abuse of substances, mental illness, family conflict

missive of kids and negligence by parents' leads to up-scaled vulnerability to caretakers' antisocial behavior. Kids with conduct disorder are evenly distributed in all economic statuses but, over-represented in less fortunate socio-economic groups. The inconsistent presence of parents and indiscipline is the common denominator. Consequently, kids with CD lack a constant relation betwixt their behavior and their consequences.

Recent work by Kimonis, Frick & McMahon, in the USA, (2014) has indicated that genetic and environmental factors underlie conduct disorder. The peril is likely to increase if a child is closely linked with a relative with conduct disorder. This disorder is notorious in children whose real parents have mental illness e.g. severe alcohol use, depression, and manic depressive. Perils at the community-level like rejection by colleagues contribute to CD. If a child is predisposed to conduct disorder and its parents use neglectful or authoritarian parenting, the parenting styles might make the child continue the development of conduct disorder. If another parent uses an authoritative parenting style on a child who is already predisposed to conduct, it acts as a protective factor, therefore, might prevent the disorder from developing).

According to Bunte et al., (2014) research among children in the province of Utrecht in Netherlands; social-demographic factors like age contribute to conduct disorder although in a very careful manner. Age makes conduct disorder symptoms shoot through the roof, but as youths advance in years as symptoms become more severe and aggressive. ODD affects roughly half of the population after 3 years.

Tremblay (2010) investigated the development of disruptive and aggressive behavior among children and adolescents in Ottawa, Canada as slightly more prevalent among boys than girls during childhood. Generally, boys show more risk factors early in their development like hyperactivity, learning, and developmental disorders. The male gender has a greater risk factor for childhood-onset CD. Approximately, males are unlike females have a higher 2.26 % likelihood to experience onset than females.

Smith et al. (2014) found that Poor parenting is a key risk factor for conduct problems when the coercive interactions dominate within the family, it is reported that child conduct problems emerge and then stabilize throughout development. Coercive family processes enhance aggressive behaviors in early childhood. A parent and a child can start engaging in coercive process as early as two years old. Abuse (physical & sexual) is a major peril facilitating CD and in a study 50% of the participants aged between 10-19 years with a history of abuse met the diagnostic criteria for CD Mwai, Ngare & Mwangi (2013), in their study, argues that conduct disorder in Southern Africa, among adolescent is rife as a result of a lack of attachment during infancy, and they also, experience neglect and abuse at the adolescent stage. Hence, they feel hopeless in life and engage in different behavior problems. These findings also concur with the findings of the international studies regarding the co-morbidity of the parent-child relationship.

In South Africa, a study by Willcutt et al. (2012) argues that children who have been removed from home show a significantly higher degree of conduct disorder. These adolescents ended up abusing substance as a way of expressing their anger. The same study demonstrates that about 15.95% of the adolescents of colored are more affected than blacks or other races. One-quarter of adolescents found with attention deficit hyperactivity disorder

(ADHD) also suffer from CD and is caused by age, setting, and disorder sub-type. CD also is available in other disorders caused substance. 41.6% of men and 22.8% of women are affected adversely by over reliance on alcohol, had a history of CD.

In Khartoum- Sudan, a study by Humaida (2012) explains that CD is very high among adolescent students in high schools. Kids and young adults took psychiatric clinics and tested positive to conduct disorder. Many cases of conduct disorder are recorded in secondary schools. This calls for such study as prevalence suggests minimal variation across continents.

Kenya Demographic Health Survey (2014) Shows that Case of Juveniles scratched by law have skyrocketed in Kenya recently. Approximately, 2,767 children are contravened, this was a sharp upward trajectory compared to previous years. This lead to the vast majority of them ending up behind the bars in the Borstal institutions (Human Right Watch Report, 2016). The cases in Shikusa, and Shimo La Tewa was 2,395 in 2011, 2,425 in 2012, 2,401 in 2013, 2,577 in 2014 and 2,582 in 2015.

Conduct disorder is very high among juvenile delinquents in Kenya like in many African countries. The prevalence in Shimo La Tewa in Mombasa and Shikusa in Kakamega rehabilitation centers was 30.4%, while in the Nairobi Juvenile Court it was 45% according to a study by (Dahir & Kuo, 2017). There is also a rise in teenage criminal gangs who are reported to be engaged in various criminal activities like killing people, destroying properties, and stealing among others. Conduct Disorder increases significantly during the adolescent stage. When they reach grade 8, 31.5% of young adults are alcoholics, 26.2% are smokers whereas 44.2% physically fight, bully, steal and vandalize. The increase of CD involves both genders in all socio-economic status with 4.58% are male whereas 4.50% are female compared to global CD among adolescents at 5%. Conduct Disorder prevalence and its linkage with demographic characteristics vary (Gitonga, Muriungi, Ongaro & Omondi, 2013), thus need for this particular study.

## 1.2 Statement of the problem

A holistic mental functioning for the optimum body is important for human development; however, the global rate of conduct disorder among children and adolescents has been increasing as it ranges from 2%- 10%, with a 31.4% prevalence rate was reported in Kenya. Currently juveniles incarcerated has over 60 % from 6,318 2008 to 13,108 per 100,000 young offenders in 2012, Griffin, (2010). These references indicate that conduct disorder is a major health and social problem as it has been widely investigated (Coghill, 2013). The number of reported cases of children in conflict with the law has been on an upward trend over the past few years in Kenya to the extent of the emergence of organized children criminal gangs (NPS, crime report (2018). In Kenya criminal offenses involving juvenile has been increasing. In 2012, the number of young offenders in Borstals' institution was 2,401. In 2014 this number increased to 2,767. This represented an increase of 266 new cases (Otieno, Kombo, and Bowen, 2017). In 2018, 2,241 children who were <17 years sent to these centers for committing a serious crime. This represented an increase of 1,556 in 2017. Besides, boys unlike girls are favorites for the crime commission hence, they get charged tenfold than girls. Such increases in the numbers of young offenders in Borstal institution is due to an increase in conduct disorder among young offenders as suggested by Murima and Adhiambo, (2019).

## Research Objectives

The main objective of the study was to assess the effect of drugs and substance on conduct disorder among the young offenders in Shikusa Borstal Institution. This study was based on the following specific objective; To assess drug and substance, and their influence on conduct disorder among the young offenders in Shikusa Borstal Institution.

## Research hypothesis

Ho<sub>1</sub>: Drug and substance abuse have no significant influence on conduct disorder among the young offenders in Shikusa Borstal Institution.

## Theoretical and literature review

### Psychoanalytic Theory

The Psychoanalytic Theory was introduced by Freud and later expounded by Bird in the year 2001. The Psychoanalytic theory states that aggressiveness and antisocial behavior can be used as a defense mechanism against society. This is due to a lack of maternal care, or a failure to get used to controls. Further, it argues that conduct disorder does not indicate the real personality make-up and of the child's but only portrays a sign of internal mental tensions in someone. The manner of the conflicts and the causes motivating anxiety which later manifest themselves in terms of the deviant behavior are variable. Unconscious, punishment, punishing parents, or efforts to prove one's masculinity are some of the deviant characters experienced. The main challenge of CD is bad ego. The function of the bad ego is to reduce limits for frustration, being to slow down self-satisfaction, proper working of guilt, and the growth of sublimations and variation of self-esteem. Improper management of these roles lead to antisocial-delinquent behaviors (Cuervo & Villanueva, 2015).

The theory further states that as far as a normal child is concerned, the mental agony arising from mistakes committed encourages individuals to punish themselves and avoid repetition of same bad behavior tomorrow leading to discomfort. Nonetheless, sometimes kids do not feel bad for mistakes they commit due to super-egos that are at the embryonic stage. If they are left scot-free from such a superego, they think that changing character is not necessary. This makes them more aggressive, and violent against social rules which become habitual (Canino et al., 2015).

Normally, conduct disorder manifests itself numerous especially in antisocial behaviors like theft, vandalism and cruelty to others. Poor performance and lack of empathy is common among children with conduct disorder. Conduct disorder is an umbrella term for a complex cadre of provocative challenges resulting from character, and psychic, a model which attempts to explain the symptoms of conduct disorder (Onifade & Anderson, 2018). This theory is relevant for this study because many of the detainees in Shikusa Borstal institution are behind the bars due to conduct disorder caused by the comorbid and correlates parental deprivation, lack of affection, superego, peer pressure, parental image, and bad role model. This has leads to the conflict with law, development of ant-social behavior, punishing them to avoid parental punishment in the future. This led to arrest, prosecution, and detainment in Borstal institutions to be taught, and correction of their behavior before they are released back to society.

## Empirical review

### Drugs and substance and conduct disorder

Loke and Mak (2013) investigated family process and peer influences on substance use by adolescents. Family structure, Peer Influence, and parenting style were variables of the study. The study employed a cross-sectional survey. The study applied a questionnaire to gather primary data. The unit of analysis for the study was 805 participants from a district in Hong Kong. Gathered data was scrutinized via descriptive and inferential statistical techniques. The findings showed that adolescents whose parents are authoritarian have a higher likelihood of becoming smokers. Also, the study noted that these adolescents who are at loggerheads with their parents have a high chance of becoming drinkers while those with permissive are less likely to become drinkers. Further, the study revealed that those adolescents whose peers are smokers, drinkers had a higher chance of being one. The study recommended that early recognition and Interventions are required to fortify the parent-child relationship, strengthen family coherence hence improving interpersonal, parenting, and monitoring skills.

Flory, Milich, Lynam, Lakefield, and Clayton (2017) investigated the link between Childhood Disruptive Behavior Disorders and Substance use and Dependence Symptoms in Young Adulthood. This study aimed at finding out how individuals whose show signs of both ADHD and CD are due to substance abuse and to find out disparities among specific groups with the potential of substances abuse. Primary data applied in the study was gathered through questionnaires. Collected data was processed by descriptive and inferential statistical tools. The sample was 481 young adults. The study showed that young people who have experience most the symptoms of both HIA and CP in the past witnessed biggest preference of many substance use and dependence symptoms. Further, the study indicated that 55% of respondents did not witness any indicator of HIA when young kids. On the other hand, 15% of them experienced just a single indicator whereas 30% witnessed more one indicator. Further, the study discovered that 30%, and 8.5% experienced >6 indicators of HIA when they were young.

Ahmadi (2016) did a study on the effects of Poly Substance Abuse in Adolescence on conduct Disorder. The study used a longitudinal observational research design. The unit of analysis of the study was one patient aged 14-year old suffering from psychiatric disorder arising from multiple use of substance. The study established that the respondent started abusing substances right from the age of 12. Further, the study found out that one year later, he started smoking opium and heroin. Also, the study noted 6 months earlier he was referred for outpatient services, when begun excessive consumption of benzodiazepines however, he used drug injection, attempted suicide many times, physical fighting without number and many police arrests in the past. The study concluded that habitual like opioids and benzodiazepines can lead to psychiatric disorders in children.

Ibrahim, Mahmud, Abubakar, Harazimi and Abdulkadir (2017) investigated the influence of effect of drug abuse among youth and its impact on conduct disorder. The independent variables of the study were: peer group, home orientation, communication system and vendors and herbalists. The research design utilized by the study was a survey design. Primary data was gathered through questionnaires and interviews from respondents. The study applied systematic sampling method to select 100 respondents from Danhassan,



Karfi and Gundutse as the sample the size. The findings of the study indicated that many of the youths who abused drugs ranged between 18 and 25 year. Further, the study noted that higher rates of Unemployment, low education contributed immensely to abuse of drugs among the youth in Kano Nigeria. Additionally, the study noted that unlike the number of males abused drugs was higher due cultural and religious reasons. Also, the study revealed that drug and substance abuse led to loss of Memory, school absences poor concentration in class and performance in class. the study recommended that Parents should keep the movement of their children and their peers checked all the time.

Nyaga (2014) studied the implication of drug and substance abuse on students' discipline in Public day secondary schools in Nakuru Municipality, Nakuru County, Kenya. This study was guided by the following variables: types of drugs and substance abused, students' level of discipline in schools, drug and substance abusing and parents' and students' perceptions. A descriptive survey research design was applied by the study. Stratified random sampling was applied to choose 380 respondents comprising 9 teachers dealing with guidance and counseling and 371 students from 18 public day secondary schools for the study. The study applied questionnaires to collect data. Data was descriptive statistics. The study found out that, to larger degree, students abused cigarette, Miraa and alcohol. Further, the study noted that teachers learned students' behavior due to drugs and substance abused while in school. Also, the study found out that, those students who come from families where they tend to copy their parents who abuse drugs. The study recommended that; the government ought to come up with means of mitigating availability and easy access to drugs and substances promote use of friendlier means of disciplining students and Secondary schools to have trained guidance and counseling teachers who should to assist students drowned in drugs.

Kimei (2014) studied the implications of drug and substance abuse prevention programs in selected public and private universities in Kenya. The variables of the study were: extent and principles of drug abuse control programs, methods of putting into action drug abuse prevention programs and student utilization of, and participation in drug abuse prevention programs. The study applied cross-sectional survey design. A multi-stage method of sampling was applied to choose sample size of 499 participants comprising 395 students and 104 Social Service workers. Primary data utilized in the study was gathered by questionnaire, Focus Group Discussions, Qualitative Interview Schedule and Structured Observation Guide. The processing of gathered data was achieved though descriptive and inferential statistical tools. It was established that drug abuser in universities studied had similar features. Further, the study noted that primary prevention level was the most preferred method of intervention. Further, the study found out that poor student participation, scarce resources, poor methods of implementation and student's negative feeling affects implementation. Also, the study noted that drug abuse is contributed by sustained social, psychological, economic and cultural factors.

Maru Kathuku, & Ndetei (2008) did a study on the effect of Psychiatric morbidity among children and young person's appearing in the Nairobi Juvenile Court Kenya. It was discovered that prevalence rate for substance use among children and young people who appear before courts in Nairobi's Juvenile court is higher, (43.3%). Further study found out that 33 (85.8%) of the young offenders were males and six (14.2%) were females. Also, the

study found out that (32.2%) of the young offenders used nicotine, (21.1%) used volatile hydrocarbon, (8.9%) used cannabis 6 (6.7%) used alcohol 5(5.6%) used khat and (3.3%) used sedative / multiple substance use. The study found out that other psychiatric morbidity was high at 44.4% among those grouped as criminal 6 offenders, many of whom experienced conduct disorder at 45%, mixed disorder of conduct and emotion at 20%. Additionally, the study noted the beginning of specific disorders to childhood was 20%, mood disorder at 12.5% and hyper-kinetic disorder at 2.5%. The study concluded that these disorders had not been identified by the time their cases were being concluded at the court, and mostly, when sentencing took place the disorders were not put into consideration.

Ongwae (2016) studied the impact of drug and substance abuse on students in certain high schools in Starehe Sub-County. The variables of the study were: level of parent's sources of income, location of schools, school administration, and peer pressure and drug abuse were independent variables of the study while prevalence of substance and drug abuse was the dependent variable. This study gathered primary data using questionnaires. The accessible respondents were 238 students, 6 guidance and counseling teachers and 6 principals. The study employed Simple random sampling method to choose the unit of analysis. Both qualitative and descriptive methods like frequencies and percentages were applied to process gathered data. The study found out that many students are driven into taking drugs by peer pressure. Further, the study noted that registering poor results was the chief setback for students who use drugs. Also, the study found out that unlike students in the country side, those living in town centers indulge themselves more in drug abuse. This was due to more access social media and availability of drugs especially in big towns. In addition students from poor background indulge themselves more in drug abuse because of poor status of social economic. This makes these students to go for drug abuse and comfort from their peers and others in the field of drug abuse to keep them going. The study recommended that all ought to take a bold move and to look into matters drug abuse. They should come with a curriculum that can decisively deal with drug abuse, develops a framework guidance and counseling program to aimed eradication of drug abuse and upscale the conduct student.

## **RESEARCH METHODOLOGY**

### **Research Designs**

The study adopted a descriptive design. The design allows the application of the findings to the bigger population and finding answers to questions such as "how", "why", "when", and "who" about a phenomenon. A descriptive research design was used because it gives a chance for various variables to be analyzed concurrently.

### **Target Population**

According to (Kothari, 2006), the target population is the specific population from needed data was obtained. The target population for this study was 248, Consisting of 225 juveniles offenders aged between 13-17 years old, 4 administrators, 12 trainers, and 7 Welfare officers/ counselors from this study center.

Table 3.1 Target population

Group	Population	Percentage
Administrators–(Superintendent, Deputy-Superintendent, Dining officer, and Librarian)	4	1.60
Juvenile offenders (13-17yrs)	225	90.7
Trainers	12	4.83
Welfare officers/Counsellors	7	2.82
Total	248	100

Source: Shikusa Borstal institution 2019

### Sample Size Sampling Technique

#### Sampling Technique

The study applied Stratified random and census sampling methods were applied to obtain a sample size from one Borstal institution, that is, Shikusa Borstal institution. The random sampling technique gives an estimate of the entire study population with higher accuracy and made it possible for even representation in the sample derived from a relatively non-homogeneous population (Schindler, 2011).

#### Sample Size

According to Mugenda & Mugenda (2008), a sample refers to a small group obtained from the target population. They further stated that the Sample size is a portion of all items covered in a study. A sample size of 10-30% of the target population is suitable for the study sample size Mugenda, (2003). The unit of analysis for this study was 68 individuals (juvenile offenders), while in Shikusa Borstal institution.

Table 3.2 sample size

Group	Population	Sampling method	Sample size	Sample %
Administrators(Superintendent, Deputy Superintendent, Dining officer and Librarian)	4	Census	4	1.61
Juvenile offenders(13-17yrs)	225	Simple random	68	90.7
Trainers	12	Census	12	4.83
Welfare officers/Counsellors	7	Census	7	2.82
Total	248		101	100

#### Sampling procedure

Informed by Magenta (2003), the study looked at 10%-30% of the target population as fit for the sample size. The sample size for the study was 30%. The study adopted simple random sampling since the target population of the study was similar to the target population

grouped into clusters; Juvenile offenders which was the unit of analysis and contained the largest percentage, Administrators; the Borstal superintendent, Deputy superintendent, Dining officer, and the Librarian of the institution, adopted census sampling method as they had special information about the juvenile offenders, imparting and receiving confidential information about the incarcerates in the institution. Trainers, and Welfare officers/counselors; adopted census sampling because they had special information as they take care of the juveniles needs.

### **Data Collection Instruments**

This study was guided by research instruments including, questionnaires, interview schedules, and a Focused group targeting the juvenile offenders, administrators, trainers, and welfare officers/counselors. The researcher used closed-ended questionnaires for juvenile offenders. The questions were formulated according to the study objectives with similar order and content for all the juvenile offenders. This helped in eliciting rich information that may have not been captured. The study employed questionnaires which were done according to Likert scale (agree strongly =1, Agree="2" Neutral="3" Disagree ="4" Disagree strongly = "5" rejecting statement, were utilized to explore the participants' answers. To capture what the standard scale would not capture. Also, it places the responsibility and ownership of the data much more firmly with the respondent's. ( Creswell, 2014).

#### **3.5. Validity of the instruments**

Validity is the degree to which an instrument measures whatever it is expected to measure Kimberlin and Winterstein (2008). This study applied content validity to measure the degree to which the research instrument is adequate and representative in terms of coverage of the phenomena under study. The content validity was attained by seeking the perspectives of other research experts to review the content validity. This was done by seeking perspectives of other experts as a form of review. The questionnaires were given to the two supervisors and other experts to review their structure and contents.

#### **3.5.4 Reliability of the instruments**

According to (Mugenda et al, 2003), reliability is used to determine the extent to which tools produce similar outcomes repeatedly. The pilot study was carried out at Shimo La Tewa Borstal Mombasa County. This institution was used for piloting because it serves the same purpose as that of Shikusa Borstal institution in Kakamega County. According to (Baker, 2004), a sample size between 10%-20% is appropriate for pilot testing. 9 closed questionnaires were issued, juvenile offenders, administrator, trainers, and welfare officers/counselors. According to Kothari (2014), at least 10% of the population is suitable for pilot testing. Reliability was tested by the use of Cronbach's alpha coefficient. According to Cronbach's alpha coefficient, if Cronbach's alpha is  $> 0.70$ , rejection of reliability is valid. If the alpha coefficient is less than 0.70, reliability is accepted thanks to the unreliability of the instrument. Piloting of the research instruments allows for any adjustment to be done on the research instruments. The institutions and the respondents who appeared in the pilot study were not included in the main study.

### 3.6 Data Analysis

The study adopted descriptive statistics; mean and standard deviation were applied. In inferential statistics correlation, regression analyses were used. Analyzed data was presented in tables and graphs. The regression model was.

$$Y = \alpha + \beta_1 X_1 + \epsilon$$

Y = conduct disorder

X<sub>1</sub> = drug and substance abuse

e = error term

β<sub>1</sub> = Regression coefficients.

#### 3.6.1. Moderating variable

In analyzing the moderating variable, the regression model shown below was used;

$$Y = \alpha + \beta_1 X_1 F + \epsilon$$

Y = conduct disorder

X<sub>1</sub>F = family factors and drug and substance abuse

F = family factors

e = error term.

Findings and discussions

Descriptive statistics

Table 4.11 Drug and Substance Abuse and Conduct disorder

	N	Mean	Std. Deviation
Availability of cheap local brew led to the ballooned in the young offenders in Shikusa Borstal institution	93	2.3763	1.42885
Most of the boys detained in the Shikusa Borstal institution is because of abuse of bhang, Miraa, tobacco, and changaa among others	93	2.4194	1.40900
Selling of drugs abused by young offenders in the Shikusa Borstal institution is done by mature people in the society	93	2.3118	1.39080
The proximity of substance and drugs made it easier for young offenders to access them	93	2.7204	1.37022
Substance and drug abuse has led to many young people drop out of school ending up in the Shikusa Borstal institution	93	2.1290	1.43122
Valid N (listwise)	93		

Source: field data 2021

From table 4.15 above, the study identified that availability of cheap local brew led to the ballooned in the young offenders in the Shikusa Borstal institution had a mean of 2.3763 with a standard deviation of 1.42885, Most of boys detained in the Shikusa Borstal institution is

because of abuse of bhang, Miraa, tobacco, changaa among others had mean of 2.4194 with standard deviation of 1.40900; Selling of Drugs abused by young offenders in Shikusa Borstal institution is done by mature people in the society had a mean of 2.3118 with standard deviation of 1.39080, Proximity of substance and drugs has made easier for young offenders to access them had a mean of 2.7204 with standard deviation of 1.37022 and Substance and drug abuse has led to many young people drop out school ending up in Shikusa Borstal institution had a mean of 2.1290 with a standard deviation of 1.43122. It was established that Proximity of substance and drugs made it easier for young offenders to access them had the highest mean value of 2.7204 while that substance and drug has led to many young people drop out of school ending up in the Shikusa Borstal institution had the lowest mean value of 2.1290; These findings indicated that the ease with which young offenders access substance and drugs has increased the consumption rate among offenders, hence increasing their numbers at Shikusa Borstal institution with boys leading to increased conduct disorder. These findings indicated that the ease at which young offenders' access substance and drugs has increased the consumption rate among young offenders hence increasing their numbers in Shikusa Borstal institution where boys leading to increased conduct disorder.

### **Inferential analysis regression analysis between drug and substance abuse and conduct disorder**

The study conducted a simple regression analysis between drug and substance abuse and conduct disorder among young Offenders in Shikusa Borstal Institution. The findings are presented below in table 4.21

Table 4.21 Model Summary

Model	R	R Square	Adjusted R Square	Std.The Error of the Estimate
1	.157(a)	.025	.014	.55557

Source field data 2021

a Predictors: (Constant), Substance and drug abuse

The findings in table 4.12 above indicated  $R = .157$ . This meant that Substance and drug abuse and conduct disorder among young offenders in Shikusa Borstal institution had a positive correlation. Additionally, the study established that the model had an R square of .025, which was adjusted to .014. These findings indicated that changes in Substance and drug abuse led to 25 % changes in conduct disorder among young offenders in the Shikusa Borstal. These findings agreed with Nyaga, (2014), who found a direct and significant relationship between students who abused cigarette, Miraa, and alcohol. Further, the study noted that teachers learned students' behavior due to drugs and substance abuse while in school. Also, the study found out that, those students who come from families where parents abuse drugs to copy their parents.

Table 4.22 ANOVA (b)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	.708	1	.708	2.293	.133(a)
	Residual	28.088	91	.309		
	Total	28.796	92			

Source: field data 2021

a Predictors: (Constant), Substance and drug abuse

b Dependent Variable: conduct disorder

The Findings of the study indicated an F-test value of 2.293,  $P=.133 > 0.05$ . This meant the overall regression model was fit for the study. This finding showed that Substance and drug abuse had an insignificant effect on conduct disorder among young offenders in the Shikusa Borstal's institution. According to Ongwae, (2013), many students are driven into taking drugs by peer pressure. Further, the study noted that Poor performance is the greatest effect of drug abuse among drug-taking students. Also, the study found out that unlike students in the countryside, those living in town centers indulge themselves more in drug abuse. This was due to more access to social media and the availability of drugs especially in big towns.

Table 4.23 Co-efficient (a)

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta	B	Std. Error
1	(Constant)	2.097	.444		4.729	.000
	Substance and drug abuse	.324	.214	.157	1.514	.133

Source: field data 2021

a Dependent Variable: conduct disorder

The findings in table 4.23 showed that Substance and drug abuse had a positive but insignificant effect on conduct disorder among young offenders in the Shikusa Borstal institution.  $R=.324$ ,  $t=1.514$ ,  $P=.133 > 0.05$ . Taking other factors to be constant at zero, Substance and drug abuse led to 20.97% of conduct disorder among young offenders in Shikusa Borstal institution. 74.26% impact on conduct disorder among young offender in the Shikusa Borstal institution is explained by other factors. Hence, changes in the use of Substance and drug abuse by young offenders at the Shikusa Borstal institution led to a small change in their conduct disorder.

$$Y=2.097+.324X$$

### Hypothesis Testing

$H_{0_1}$ : Drug and substance abuse have no significant influence on conduct disorder among the young offenders in Shikusa Borstal Institution.

$H_{0_1}$ : Drug and substance abuse have no statistically significant influence on conduct disorder

among the young offenders in Shikusa Borstal Institution.

According to the findings in table 4.32 above, the study noted that Drug and substance abuse had  $r=.405, t=.2.610, P=.011 < 0.05$ . The Null Hypothesis was rejected.

Hence a unit change in Drug and substance abuse led to a significant positive change on conduct disorders among young offenders in Shikusa Borstal Institution.

### Findings

The study established that Proximity of substance and drugs has made easier for young offenders to access them had the highest mean of 2.7204 while Substance and drug abuse has led to many young people drop out school ending up in Shikusa Borstal institution had the lowest mean of 2.1290. This findings indicated that the ease at which young offenders access substance and drugs has increased the consumption rate among young offenders hence increasing their numbers in Shikusa Borstal institution were boys. Further, the study discovered that Substance and drug abuse had a positive but weak correlation with conduct disorder. Regression analysis indicated that showed that Substance and drug abuse had a positive but insignificant effect on conduct disorder among young offender in Shikusa Borstal institution. A change in Substance and drug abuse would lead to a positive but not greater change on conduct disorder among young offender in Shikusa Borstal institution. This meant that Substance and drug abuse had a positive influence on conduct disorders of among young Offenders in Shikusa Borstal Institutions. A change changes in substance and drug would lead to positive changes on conduct disorder among young Offenders in Shikusa Borstal Institution.

### Conclusions and recommendation

The study established that Proximity of substance and drugs has made easier for young offenders to access them had the highest mean. The study concluded that the ease at which young offenders' access substance and drugs has increased the consumption rate among young offenders hence increasing their numbers in Shikusa Borstal institution. Further, the study concluded that Substance and drug abuse had a positive correlation with conduct disorder. Positive changes in Substance and drug abuse would lead to positive changes on conduct disorder among young Offenders in Shikusa Borstal Institution. The study also, concluded that Drug and substance abuse has statistically significance influence on conduct disorder among the young offenders in Shikusa Borstal Institution. Hence, the null hypothesis was rejected.

The study recommended that relevant authorities should put more mechanisms in place to eradicate drug in use by young people. This will make it difficult for young offenders to access substance and drugs them and hence reduce the consumption rate among young offenders hence reducing their numbers in Shikusa Borstal institution were boys. Further, the study recommended that Substance and drug should selling of drugs near learning institution or in strategic places where young can access them should be outlawed by the government. This would reduce the number of young people who abuse drug and substances.



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**Authorship and Level of Contribution:**

The authors equally contributed in the research, writing and revision of the paper.

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