Examination of the prevalence of conduct disorder among young offenders: A case study of Shikusa Borstal Institution, Kenya

Research article

Published in Crewe, England by Royallite Global in the ***Research Journal in Advanced Social Sciences***, Volume 2, Issue 1, 2021

Article Information
Submitted: 5th February 2021
Accepted: 30th May 2021
Published: 9th June 2021
Conflict of Interest: No conflict of interest was reported by the authors
Funding: None

Additional information is available at the end of the article

To read the paper online, please scan this QR code

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Abstract

Conduct disorder among juvenile offenders is a very critical phenomenon not only in Kenya but also globally. The global prevalence of conduct disorder among children and adolescents is estimated to range from 2 - 10%, indicating the biggest health and social challenge that nations of the world have to confront. The study aimed to examine the prevalence of conduct disorder and its influence among young offenders in Shikusa Borstal Institution. The study employed Psychoanalytic Theory by Sigmund Freud and Social Learning Theory by Albert Bandura. The study adopted a descriptive research design. The target population was 250, simple random and census sampling methods were applied to select 101 respondents as the sample size. Primary data was gathered through closed-ended questionnaires, interview schedule and focus group discussions. Descriptive and inferential statistical techniques were utilized to analyse quantitative data while verbatim accounts were used for qualitative data. The results were presented using tables and figures. The study concluded that the prevalence of conduct disorder had a negative and significant relationship with conduct disorder. The study recommended that policy makes should come up with policies that would improve positive thinking among young people. This would reduce negative attitude of young people that leads to law breaking.

Keywords: antisocial behaviour, aggression, conduct disorder, juvenile offender, psychiatric disorder, prevalence

How to Cite:

Moracha, E. N., Mbiriri, M., & Bironga, S. (2021). Examination of the prevalence of conduct disorder among young Offenders: A case study of Shikusa Borstal Institution, Kenya. *Research Journal in Advanced Social Sciences*, *2*(1). Retrieved from https://royalliteglobal.com/rjass/article/view/637

Public Interest Statement

Children are the future of society and anything that threatens their lives is a threat to the future of the entire society. 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% to 10%, with a 31.4% prevalence rate was reported in Kenya. Currently juveniles incarcerated are 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 committing serious offenses has been on an upward trend over the past few years in Kenya to the extent of the emergence of organized children's criminal gangs (NPS, crime report (2018). The Results of the research on conduct disorder will be a useful tool to clinicians, teachers, and the community as it will provide them with the capability to understand the origin and spread of conduct disorder do that, they, in advance come up with preventions, interventions, and treatment mechanisms.

1. Introduction

Conduct Disorder (CD) among youth is today a global and critical issue that leads to juvenile criminal behavior and acts that jeopardise the hopes and future of juveniles. As juveniles, their criminal acts are managed by a corrective juvenile justice system, particularly at the age of 6 and 7 years. This system is specifically meant to address legal issues that deal with minors with the intent to rehabilitate them and make them productive members of society. The purpose of juvenile justice department is to promote the rehabilitation of minors engaged in criminal behavior before they are reintegrated back into society. In government rehabilitation centres or institutions, minors are given basic needs like food, clothing, shelter, and besides other instructional and skill-based formation (Okutoyi, 2015).

DeLisi et al (2013) maintains that many studies done do not focus on a wide range of mental health problems that are taken to be a precursor for hullaballoos like upcoming personality disorders and self-inflicted injury among minors. To fill the gap noted by DeLisi et al., (2013), Choi, et al (2017), argue that there is a considerable body of research which suggests that CD is more pronounced amongst juvenile (from 31 to 77%) offenders with psychiatric conditions.

CD is a mental condition caused by comorbidity of consuming substance and ADHD, which mainly contribute to higher psychiatric conduct disorder and engagement in criminal behaviours that conflict with the law. Some juvenile delinquents sometimes have mental challenges like post-traumatic stress disorder, or bipolar disorder, partial conduct disorder due to their delinquent characters. CD during childhood entail problems in subsequent developmental stages: childhood, adolescence, and in early adulthood. They lead to mental

health to legal and societal issues such as misuse substances, legal arrests, school drop-out, social poor marital adjustment, occupational and physical health. Thus, CD is a big mental health issue, linked with a series of other issues that affect the minors and other members of society (Frick, 2012). Adolescent delinquency is a big health concern.

The risks of CD raise a major concern as pointed out in a study by Okwara (2013) which noted that criminal activities among youths are a major concern and aspect of social crime that must get enough attention from all institutions including the media as well as politicians. CD among juveniles is a precursor of immorality, unlawful acts, and social disorder. Thus, conduct disorder (CD) is a mental health challenge leads to, violating main society norms (APA, 2013). CDs are the most common mental health challenges affecting young children and adolescence. This has led to the increase of juvenile offenders (APA, 2013). 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.

2. Literature Review

Prevalence of Conduct Disorder among Young Offenders

Empirical study by Mehrnaz (2011) on the prevalence of conduct disorder among elementary students in Tehran City. The sample size for this was 2016 respondents from elementary selected through student's stratification and random sampling. Gathering primary was made possible through questionnaires. Processing of gathered data was done through descriptive and inferential statistical methods. It was found out 10.5% of children suffered from conduct disorder. Further the study discovered that the prevalence CD was highest in boys as opposed to girls. The study concluded that, conduct disorder is considerably high; hence children ought to be receive given enough time and supports.

Xiaoli, Chao, Wen, Wenming, Fang, Ning, Huijuan, Jun, Ming, Xiaoxia, Chuanyou, Zenguo, Lili, Lianzheng, Lijuan, Guowei (2014) did a study on prevalence of psychiatric disorders among children and adolescents in Northeast China. The independent variables were: Anxiety, oppositional defiant, depression and ADHD. A cross-sectional study design was applied by the study. The unit analysis was 8848 consisting of children, mothers and teachers. Primary data was gathered by interviews and through questionnaire (SDQ). It was found out that in totality the rate of DSM-VI disorders was 9.49%. Also, the study noted that anxiety disorders were the most common 6.06%, depression 1.32%, oppositional defiant disorder 1.21%, and attention-deficit hyperactivity disorder 0.84%. In addition, the study

found out that out the children studied, 805 had a psychiatric disorder, 15.2% had two or more comorbid disorders.

According to Saiz (2015) who studied Conduct disorder: a critical analysis of the literature and implications for adult manifestation, the prevalence of CD, and associated features, are consistent in many incarcerated youths. Using a sample size of 149 male juvenile offenders, the study further established that 81% of the young offenders had Conduct Disorder (CD) whereas 62% of the young offenders had symptoms of class B personality disorders, and 21% had psychopathic features. Additionally, the study noted that the high prevalence of CD among incarcerated juvenile offenders was very high prevalence with boys accounting for (92.6%) while girls had a prevalence rate (86.4%. The study concluded prevalence of CD among youths among the was cause for concern.

Mishra, Mishra, Dwivedi (2015) did a study on the effects of Prevalence of conduct disorder in primary school children of Rural Area in China. The study was guided by the following objectives: To establish primary school children's CD rate, to find explore the gender disparity in the CD rate. The study applied a cross sectional research design. 900 respondents ranging from 6 to 11 years earmarked from 4 diverse schools in Rewa district were the unit of analysis for the study. Descriptive statistical methods and chi square were utilized in analyzing collected data. The study discovered that 5.48% was CD the rate for children in primary school. Further, the study found out that Prevalence was (66.67%) as opposed to ladies (33.33%). This meant that men were affected most. It was concluded that unlike ladies, male experienced the most CD amongst primary pupils in school.

Mishra, Garg, & Desai (2014) conducted a study on prevalence of oppositional defiant disorder and C D in primary school children in India. A cross-sectional research design was utilized by the study. Sample size of 900 aged between 6- 11 years was chosen from 4 diverse schools in Indore District in India. Data was obtained using questionnaires. Processing of gathered data was achieved through descriptive and inferential statistical methods. It was found out that the prevalence of CD males and females was the same. In addition, the study noted that, as the prevalence estimates for these behavioral disorders changed from one location to the other. Also, the noted that findings showed that there is consistent in the increase in prevalence disorders among boys, unlike girls with ODD challenges. Also, the study concluded that reported that boys have higher levels of externalizing behaviors and verbal aggression, than ladies.

Manger (2011) in his study established that symptoms and the prevalence of ODD were higher in boys as opposed to girls. Further, the study noted that girls had higher chances of showing symptoms at the beginning of puberty and adolescence. On the other hand, the study identified that boys demonstrated symptoms of ODD in early childhood very frequently. Also, the study found out that the demonstration of ODD in boys and girls was diverse because boys are very likely to show physical aggression while girls are

expected to harm relationships with others. The study concluded that those diagnosed with early ODD were abused by their parents, left school, entertained crimes, and had a long-term mental health system.

Villalobos, Llano, Molinero, Redondo, Martín, Riverac, López and Azón (2013) did a study on Prevalence of oppositional defiant disorder in Spain. The objective of the study was to explore the rate of ODD in school pupils aged 6 to16 years. Stratified multistage sampling and a proportional cluster design were 1049. The study found out that 5.6% was the total rate of ODD. Further, the study noted down that male had a higher prevalence of 6.8% while female 4.3%. Also, the study noted that the Prevalence in secondary education was 6.2%; unlike which had prevalence primary education of 5.3%. The study noted further that the rate of ODD minus basic impediment rose to 7.4%. Additionally, mushrooming ODD cases led to a huge decline in the school outcome as well as character in classes, relationship with peers, observing regulations, organizational know-how, class work, and respecting the class. The study concluded that the prevalence of Castile and Leon on ODD was slightly higher when compared to that observed internationally.

Lee, Lee, Chen, Chen, Shih and Shao (2010) did a study on the effects of quality of life in mothers of children with oppositional defiant symptoms; a community sample. The study found out that, DBDs and ADHD, maltreatment of children, and abuse had an important linkage. Also, they found out that there they commonly took place together with anxiety, depression and disorder associated with substance use. Further, the study noted that, DBDs, ADHD, and academic challenges, social matters, and sky-rocketing cases of weakening physical status, lack of jobs, legal challenges, misuse of substance, and cruelty in adulthood are related. Additionally, the study noted that the impairment linked with behavioural disorders at childhood can go on until adolescence and adulthood, lead to future dropping out of school, enter into use substances, breaking the law, get detained, engage in criminal activities, and early death. Also, the study found out that bad behaviours can cause maternal stress, poor parenting, and hence, encouraging emotional difficulties in children.

Adesoji and Ibadan (2012) did a study on the prevalence and clinical correlates of conduct disorder in adolescents of Lagos mainland local government area: a comparative study. Objectives of the study were: to compare the prevalence of conduct disorder among adolescents in public and private secondary schools in Lagos Mainland Local Government Area, to determine the socio-demographic factors associated with conduct disorder among the students, to determine the association between co-morbid generalized anxiety disorder on one hand and depressive disorder on another hand, and to determine the association between the previous history of head injury, and presence of a diagnosis of conduct disorder among the students. 300 respondents were chosen through random sampling to represent the target population. The gathering primary data was done through

questionnaires. The M.I.N.I KID was utilized to gather data through interviews. Gathered data was processed through descriptive, and Data was analyzed through Frequency, mean, deviation, percentages, and Chi-square. The study identified that a significant number of adolescents had conduct disorder. Further, the study noted that Major depressive disorder and generalized anxiety disorder had no significant difference. Also, the study revealed that the role of gender in the diagnosis of conduct disorder between males and females was significantly different with the male having more chances of being diagnosed with CD more than girls.

According (Olashore, Ogunwale & Adebowale 2016) found out their study that among juvenile delinquents, the prevalence of conduct disorder is higher compared to the normal population. For instance, a survey conducted in young adults behind the bars in Cook County, Illinois USA indicated a prevalence of 40%. Furthermore, a study done in Abeokuta Borstal Institution in Nigerian among 147 delinquents showed a 56.5% prevalence of conduct disorder. Also, in Kenya, previous studies have shown sky-rocketing rates of conduct disorder especially in young adults. The frequency in Shimo La Tewa in Mombasa and Shikusa in Kakamega rehabilitation centres was 30.4%, while in the Nairobi juvenile court it was 45%.

According to Andrade (2004), in his study identified that the prevalence of conduct disorder in juvenile offenders among young females increased. Further findings of the study indicated that psychiatric disorder was higher due to gender differences, type of offense committed and the prevalence of mental disorders in adolescents moderated by socio-educational factors. Additionally, the study noted that the most common form of psychiatric disorders was, behavioural disorder 77% attention deficit hyperactivity disorder accounting for 33.3%, oppositional defiant disorder 50%, anxiety disorder 70%, depressive disorder 50%, depending on illicit drug accounted for 70% while using alcohol accounted for 52%. Further, they discovered that alcoholism led to a 2 – 4 % increase in the rate of adolescents involved in a violence offence.

Apollo, William, Christopher, Namatovu, Mugisha, Ozge, McKay, Hoagwood and Ssewamala (2019) carried out a study on the influence of Prevalence of behavioural disorders and attention- deficit/hyperactive disorder in school children in Southwestern Uganda. The study used secondary data obtained from the SMART Africa-Uganda. The Disruptive Behaviour Disorder scale was used to gather primary information. The study adopted a longitudinal experimental study design. Gathered data was processed by descriptive and inferential statistical methods. The sample size was 2434 respondents comprised of caregivers and grade 2-7 children aged between ages 8 to 13 years from 30 schools. The study noted that 6% of 2434 respondents screened for disruptive behaviours were found to have positive on ODD, 2% had a positive CD sub-scales of the DBD scale whereas 9.61% and 2.67% were of the respondents had elevated symptoms of ODD and

ADHD. Further, the study noted that 25% Twenty-five of children were found to have suffered from impediment for more than four domains of the impediment scale. The study concluded there was behavioural problems and ADHD for school children, ranging from 8–13 years, in Uganda. It was recommended that because of the results linked with behavioural problems as they move to adulthood, identifying character problems early as possible is key in developing appropriate interventions.

Gitonga, Muriungi, Ongaro, and Omondi (2017) did a study on Prevalence of Conduct Disorder among Adolescents in Secondary Schools: A Case of Kamukunji and Olympic Mixed Sub-County Secondary Schools in Nairobi County, Kenya. A descriptive cross-sectional design was utilized by the study. 611 participants were chosen through cluster and purposive sampling techniques from a study population of 840. A questionnaire and a standardized conduct disorder scale (CDS) were applied in gathering primary data. Data analysis was done through descriptive statistics. The study found out that overall CD prevalence was 31.4%. Further, males unlike females recorded the highest CD (36.5%) as opposed to females (26.7%). Further, it was noted the rate of CD was big for those aged 17 to 18-year (38.6% and 45.5%) respectively and lowest in ages 13 to 14 years (12.5%). Also, the study noted that religious affiliation affected the rate of CD with Catholics having the highest rate at (36.7%), Protestants at (34.9%), Islam at (28.4%) and "other religions" at (23.2%). The study concluded that these higher rates of CD need proper policy formulation in schools. Also, suitable psychological measures are needed arrest the start of CD among the students. This leads to healthy, reformed children, and mitigates the burden of the disorder among adolescents' parents, the school and the community at large.

Changorok, Yugi, Waiyaki and Munene (2018) did a study on the effects of the Prevalence of Oppositional Defiant Disorder among Children in Selected primary schools in Nairobi County, Kenyan languages, nationality, religions, a number of times attending religious groups, and Guidance and counselling teacher were independent variables. This study adopted a Quasi-experimental research design. Also, the study used questionnaires to gather data. The purposive and systematically sampling methods were applied to select 180 participants as the sample size. Descriptive statistics was employed to analyse gathered data. It was discovered that the ODD prevalence rate was higher in males 79%, unlike females. Also, the study noted that increased educational level led to a corresponding increase in ODD. Besides, the study found out that male respondents were affected with symptoms of ODD among the adults and their peers. The study recommended that primary schools should have psychologists give mental health services to children with ODD and offer timely intervention.

Boitt (2016) did a study on the prevalence of alcohol abuse among Egerton University Students in Njoro-Kenya. The study aimed at identifying the rate of alcohol abuse among Egerton University students. The study adopted a cross sectional design. The study utilized

Purposive and stratified random sampling methods to arrive at 355 students of Egerton university Njoro campus as the respondents. Alcohol use disorders identification test questionnaire was used to gather data on the rate of alcohol misuse. Data was analysed using descriptive and inferential statistics. It was discovered that the rate of alcoholism in amongst learners in Egerton University was 21.1 %. The study further, established that the rate of alcoholism and, year of study, marital status, state of family's wealth and the style of living had a significant relationship. The study also, found out that there was no significant relationship betwixt the rate of alcohol abuse and age, programme of study was undertaken, and place of residence. The study concluded that misuse of alcohol was rampant amongst students. The study recommended that early detection, strengthening various policies and programs accordingly make changes to address the factors that contribute to alcohol abuse in the institutions of higher learning in Kenyan.

James and Munene (2019) did a study on the effects of Prevalence of Conduct Disorder among Juvenile Delinquents in Selected Rehabilitation Schools in Kenya. The study adopted a cross-sectional study design. The study used a random sampling method to obtain 167 respondents ranging from 13 to 17 years from Kabete and Wamumu rehabilitation schools in Kenya as the unit of analysis. This study used questionnaires as instruments for collecting data. The study analysed data through descriptive statistics and regression analysis. It was discovered that adolescents had a prevalence rate of 36.4% on conduct disorder. Further, the study found out children from widowed families had the highest rate among (51.4%), whereas the rate in children from married or cohabiting parents was 34.0%. Children who were 17 years old had a 52.5% rate of conduct disorder and the 16-year-old had 34.4% prevalence whereas, children who committed truancy had a prevalence rate of 64.0%. Also, the study noted that religious of parents, nature of the crime committed, marital status of parents, and occurrence of conduct disorder were significantly related. The study concluded that the prevalence of CD was high among juvenile delinquents in rehabilitation schools, which makes it a matter of major concern. The study recommended that the association of conduct disorder with older adolescents is a matter that needs urgent intervention before they enter into serious criminal activities.

According to (Maru, Kathuku, & Ndetei, 2003; Okwara, 2013) in their established that the rate of conduct disorder in Kenya like in other countries is high especially in young offenders. The rate in Shimo La Tewa in Mombasa and Shikusa in Kakamega rehabilitation centres was 30.4%, while in the Nairobi Juvenile Court it was 45%. Since the effects of conduct disorder affect the individual, family and society, these high rates of prevalence remain a critical matter of concern. The individual suffers rejection, difficulties with interpersonal relationships and social skills, and poor academic performance. At the family level, constant conflicts and disagreements, hostility, and aggression are experienced as a result of having a child with conduct disorder.

Okwara (2013) assessed the effect of prevalence of psychiatric morbidity among juvenile offenders committed to Borstal institutions in Kenya. Socio-demographic, offenses committed by juveniles, psychiatric disorders, and factors associated with juvenile offending were independent variables. The study adopted a Systematic Random sampling method to select a sample size of 345 respondents aged 15 – 17 years at the time of admission to the Borstal Institutions. Mental international neurological Interviews for children/adolescents (MINI-KID) and a social demographic questionnaire were applied to gather primary data to be utilized. Processing of gathered data was achieved through descriptive statistics. The was shown that many 53.3% of youths with conduct disorder were brought up. Further, the study noted that many 86.4% of youths with conduct disorder had primary education, 37.1% and 32.8% had temporary jobs or were students before breaking the law. Also, the study noted that many of them (84.1%) were Christians, Muslims accounted for 15.1%. Also, the study identified that 66.7% of the young offenders destroyed property, 63.2 % stole and 15.4% were guilty of Sexual assault. In addition, the study noted that 7.8% of the offenses had no specific victims but were related to drug-related.

Odera, Meehan, Mturi, Alcock and Newton (2006) did a study on the Prevalence and risk factors of neurological disability and impairment in children living in rural Kenya. Epilepsy, Cognitive, Hearing, Motor, and Visual as independent variables. The accessible population of the study was 10 218 children aged 6–9 years in a rural district of Kilifi District in Kenya. Primary data was gathered using questionnaires. The findings of the study noted that (9.3%) of the children studied were positive on TQQ. Further, the study indicated that (84.8%) of the children screened tested negative. Additionally, the study found out that the prevalence for moderate/severe NI was 61/1000. Also, there were no significant differences in prevalence between boys and girls. More findings of the study indicated that the commonly affected areas were epilepsy cognition and hearing while Motor and vision impairments were less common. On the other hand, the study established that 22 % of those children who were neurologically impaired had other impairments. Neonatal insults had a significant relationship with moderate/severe NI. The study concluded that the is a considerable burden of moderate/severe NI in this area of rural Kenya, with epilepsy, cognition, and hearing being the most common domains affected while neonatal insults was the most important risk factor. Also, the study recommended that a significant burden of neurocognitive impairment in rural Africa is likely to increase, with the reduction in childhood mortality.

3. Methodology

3.1 Research Design

The study adopted a descriptive research design, which incorporated both qualitative and quantitative aspects of the research, thus providing a better picture of comorbid

psychological disorders, correlates and their influence on conduct disorder of juvenile offenders at Shikusa Borstal Institution. The design enabled the collection of a variety of empirical experiences of the informants, their personal and group experiences, introspection, life story, among others (Heppner, et al., 2008; Creswell, 2013). The design was suitable in answering pertinent and profound questions pertaining the concerns of the study.

3.2 Target Population

The study target population was 248, which consisted of 225 juveniles' offenders aged between 13-17 years old, 4 administrators, 12 trainers (Wardens, mechanics, electrical, carpentry, teachers), and 7 Welfare officers/counselors from this study center. The choice of the clusters in the target population was due to the direct experiences of the respondents in the study. It enabled a first-hand data that addressed the concerns of the study.

3.3 Data Collection Instruments

These are tools used to collect information from respondents so that data can be analysed Polit and Beck (2004:) This research used questionnaires, interview schedules, and focused group discussions.

3.4 Data Analysis and Presentation

Descriptive and inferential statistics were used to analyse the collected data. Under descriptive statistics; mean and standard deviation were applied. In inferential statistics correlation, regression analyses were used. Analysed data was presented in tables, graphs and verbatim. The regression model was.

$Y = \alpha+\beta_1X_1+\beta_2X_2+\beta_3X_3+ \beta_4X_4+\varepsilon$

Y = conduct disorder

X_1= social-demographic

X_2= drug and substance abuse

X_3= prevalence of conduct Disorder

X_4= Attention Deficit Hyperactivity Disorder

e= error term

$\beta_1+\beta_2+\beta_3+ \beta_4$= Regression coefficients.

Moderating Variable

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

$Y = \alpha+\beta_1X_1F+\beta_2X_2F+\beta_3X_3F+ \beta_4X_4F+\varepsilon$

Y = conduct disorder

X_1F = family factors and social-demographic

X_2F = family factors and drug and substance abuse
X_3F = family factors and prevalence of conduct Disorder
X_4F = family factors and Attention Deficit Hyperactivity Disorder
F= family factors
e= error term.

4. Results and Discussion

Prevalence rate of conduct disorder

The study sought to describe the effects of the prevalence rate of conduct disorder among young offender in Shikusa Borstal institution. Responses were required to show the degree they accepted or disagreed with the option of the prevalence rate of conduct disorder among the young offenders. A 5-point Likert scale, starting from (1) strongly agree (SA), (2) Agree (A), (3) Neutral (N) (4) Disagree (D) (5) Strongly disagree (SD) were given for every item. The findings of the study were presented in table 1 below:

Table 1 Descriptive statistics

	N	Mean	Std. Deviation
Rate and distribution of conduct disorder is higher among boys offenders detained at Shikusa Borstal institution.	93	2.0215	1.17934
Rate and distribution of conduct disorder is higher among girls in Shikusa Borstal institution	93	2.8065	1.35340
Peer pressure has contributed to higher prevalence among adolescents detained at Shikusa Borstal institution disorder among young.	93	2.0215	1.27670
Negative attitudes have led to increased prevalence of conduct disorder among young offenders detained at Shikusa Borstal institution.	93	2.8172	1.60804
Valid N (listwise)	93		

Source field data.2021

From table 1 above, the study noted that rate and distribution of conduct disorder are higher among boys offenders detained at the Shikusa Borstal institution with a mean value of 2.0215 with a standard deviation of 1.17934, Rate and distribution of conduct disorder are higher among girls in Shikusa Borstal institution had mean of 2.8065 with a standard deviation of 1.35340, Peer pressure has contributed to higher prevalence among adolescents detained at Shikusa Borstal institution conduct disorder among the youngsters had a mean of 2.0215 with a standard deviation of 1.27670, and negative attitudes has led

to increased prevalence of conduct disorder among young offenders detained at Shikusa Borstal institution had mean value of 2.8172 with standard deviation of 1.60804.The study established that negative attitudes has led to increased prevalence of conduct disorder among young offenders detained at Shikusa Borstal institution had the highest mean of 2.8172 while rate and distribution of conduct disorder is higher among boys offenders detained at Shikusa Borstal institution had the lowest mean 2.0215.This meant that negative attitudes led to increased number of young offenders at the Shikusa Borstal institution hence higher conduct disorder. These findings were similar to Mehrnaz (2011), who in his study identified that the prevalence of the CD among boys is higher than girls to the greater extent. The study concluded that, conduct disorder is considerably high; hence children must receive serious attention and support.

Similarly, ((Maru, Kathuku, & Ndetei, 2003; Okwara, 2013), in their study established that the rate of CD in other states among those young people find themselves on the wrong side of the law is as high as it's the case in Kenya.

The rate of CD in Shimo La Tewa in Mombasa and Shikusa in Kakamega rehabilitation centers was 30.4%, while in the Nairobi Juvenile Court it was 45% .Since the effects of conduct disorder affect the individual, family and society, these high rates of prevalence remain a critical matter of concern. The individual suffers rejection, difficulties with interpersonal relationships and social skills, and poor academic performance. At the family level, constant conflicts and disagreements, hostility, and aggression are experienced as a result of having a child with conduct disorder.

One trainer replied that, '*The rate of conduct disorder is highest among boys than girls. That is why their number is in Shikusa is the highest. Boys unlike girls are susceptible to many things. We live in a patriarchal society thus Boy are left to manage themselves unlike girls who are under 24 hour surveillance. This makes them develop unwanted behaviors*".

Another counselor intercepted and indicated "*This gives them uncontrolled environment where they should take care of themselves. Such environment becomes a breeding ground of all bad behaviors. Some of Such behaviors can be against the law. Breaking the law means that the state must move in to train, teach and counsel them according to their best methods. Also some come from poor families and thus they have to look after themselves or their sibling from a tender age. This gives them enough room to do or eat nearly everything*"

Inferential analysis regression analysis on Prevalence of conduct disorder

The study conducted a simple regression analysis on the rate of conduct disorder among young offenders in Shikusa Borstal institution. The findings are presented below in table 2

Table 2 Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.621(a)	.386	.379	.44082

Source: Field data 2021

a Predictors: (Constant), Prevalence of conduct disorder

The findings in table 2 above indicated R=.621. This meant that the Prevalence of conduct disorder among young offenders in Shikusa Borstal institution had a positive correlation. Further, the study established that the model had an R square of .386, which was adjusted to .379. These findings indicated that changes in the Prevalence of conduct disorder led to 38.6% changes on conduct disorder among young offenders in Shikusa Borstal institution. According to Adesoji, and Ibadan (2012), a significant number of adolescents had conduct disorder. Further, the study noted that Major depressive disorder and generalized anxiety disorder had no significant difference on conduct disorder. Also, the study revealed that the role of gender in the diagnosis of conduct disorder between males and females was significantly different with males having more chances of being diagnosed with CD more than girls.

Table 3 ANOVA (b)

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	11.112	1	11.112	57.184	.000(a)
	Residual	17.683	91	.194		
	Total	28.796	92			

Source: field data 2021

a Predictors: (Constant), Prevalence of conduct disorder dependent Variable: conduct disorder

The study discovered as shown above that, the F-test value of 57.184, P=.000<0.05. This meant the overall regression model was fit for the study. This finding showed that the Prevalence of conduct disorder had a significant effect on conduct disorder among young offenders in the Shikusa Borstal institution. According to Saiz (2015), 81% of the young offenders met the criteria for Conduct Disorder (CD) while 62% of the young offenders had symptoms of class B personality disorders, and 21% had psychopathic features. Additionally, the study noted that the high prevalence of CD among incarcerated juvenile offenders was very high prevalence with boys accounting for (92.6%) while girls had a prevalence rate (86.4%. The study concluded prevalence of CD among youths was a cause for alarm.

Table 4 Coefficients (a)

Model		Unstandardized Coefficients		Standardized Coefficients	T	Sig.
		B	Std. Error	Beta	B	Std. Error
1	(Constant)	4.712	.262		18.004	.000
	Prevalence of conduct disorder	-.964	.127	-.621	-7.562	.000

Source: Field data 2021

a Dependent Variable: conduct disorder

The findings in table 4 showed that the Prevalence rate of conduct disorder had a negative but significant effect among young offenders in the Shikusa Borstal institution. R=-.964, t=-7.562, P=.000< 0.05. Taking other factors to be constant at zero, Social-demographic contributed to 47.12% of conduct disorder among young offenders in the Shikusa Borstal institution. 52.88% impact on conduct disorder among young offenders in the Shikusa Borstal institution is explained by other factors. Hence, a change in prevalence rate led to a significant decline in conduct disorder among young offender in the Shikusa Borstal institution.

Y=4.712+-.964X

According to Gitonga, Muriungi, Ongaro and Omondi (2017), overall CD prevalence was 31.4%. Male recorded the highest at 36.5% unlike female whose accounted for 26.7%. Further, those whose category was 17 to 18-year experienced the highest rate of CD accounting for 38.6% and 45.5% in that order. On the other hand, the study discovered that those the age bracket of 13 to 14 years recorded the lowest CD at 12.5%. Also, the study noted that religious affiliation affected the CD prevalence. The Catholics recorded the highest level of CD at 36.7%, Protestants recorded 34.9%, Islam 28.4%, and "other religions" recorded 23.2%. The study concluded that these higher rates of CD need proper policies put in place in schools. Also, suitable psychological measures are required in place to tame mushrooming of CD among young students.

5. Conclusion

The study established that negative attitudes has led to increased prevalence of conduct disorder among young offenders detained at Shikusa Borstal institution had the highest mean. The study concluded that negative attitudes led to increased number of young offenders at Shikusa Borstal institution. Further the study concluded that Prevalence of conduct disorder had a negative and significant relationship with conduct disorder. Also,

the study concluded changes in Prevalence of conduct disorder led to huge decline in conduct disorder among young Offenders in Shikusa Borstal Institutions to greater extent. The study concluded that Prevalence rate of conduct disorder has statistically significant influence on conduct disorders among young offenders in Shikusa Borstal Institution. Hence, the null hypothesis was rejected.

Recommendations

The study established that rate and distribution of conduct disorder is higher among boy's offenders detained at Shikusa Borstal institution with a result of the lowest mean. The study recommended that policy makes should come up with policies that would improve positive thinking among young people. This would reduce negative attitude of young people that leads to law breaking. Further, I think possible areas for research include counselling that should be intensified especially among boys. This will help develop a positive attitude which will reduce their rate of wrong doing hence minimizing their numbers of juvenile offenders at Shikusa Borstal institution.

References

Adesoji, O., & Ibadan. (2012). Prevalence and clinical correlates of conduct disorder in Adolescents of Lagos mainland local government area: a comparative study. *Fellowship of the college in the faculty of psychiatry*

Apollo K., William B., Christopher D., Namatovu, Mugisha, Ozge S. B., McKay. M.M, Kimberly Hoagwood., & Ssewamala F. M. (2019). Prevalence of behavioral Disorders and attention deficit/hyperactive disorder among school going children in Southwestern Uganda. https://digitalcommons.pepperdine.edu/etd/618.

Boitt R. K. (2016): The Prevalence of Alcohol Abuse among Egerton University Students in Njoro-Kenya. *Journal of Education and Practice www.iiste.org ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.7, No.28,*

Changorok, Philemon. Waiyaki, & Munene, A. (2018). The Prevalence of Oppositional Defiant Disorder among Children in Selected primary schools in Nairobi County, Kenya, *School of Human & Social Sciences.*

Choi BS, Kim JI, Kim BN, Kim B. (2017). Co-morbidities and correlates of conduct disorder among male juvenile detainees in South Korea.Child Adolescent Psychiatry Mental Health.15;1.1:44.Doi:10.1186/s13034-

Frick, P.J. (2012). Developmental pathways to Conduct Disorder: Implications for future directions in research, assessment, and treatment. *Journal of Clinical Child & Adolescent Psychology,* 41, 378-389. doi:10.1080/15374416.2012.664815

Gitonga. Muriungi, Ongaro. Omondi, (2017). Prevalence of Conduct Disorder among Adolescents in Secondary Schools: A Case of Kamukunji and Olympic Mixed Sub County Secondary Schools in Nairobi County, Kenya. *African Journal of Clinical Psychology, Vol. 1, 85-101 Daystar University, 44400, 00100.*

Lee, P. C., Lee, T. C., Chen, V. C., Chen, M. L., Shih, D. H., Shao, W. C., & Lee, M. C. (2010). Quality of life in mothers of children with oppositional defiant symptoms: a community sample. *Mental health in family medicine*, *7*(2), 93–100.

Maru, H.M., Kathuku, D. M. &Ndetei, D. M. (2003). Psychiatric morbidity among children andYoung person's appearing in the Nairobi Juvenile Court Kenya. *East African Medical Journal* 80 (6) 282-8.

Mehrnaz, A. (2011). Prevalence of Conduct Disorder Among Elementary Students In Tehran City. International Conference on Education and Educational Psychology (ICEEPSY). Procardia - Social and Behavioral Sciences 29 , 693 – 702

Mishra, A., Garg, S. P., & Desai, S. N. (2014). Prevalence of oppositional defiant disorder and Conduct disorder in primary school children. *Journal of Indian academy of forensic Medicine*, *36*(3), 246-250.

Mishra. N, Mishra. A, Dwivedi. R. (2015)."Prevalence of Conduct Disorder in Primary School Children of Rural Area" *Journal of Evolution of Medical and Dental Sciences; 4(12), 1917-1922, DOI: 10.14260/jemds//278*

Odera. M, R Meehan. R P Njuguna. P, N Mturi.N,1 Alcock. K J., and Newton CRJC. (2006). Prevalence and risk factors of neurological disability and impairment in children living in rural Kenya. International Journal of Epidemiology; 35, 683–688; doi:10.1093/ije/dyl023.

Okwara, (2013). Prevalence of psychiatric morbidity among juvenile offenders committed to Borstal institutions in Kenya university of Nairobi.

Okutoyi AM. (2015). Rehabilitation of Children In Conflict With the Law: A Case of Shikusa Borstal Institution, Kakamega, Kenya. Unpublished Master's Degree Thesis and University of Nairobi. *From the Faculty of Medicine,* 864.78 pp. Uppsala.

Olashore, A. A., Ogunwale, A., & Adebowale. O. (2016). Correlates of conduct disorder among inmates of a Nigerian Borstal institution. *Child and Adolescent Psychiatry and Mental Health, 10*(13), 1-11.

Polit, D. F., Beck, C. T. (2012). Nursing research: Principles and methods. Philadelphia, PA: Lippincott Williams & Wilkin Villalobos. J. A.L, De Llano. J.M.A, Molinero. L. R. Redondo. M. G. c, Martín. A. M.S.

Rivera. M.T.Mc, López. S. A, Azón. M.I. S (2013). Prevalence of oppositional defiant Disorder in Spain. Rev Psiquiatr Salud Ment (Barc.). 7(2):80---87