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4

5 **Abstract**

6 The purpose of this research is to assess the prevalence rate of students? conduct disorder in
7 primary schools. Mixed method explanatory research design was used. Simple random
8 sampling was employed to recruit 287 5th - 8th graders from 16 primary schools at five towns
9 in West Shewazone, Oromia region, Ethiopia during the second semester of 2015/2016
10 academic year. Proportional number of students from each school, gender and grade level was
11 used. Disruptive Behavior Disorders (DBD) rating scale was used for assessing primary school
12 students? conduct disorder. Descriptive statistics (percentage, mean and standard deviation),
13 independent sample t-test and MANOVA were utilized to analyze the collected data. As a
14 result, the general prevalence rates of conduct disorder were 9.1

15

16 **Index terms**— deceitfulness, violence of rule, student, second cycle primary school

17 **1 Introduction**

18 conduct disorder in children is a common and disabling disorder that causes a lot of problems for teachers, families
19 and even for the children with a lot of social complications. This disorder visibly has not only negative impact on
20 the youngsters' educational, social and professional performance but also increases the chance of suffering from
21 emotional problems [1] Conduct disorder is a repetitive and persistent pattern of behavior in which either the
22 basic rights of others or major age-appropriate societal norms or rules are violated. It is linked with violence
23 because of the fact that behaviors exhibited fall into four main grouping which are aggressive conduct that causes
24 physical harm to others, nonaggressive conduct that causes property loss or damage, deceitfulness or theft and
25 serious violations of rules [2]. It is usually exhibited in a variety of settings (at home, at school, and in social
26 situations) and they cause significant social, academic, and family functioning impairment to the child and can
27 have an impact on his psychological development [3] Various studies were conducted on conduct disorder among
28 children. For instance, conduct disorder affects between 6% to 16% of boys and 2% to 9% of girls in school-aged
29 children [4]. Besides, a study in India for the prevalence of Conduct Disorder (CD) and reported as 4.58% of boys
30 and 4.5% of girls. This study stated that 36% of these children suffer from conduct disorder with mild severity
31 and 64% with moderate severity [5]. The study in Iran by Najafi et.al [6] presented the prevalence of behavioral
32 disorders in Shiraz's city. It is revealed that between 1300 boys and girls at elementary school children, 17.8%
33 of them affected by behavioral disorders. In addition, this study explained that 5% of these children affected
34 by conduct disorder. It is also reported that the prevalence of conduct disorder in Tehran/Iran is 10.5% among
35 2016 Primary school student [7]. Besides, lower prevalence of conduct disorder among pupils of primary school
36 in Khartoum, Sudan was found [8].

37 Students with conduct disorder are at risk of a number of adverse outcomes in adulthood, including
38 unemployment, early pregnancy and early fatherhood, domestic violence, criminal offending, driving offences,
39 psychiatric disorders, alcoholism and substance abuse, higher rates of injury, hospitalization and general health
40 problems, separation and divorce, and a shortened life expectancy [9]. In addition, literatures indicate that
41 behavioral problems prevent teachers from implementing high quality instruction to students. Students with
42 conduct disorder also influence the behavior of teachers, essentially shaping teachers into providing less instruction
43 [10].

44 It is very common that conduct disorder occurs with one or two other disorders. Such disorders include
45 Attention-Deficit/Hyperactivity Disorder; Mood Disorders; Learning Disorder; Anxiety Disorders, Communica-
46 tion Disorders, and Substance-Related Disorders [2,42]. The same relationships were found between childhood
47 oppositional defiant disorder and conduct disorder and antisocial personality disorder in adulthood [43].

5 D) DATA COLLECTION INSTRUMENT

48 Successful schools build their capacity to serve all students. The modern mantra of inclusive education
49 explicitly demand that all learners disregarding their abilities and disabilities should be educated together in
50 a regular school located near to the learners' home. With the rise of the inclusion movement, students with
51 Emotional and Behavioral Disorders (EBD) are being placed in general education classrooms [11]. Hence,
52 educating and supporting students with conduct disorder became an unavoidable responsibility for today's
53 teachers. This is indeed a challenging demand for teachers and schools as they are not well readied for this
54 highly professional task. Studies conducted in Ethiopia on the disciplinary measures initiated by teachers to
55 deal with the problem behavior of students are not divided on their findings. Most of them are categorical that
56 most of the measures adopted by teachers in Ethiopian schools to deal with the problem behavior of students
57 are punitive in their nature as well as unscientific which have already been prohibited by laws [12,13]. Similarly,
58 it is indicated that there is a lack of teachers' preparation within teacher training programs to manage students'
59 with conduct disorder in Ethiopia [10].

60 In Ethiopia, very few studies have been reported. For instance, according to Alemayehu's study [39], the
61 top ranked frequently observed misbehavior in secondary school of Shashamane included: tardiness, truancy, and
62 disturbing in the classroom like talking without permission, use cell phone and fighting. Another study conducted
63 by Asfaw [41] in Ethio-japan Hidasse secondary school at Addis Ababa, claimed that frequent absenteeism,
64 drinking alcohol, smoking, day dreaming, quarrelling, cheating and inattentiveness are frequently observed
65 conduct problems.

66 Regarding to the study area, West Shewa is one of the zones of the Oromia region in Ethiopia. Based on
67 the 2007 Census conducted by the central statistical agency of Ethiopia (CSA), West Shewa Zone has a total
68 population of 2,058,676, of whom 1,028,501 are men and 1,030,175 women; with an area of 14,788.78 square
69 kilometers, West Shewa has a population density of 139.21. A total of 428,689 households were counted in this
70 Zone. The two largest ethnic groups reported in West Shewa were the Oromo (93.82%) and the Amhara (5.15%);
71 all other ethnic groups made up 1.03% of the population. Oromiffa Across the study areas, the researchers
72 have observed the typical symptoms of conduct disorder among primary schools including shouting in the
73 school compound, slighting, offending the school community, violating the school rules through being unpunctual,
74 disobedience and carelessness, distracting the teaching learning process, fighting each other and sometimes with
75 their teacher, stealing and insulting. Compatibly, conduct disorder affect all the aspects of these children's private
76 and social life. Lack of enough attention to this problem of children can result in the long-term prevalence of
77 this disorder. For this reason, the present research analyzes the prevalence rate of conduct disorder among the
78 primary students in West Shewa Zone. This study intended to answer the following questions:

79 (93.99%) was spoken as a first language. 5.47% spoke Amharic; the remaining 0.54% spoke all other primary
80 languages reported.

81 2 Methodology a) Research Design

82 The purpose of the present study was to assess the prevalence rate of students' conduct disorder in primary
83 schools of West Shewa Zone, Oromia region, Ethiopia. To achieve this purpose, mixed method explanatory study
84 design was employed.

85 3 b) Samples and Sampling techniques

86 According to West Shewa zone educational office, 84,653 students whose grade levels were from 5 up to 8 were
87 enrolled in 18 woredas in 2015/16 academic year. Among whom, 384 randomly selected students were participated
88 from 16 second cycle primary schools at five towns in West Shewa Zone, Oromia region, Ethiopia. In doing so,
89 first 13 governments and 3 private schools were randomly selected. At school level, one section from each grade
90 5 up to grade 8 was selected again using simple random sampling technique. Following that 6 students were
91 randomly selected from each class. This is a total of 24 students were selected from each school. Finally, a pool
92 of 384 students from 16 schools was included in the study. However, among the 384 distributed questionnaires,
93 data collectors could collect 287 properly filled questionnaires.

94 The rest 97 questionnaires were discarded for incompleteness. Due to this, the study analysis was done based
95 on the response of 287 study participants. Simple random sampling was used to recruit students from each
96 selected schools.

97 4 c) Variables

98 Dependent variable of the study was students' conduct disorder. The primary independent variables for this
99 study were gender, students' grade level, residential area, perceived social support, perceived parenting style and
100 income of the family.

101 5 d) Data Collection Instrument

102 A questionnaire and semi structured interview were used to assess the prevalence rate of students' conduct
103 disorder. Ultimately, the questionnaire has two sections where the first section collects data on students'
104 demographic characteristics. This includes gender, students' grade level, residential area, perceived social support,
105 perceived parenting style and income of the family. The second section of the questionnaire was adapted from

106 Disruptive Behavior Disorders (DBD) rating scale. The scale was done based on the Diagnostic and Statistical
107 Manual of Mental Disorders (DSM-IV-TR) [2] which was developed by Pelham and his colleagues [40]. The
108 original rating scale has 15 items for measuring conduct disorder. These items comprise four subscales representing
109 the core symptom clusters necessary for the diagnosis of Conduct Disorder. These included aggressive symptoms,
110 destruction of property, deceitfulness and theft, and violation of society's rules. Before collecting the final data,
111 the adapted tools were translated in to Afan Oromo and pilot study was conducted on 80 students. In the pilot
112 study, the reliabilities of the tools were found to be 0.891 for full scale conduct disorder. The final data was thus
113 collected with 15 items measuring students' conduct disorder plus 6 items measuring demographic characteristics
114 of students.

115 **6 e) Method of Data Analysis**

116 Descriptive statistics including percentages, number of cases, cross-tabulations, mean and standard deviation
117 were used to describe students' conduct disorder. MANOVA and independent sample t-test were also used to
118 analyze the collected data. All data were analyzed using Statistical package for Social Science (SPSS) for window
119 version 20.

120 **7 f) Ethical considerations**

121 Oral as well as written informed consents were secured to the respondents. In addition, written permission was
122 obtained from the respective officials of the institutions and organizations where the respondents were recruited
123 based on an official request letter issued by Ambo University. As can be presented from table 1, out of the total
124 two hundred eight seven participants, 170 (59.2%) were males and 117 (40.8%) were females. Besides, the mean
125 age of students was 13.07(SD = 1.164) where the minimum and maximum ages were 10 and 16 respectively.
126 Regarding to students' educational status, 88 (30.7%), 82 (28.6 %), 70 (24.4 %) and 47 (16.4%) were grade
127 5, grade 6, grade 7 and grade 8 respectively. Regarding the residential area of respondents, 160 (55.7%) were
128 lived in urban area and 127 (44.3 %) were lived in rural area. Hence, the participants perceived that parents'
129 support their children in different level. Accordingly, 72 (25.1%), 64 (22.3%), 100 (34.8%) and 51 (17.8%) were
130 believed to be nothing, a little bit, good and very good social support respectively. Moreover this, regarding to
131 parenting style, participants perceived that 30 (10.45%), 69 (24.04%), 124 (43.20%) and 64 (22.29%) were found
132 to be negligent, permissive, authoritarian and authoritative parenting style respectively. Finally, with regard to
133 respondents' parent income, 106 (36.9%) of students' parent monthly income were considered as lower income
134 group. Majority of them 142 (49.5%) were perceived as middle-income groups followed by the least 39 (13.6 %)
135 were higher income groups.

136 **8 III.**

137 **9 Results**

138 **10 a) Demographic characteristics of the respondents**

139 Demographic

140 In order to assess the prevalence rate of Conduct Disorder, a standardized Modified Disruptive Behavior
141 Disorders (DBD) rating scale was employed and presented as follows:

142 As can be shown from table 2, out of 287 respondents, 62 (21.6%), 189 (65.9%), 10 (3.5%) and 26 (9.1%) of
143 respondents are minimal, mild, moderate and severe level of conduct disorder respectively. Therefore, the general
144 lifetime prevalence rate of conduct disorder is 9.1%. According to the crosstab result even higher prevalence of
145 conduct disorder was found among male students with authoritarian parenting style and students with no social
146 support. As can be revealed in table 3, the independent sample t-test result shows that there was statistically
147 significant mean difference in experiencing conduct disorder between male and female participants ($t (285) = 4.916$, $p < 0.05$). Here, the mean score of conduct disorder for male participants ($M=32.27$, $SD=8.55$) was
148 higher than female participants ($M=26.84$, $SD=10.03$). This implies that male respondents were more victim of
149 conduct disorder than their female respondents counter parts. Moreover, the mean score of conduct disorder for
150 participants whose residential area were urban ($M= 34.74$, $SD= 6.50$) was higher than participants whose place
151 of residence were rural ($M= 24.32$, $SD=9.57$) and the difference was statistically significant ($t (285) = 10.927$, $p < 0.05$).

154 **11 c) The Effect of Participants' Sex and Residential Area in**
155 **Experiencing Conduct Disorder**

156 **12 d) The Effect of Students' Demographic Variable in Experi-**
157 **encing Conduct Disorder Dimensions in Primary Schools**

158 To see whether significant statistical difference exists in conduct disorder domains (Aggression, Destruction of
159 property, Deceitfulness and Violence of rules) on students' socio demographic variable, multi variant analysis of
160 variance was computed and presented as follows.

161 **13 b) Prevalence rate of Conduct Disorder among Primary**

162 School Students As can be seen in table 4, a multi variant analysis of variance result revealed that there were
163 statistically significant mean differences between participants with their respective of grade level ($F(12,521) =$
164 $4.801, p < 0.05$), perceived parenting styles of the family ($F(12, 521) = 2.49, p > 0.05$) and income of participants'
165 family ($F(8, 394) = 4.452, p < 0.05$) on conduct disorder dimensions (aggression, destruction of property,
166 deceitfulness and violence of rules). On the other hand, parents' social support ($F (12,521) = 1.165, p >$
167 0.05) have no statistically significant effect on students' conduct disorder dimensions.

168 **14 e) Comparisons of Conduct Disorder Dimensions among**
169 **Students' demographic variable**

170 To see whether significant statistical difference exists in conduct disorder domains (aggression, destruction of
171 property, deceitfulness and violence of rules) on students' grade level, univariate analysis of variance was computed
172 and presented as follows.

173 As can be seen from table 5, the univariate analysis of variance result showed that students' grade level had
174 significant effect on students' aggressive symptoms ($F (3, 282) = 11.532, p < 0.05$), destruction of property (F
175 ($3, 282) = 2.061, p > 0.05$), deceitfulness ($F (3, 282) = 3.930, p < 0.05$) and violence of rules ($F (3, 282) = 4.135, p$
176 < 0.05) symptoms. Furthermore, the Benferroni post hoc multiple comparisons revealed that grade five respondents
177 demonstrated highly significant mean difference on aggression symptom as compared to grade six ($p < 0.05$), grade
178 seven ($p < 0.05$) and grade eight ($p < 0.05$). The mean aggression score of grade five respondents ($M=10.68,$
179 $SD=3.172$) is higher than grade six ($M=8.37, SD=2.179$), grade seven ($M=7.13, SD=2.664$) and grade eight
180 ($M=8.2, SD=3.390$) counter parts. Along with this, grade seven respondents reported highly significant mean
181 difference on destruction of property and violence of rules as compared to grade five ($p < 0.05$), grade six ($p <$
182 0.05) and grade eight ($p < 0.05$). Moreover, the post hoc shows that grade five respondents reported significant
183 mean difference with grade six ($p < 0.05$) and grade seven ($p < 0.05$) on deceitfulness symptoms. The mean
184 deceitfulness score of grade five respondents ($M=5.83, SD=2.301$) is higher than grade six ($M=4.46, SD=1.684$),
185 grade seven ($M=4.57, SD=2.319$) and grade eight ($M=5.20, SD=2.08$) counter parts students. According to
186 table 7, statistical significant mean differences were observed on perceived parenting style of the respondents
187 in experiencing aggressive symptoms ($F (3, 282) = 3.313, p < 0.05$) and violence of rules ($F (3, 282) = 7.020, p$
188 < 0.05) symptoms. However, respondents' perceived parenting style had no significant effect on destruction of
189 property ($F (3, 282) = 0.866, p > 0.05$) and deceitfulness ($F (3, 282) = 2.185, p > 0.05$). To investigate further,
190 the Benferroni post hoc multiple comparisons result shows that respondents with authoritarian parents reported
191 highly significant mean difference on aggression symptoms as compared to respondents with permissive ($p <$
192 0.05) and authoritative ($p < 0.05$) parenting style. The mean aggression score of respondents with authoritarian
193 parents ($M=9.84, SD=3.032$) is higher than respondents with permissive parents ($M=8.91, SD=1.687$), negligent
194 parents ($M=9.10, SD=3.033$) and authoritative parenting style ($M=6.30, SD=3.289$) counter parts.

195 As it is shown from table 8, statistical significant mean differences were observed on respondents' monthly
196 family income in experiencing violence of rule ($F (3, 282) = 15.958, p < 0.05$). The mean violence of rule score of
197 respondents with lower monthly parents' income ($M=4.58, SD=2.079$) is higher than respondents with middle
198 family income ($M=4.05, SD=1.841$) and respondents with higher family income ($M=2.87, SD=1.553$). On the
199 other hand, respondents' family income had no significant effect on aggression symptoms ($p > 0.05$), destruction
200 of property ($p > 0.05$) and deceitfulness ($p > 0.05$).

201 **15 IV. discussion**

202 The main purpose of the present study is to assess the prevalence rate of students' conduct disorder in primary
203 schools. In this study, the results of the research show that the prevalence rate of conduct disorder among primary
204 school students is 9.1% in West Shewa zone, Oromia region. In this study area, children with conduct disorder
205 exhibit a wide range of ruleviolation behaviors, from lying, cheating, stealing, runningaway from home, aggression,
206 temper tantrums, truancy, non-compliance, destructiveness and oppositional behavior. This result is supported
207 with that of Azadyekta [7] in the city of Tehran/Iran, who found that the prevalence rate of conduct disorder
208 among the elementary school students is 10.5%. Along with this, all previous studies estimate the prevalence
209 of conduct disorder to fall below 17% [31, 2, 30 & 32]. Moreover, the present finding is in accordance with

210 Mohammadi's findings [33] who reported the rate of conduct disorder in Kordestan Province at 9.6%. Moreover,
211 the study in Iran by Najafi, Foladchang, Alizadeh, and Mohamadifar [6] presented the prevalence of behavioral
212 disorders in Shiraz's city. It is revealed that between 1300 boys and girls at elementary school children, 17.8%
213 of them affected by behavioral disorders. In addition, this study explained that 5% of these children affected
214 from conduct disorder. In line with this, a study conducted by Mishra et al. ??44] reported that among a total
215 of screened 900 students, 25.45% of the total subjects were having psychiatric morbidities. Among whom the
216 researchers found that the prevalence of conduct Disorder was found to be 5.48%.

217 However, the result of the present study is contradicted with the previous research findings conducted by
218 Abdelrahim [8] in Khartoum/Sudan who found that the prevalence of conduct disorders among pupils of primary
219 school in Khartoum is low. Such finding is also consistent with another study in which the estimate of the
220 prevalence of conduct disorder is 0.2% [34]. Based on large-scale community-based epidemiological surveys in
221 Canada, the United Kingdom and the United States (US), the estimated prevalence rate for Conduct Disorder
222 is 4.2% [14]. This small prevalence may be due to cultural differences between the populations.

223 The result of present study displays that male students had found to have higher conduct disorder score than
224 their female students counter parts. The mean difference is also statistically significant. This is because male
225 children in the younger age groups, showing misconduct may be considered as having normal behavior. This
226 result yield consistent with previous research finding conducted by Azadyekta [7] who found that the rate of
227 the conduct disorder among male students are significantly more than female students. Besides, this result is in
228 accordance with the statistical and diagnostic collection of the United States' Psychiatrics associations, which
229 has estimated the rate of boys under the age of 18 to be between 6 % to 16 % and the girls in the same age to
230 be between 2 % to 9 %. These rates vary by age range and type of conduct disorder [2]. Moreover, this finding
231 is similar with the conclusion of Moradi's [35] and Mehrabi's research [34].

232 Most studies conducted in some African countries were gender-based studies, focusing largely on sexual bullying
233 or harassment of female students. Such studies have been conducted in Ghana [15], Ethiopia [16], Cameroon [17]
234 and Tanzania [18]. Congruently, Sarkhel, Sinha, Arora, and DeSarkar [5] also conducted a study in India for
235 the prevalence of conduct disorder and reported as 4.58% of boys and 4.5% of girls with conduct disorder. This
236 study stated that 36% of these children suffer from conduct disorder with mild severity and 64% with moderate
237 severity. This is because male students are more likely to learn aggressive behavior through a delinquent peer
238 group. They are not closely supervised as females and are not expected to stay at home. More often, both of
239 which may restrict the opportunity for crime and the time available to mix with delinquent peers also limit the
240 chance [19,37].

241 Moreover, the result of the existing study depicted that the mean score of conduct disorder for students whose
242 residential area is urban area found to be higher than students whose place of residence is rural area. The mean
243 difference is also statistically significant. This is because the attitude of a community towards conduct disorder,
244 especially in rural areas, may lead to under reporting. The findings of the study regarding to residential area is
245 consistent with Shems [27] and American Psychiatric Association [2] study that found the prevalence of conduct
246 disorder appears to be higher in urban than in rural settings. Actually, rates vary widely depending on the
247 nature of the population sampled and methods of ascertainment. On the other hand, this finding is inconsistent
248 with a research conducted by Alemayehu [39] in Ethiopia who found that there is no significant difference in
249 misbehavior on the bases of the place of residence of students. However, the research uncovered that there is
250 disparity in the type of misbehavior in which those students from rural or suburb of Shashemenetown largely
251 involve in mob-actions and to a lesser extent in disrupting classroom activities.

252 The finding of the present study shows that there were statistically significant mean differences in experiencing
253 conduct disorder dimensions across grade level of students in which grade five students had found to have higher
254 mean score in aggressive symptoms, destruction of property, deceitfulness and violence of rules than grade six,
255 grade seven and grade eight students. However, this result is in contradiction with a previous research conducted
256 by ??lemanyehu[39] who found higher prevalence rate of misbehavior observed among students of 10 th than 9 th
257 grade. This implies that students' prolonged stay in the school as well as repeated exposure to misbehavior further
258 induces other misbehavior, especially if the response mechanism is poor. So far, grade level highly correlated
259 with the age of students, various previous researches claimed that conduct disorder is negatively associated in
260 which as age increases, the number of misbehavior by students will be decreased ??20,21& 39]. This implies the
261 level of age maturity of students has an implication for misbehavior if it not handled properly. This may be
262 attributed to biological and social changes of the growing child.

263 In this study, the result shows that parents' social supports have no statistically significant effect on students'
264 conduct disorder dimensions. Specifically, students' perceived social support had no significant effect on students'
265 aggressive symptoms, destruction of property and violence of rules symptoms. On the other hand, students'
266 perceived social support had significant effect on deceitfulness. However, this result is contradicted with a
267 previous research conducted by ??anguvo and Whitney [22] who found that students' perceived social support
268 are the basic factors as having a negative influence on student misbehavior. In addition, a significant risk for
269 conduct disorder was found for boys and girls who were hyperactive and unhelpful [23,28] due to the fact that
270 child rearing practices can retard or accelerate the development of child health.

271 In the current study, regarding the effect of parenting style on conduct disorder, there is a statistically
272 significant mean difference in experiencing conduct disorder dimensions across students' perceived parenting

273 styles of the family. Parents are responsible their children's mental, emotional and behavioral adjustments in a
274 productive and fruitful way to make ready for their adult life. In addition to that, when children enter school,
275 usually supervising the children's conduct, education and homework is the responsibility of parents. Parents also
276 help the school authorities in solving educational, behavioral and emotional problems. Therefore, it is natural
277 that the parenting style of family has a direct impact on the quality of raising children. The result of this study
278 is consistent with the research conducted by Azadyekta [7] that concluded the prevalence of conduct disorders in
279 cases where parents raise their children autocratically is 17 % and for those parents who are permissive, the rate
280 is 13.2% which is more than authoritative parenting style. Correspondingly, a study conducted by Manguvo and
281 Whitneyin [22] also consistent with the present study findings who found that permissive home environments as
282 contributing highly to student misbehavior, sighting an increase in child-headed households. Along with this,
283 Henry et al. [24] also supported this finding that family style of child rearing is considered as an important
284 factor for students' misbehavior. It is explained that parents of children with Conduct Disorder often uses the
285 coercive style, and children experienced corporal punishment. So the style of a family can affect negatively on
286 pattern of children with their peers. In addition, a number of causal factors have been highlighted in different
287 research on conduct disorder. Most children with conduct disorder come from disadvantaged backgrounds.
288 Additional risk factors appear to include harsh and inconsistent parenting, lack of adult support and mentoring,
289 and isolation with deviant peer groups ??21, 20,25 & 29]. Further, Evans and Miguel [26] found that Kenyan
290 students who do not have the guardianship of biological parents had higher rates of misbehavior and absenteeism
291 from schools. Along with this, unhappy marital relations, interpersonal conflict and aggression characterize the
292 parental relations of antisocial children. Poor parental supervision and monitoring of the child and knowledge of
293 the child's whereabouts are also associated with conduct disorder.

294 The findings of this study showed that the rates of the conduct disorder among the students with higher family
295 income are not exposed for conduct disorder. Therefore, statistically significant mean differences were observed
296 in experiencing conduct disorder dimensions (aggression, destruction of property, deceitfulness and violence of
297 rules) across students' family income. This conclusion is in agreement with the findings of researches conducted
298 by Richard & Tremblay [38], Shams [27] and Alemayehu [39] who found that as level of family income increases,
299 number of misbehavior slightly decreases. This implies that conduct disorder exhibited among lesser proportion
300 of students from high income families as compared to those from low income families.

301 V.

302 16 Conclusion and Recommendation

303 In conclusion, high prevalence rate of conduct disorder had found among second cycle primary school students
304 and statistical significant differences were found in relation to sex, students' grade level, residential area, perceived
305 social support, perceived parenting style and income of the family on conduct disorder dimensions. Therefore,
306 school administrators shall design and execute the intervention strategies to reduce and manage the high
307 prevalence rate of conduct disorder in primary schools. Along with this, school counselors shall be placed in
308 each primary second cycle schools across the West Shewa zone. Specifically, the schools community shall develop
309 appropriate guideline and strategies of working with stakeholders like School Counselor, Special Needs Education
310 teachers, regular teachers, students, and parents to identify and implement appropriate intervention mechanisms
311 to manage the severity of the problem because children are the most important asset and wealth of a nation.
312 Healthy children make a healthy nation. In addition, both government and nongovernment organizations who
313 are working with children shall launch outreach programs for students with severe conduct disorder. ^{1 2}

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²Year 2017

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| | | | | | | | Year 2017 |
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| | | | | | | | (|
| Variable | Categories | Male | Female | Frequency | Percentile | Global | |
| Students' | Grade 5 | Grade 6 | Grade 7 | 170 117 | 59.2 40.8 | Journal | of |
| Educational | Grade 8 | Urban | Rural | 88 82 70 | 30.7 28.6 | Human | |
| Status | Sex | | | 47 160 | 24.4 16.4 | Social | |
| Residential area | | | | 127 | 55.7 44.3 | Science | |
| | | | | | | - | |
| | No social support | | | 72 | 25.1 | | |
| Perceived Social Support | A little bit social support | | | 64 | 22.3 | | |
| | Good social support | | | 100 | 34.8 | | |
| | Very Good social Support | | | 51 | 17.8 | | |
| Perceived Parenting Style | Negligent Permissive | | | 30 69 | 10.45 24.04 | | |
| | Authoritarian | | | 124 | 43.20 | | |

Figure 1: Table 1 :

| Variable | Category | N | Mean | SD | t | df | P value |
|------------------|-------------|---------|-------------|-------------|--------|-----|---------|
| Sex | Male | 170 | 32.27 26.84 | 8.559 | 4.916 | 285 | 0.000 |
| | Female | 117 | | 10.030 | | | |
| Residential area | Urban Rural | 158 129 | 34.74 24.32 | 6.509 9.575 | 10.927 | 285 | 0.000 |

Notes: SD = standard deviation; *Significant at the 0.05 level

Figure 2: Table 3 :

16 CONCLUSION AND RECOMMENDATION

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Year 2017

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| Variable | Category of CD | Score | Frequency | Percent |
|---------------|---------------------------|--------------------------|-----------|----------|
| Con- duct | Minimal (1-15) (16-25) | Mild Moderate (26-35) | 62 189 | 21.6 |
| Disor- der | Severe(36-60) | | 10 26 | 65.9 3.5 |
| | | | | 9.1 |

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Figure 3: Table 2 :

4

Figure 4: Table 4 :

5

Figure 5: Table 5 :

6

| Independent Variables | Wilks' F | df | P-value | Partial Omega Square |
|---------------------------|--------------|-------------------------|-----------------|----------------------|
| Students' Grade level | 0.758 | 4.801 | 12,521 | 0.000 |
| Perceived social Support | 0.932 | 1.165 | 12,521 | 0.305 |
| Perceived parenting Style | 0.863 | 2.496 | 12,521 | 0.003 |
| Income of the Family | 0.841 | 4.452 | 8,394 | 0.000 |
| Outcome variable | Grade 5 | Grade level of students | Grade 6 Grade 7 | Grade F |
| Aggression | 10.68 (3.17) | Mean (SD) | 8.37 (2.17) | Mean (SD) |
| Destruction of Property | 1.25 (1.08) | Mean (SD) | 7.13 (2.66) | 8.20 (3.39) |
| Deceitfulness | 5.83 (2.30) | Mean (SD) | 1.19 (1.16) | 1.24 (1.28) |
| Violence of rules | 4.47 (1.72) | Mean (SD) | 0.56 (0.97) | 5.20 (1.27) |
| | | Mean (SD) | 4.46 (1.68) | 4.15 (2.52) |
| | | Mean (SD) | 4.57 (2.31) | 3.80 (2.28) |
| | | Mean (SD) | 2.79 (1.58) | 4.15 (2.52) |

[Note: Notes: SD = standard deviation; *Significant at the 0.05 level]

Figure 6: Table 6 :

7

Figure 7: Table 7 :

| Year | Outcome variable | Negligent | Perceived Parenting Style | Permissive | Authoritarian | Authoritative |
|--------|------------------|-----------|---------------------------|-------------|---------------|-------------------------------------|
| 2017 | | | | | | value |
| 36 | Aggression | Mean(SD) | Mean(SD) | 8.91 (1.68) | Mean(SD) | Mean(SD) |
| | | 9.10 | | | 9.84 | 6.30 |
| | | (3.03) | | | (3.03) | (3.28) |
| Volume | Destruction | 0.97 | 1.12 (1.25) | 4.89 (1.41) | 4.16 (1.42) | Notes: SD = standard deviation; *SD |
| XVII | of Property | (1.35) | | | | |
| Issue | Deceitfulness | 5.20 | | | | |
| VII | Violence of | (1.66) | | | | |
| Ver- | rules | 5.13 | | | | |
| sion | | (1.59) | | | | |
| I | | | | | | |
| G) | | | | | | |
| (| | | | | | |
| Global | Outcome | Lower | Monthly income of family | Middle | Mean(SD) | 8.99 (3.08) |
| Jour- | variable | Mean(SD) | | | 1.06 (1.16) | 5.1 |
| nal of | Aggression | 8.85 | | | | |
| Hu- | Destruction | (3.25) | | | | |
| man | of Property | 1.21 | | | | |
| Social | Deceitfulness | (1.24) | | | | |
| Sci- | Violence of | 5.06 | | | | |
| ence | rules | (2.14) | | | | |
| - | | 4.58 | | | | |
| | | (2.07) | | | | |

Figure 8: Table 8 :

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316 Year 2017 VI. Limitation and Future Implication

317 In conducting this study, the usage of a structured instrument, trained data collectors and supervised field
318 workers to collect data from randomly selected children in the school decreases the likelihood of the occurrence
319 of bias in the study. However, there were two limitations. First, although the Afann Oromo version of the
320 instrument had revealed good reliability and feasibility, it was too hard to be quite sure that the translated
321 tool had been retained their original psychometric properties in different cultural backgrounds of the study sites.
322 Second, the finding was not supported by similar locally available researches on students' conduct disorder. Due
323 to this, it is difficult to generalize for other contexts. Along with this, the finding of this research implied as further
324 research shall be conducted to identify the major causes that contribute for the high prevalence rate of conduct
325 disorder in primary schools and teachers' management skill in handling students' misbehavior for intervention
326 purpose.

327 .2 a) Conflict of Interest

328 The authors declared no conflict of interest

329 .3 b) Funding

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