

# Prevalence, Causes and Management of Conduct disorder among Students with Attention Deficit Hyperactivity Disorder in Ilorin Metropolis, Nigeria.

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**Abstract:** *The behavioral disorder attention deficit hyperactivity disorder (ADHD), which frequently coexists with disruptive behavioral disorder or conduct disorder, causes students to engage in aggressive, maladaptive, and destructive behaviors that interfere with their social interactions and lead to poor academic performance, troubled relationships, and low self-esteem, all of which have a negative impact on their behavioral and academic performance. Students with conduct disorder have behaviors that are more difficult to manage and are more likely to drop out of school and complete fewer years of education. Based on this, the researcher investigates the prevalence, factors that contribute to it, and treatment options for conduct disorder in Ilorin Metropolis students with ADHD. Descriptive survey design was used. 60 respondents of students with ADHD and 60 respondents of teachers teaching students with ADHD were purposefully selected pooling. NICHQ Vanderbilt assessment scales used for diagnosing ADHD was adapted and administered to students to determine the prevalence and questionnaire on causes of conduct disorder among students with ADHD ( $r=0.81$ ) and management of conduct disorder among students with ADHD ( $r=0.81$ ) were used for data collection. Three research questions and Three hypothesis were stated and tested at ( $p>0.05$ ) level was raised. Frequency, mean, percentage and T-test was used for data analysis According to the study's results, there is a low prevalence of conduct disorder among students with ADHD (mean=2.2), a high prevalence of conduct disorder causes among students with ADHD (mean=3.1), and a high prevalence of conduct disorder management among students with ADHD (mean=3.1). Additionally, it was discovered that there was no discernible difference in the prevalence of conduct disorder among ADHD students based on gender, no discernible difference in the causes of conduct disorder among ADHD students based on male and female students, and no discernible difference in the management of conduct disorder among ADHD students based on male and female students. Thus, it was determined that there is a low frequency of conduct disorder among ADHD students in Ilorin Metropolis and that there are no appreciable differences between male and female students in terms of the causes and treatment of conduct disorder. In order to effectively implement these management measures and reduce the manifestation of conduct disorder in students with ADHD, teachers should employ them and collaborate closely with parents of students who have the disorder.*

**Keywords:** *Attention deficit hyperactivity disorder, Conduct disorder, Prevalence and management.*

## Introduction

Students who display the classic signs of ADHD—inattention, hyperactivity, impulsivity, trouble concentrating, remaining quiet, and following instructions—are said to have the condition. These pupils lack organizational abilities, have trouble paying attention to details, are frequently distracted, and have a short attention span. One of the most prevalent neurodevelopmental diseases in children is ADHD. It frequently persists into maturity and is typically first diagnosed in infancy. Students with ADHD may have problems controlling impulsive behaviors (doing without considering the consequences) or being extremely active. (Faraone, Banaschewski, Coghill, Zheng, Biederman, Bellgrove, Wang (2021). Chronic issues including trouble maintaining focus, hyperactivity, and impulsive conduct are all parts of ADHD. Children with ADHD may also experience low self-esteem, rocky relationships, and subpar academic achievement Mayo (2019).

The disorder is reported to affect students who exhibit the typical symptoms of ADHD, including inattention, hyperactivity, impulsivity, difficulty concentrating, being quiet, and following directions. These students struggle with organization, have problems focusing on specifics, are easily distracted, and have a short attention span. ADHD is one of the most common neurodevelopmental disorders in children. It is often first diagnosed in infancy and frequently continues into adulthood. Students with ADHD may struggle to regulate impulsive behaviors, such as acting without thinking about the repercussions, or excessive activity. (Faraone, Banaschewski, Coghill, Zheng, Biederman, Bellgrove, Wang (2021). ADHD is characterized by a number of recurring symptoms, such as difficulty focusing, hyperactivity, and impulsive behavior. Low self-esteem, troubled relationships, and poor academic performance are further symptoms of ADHD in children Mayo (2019).

The prevalent and often debilitating psychiatric disease known as conduct disorder (CD) typically first manifests in childhood or adolescence and is marked by extreme antisocial and violent behavior. It typically occurs in conjunction with attention-deficit/hyperactivity disorder (ADHD) and frequently results in antisocial personality disorder as an adult. It is constant and repeated, happening frequently enough to interfere with the child's education, home life, and social life, according to Graeme et al. (2019). Timothy (2017). Frequent violent, antisocial behavior that goes beyond what is typical for a kid or adolescent of that age is one of the main symptoms of conduct disorder. A person with conduct disorder could also feel the urge to control others by using violence or intimidation. An individual with conduct disorder could appear to disregard social norms and other people's feelings Timothy (2017).

According to Smitha (2020), conduct disorder is a serious emotional and behavioral condition that can affect kids and teenagers. Even though ADHD is challenging to manage on its own, it becomes even more problematic when it coexists with other conditions. Nearly half of all kids with ADHD also grow into ODD or CD. Co-occurring CD is more common as people become older, and it may impact up to 50% of ADHD-affected teenagers. Similar to this, 60% of adolescents with CD also have co-occurring ADHD. Smitha (2020). The most prevalent disorder is ADHD, whose prevalence increased significantly from 13.1% to 25.9%, and the prevalence of major depression increased from 11.5% to 19.3%. The study also stated that conduct disorder had the highest increase from 4.8% to 11.9%, and that the prevalence of depression was consistently higher in females than in males while the prevalence of conduct disorder was consistently higher in males. Lynnette (2014). According to Mkpouto, Ekemini, and Enobong's (2020) study on conduct disorder among primary schoolchildren in Southern Nigeria, 115 of the 1174 students evaluated had the disorder, with a prevalence rate of 9.8%. There were 4.75 times as many males as females who had conduct disorder. Children from higher social classes made up the largest percentage of those with conduct disorders. Youngsters aged 6 to 9 were more impacted (76.5%) than older children.

In a study by Angela & Edward (2008) on conduct disorder in children attending an urban school in Nigeria, 885 pupils were examined, and 140 were found to have the disorder—a prevalence of 15.82%. The age range of the entire students ranged from 9-18 years with a modal age of 11 years (female ratio of 4:1). The different behaviors displayed included threatening and/or bullying fellow pupils and classmates, skipping class, shoplifting, and poor academic achievement. According to Joseph & David (2010), impulsivity, low IQ and low school achievement, poor parental supervision, punitive or erratic parental discipline, cold parental attitude, child physical abuse, parental conflict, disrupted families, antisocial parents, large family size, low family income, antisocial peers, high delinquency rate schools, and high crime neighborhoods are the most significant risk factors that predict CD and delinquency. But it's unclear for many risk factors whether they have a direct impact.

In a study by Natalie and Johanna (2014) on the treatment of attention deficit hyperactivity disorder in children, behavioral therapy, dietary changes, and medication control were found to be helpful.

Anise & Renee (2015) cited pertinent studies that demonstrated a range of beneficial intervention choices that instructors can use to meet the requirements of students with ADHD, including behavior management, cognitive-behavioural adjustments, and educational interventions.

According to a study by Nooshin Parvaresh, MD, Hassan Ziaaddini, MD, [...], and Hamidreza Bayati, MD (2010), Rutter's abnormal scores were generally 7.11 percent in children of drug users, 14.4 percent in children of bipolar parents, and 1.6% in children of healthy parents, showing no significant difference. In the bipolar and drug-dependent group, conduct disorder was more common than in the healthy group, although the difference was not statistically significant. There was a substantial difference in the frequency of ADHD, which was 8.9% in the group with drug dependence and 1% in the control group. Adedayo (2021) study also discovered that there were no appreciable differences between the management techniques employed by male and female teachers in dealing with violent conduct in children with ADHD.

### **Statement of the Problem**

Students who exhibit symptoms of inattention, hyperactivity, and display maladaptive, destructive, and nonchalant behaviors are individuals who have ADHD with comorbid conduct disorder. Due to their inability to conduct appropriately and focus on a task, students with this disease frequently struggle with low self-esteem, rocky relationships, and subpar academic achievement in school. The majority of them are expelled from school, which limits their access to a high-quality education and increases their risk of becoming criminals. This is because they frequently display anti-social personality disorder symptoms that violate the rights of their peers and make it difficult for them to maintain good social skills with others.

Additionally, there isn't enough research focusing on the causes of conduct disorder among students with ADHD, which makes teaching and managing these disorders overwhelming and frustrating for teachers. As a result, it's crucial for teachers to be

informed about the factors that contribute to conduct disorder among students with ADHD as well as management techniques and intervention. These students' increasingly disordered behaviors put society at danger of high levels of criminal activity. Additionally, studies have indicated that male pupils are more likely than female students to develop conduct problem when they have ADHD. Numerous studies on the prevalence of conduct disorder, ADHD, and other behavioral disorders that co-occur with ADHD have also been conducted, but none of these studies have addressed the causes and treatment of conduct disorder among students with ADHD in the Ilorin Metropolis.

### Research Questions

1. What is the prevalence level of conduct disorder among Students with Attention Deficit Hyperactivity Disorder in Ilorin metropolis.
2. What are the causes of conduct disorder among students with Attention Deficit Hyperactivity Disorder (ADHD).
3. What are the management strategies that can be used in managing Conduct disorder among Students with Attention Deficit Hyperactivity Disorder (ADHD.)
4. There is no significant difference in the prevalence of conduct Disorder among Students with Attention Deficit Hyperactivity Disorder (ADHD) based on gender.
5. There is no significant difference on the causes of conduct disorder among students with Attention Deficits Hyperactivity Disorder(ADHD) based on gender.
6. There is no significant difference in the management of students with conduct disorder among students with Attention Deficit Hyperactivity Disorder (ADHD) based on gender.

### Methodology

For the investigation, a descriptive survey design was chosen. A self-made questionnaire that focused on causes and management of conduct disorder among students with ADHD was administered to teachers and was divided into two sections, section A focusing on the demographic data of the teachers, section B focusing on the causes of conduct disorder among students with ADHD. The NICHQ Vanderbilt assessment scale for diagnosing ADHD was used to select sixty students from nine hundred and fifteen students in five schools. It will have a Strongly Agreed (SA), Agreed (A), Disagree (D), and Strongly Disagree (SD) rating (SD). The reliability coefficient of the questionnaire was 0.81 for the causes and 0.97 for the management. The data was analyzed using frequency, mean and percentage for research questions and T.test for hypothesis.

### RESULTS

**Table 1:** Distribution of respondents based on Gender

Gender	Frequency	Percentage
Male	41	68.3
Female	19	31.7
Total	60	100.0

Tables 1 showed the gender distribution of the respondents forty-one (41) of the respondents representing 68.3% were male while nineteen (19) of the respondents representing 50% were female. From the analysis above, it is evident that male respondent where found to be in number than female respondents.

**Research Question 1:** What is the prevalence level of conduct disorder among students with Attention deficit hyperactivity disorder.

**Table 2:** Table showing the percentage and mean distribution the prevalence level of conduct disorder among students with Attention deficit hyperactivity disorder.

S/N	ITEM	VERY OFTEN	OFTEN	OCCASSIONALLY	NEVER	MEAN
1	Fails to give attention to details or make careless mistakes in schoolwork	24(40.0)	26(43.3)	7(11.7)	3(5.0)	0.8
2	Has difficulty sustaining attention to tasks or activities	10(16.7)	26(43.3)	16(26.7)	8(13.3)	1.4
3	Does not seem to listen when spoken to directly	8(13.3)	23(38.3)	18(30.0)	11(18.3)	1.5
4	Does not follow through on instructions and fails to finish schoolwork(not due to oppositional behavior or failure to understand)	6(10.0)	26(43.3)	14(23.3)	14(23.3)	1.4
5	Has difficulty organizing tasks or activities	10(16.7)	19(31.7)	24(40.0)	7(11.7)	1.5
6	Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	12(20.0)	21(35.0)	19(31.7)	8(13.3)	1.6
7	Loses things necessary for tasks or activities (school assignments, pencils or books)	6(10.0)	19(31.7)	24(40.0)	11(18.3)	1.3
8	Is easily distracted by extraneous stimuli	14(23.3)	20(33.3)	14(23.3)	12(20.0)	1.6
9	Is forgetful in daily activities	8(13.3)	22(36.7)	14(23.3)	15(25.0)	1.9
10	Fidgets with hands or feet or squirms in seat	7(11.7)	22(36.7)	23(38.3)	8(13.3)	1.5
11	Leaves seat in classroom or in other situations in which remaining seat is expected	11(18.3)	22(36.7)	19(31.7)	8(13.3)	1.6
12	Runs about or climbs excessively in situations in which remaining seated is expected	10(16.7)	15(25.0)	21(35.0)	13(21.7)	1.9
13	Has difficulty playing or engaging in leisure activities quietly	9(15.0)	22(36.7)	15(25.0)	14(23.3)	1.4
14	Is "on the go" or often acts as if "driven by a motor"	10(16.7)	17(28.3)	19(31.7)	14(23.3)	1.4
15	Talks excessively	18(30.0)	13(21.7)	15(25.0)	14(23.3)	1.6
	WEIGHTED MEAN 2.24					

Note: The figures in parentheses are in percentages

Table 2 showed the prevalence level of conduct disorder among students with Attention deficit hyperactivity disorder. The following shows the prevalence level of conduct disorder among students with Attention deficit hyperactivity disorder as follows: Fails to give attention to details or make careless mistakes in schoolwork (0.8), Has difficulty sustaining attention to tasks or activities (1.4), Does not seem to listen when spoken to directly (1.5), Does not follow through on instructions and fails to finish schoolwork(not due to oppositional behavior or failure to understand (1.4), Has difficulty organizing tasks or activities (1.5), Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (1.6), Loses things necessary for tasks or activities (school assignments, pencils or books) (1.3), Is easily distracted by extraneous stimuli (1.6) Is forgetful in daily activities (1.9) Fidgets with hands or feet or squirms in seat (1.5), Leaves seat in classroom or in other situations in which remaining seat is expected(1.6), Runs about or climbs excessively in situations in which remaining seated is expected (1.9), Has difficulty playing or engaging in leisure activities quietly(1.4), Is "on the go" or often acts as if "driven by a motor"(1.4), Talks excessively(1.6). The weighted mean was 2.24, which mean that calculated mean was lesser than fixed mean (2.5). This implies that the prevalence level of conduct disorder among students with Attention deficit hyperactivity disorder is low.

**Research Question 2: What is the causes of conduct disorder among students with Attention deficit hyperactivity disorder****Table 3:** Table showing the percentage and mean distribution the causes of conduct disorder among students with Attention deficit hyperactivity disorder.

S/N	ITEM	SA	A	D	SD	MEAN
1	Low intelligent quotient (IQ) and poor verbal skills causes conduct disorder among students with ADHD	24(40.0)	30(50.0)	6(10.0)		3.3
2	Conduct disorder must have been caused by some abnormalities in their brain structure	20(33.3)	31(51.7)	7(11.7)	2(3.3)	3.2
3	Broken home and family causes conduct disorder among students with ADHD	29(48.3)	21(35.0)	7(11.7)	3(5.0)	3.3
4	Conduct disorder among students with ADHD is a result of genetic factors	8(13.3)	29(48.3)	17(28.3)	6(10.0)	2.7
5	Harsh parenting styles causes conduct disorder among students with ADHD	20(33.3)	32(53.3)	5(8.3)	3(5.0)	3.2
6	Inadequate supervision in school can be linked with conduct disorder among students with ADHD	12(20.0)	33(55.0)	15(25.0)		3.0
7	Poverty contribute more to the exhibition of conduct disorder among students with ADHD	18(30.0)	26(43.3)	11(18.3)	5(8.3)	3.0
8	Negative experiences developed by students with ADHD can result in conduct disorder	23(38.3)	30(50.0)	3(5.0)	4(6.7)	3.2
9	Societal problems can also constitute to conduct disorder among students with ADHD	20(33.3)	32(53.3)	6(10.0)	2(3.3)	3.2
10	Emotional instability also contribute to the cause of conduct disorder among students with ADHD	27(45.0)	26(43.3)	4(6.7)	3(5.0)	3.3
	WEIGHTED MEAN 3.14					

Note: The figures in parentheses are in percentages

Table 3 showed causes of conduct disorder among students with Attention deficit hyperactivity disorder. The following shows the causes of conduct disorder among students with Attention deficit hyperactivity disorder as follows: Low intelligent quotient (IQ) and poor verbal skills causes conduct disorder among students with ADHD (3.3), Conduct disorder must have been caused by some abnormalities in their brain structure (3.2), Broken home and family causes conduct disorder among students with ADHD (3.3), Conduct disorder among students with ADHD is a result of genetic factors (2.7), Harsh parenting styles causes conduct disorder among students with ADHD (3.2), Inadequate supervision in school can be linked with conduct disorder among students with ADHD (3.0), Poverty contribute more to the exhibition of conduct disorder among students with ADHD (3.0), Negative experiences developed by students with ADHD can result in conduct disorder (3.2), Societal problems can also constitute to conduct disorder among students with ADHD (3.2) Emotional instability also contribute to the cause of conduct disorder among students with ADHD (3.3). The weighted mean was 3.14, which mean that calculated mean was greater than fixed mean (2.5). This implies that the causes of conduct disorder among students with Attention deficit hyperactivity disorder is high.

**Research Question 3:** What are the management strategies that can be used in managing conduct disorder among students with Attention deficit hyperactivity disorder

**Table 4:** Table showing the percentage and mean distribution the management strategies that can be used in managing conduct disorder among students with Attention deficit hyperactivity disorder

S/N	ITEM	SA	A	D	SD	MEAN
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1	Using counseling and therapy have proven effective for me in managing conduct disorder among students with ADHD	30(50.0)	25(41.7)	5(8.3)		3.4
2	I do seek support from family and peers in managing conduct disorder among students with ADHD	20(33.3)	32(53.3)	7(11.7)	1(1.7)	3.1
3	Using behavioral parent training make it easy for me to manage conduct disorder among students with ADHD	12(20.0)	37(61.7)	8(13.3)	3(5.0)	3.0
4	Using medications for students with ADHD with comorbid of conduct disorder make it easy for me manage them	19(31.7)	23(38.3)	14(23.3)	4(6.7)	3.0
5	When I use talk therapy on the students with ADHD with comorbidity of conduct disorder it make them resentful and make it easy for them to be managed	14(23.3)	34(56.7)	9(15.0)	3(5.0)	3.0
6	Behavioral therapy provided by psychiatrist, psychologist, social worker and mental health professionals have really been helpful in me managing conduct disorder among students with ADHD	20(33.3)	32(53.3)	7(11.7)	1(1.7)	3.2
7	Cognitive behavioral therapy have been helpful to me in changing the thought process of conduct disorder among students with ADHD	11(18.3)	41(68.3)	8(13.3)		3.1
8	Taking preventive measures have been helpful to me in managing conduct disorder among students with ADHD	21(35.0)	31(51.7)	8(13.3)		3.2
9	Cognitive behavioral therapy have been effective in addressing deficit in social information processing, focusing on curbing impulsivity and angry responses among students with ADHD with comorbid of conduct disorder	14(23.3)	42(70.0)	4(6.7)		3.2
10	Cognitive behavioral therapy have been helpful to me in managing students with ADHD with comorbid of conduct disorder comply with authorities and handle stress	18(30.0)	36(60.0)	4(6.7)	2(3.3)	3.2
	WEIGHTED MEAN 3.14					

Note: The figures in parentheses are in percentages

Table 4 showed the management strategies that can be used in managing conduct disorder among students with Attention deficit hyperactivity disorder. The following shows the management strategies that can be used in managing conduct disorder among students with Attention deficit hyperactivity disorder as follows: Using counseling and therapy have proven effective for me in managing conduct disorder among students with ADHD (3.4), I do seek support from family and peers in managing conduct disorder among students with ADHD (3.1), Using behavioral parent training make it easy for me to manage conduct disorder among students with ADHD (3.0), Using medications for students with ADHD with comorbid of conduct disorder make it easy for me manage them (3.0), When I use talk therapy on the students with ADHD with comorbidity of conduct disorder it make them resentful and make it easy for them to be managed (3.0), Behavioral therapy provided by psychiatrist, psychologist, social worker and mental health professionals have really been helpful in me managing conduct disorder among students with ADHD (3.2), Cognitive behavioral therapy have been helpful to me in changing the thought process of conduct disorder among students with ADHD (3.1), Taking preventive measures have been helpful to me in managing conduct disorder among students with ADHD (3.2), Cognitive behavioral therapy have been effective in addressing deficit in social information processing, focusing on curbing impulsivity and angry responses among students with ADHD with comorbid of conduct disorder (3.2) Cognitive behavioral therapy have been helpful to me in managing students with ADHD with comorbid of conduct disorder comply with authorities and handle stress (3.2). The weighted mean was 3.14, which mean that calculated mean was greater than fixed mean (2.5). This implies that showed the management strategies that can be used in managing conduct disorder among students with Attention deficit hyperactivity disorder is high.

Ho1: there is no significant difference in the prevalence of conduct disorder among students with ADHD based on gender

Table 5: Summary of t test result showing the prevalence of conduct disorder among students with ADHD based on gender

	Gender	N	Mean	Std. Deviation	T	F	Df	Sig	Decision
prevalence	Male	41	22.15	6.66	0.79	0.14	58	0.91	Not Sig
	Female	19	20.68	6.61					

From table 5 showed the summary of t-test result showing in the prevalence of conduct disorder among students with ADHD based on gender. It was revealed that male students had mean score 21.15 and standard deviation 6.66 while female students had mean score 20.68 and standard deviation 6.61, the t was 0.79, degree of freedom 58, F was 0.14 and significant level of 0.91 ( $P > 0.05$ ). This implies that there was no significant difference in the prevalence of conduct disorder among students with ADHD based on gender. Therefore, the null hypothesis that states that there was no significant difference in the prevalence of conduct disorder among students with ADHD based on gender was not rejected.

Ho2: there is no significant difference in the causes of conduct disorder among students with ADHD based on gender

Table 6: Summary of t test result showing the prevalence of conduct disorder among students with ADHD based on gender

	Gender	N	Mean	Std. Deviation	T	F	Df	Sig	Decision
causes	Male	41	30.44	3.96	1.82	0.12	58	1.25	Not Sig
	Female	19	32.26	2.62					

From table 6 showed the summary of t-test result showing in the causes of conduct disorder among students with ADHD based on gender. It was revealed that male students had mean score 30.44 and standard deviation 3.96 while female students had mean score 32.26 and standard deviation 2.62, the t was 1.82, degree of freedom 58, F was 2.42 and significant level of 0.12 ( $P > 0.05$ ). This implies that there was no significant difference in the causes of conduct disorder among students with ADHD based on gender. Therefore, the null hypothesis that states that there was no significant difference in the causes of conduct disorder among students with ADHD based on gender was not rejected.

Ho3: there is no significant difference in the management of conduct disorder among students with ADHD based on gender

Table 7: Summary of t test result showing the prevalence of conduct disorder among students with ADHD based on gender

	Gender	N	Mean	Std. Deviation	T	F	Df	Sig	Decision
management	Male	41	31.59	3.49	0.22	0.05	58	0.82	Not Sig
	Female	19	31.37	3.67					

From table 7 showed the summary of t-test result showing in the management of conduct disorder among students with ADHD based on gender. It was revealed that male students had mean score 31.59 and standard deviation 3.49 while female students had mean

score 31.37 and standard deviation 3.67, the  $t$  was 0.22, degree of freedom 58,  $F$  was 0.05 and significant level of 0.82 ( $P > 0.05$ ). This implies that there was no significant difference in the management of conduct disorder among students with ADHD based on gender. Therefore, the null hypothesis that states that there was no significant difference in the management of conduct disorder among students with ADHD based on gender was not rejected.

### **Discussion of findings**

The study's first findings showed that there is a low prevalence of conduct disorder among kids with attention deficit hyperactivity disorder. This may be because these individuals receive effective management of their ADHD before it progresses to conduct disorder. Contrary to what Mkpouto, Ekemini, and Enobong (2020) found, there is a significant prevalence of conduct disorder in Ikot-Ekepen, Akwa-Ibom, Nigeria, according to this study. This may indicate that the environmental elements that contribute to conduct disorder are widespread. Additionally, it goes against a 2008 study by Angela & Edward that found a significant prevalence of conduct disorder in urban schools.

According to the study's second finding, students with attention deficit hyperactivity disorder often display conduct disorder. This could be because these factors are widespread in society and contribute to low IQ, broken families, genetic factors, poor supervision, harsh parental discipline, societal issues, poverty, and emotional instability. It is consistent with Josheph & David's (2010) study, which found that conduct disorder is caused by low IQ, harsh photocopying, low family income, and a shattered family. It also supports Morrel's (2003) study on conduct disorder, which discovered that low minimum living standards, a disorganized household, alcoholic relatives, separation, and divorce are biological and social factors that contribute to conduct disorder.

According to the study's third finding, a high percentage of students with attention deficit hyperactivity disorder use cognitive behavioral treatment, psychological management, congenital management programs, parent management training, and preventive efforts to manage conduct disorder. It's possible that teachers are well informed about students with ADHD in this situation. This research supports Anisie & Renee's (2015) results that behavior management, cognitive behavioral therapy, and educational change are proven effective treatments for ADHD. Additionally, it is consistent with Natalie & Johanna's (2014) study, which discovered that behavioral treatment, dietary changes, and pharmacotherapy were successful in treating children with ADHD. The results of this study support Rajesh, Bichitra, and Vaiblhau's (2019) study, which found that psychological management, contingency management plans, cognitive behavioral skills training, and taking preventative measures have all been successful in managing students with attention deficit hyperactivity disorder.

According to the fourth finding, there was no appreciable difference between male and female students with ADHD in terms of the prevalence of conduct disorder. This suggests that there was no discernible difference between male and female pupils with attention deficit hyperactivity disorder in the frequency of conduct problem. In contrast to Nooshin, Hassan, and Hamidreza's (2008) study, which found that there was no significant difference between male and female students, the frequency of both disorders was higher in male students than in female students. Nevertheless, boys were more likely than girls to experience these two disorders.

According to the study's sixth finding, conduct disorder among students who had attention deficit hyperactivity disorder was not significantly different from other conduct disorders. This suggests that among students with attention deficit hyperactivity disorder, gender does not significantly differ in the factors that contribute to conduct disorder.

Additionally, the study's findings indicate that there were no appreciable differences in the management of conduct disorder among kids with ADHD. This suggests that there was no appreciable gender-based difference in the management of students with conduct disorder and attention deficit hyperactivity disorder. This research backs up Adedayo's study from 2021, which found no appreciable differences between male and female teachers' usage of management techniques to control violent behavior in ADHD kids.

### **Conclusion**

According to the study's findings, it can be deduced that there is a low prevalence of conduct disorder among students with ADHD in the Ilorin Metropolis. This suggests that the prevalence of students with ADHD displaying conduct disorder is also low there. Additionally, there was no statistically significant difference in the incidence of conduct disorder among children with attention deficit hyperactivity disorder, suggesting that the prevalence of conduct disorder in kids with ADHD is relatively low. Conduct disorder among students with attention deficit hyperactivity disorder is caused by low IQ, broken families, genetic reasons, inadequate supervision, harsh parental discipline, societal issues, poverty, and emotional instability in Ilorin Metropolis. Students with attention deficit hyperactivity disorder did not significantly differ in their causes of conduct problem according on gender. This suggests that there are no differences in the factors that contribute to conduct problem in students with ADHD. The effectiveness of cognitive behavioral therapy, psychological management, congenital management programs, and parent management training in managing conduct disorder among students with ADHD in Ilorin Metropolis is high. Additionally, there was no discernible gender

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difference in the management of conduct disorder among students with attention deficit hyperactivity disorder, suggesting that there is no difference in the treatment of conduct disorder between male and female students with ADHD.

### **Recommendations**

The following recommendations were given:

1. Through seminars, workshops, and conferences, teachers should receive greater training on how to apply these management tactics to effectively treat conduct disorder in students with attention deficit hyperactivity disorder. which the parent-teacher association can do (PTA)
2. Teachers should work closely with parents so that students with conduct disorder can be managed effectively

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