

Risk of Antisocial Personality Disorder among Juvenile Delinquents in Africa: Prospective Approach

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Abstract

Background: Upon gaining information regarding the history and diagnostic criteria of the antisocial personality disorder in the DSM, the researchers heeded to find risk factors that may be indicative of impending antisocial personality disorder. Previous studies on conduct disorder in rehabilitation schools have indicated high prevalence and this disorder is associated with criminal activities and is the main risk factor for the development of antisocial personality disorder. Some underlying factors have been associated with the development of antisocial personality disorder among juvenile delinquents. Here, secondary prevention was applied, that is, after identification of such risk factors, the subjects received referral for early treatment to minimize the risk of developing antisocial personality disorder. **Method:** This study was prospective correlational research design. The convenience non-probability sampling was used in this study. It was conducted from February to May 2018. Interview was used to collect the data from the inmates. **Results:** A prevalence rate of 34.38% was found among the inmates of the rehabilitation center. In the aspect of marital status, the highest prevalence was among children who came from families where the parents were single, divorced or widowed (21.21% each). Majority of the participants with conduct disorder (90.90%) were between the ages of 12-14 years. children who committed theft had a prevalence rate of 54.54%, those who were charged of vandalism had a prevalence of 27.27% and those of fighting had 18.18% of prevalence. **Conclusion:** Significant associations were found between age of subjects, number of admissions, level of education, parent income range, types of crime committed, marital status of parents and substance addiction of parents, and occurrence of conduct disorder. The prevalence of conduct disorder was significantly high among juvenile delinquents in the rehabilitation center, which makes it a matter of major concern requiring quick intervention before these children advance into serious criminal activities.

Keywords: DSM-IV: Diagnostic & Statistical Manual of mental disorders; ACHS: Asmara College of Health Sciences, ASPD: Antisocial Personality Disorder; CD: Conduct Disorder; SDQ: Strengths & Difficulties Questionnaire.

Introduction

Background

Children with conduct disorder are likely to demonstrate behaviors in the following four categories: physical aggression or threats of harm to people, destruction of their own property or that of others, theft or acts of deceit, and frequent

violation of age-appropriate rules. Conduct disorder is an enduring set of behaviors that evolves over time, usually characterized by aggression and violation of the rights of others. The DSM-IV-TR criteria require three specific behaviors of the 15 listed, which include bullying, threatening, or intimidating others, and staying out at night despite parental prohibitions, beginning before 13 years of age. DSM-IV-TR also specifies that truancy from school must begin before 13 years of age to be considered a symptom of conduct disorder (Sadock & Sadock, 2007).

Surveys have shown estimates of conduct disorder prevalence between 4 and 9 percent in the general population. In the United States, a study that involved 3,199 respondents found 9.5% prevalence rate, while in India, the prevalence

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among 240 sampled school children was found to be 4.5% (Nock, Kazdin, Hiripi, & Kessler, 2006; Sarkhel, Sinha, Arora, & De Sarkar, 2006).

Previous studies on conduct disorder in rehabilitation schools have indicated high prevalence and this disorder is associated with criminal activities and is the main risk factor for the development of antisocial personality disorder.

Scope

This study was done to identify conduct disorder, which is the main risk factor for the development of antisocial personality disorder, and give referral services for early treatment. The society will have reduced crime rate and will have increased harmony.

Objectives

General objectives

- To assess the risk factors for antisocial personality disorder among inmates of a selected under-age rehabilitation center in Asmara.

Specific Objectives

- To assess the prevalence of conduct disorder among inmates of selected under-age rehabilitation center
- To associate the risk of antisocial personality disorder among socio-demographic variables.

Limitation

- One under-age rehabilitation center in Asmara with limited number of inmates
- Only one female subject was present at the time of data collection

Research questions

1. How prevalent is conduct disorder among the inmates of the rehabilitation center?
2. Is there any association between conduct disorder & selected socio-demographic variables?

Hypotheses

H_0 : There is no significant association between conduct disorder & selected Socio-demographic variables

H_1 : There is significant association between conduct disorder & selected Socio-demographic variables

Assumption:

- Conduct disorder has high prevalence among the inmates of the rehabilitation center.

Methodology

Research Approach: Quantitative research approach was used.

Research Design: Prospective correlational design was used for assessing anticipated risk of anti-social personality disorder among inmates of the rehabilitation center.

Variables

Research Variable: In this study, conduct disorder is the research variable.

Socio-demographic Variables: variables like age, gender, education, number of admissions, parental occupation and income, marital status of the parents, substance addiction of the parents and type of crime committed.

Setting of the Study

The study was conducted in the inmates of an under-age rehabilitation center. It is located in center part of Asmara. It has two separate dormitories for boys and girls and one recreational Centre.

Population

The study was targeted to inmates of the under-age rehabilitation center.

Sample Size

Thirty two (32) individuals were included in the study due to the presence of a low number of participants at the time of data collection. The researchers visited the study site several times since the subjects were changing with time.

Sampling Technique

In this study, the researchers took the entirety of the inmates of the under-age rehabilitation center from February to May, 2018, using convenience non-probability sampling technique.

Selection Criteria

Inclusion criteria

- Inmates who were willing to participate in this study.
- Available on the time of Data collection.

Exclusion Criteria

- Agitated inmates during data collection

Data Collection Instruments

The Strengths and Difficulties Questionnaire (SDQ), an instrument developed by Robert Goodman (1997), was designed to assess children's social and emotional behaviour. The original version of the SDQ was designed to be completed by the parent or teacher of 4 to 16 year-old children (Goodman, 1997). Another version of the SDQ was designed to be completed by the parent or guardian of 3- to 4-year-old children, and this was the version used in the 2006 ACS.

The extended SDQ comprises a 25-item informant-rated SDQ plus an informant-specific impact supplement. The questionnaire contains positive and negative items that need to be rated as 'not true' (0), 'some what true' (1) or 'certainly true' (2). Goodman described five items to construct five subscales: emotional symptoms, conduct problems, hyperactivity-inattention, peer problems and prosocial behaviour. The scores for these subscales are compiled by adding the scores for the five corresponding items, after recoding the scores of positively phrased items (0 becomes 2 and 2 becomes 0). The sum of four of the five subscale scores (the prosocial scale is excluded) yields a total difficulties score. The impact supplement includes questions about social impairment in four domains: home life (not for teacher or caregiver), friendships, classroom learning, and leisure activities (not for teacher or caregiver).

Reliability: The composite reliability coefficient (CRC) was used 0.07

Ethical Consideration: Permission for the study was obtained from the chief police officer. A verbal consent was taken from the participants & written consent was taken from the social worker of the rehabilitation center. Then interview was conducted.

Results

Table 1: Distribution according to socio-demographic variables
n=32

S. No.	Socio-demographic variable	Frequency	%
1	<i>Age</i>		
	12 - 14	17	53.13
	15 - 17	15	46.87
2	<i>Gender</i>		
	Male	31	96.87
	Female	01	03.13
3	<i>Educational Level</i>		
	Primary	06	18.75
	Middle	18	56.25
	Secondary	08	25
4	<i>No. of Admissions</i>		
	01	26	81.25
	02	04	12.50
	≥03	02	06.25
5	<i>Type of Crime</i>		
	Theft	11	34.38
	Vandalism	06	18.75
	Fighting	15	46.87
6	<i>Parent Marital Status</i>		
	Single	02	06.25
	Married	13	40.63
	Divorced	09	28.13
	Widowed	07	21.88
	Deceased	01	03.13
7	<i>Parent Occupation</i>		
	National	10	31.25
	Private	15	46.87
	None	07	21.88
8	<i>Parent Income Range</i>		
	0-999	11	34.38
	1000-2000	16	50
	2001-3000	05	15.62
9	<i>Parent Substance Addiction</i>		
	Alcoholism	09	28.13
	Smoking	04	12.50
	Tobacco	01	03.13
	None	18	56.24

Table 2: Prevalence of Conduct Disorder among the Inmates
n=32

S. No.	Socio-demographic variable	Positive (Conduct Disorder)	Negative (Conduct Disorder)
1	<i>Age</i>		
	12 - 14	10 (90.90%)	07 (33.33%)
	15 - 17	01 (09.09%)	15 (71.43%)
2	<i>Gender</i>		
	Male	11 (100%)	20 (92.5%)
	Female	0 (0%)	01 (4.76%)
3	<i>Educational Level</i>		
	Primary	04 (36.36%)	02 (9.52%)
	Middle	07 (63.63%)	11 (52.38%)
	Secondary	0 (0%)	08 (38.09%)
4	<i>No. of Admissions</i>		
	01	05 (45.45%)	21 (100%)
	02	04 (36.36%)	0 (0%)
	≥03	02 (18.18%)	0 (0%)

5	<i>Type of Crime</i>		
	Theft	06 (54.54%)	05 (23.81%)
	Vandalism	03 (27.27%)	03 (14.29%)
6	<i>Parent Marital Status</i>		
	Single	03 (27.27%)	01 (4.76%)
	Married	02 (18.18%)	12 (57.14%)
	Divorced	03 (27.27%)	03 (14.29%)
	Widowed	03 (27.27%)	04 (19.05%)
7	<i>Parent Occupation</i>		
	National	01 (9.09%)	09 (42.85%)
	Private	08 (72.72%)	07 (33.33%)
8	<i>Parent Income Range</i>		
	0-999	07 (63.63%)	04 (19.05%)
	1000-2000	03 (27.27%)	13 (61.90%)
9	<i>Parent Substance Addiction</i>		
	Alcoholism	06 (54.54%)	03 (14.29%)
	Smoking	02 (18.18%)	02 (9.52%)
	Tobacco	0 (0%)	01 (4.76%)
	None	03 (27.27%)	15 (71.42%)

Table 3: Association between socio-demographic variables & conduct disorder

n=32			
S. No.	Socio-demographic variable	Chi Square	P-value
1	Age (with CD)	9.61 Significant	0.01
2	Gender (with CD)	0.54 Not Significant	0.50
3	Level of Education (with CD)	8.45 Significant	0.05
4	No. of Admissions (with CD)	14.06 Significant	0.01
5	Type of Crime (with CD)	6.03 Significant	0.05
6	Parent Marital Status (with CD)	15.06 Significant	0.01
7	Parent Occupation (with CD)	5.11 Not Significant	0.10
8	Parent Income (with CD)	6.74 Significant	0.05
9	Parent Substance addiction (with CD)	7.83 Significant	0.05

Discussion

The first objective of this study was to establish the prevalence of conduct disorder among under-age delinquents in the rehabilitation center.

Among the under-age delinquents who participated in this study, the prevalence of conduct disorder was 34.38%. This percentage was high compared to the general population whose prevalence of conduct disorder was estimated at 9% (Mash & Wolfe, 2010; Nock et al., 2006). However,

the high prevalence of conduct disorder in this study was in agreement with other studies done in juvenile institutions (Colins et al., 2010; Fazel et al., 2008; James & Munene, 2017; Maru et al., 2003; Okwara, 2013; Olashore, Ogunwale & Adebawale, 2016; Teplin et al., 2002).

The second objective was to associate the risk of antisocial personality disorder among socio-demographic variables.

This study established that 81.81% of the total participants, who were diagnosed with conduct disorder came from families where the parent was single, divorced or widowed. Compared to other families, these categories had the highest prevalence. This finding was consistent with other studies (Juby & Furrington, 2001; Raza, Adil, & Ghayas, 2008). The psychosocial functioning of the early adolescent, where identity versus identity confusion occurs, is affected due to the emotional problems experienced like isolation, sadness, hopelessness which additionally lead to behavior problems. In instances where social support is lacking, the adolescent gradually begins to develop conduct disorder.

This study also established that there was a significant association between parent alcoholism & conduct disorder. This was supported by previous studies (Maguin E, Zucker RA, Fitzgerald HE., 1994). When the parent, especially the father, is alcoholic, the child becomes a scapegoat. The parent abuses the child physically and verbally. The child then develops emotional problems like sadness & hopelessness which lead to behavioral problems.

In this study, there was higher prevalence of conduct disorder in those from low income families. This is consistent with other studies (Lahey & Waldman, 1999; Omboto, 2013).

This study discovered that most of the subjects with conduct disorder were of younger age/early adolescence. But this was not consistent with previous studies possibly because of low number of subjects from secondary schools.

The fact that the researchers didn't find any significant association between gender and conduct disorder can be attributed to the fact that only one female subject was present in the center during the data collection period. Consequently, the prevalence was much higher in the male subjects.

In this study, there was no association between parents' occupation and conduct disorder. This was consistent with a previous study (James & Munene, 2017).

This study did not consider age of conduct disorder onset so the limitation was that children who met the criteria were not categorized into childhood or adolescent onset. Such information would have helped to know the percentages of prevalence per category. Nevertheless, the study showed an increase in the prevalence among younger adolescents. Additionally, this study relied entirely on the subjects' feedback and lacked parents' contribution. Information from parents concerning their children's behavior would have been a rich contribution to this study.

Conclusion

Significant associations were found between age of subjects, number of admissions, level of education, parent income range, types of crime committed, marital status of parents and substance addiction of parents, and occurrence of conduct disorder. The prevalence of conduct disorder was significantly high among juvenile delinquents in the rehabilitation center, which makes it a matter of major concern requiring quick intervention before these children advance into serious criminal activities. So higher risk of anti social personality disorder is among juvenile delinquents.

Recommendations

This study showed a high prevalence of conduct disorder among inmates of the rehabilitation center. Therefore, the following measures are recommended to reduce the serious effects of the disorder and improve its prognosis:

- To do screening in schools including primary, middle and secondary
- To educate parents about the disorder and its early symptoms for earlier detection
- To appoint a psychologist or psychiatrist in under-age rehabilitation center
- A similar study should be done on the rest of the regions of the country

- A similar study should be done on a larger sample like schools

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