DETERMINANTS OF ANTI-SOCIAL BEHAVIOURS AMONG STUDENTS IN SELECTED UNIVERSITIES IN ENUGU METROPOLIS

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A RESEARCH PROJECT SUBMITTED TO THE INSTITUTE FOR DEVELOPMENT STUDIES, UNIVERSITY OF NIGERIA, ENUGU CAMPUS IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE (M.Sc.) IN DEVELOPMENT STUDIES

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DECEMBER, 2015

CERTIFICATION

I, Isife, Theresa Chima, a postgraduate student in the Institute for Development Studies, University of Nigeria, Enugu Campus, certify that the work embodied in this project is original and has not been submitted in part or full for any other degree of this or any other University.

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APPROVAL

The study has been read and certified as an original work of ISIFE, THERESA CHIMA with Registration number (PG/M.Sc./12/ 63039).

The work has been approved as meeting the requirements of the Institute For Development Studies, University of Nigeria, Enugu Campus, for the award of degree of Masters of Science in Development Studies.

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DEDICATION

This research project is dedicated to my children, Amara, Chidimma, Arinze and Chibueze.

ACKNOWLEDGEMENTS

I sincerely acknowledge and appreciate the divine assistance from God Almighty, whose mercy made the thought and eventual completion of this work possible. To him i can never thank him enough. I am indebted to the following people for their assistance, support, guidance and encouragement in the course of this study: My supervisor, Dr. Agu, Chukwuma for his patience, through this study.

I appreciate the Director of the Institute for Development Studies, Prof. Osita, Ogbu for his guidance in the course of the study. I equally appreciate the Dr. Umoh Boniface D. Deputy Director of the Institute for Development studies for his encouragement throughout the work.

I also thank Associate Prof. Onyukwu, O. Onyukwu for his professional advice to me during the study, as well as Dr. (Mrs.) V.N Ogakwu for her pieces of advice during the work.

The 195 (One hundred and ninety-five) anonymous respondents who helped me out with their answers to the survey and also the research assistants did me a great service. It goes to say that they contributed to the success of this project work and i am grateful to them.

Finally, i am so appreciative of my husband, Mr. Justus Isife, whose unfailing commitment to my success, support, and cares have helped me. At the same time, to my children, Amara, Chidimma, Arinze and Chibueze who have been praying for me to complete this programme. I say a big thank you.

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ABSTRACT

Antisocial behaviour has been a problem among the university students in Enugu metropolis. This could be as a result of the existence of many tertiary institutions in the city and its environs. This study was designed to identify the key causative factors of some selected anti-social behaviours such as cigarettes smoking, alcohol consumption, drug abuse, involvement in illicit sex, fighting and stealing. The factors include father's highest education, mother's highest education, family financial status, relationship with mother, relationship with father, relationship with friends, mother's reaction about smoking, father's reaction about smoking, satisfaction with personal financial status, satisfaction with own health. Survey research method was employed while simple random sampling technique was used in selecting the samples for the study. Sample of one hundred and ninety seven (197) students were drawn from among the third and final year university students of University of Nigeria, Enugu Campus, Godfrey Okoye University and Enugu State University of Technology. Data for the study were collected using questionnaires. Data collected for the study were analysed using linear regression and ANOVA. The following findings were made: majority of the students were engaging in all the selected anti-social behaviours irrespective of the classification of institution they are attending; More female students (49.74%) were involved in illicit sex while more males (80.2%) engage in all the other anti-social behaviours; students in the age group of 17-21 years are more involved in all selected anti-social behaviours. The most significant determining factors were father's highest education as college or university and family financial status as poor among others. The study concludes that university students ought to be more knowledgeable about the longer-term outcomes of these antisocial behaviours in order for them to minimise them or to completely stop them on their own volition. The study suggests there should be activities such as awareness creation, sensitization, and antisocial-behaviours campaigns for the students especially for new entrants into the universities. Parents and guardians of the students should as much as possible try to check the kind of friends their wards keep. There should be forums for female university students to be properly addressed about the short and long term effects of involvement in illicit sex by the school authorities especially through the faculty of health sciences. Again, the university authorities should always address new entrants on the need to start from the first year to study hard in order to graduate with excellent academic results which could help focus their attention on their studies other than engage in antisocial behaviours.

CHAPTER ONE

INTRODUCTION

1.1Background of the study

The prevalence of anti-social behaviour in young adults has increased dramatically over the past decades, along with their negative effects on development (Akpam, 2012). These have health-endangering phenomenon, as well as loss of self-esteem (Chris, 2011). The anti - social behaviour such as drug abuse, smoking, stealing, alcohol abuse and prostitution have been accompanied by increase in levels of psychiatric admissions (Crawford, 2008) and out of school by some university students.

According to Alejandra and Des (2012) and Obikeze and Obi (2013), other anti ï social behaviour noted, includes breach of school rules, delinquency, bad dressing and appearance, destruction of public properties, hooliganism, fighting and assault, fraud, fighting, sexual immorality, examination malpractice, misappropriation of fund, lying, impersonation, persistent lateness, absenteeism, disruptiveness, destructiveness and academic problems.

Anti-social behaviour lacks consideration for others and may cause damage to the society, whether intentionally or through negligence (Rolf, 2013). It is labelled as such when it is deemed contrary to prevailing norms for social conduct. This is opposite of pro-social behaviour, which helps or benefits the society.

There are about 2 billion people between 10-24 years old in the world, close to 85% of these young men and women live in developing countries (World Bank Reproductive Health Action Plan, 2013). The youths in Nigeria accounts for 32.0% of Nigeriangs 140 million people and nearly half (48.6%) of adolescents aged 15-19 are sexually active (NPC, 2009), a common

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feature of young people in Nigeria is their potential vulnerability to sexually transmitted infections (STIs) including Human Immunodeficiency Virus/Acquired Immunodeficiency syndrome (HIV/AIDS) (NPC, 2009).

Economic backwardness remains the most defining feature of several economies globally. The major precursor of this development is represented in colonial experience and in other external infiltrations, which directly or indirectly alter the socio-structural arrangement of the affected nations such as Nigeria. Chronologically, local and external interventions aimed at correcting the imbalance in Nigeria and in several other African countries, for instance, have not yielded the expected results (Sobowale, 2014). The erosion of Nigerian cultural values occasioned by global pressure introduced through capitalism and its affiliates, democracy, borderless economy and information and communications technologies (ICTs) as regards to globalization revolution become incompatible with local realities and negatively plunged the country into socio-economic crises (Colgen, 2005 and Aina, 2011). Statistics shows that there are approximately 120 million youths who are out of school and working full time in developing countries, while the rate of participation in the labour market is anticipated to grow from 345.1 million in 2003 to 363.9 million in 2015 (Elliot and Huizinga, 2007). The engrossment with employment takes the youth away from school decreases their opportunity to learn appropriates adult skills and alters the normal course of their development, thereby involving in some anti-social behaviour.

Privatization is as a result of globalization but this reduces access of the poor to quality welfare services and lead to the growing gap between the affluent and the poor, which pushes the young ones into anti-social behaviour in order to adapt in new trend of the society. Researchers on anti-social behaviour problems of tertiary school students point to the crucial role of the family (Biyi and Ogwumike, 2007). This is not surprising as the family is the primary institutions that

socializes the young and provide surveillance over their behaviour. The family lays the psycho-social, moral and spiritual foundations in the overall development of the students.

Self concepts of pre-adolescent male school success, gender role development in both males and females have been closely associated with the presence of the parentsô income.

The economic crises manifested fully in the late 1970s in Nigeria, generated monumental socio-cultural consequences for young people. This brought about acute poverty, stealing, malnutrition, moral confusion, alcohol and substance abuse which affect the well-being of the youth. The intensity of poverty in Nigeria can be determined through international comparisons. The standard of $1 a day and $2 a day, measured in 2012 international prices and adjusted to local currency using purchasing power parity conversion factors was used to calculate the ñdepth of poverty as well as its prevalenceò in Nigeria. Poverty gap at $1 a day and $2 a day are calculated as the mean shortfall below the poverty line. On this score, at $1 a day 70.2% of Nigerians live below the poverty line while at $2 a day 90.8% of the population lived below the poverty line in the 1992-93 survey years (World Bank, 2014). In the same year, the poverty gap at $1 a day was 34.9% while that for the $2 a day was 59.0% (World Bank, 2014).

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The clearest Index of Africanôs underdevelopment is that, if not, all African countries have very low per capita income. Many developed countries have high per capita income, up to $39,000 and above, with less anti-anti social behaviour, while in most African countries per capita income is low, as low as $1,500 for some countries as Ethiopia, Chad etc., Nigeria has per capita income of $2,748 (World Bank, 2014).

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Placing Nigeria within this international poverty context, it is possible to understand the extent of poverty and how much of problem it poses for the country. Some people who are threatened by poverty often engage in various illegal activities that constitute anti-social behaviour that retards

development. It is on this note that this study wanted to find out the determinants of selected anti-social behaviour among students from selected universities in Enugu Metropolis.

1.5 Statement of the problem

In Nigeria, as in many other nations, anti-social behaviours observed among the youth are many and varied. These range from examination malpractice, persistent lateness to school, and absenteeism to cigarettes smoking, drug, and substance; alcohol abuse, illicit sex, fighting among others. Having significant energy and less strenuous responsibilities, these anti-social behaviours are most pronounced among youths in their late teens and early twenties. At this point, a number of youths are in tertiary institutions, where the influence of a concentrated number of other youths in their prime is most pressing. Consequently, the agglomeration of institutions of higher learning also translates to higher tendencies, if not altogether higher prevalence, of anti-social behaviours. According to Biyi and Ogwumike (2007), youths are involved in anti-social behaviour when they are together as groups. Age and peer group influence may therefore be necessary factors influencing these anti-social behaviours (Fosudo, 2010). And interestingly, Enugu metropolis is home to a concentration of tertiary institutions which bring a large number of youths together as students.

Other studies show that poverty could be a contributor to the anti-social behaviour observed among the university students (Elliot and Huizinga, 2007 and Shannon, 2013). It is therefore consistent to imagine that income of parents could be a factor contributing to the anti-social behaviour of a student or youth. But it is not clear that the relationship is either linear or unidirectional. For example, while poverty and the search for means of survival could lead a student to anti-social behaviours such as violence and prostitution, too many resources could be

the main reason why others maintain lavish lifestyle, engage in substance abuse or alcoholism or get led to friends who introduce them to cultism. Thus, it is not clear in what ways income contributes to specific individuals and in specific environments.

While antisocial behaviours have negative outcomes, the gender of the one involved could have significant impact in the sort of outcome expected. Anti-social behaviours by young females could affect their persons; leading to health problems especially when they are related to prostitution and drug or substance abuse. Where abortion is involved, the situation can be life-threatening with the possibility that reproductive organs can be destroyed and even death can occur. There is even the bigger challenge that women with anti-social behaviour may transfer the traits to their children through poor training or wrong orientations, implying inter-generational transfer of negative traits. By contrast, anti-social behaviour by the male folk do affect the individual involved, but often not the same way as those of ladies. Severally, involvement in such anti-social behaviours like violence by males results in injury to others while they are unhurt. More so, with the exception of substance abuse and alcoholism, many males later get out of teenage years without any permanent scar emanating from their youth-induced anti-social behaviours. They often constitute insecurity as well as loss of lives and property to others.

Nonetheless, whether male or female, anti-social behaviours usually have long term effects; that affect the society as well as individuals involved. For example, at the individual level, the studentôs graduation period from the university may be prolonged, thereby incurring costs to parents and whittling away his years in idleness. It may increase personal frustration while in turn could lead to more anti-social behaviours that put the society at large to more danger and prolonged insecurity. These affect development, often very negatively. Some of these actions may lead the involved university students to psychiatric case at their youthful age. It has been

observed from literature that this anti-social behaviour emanates from greed, get rich quick syndrome and loss of self esteem induced by poverty (Crawford, 2008).The anti-social behaviours may lead to conflict among students as well as among communities when the students get into the communities with these problems, crimes such as shooting in drinking spots, raping of innocent female students, kidnapping and abduction of innocent students and citizens, hence making people to live in fear in the society.

Despite these noted influences on development, not much has gone into critical research on factors affecting anti-social behaviours among youths in Nigeria. Some studies like (Bakare, 2012, Ewhrudjakpor, 2009) have looked into the outcomes from anti-social behaviours, but there is not so much on factors leading to it in the first place. It is on this note that the study intended to find out the determinants of selected anti-social behaviour among the university students in the Enugu metropolis.

1.3 Objectives of the study

The main goal of the study was to analyze the determinants of anti-social behaviour among selected university students in Enugu Metropolis.

The Specific objectives of the study were:

1. To determine the relative important factors affecting such anti-social behaviour among the selected university students
2. To determine the gender differences in anti-social behaviour among the selected university students in Enugu Metropolis.

1.6 Research questions

2. What are the relative factors affecting anti- social behaviour in the selected university students in Enugu Metropolis?
3. What are the gender differences in anti-social behaviour among selected university students in Enugu Metropolis?

1.7 Hypotheses

The following hypotheses will guide the study:

H_O1: There is no significant relationship between the relative important factors and anti-social behaviour among students in the selected universities in Enugu Metropolis.

H_O2: There is no significant difference in the level of anti-social behaviour of male students from female students in Enugu Metropolis.

1.5 Justification for the study

This study will be of a great importance to the policy makers. It will enable the policy makers to know the effect of the anti- social behaviour on productivity and development, since the students are the population that will sustain the economy through their effective contribution to the labour market upon graduation. The study will also be beneficial to authorities of tertiary institutions as it will provide them with the necessary data to put in place counter measures against the menace of such anti-social behaviours. The study will be of benefit to the students of tertiary institutions and their parents. This will enable them to understand the extent to which some factors affect the studentsô anti-social behaviours. It will expose the undergraduates to the negative effects of anti-social behaviours; and it is expected that this will make them develop positive life style. The study will also be beneficial to the academia that could refer to the study in terms of existing literature.

1.6 Scope of the study

The study intended to cover the determinants of anti-social behaviour among the students in the selected universities in Enugu Metropolis. The selected students are the final year students of the three selected universities in Enugu Metropolis. The income in this study is the money given to these students as their pocket money. The anti-social behaviour that would be looked at includes, cigarettes smoking in public places, alcohol consumption, drug abuse, illicit sex, stealing and fighting.

The determinants the researcher looked at included fatherôs highest education, motherôs highest education, family financial status, relationship with mother, relationship with father, relationship with friends, motherôs reaction about smoking, fatherôs reaction about smoking, satisfaction with financial situation, satisfaction with health and amount the students spent in a week without their parentsô control.

The universities the researcher used include University of Nigeria, Enugu Campus, Enugu State University of Technology and Godfery Okoye University Enugu. This selection is based on the nature of the establishment, that is, Federal, state and faith based universities in Enugu metropolis.

1.7 Limitations of the study

In the course of this study, the researcher was faced with the constraints of collecting responses from the respondents who were not very keen. They were not sure that their responses would not expose them to the school authority. However, the researcher convinced them that it was for academic purposes before they accepted to respond to the questions in the questionnaire.

CHAPTER TWO

Literature Review

2.0 Introduction

This section reviews literatures that are relevant to the study. The literature is reviewed along the following themes: conceptual framework, theoretical framework, empirical studies, summary of the literature and gaps in the literature.

2.1 Conceptual Literature

2. 1.1. **Income**

Income in this study refers to the money given to the students as their pocket money. This is the money they use to buy whatever they need in the school as students. They are in full control of the money no matter how much given to the student. This study captured it as the amount the students spent without their parentsô control.

2.1.2. Stealing

One of the antisocial behaviours that will be studied is stealing. This could be seen when any university student collects item/s that does not belong to him or her. This could lead to problems among the university students as well as to the society at large. Health problems and concerns for college students contribute to premature morbidity and mortality and reduced quality of life for college youth.

2.1.3. Substance abuse

Alcohol use is the single most important public health problem for college students. Alcohol intoxication may be associated with up to 25% of all deaths in college-aged students (Chris, 2004). Heavy drinking episodes (five or more drinks) are more prevalent among college youth than their same age peers. Of injury-related deaths among persons aged 15-24, 75% are caused by motor vehicle accidents, and nearly half of all motor vehicle accidents involve alcohol (Chris, 2004). Beside motor vehicle accidents, alcohol abuse is closely related to other social and health problems of college students. On college campuses, alcohol consumption is related to two thirds of all violet behaviour, almost half of all physical injuries, a third of all emotional difficulties, and 30% of all academic problems (Chris, 2004). The person who drinks more than 60 cc of alcohol a day along with smoking stand risk of high blood pressure, stroke and heart attack (Gupta, 2010).

People are said to have an alcohol problem when their use of alcohol has negative effects on any aspect of their lives including their health, relationships, work or school and money (Maynard, 2013). These problems can range from mild to severe. The type of alcohol a person drinks, how much he or she drinks, and how long he or she has been drinking are also considered when determining whether a person has an alcohol problem. There are categories of drinking such as moderate drinking, At-risk drinking, Alcohol abuse and Alcohol dependence, also called alcoholism

Although moderate drinking is generally considered low risk in terms of causing problems, some level of impairment can begin with the first drink. One example is decreased ability to concentrate and slower reflexes, which can lead to problems when driving or operating

machines. Other health problems normally associated with heavier drinking can sometimes occur with low levels of alcohol use.

Alcohol abuse does not mean that a person is addicted to alcohol. It means that a person abuses the use of alcohol, drinking dangerously (such as to cause danger), can cause problems to his or her health, and harm relationships with family, friends and co-workers (Maynard, 2013). Continued alcohol abuse can lead to alcohol dependence.

According to Maynard, (2013) alcohol abuse is defined as a pattern of drinking that involves one or more of the following problems within a one-year period:

- Continued drinking despite ongoing problems in relationships with other people that are related to alcohol use.
- Drinking in physically dangerous situations, such as while driving.
- Failure to carry out major responsibilities at work, school, or home.

Tobacco and other Drugs: Although the rate of daily cigarette use among college students is lower than among the general population (13% versus 26%), nearly one in four college students smoke at least one cigarette per month, which suggests that they are experimenting with the substance and are at risk of addiction (Chris, 2011). Daily smoking rates are estimated at 9% for men and 15% for women (Chris, 2011). The concurrent use of tobacco and oral contraceptives among many women in this age group places them at higher risk of developing heart disease and cancer, in addition to the negative health consequences of tobacco consumption.

College students have an annual prevalence rate for marijuana use equal to their non college-age peers (35%), and a lower rate of daily marijuana use (1.8% versus 4.8%, respectively) (Jason,

Isaac, and Glen, 2013). Although other drug use among college students tends to be lower than their same-age peers, the difference varies according to type of drug. Annual prevalence rates for any illicit drug other than marijuana is 19% for those enrolled in college versus 24% for high school graduates in the same age group (Jason, Isaac, and Glen, 2013).

2.1.4 Sexual immorality

Reportedly, 78% of adolescent girls and 86% of adolescent boys have engaged in sexual intercourse by age 20 in United States of America (Jason, Isaac, and Glen, 2013).The relationships of sexual behaviours to alcohol and drug use, stress, and developmental and cultural issues are a Gordian knot for researchers and practitioners in the field of college health. Sexually transmitted diseases, unintended pregnancy, and worry over these problems are the daily fare of college health centres as a result of prostitution.

An assessment of the prevalence and risk factors for HIV among college students suggests that, although the overall prevalence of infection is low and confined to high-risk groups, the occurrence of behaviours that facilitate sexual transmission of HIV is high (Jason, Isaac, and Glen, 2013). Although college students appear to be knowledgeable about HIV infection, they have not adequately adopted preventive behaviours. One survey of college students found that only 25% of men and 16% of women always used a condom during sexual intercourse (Jason, Isaac, and Glen, 2013).

Unintended pregnancy continues to be a serious and often life-changing problem among college women, although a review of the recent medical and public health literature reveals no report of pregnancy rates specific to college student populations. Cumulative evidence suggests that a substantial proportion of sexually active college students do not use contraceptives.

Alcohol and drug use has been associated with unprotected/unsafe sexual practices. A recent survey of freshman at 14 US colleges indicated that one of six students reported engaging in unplanned sexual activity after drinking alcoholic beverages.

Sexual immorality could predispose the university students to health habits that put them at greater risk for the development of many chronic diseases, including cardiovascular disease, cancer, and osteoporosis. The appearance and the manner of dressing, and prostitution and lying found among the university students suggest immoralities that are bound among such groups.

2.1.5 Delinquency

Delinquency could lead to the suicide which is the third leading cause of death among youth aged 15-24, and the second leading cause of death among young white men in the same age group in U.S.(Jason, Isaac, and Glen, 2013). Young women attempt suicide unsuccessfully approximately three times more often than their male counterparts. The causes of suicide are multiple and complex; however, substance abuse and severe stress in school or social life have been linked to suicide among youth. Behaviour problems of the university students are discipline problems which face the school systems, and create concern to parents, peers, mothers, teachers and others as such problems interfere with the growth and development of the students. Delinquency also leads to breach of school rules, destruction of public properties, hooliganism, fighting and assault as well as fraud.

2.1.6 Examination malpractice

Examination malpractice is seen as any irregularity which is premeditated and perpetrated by candidates or their agents with the intention of gaining undue advantage over others in an examination. Akpam (2012) opined that examination malpractice is any unauthorized or unapproved action, inaction, activity, behaviour or practice that is associated with the

preparation, conduct and processing of examination and other forms of assessment and carried out by any person involved in preparing for, giving, taking and processing that examination at any level. These acts include; taking into the examination hall prohibited materials, payment of money to examination officials in order to allow their children copy from each other, exchange of question papers, etc. However, examination malpractice is unlawful, illegal, an act of lack of self-confidence and self trust capable of destroying both those involved and the innocent. Students that indulge in these acts lack values.

Values are morals or professional standards of behaviour. Ani (2008) sees it as thoughts, and ideas that express whatever is held to be desirable and worthwhile. It is the standard that guides ones behaviour towards attainment of oneôs set goals. They are those things that define us even in our absence. Values are important in defining social problems, proposing solutions and evaluation of outcomes of programmes. They influence how we define our needs and services we provide.

Values and education are two inseparable concepts as Ani (2008) has argued. To be educated is to develop and be propelled by certain values which would enable an individual live and function effectively in himself and his society. This means that education awakens in the students thoughtfully considering alternative interests. This step involves thinking about the consequences of choosing or rejecting each alternative interest; freely choosing the preferred thing, cherishing the choice, publicly affirming the choice, acting on the choice and repeatedly acting on the choice. The six steps are meant to make adolescent students aware of the values they are acquiring and to ensure that the values are consistent and enduring influential on behaviour.

Value systems were regarded as part of a functionally integrated cognitive system in which the basic units of analysis are beliefs. Clusters of beliefs form attitudes that are functionally and cognitively connected to the value systems. According to Rokeach cited in Ofordile (2010) classes of beliefs concerned with self-cognitions representing the innermost core of the total belief system and all remaining beliefs, attitudes, and values can be conceived of as functionally organized around this innermost core. Like other beliefs, then values serve to maintain and enhance the self-concept. Rokeach cited in Ofordile (2010) capitalized on the 1960s consensus by accepting values as general beliefs, as having a motivational function, as not merely evaluative but prescriptive and proscriptive, as guiding actions and attitudes and as individual as well as social phenomena. Values are determinants of attitude and were more resistant to change, with favourable attitudes emerging toward objects instrumental in the attainment of important values. Rokeach cited in Ofordile (2010) identified value as both modes of conduct and end-states. These conceptions are similar to Kluckhohnôs cited in Ofordile (2010) modes, means, and ends of action, although Kluckhohn saw them not as values but as behaviours selected through values.

2.1.7 Value orientation

Values are beliefs about what is right or wrong, and what is important in life. Often times we talk about family values, cultural values, and religious values. This implies the relativity of values across social groups, and by extension among individuals. It is pertinent to point out that the word value has two other meanings, which are quite germane for this work. First is in terms of worth or exchange worth. Here , it represents how much something is worth either in terms of money or other exchangeable resources or items, including time and energy, or how much of these one is willing to sacrifice in order to acquire the óthing of worthô.

Value also alludes to the quality of being useful or important (Wehmerier, 2000). In this case, the importance may be physical, psychological or emotional. It represents the extent to which something, (tangible or intangible) improves ones well being or sense of satisfaction, or satisfied a purpose.

If the foregoing is put together one realizes that values are those beliefs, notions and things which are so important to people that they hold tenaciously to them, and seek to acquire more if possible. It follows that values are major determinants of attitudes, motivation and behaviours. It is pertinent to emphasize that values are formed in the process of socialization. Therefore the family, society, educational institutions, religious bodies, and peers are the major sources, which interact with ñpersonal resourcesò of the individual to generate his/her values. This implies that peoplesô values are willy-nilly ósubsetsô of collective societal values (Obi.nwosu, 2010). It becomes rather unequivocal that national ethos guide public life. Defective, confused or unidentifiable national ethos translate to defective, confused or óanything goesô attitudes and behaviours among the citizenry.

In Nigeria today, the basic beliefs and feelings or views about what constitutes achievement, the things that are most desirable, how these should be pursued and the point of satisfaction- value orientation seem to be defective that all segments of the society are seriously affected. The prevailing national ethos (not written guidelines) can be traced to foreign materialistic and individualistic cultures, which according to Obi-Nwosu (2009), has culminated in slave mentality. He explained that slave mentality is derived from an alternative meaning of slave, which implies dependence, inability to take decisions, and general vulnerability to external influence (by things or persons); and mentality, which represents a particular attitude or way of thinking of a person or group. Hence it is an attitudinal disposition, which makes a personôs

thoughts, ideas, perceptions and behaviours to be significantly dependent on those of others. It also represents a cognitive state in which some objects, persons or beliefs are so esteemed that they are irrationally and absolutely viewed as desirable, and worth striving for regardless of other objects, persons and beliefs that compete for rational assessment and attention.

Two identifiable attitude values that have strong bearing to the current orientation are wealth and foreign allure. Nigerians have developed deep passion for superfluous wealth, to the extent of being enslaved by it. Nigeria is one of the few countries where an individual desires to own property in every continent, and in every choice location in the country, own a fleet of luxury private cars, own private aircraft and retain suites in hotels. Public officers seek to accumulate and indeed do accumulate so much wealth that they become wealthier than industrialists. Consequently they become thoroughly corrupt and do all manner of unimaginable disservice to the corporate life and image of the country (Obasanjo, 2000). Those who are not public officers device their own strategies through advance fee fraud against individuals, companies and government contracts; wharf and seaports theft, robbery, drug business, bunkering; and even academic system fraud. These behaviours are directly consequences of western brand materialism or consumerism an orientation that is not traditional to Nigeria.

Foreign allure is another attitude óvalueô in slave mentality among Nigerians. The passion to identify with foreigners, for foreign affiliations, certificates, dressing style, foods, drinks, goods, and standards or norms has enslaved Nigerians. Nigerians prefer all sorts of foreign good to home-made ones; go for fruits imported from all parts of the world and allow the local species to get extinct, take foreign judicial system and political system, without proper and necessary adaptation, and accept virtually everything that comes from abroad as good and desirable(Obi-Nwosu, 2010). The most disturbing is that even when it has become obvious that some of their

social experiments failed them and do not pass the test of time, Nigerian still like to reckon with them. This scenario explains why a major function of the National Orientation Agency is to propagate and promote the spirit of labour, honesty, commitment to qualitative production and consumption of home made goods and services (Omeje, 2010).

2.1.8 Anti-social behaviour is behaviour that lacks consideration for others and may cause damage to the society, whether intentionally or through negligence. This is opposed to pro-social behaviour, which is behaviour that helps or benefits the society (LaBrode, 2007). Criminal and civil laws in various countries attempt to offer remedies for anti-social behaviour. Antisocial behaviour is labelled as such when it is deemed contrary to prevailing norms for social conduct. This encompasses a large spectrum of actions. Murder, rape, use of illegal substances, and a wide variety of activities are deemed anti-social behaviours. In addition to actions that oppose established law, anti-social actions also include activities that members of society find objectionable even if they are legal, such as drunkenness and sexual promiscuity.

2.1.9 Other types of Anti Social behaviours

Anti social behaviour is any sort of behaviour that goes against the norms that society has placed. Many different types of extreme anti social behaviours have been documented and observed including aggression to those around them, cruelty, violence, theft, and vandalism. Other lesser traits that could be considered antisocial are noncompliance, lying, manipulation, and other activities such as drug and alcohol abuse.

The Crime and Disorder Act 1998 defines anti-social behaviour as acting in a manner that has caused or was likely to cause harassment, alarm or distress to one or more persons not of the

same household as the perpetrator. There has been debate concerning the vagueness of this definition (Valsiner, 2007). The Act introduced the Anti-Social Behaviour Order (ASBO), a civil order that can result in a jail sentence of up to five years if the terms are breached. Anti-Social Behaviour Orders are civil sanctions, effective for a minimum of two years and classed as criminal proceedings for funding purposes due to restrictions they place on individual liberty. An Anti-Social Behaviour Order does not give the offender a criminal record, but sets conditions prohibiting the offender from specific anti-social acts or entering into defined areas. Breach of an Anti-Social Behaviour Order is, however, a criminal offence.

In 2003 the Anti-Social Behaviour Act amended the original Act and introduced further sanctions such as Child Curfews and Dispersal Orders. The following list sets out what behaviour the UK police classify as anti-social according to (Valsiner, 2007):

- Substance misuse such as glue sniffing
- Drinking alcohol on the streets
- Problems related to animals such as not properly restraining animals in public places
- Begging
- Prostitution related activity such as curb crawling and loitering
- Abandoned vehicles that may or may not be stolen
- Vehicle nuisance such as "cruises" ï revving car engines, racing, wheel spinning and horn sounding.
- Noise coming from business or industry
- Noise coming from alarms
- Noise coming from pubs and clubs

- Environmental damage such as graffiti and littering
- Inappropriate use of fireworks
- Inappropriate use of public space such as disputes among neighbours, rowdy or inconsiderate behaviour
- General drunken behaviour (which is rowdy or inconsiderate)
- Hoax calls to the emergency services
- Pubs or clubs serving alcohol after hours
- Malicious communication
- Hate incidents where abuse involves race, religion, gender, sexual orientation, age or disability
- Firearms incidents such as use of an imitation weapon.

In a survey conducted by University College London during May 2006, the UK was thought by respondents to be Europe's worst country for anti-social behaviour, with 76% believing Britain had a big or moderate problem (Valsiner, 2007).

2.2 Theoretical framework

2.2.1 The social cogitative theory

The cognitive component of social learning, capture in the social cogitative theory (Bandura 1999; Pesser & Smith, 2006), which emphasizes that humans are information processors; that through the principle of reciprocal determinism, the human, his/her behaviour, and the social environment all influence each other in a pattern of two-way causal links, and substantiated by Rotter (1954); that behaviour is a product of expectancy and reinforcement value, affords one the appreciation of why the consumerist orientation and attendant corruption behaviours are being

retained. In this regard, the negative orientation and behaviours lead to the acquisition of wealth (reinforcement), and the people who are both intellectually and economically impoverished, on receiving ópeanutsô from these ópredatorsô hail them, honour them and make them chiefs. So the reinforcement value is great and the expectancy of negative consequences is extremely low since the anti-corruption laws are easily circumvented. Hence the materialistic consumerist and individualistic orientation, the quest for unrealistic acquisition of wealth, and the high level of corruption are being sustained. Therefore poverty continues to deepen.

2.2.2 Cognitive theory

The perspective focuses on how people think and understanding the world and how our ways of thinking about the world influence our behaviours according to Feldman cited in Omeje, (2010). Human behaviour is the result of the meaning we ascribe to events in our lives. Thus for re-branding to be successful, techniques of cognitive restructuring should be adopted. It is a process of teaching people to think in more adaptive ways by changing their dysfunctional cognition about the world and themselves according to Becks and McCullough, cited in Omeje, (2010). Thus the technique should aim at changing peopleôs perception of wealth and its means of wealth and its means of acquisition using logic and reason. This would be done through the mass emphasis should be placed on the value of hard-work, and productivity since these are the things that immortalize somebodyôs name as well as give credibility. Psychologists by their training can identify the faulty/irrational thoughts or beliefs of our people for instance belief in material wealth as the ultimate is faulty and irrelevant through logic and reason, we might begin to change this value system to be replaced with value for wealth in its right perspective.

The cognitive theory is relevant to this study because it deals with how people think and understanding the world by the university studentsô behaviour.

2.2.3 Social learning theory

Behaviours are learned and influenced by environmental experiences through imitation and modeling (Igbonekwu, 2009). According to Bandura cited in Omeje (2010), it is a process of acquiring new responses by imitating the behaviour of another person. The theory contends that people are indirectly rewarded by watching others engage in a particular behaviour and seeing them being rewarded or punished. Bringing this to bear on attitude and behaviour of Nigerians, it could be asserted that the leaders and other well-placed adults in the society serve as models to be emulated by ónot-too-luckyô others especially the youth and the gains accruable from their dishonest and nefarious activities are obvious and applauded by the people.

2.2.4 Behavioural theory

This perspective attempts to determine the functional relationship between events in the environment and the behaviour of the individual. It holds that human behaviours are reactions to stimuli in the world around us according toWoodruff, cited in Omeje, (2010). Fieldman, cited in Omeje, (2010) contends that it is a process of conditioning which is the basis for many of the most important kinds of human behaviour. According to Skinner cited in Omeje (2010), you learned to behave in this fashion as a result of previous interactions with family members, friends, teacher and others. In other words behaviours/ attitudes are learned based on the rewards received. Thus during conditioning, behaviours that are rewarded are acquired and they become part and parcel of the individual. The ones not rewarded are acquired and they become extinct.

Behavioural theory is relevant to this study because human behaviours are reactions to stimuli in the environment which could be seen as the expression of the inner mind of the university students.

2.2.5 Moral theory

Kohlberg pondered whether morality comes from teaching or from natural feelings and instinct, and argued that moral development went beyond unilateral compliance with mutual respect for parental and governmental authorities. Therefore virtues could be thought or acquired. Subsequently, Kohlberg developed moral theory, which could be categorized into three main segments and six stages: a) punishment and obedience

b) Naive instrumental self-indulgence

c) good-boy morality

d) Authority maintaining morality

e) Morality of self-accepted moral principles and

f) Morality of the principles of conscience.

According to Kohlberg, the last stage is the internalized structure of morality, where individual activities of morality are expected to be based on conscience and principles of fairness to others and the society.

Moral development is a socialized reasoning that reflects the learning and assimilation of family norms and societal culture as a child grows according to Durojaiye, cited in (Chris, 2011). With this analysis Fern and Thorn (2001), investigated the large scale corruption in Nigeria could have continued to be entrenched in the society without a cultural underpinning. The thinking of a person is a reflection of the society not actually her independent thinking. In a deeper form, morality is defined as a social conception coupled with situational analysis that is influenced by

parental intervention or the incursion of the law (Chris, 2011). Therefore, the research focused on whether the long effects of poverty could have contributed to poor moral development of the people or the level of corruption in Nigeria is situational and has no correlation with poverty.

In empirical situations, various actors operate with the internal beliefs of justification. For example, students who organize demonstrations in colleges and universities view their behaviours as right, from relativist point of view and from internalization of their rationalization. However, such actions are not internalized the same way by the authority; hence it is viewed as immoral. In a similar way, according to Saradan cited in (Chris, 2011) he concluded that those who perpetrate financial crimes viewed their actions as routine and contended that only the people who were not benefiting from it were complaining. Generally, actions are categorized as internalized, meaning decisions that are affected by internal factors and conscience while situational factors refer to the undertaking of moral decisions, solely based on external circumstances that are independent of oneôs conscience (Chris, 2011).

According to Shehu cited in Chris, (2011) argued that Nigeria has distinct differences from the western countries and asserted that the corruption in this country required deeper understanding. Since moral principles are developed from childhood to adulthood, the long history of poverty and poor social development in Nigeria was capable of affecting the research population with long lasting effects.

The Moral theory is relevant to this study in that the conscience of the university students should be towards pro- social behaviours.

2.2.6 Social Exchange Theory

George Homans a sociologist, whose focus is on people and their behaviour, is the man that propounded this theory in 1961. The basic view of this theory is in the reinforcement patterns, the history of rewards and costs, which lead people to do what they do. Humans argued that people continue to do what they have found to be rewarding in the past. Conversely, they cease doing what has proved to be costly in the past. In order to understand behaviour, we need to understand individualôs history of rewards and costs. As the name suggests, exchange theory is concerned not only with individual behaviour but also with interaction between people involving an exchange of rewards and costs. This is to say that interactions are likely to continue when there is an exchange of rewards. Hence, interactions that are costly to one or both parties are much likely to continue. People enter into social relations in which each participant is able to secure a profit. If a relationship becomes loss-making for either participant, then he or she will withdraw and will ówithdrawô their efforts in more profitable ways. Once initial ties are forged, the rewards that they provide to each other serve to maintain and enhance the bonds. The opposite situation is also possible, with insufficient rewards; an association will weaken or break. Rewards that are exchanged can be either intrinsic (love, affection, and respect) or extrinsic (money and physical labour). The parties cannot always reward each other equally; when there is inequality in the exchange, a difference of power will emerge within an association.

The social exchange theory and the social Learning theory had proved relevant to this study in that the society expects exchange of positive social behaviours from the young university students.

2.3 Empirical Literature

This section reviews some empirical studies that are related to the study. These include:

The study of increasing Access to Quality Child Care for Children from Low-Income Families: Familiesô Experiences by Shannon (2013). This study examined the effectiveness of expanding child care assistance for low-income families (capping expenses at 10% of income and raising eligibility to 200% of the federal poverty line) to purchase quality care. Using Mixed methods documented families' experiences (N = 181) and capitalized on a natural experiment when families lost assistance. Results pointed to improved access to quality care for children from low-income families, helping low-income families continue utilizing quality providers when incomes dropped, enabling others to begin utilizing quality providers. Perceived impacts were greatest for families with higher incomes (within the eligibility range), and for those with children ages five and younger. Additionally, parents were able to pay providers the full rate that they charge for care, which may help quality providers continue serving low-income families.

Findings from the present study are consistent with prior evidence (Okusago, 2008) indicating that even with state subsidies for child care assistance, low-income families often remain unable to purchase quality care. The present study offers initial evidence to suggest that providing more generous subsidies that are linked specifically to quality, in which families pay no more than 10% of their income for quality care, can be effective in improving access to quality care. In the current study these generous subsidies allowed some families to purchase quality care for the first time, and enabled others to stay with their quality providers when they experienced reductions in income.

More so, Obikeze and Obi (2013) conducted a study on alcohol and violence among undergraduate students of Anambra state university, using descriptive survey design. The participants comprised of 142 male and 118 female students who were randomly sampled. Using a 19-item questionnaire to elicit responses from the respondents on the types of alcohol they use, frequency of use, the rate at which male and female students consume alcohol and relationship between alcohol and violence. The data generated were subjected to statistical analysis using mean, standard deviation and Personôs coefficient (r). The findings showed that students consumed alcohol very often and that male students consume alcohol more than the females.

Another study was also carried out by Linder in 2000 in School of Public Health, University of Michigan. This Research examining the relationships between religion and the health of individuals and populations has become increasingly visible in the social, behavioural, and health sciences. Systematic programs of research investigate religious phenomena within the context of coherent theoretical and conceptual frameworks that describe the causes and consequences of religious involvement for health outcomes. Key findings include that recent research has validated the multidimensional aspects of religious involvement and investigated how religious factors operate through various bio-behavioural and psychosocial constructs to affect health status through proposed mechanisms that link religion and health. The work is agreeing to what other authors said.

The empirical study on the Effects of area and family deprivation on risk factors for teenage pregnancy among 13 ï 15-year-old girls was carried out by Debbie and James in 2006, from Kingston University, London, UK was reviewed. Major subject dealt with was the effects of socio-economic deprivation on teenage pregnancy are mediated by proximal risk factors, in order

to target area-wide and family interventions using Survey. Key findings were that significant interactions between area and family deprivation showed that the impact of living in a deprived area depends to some extent on family circumstances, with implications for targeting different types of intervention.

Another empirical study was on the Contributions of qualitative research to understanding savings for children and youth by Wagnera and Margaret (2013) of University of Missouri ï St. Louis, United States and Center for Social Development, Washington University in St. Louis, United States. The work explored contributions of qualitative research to saving theory for children, youth, and parents in Childrenôs Development Account (CDAs) programs using secondary data. Key findings were that it brings together findings from three studies: (1) elementary school age children saving for college, (2) youth transitioning from foster care saving for education and other purposes, and (3) mothers saving for their toddlersô future college. Findings suggest that children, youth, and parents find CDAs helpful in accumulating savings. CDAs motivate and facilitate saving in ways that reflect developmental stages. Accumulating savings has positive economic and psychological meaning for CDA participants. CDAs overcome some obstacles in saving for the three groups, but other barriers remain, especially income flows, debt, and emergencies. The findings are in accordance to other authors.

The empirical study on the role of non-cognitive traits in undergraduate study behaviours was reviewed. The work was done by Liam and Martin, (2006) of Division of Economics, University of Starling, Scotland, United Kingdom, School of Economics, University of Sydney, Australia and Higher Education Policy Research Unit, Dublin Institute of Technology, Ireland, Germany. This was the first paper to explore the determinants of study behaviours across multiple subject areas; and is the first to incorporate studentsô non cognitive traits into such a model; that the

authors are aware of. This enables the formation of policy that can improve academic achievement by encouraging study behaviour using exploratory research. The results showed that studentsô non cognitive traits, in particular conscientiousness and future-orientation, are important determinants of lecture attendance and additional study hours. In fact, there is very little that explains undergraduate study behaviour besides non cognitive traits. Standard economic factors, such as family income, financial aid and parental transfers, are not predictive of study behaviours. Some comments are provided on a potential behavioural economics approach to encouraging study behaviours.

Another empirical study was on the Rethinking the Quality of Universities: How Can Human Development Thinking Contribute? By Alejandra and Des in 2012 of the Department of Projects Engineering, Universidad Polite´cnica de Valencia, Spain and Institute of Social Studies, Erasmus University Rotterdam, Netherlands. Major subject dealt with was argument that a human development approach was also very often relevant in educational policy and evaluation and can assist us to define and characterize a good university. Using secondary data the study found that the core values of human developmentð well-being, participation and empowerment, equity and diversity, and sustainabilityð we propose a list of dimensions for a human development orientation in research, teaching, social engagement and university governance, and then discuss the implications of these values and how they can be used in evaluation and steering of universitiesôwork.

Empirical study on Quantitative analysis of the influence of poverty on moral development by Fakinlede, (2008) was reviewed. The study was on how extended family structure of the Nigerian society has created economic dependency, which has contributed to poverty. Using a survey found out that more poverty resulted in less moral development. Hence, the implications

for positive social change will be the use of the outcome: (a) to strengthen poverty alleviation programs of governmental and non-governmental agencies; (b) to promote awareness on the effect of poverty on moral development; and (c) to lunch campaigns against corruption and money laundering inside and outside of government. The findings are in agreement with other authors.

The empirical work by Bakare (2012) of Adekunle Ajasin University Ondo State was also reviewed. Measuring the Income Inequality in Nigeria: the Lorenz Curve and Gini Co-efficient Approach, and the major subject dealt with in the study was a quantitative measure of the size and the core determinant of income inequality in Nigeria. The study used standard traditional measurement approach: the Lorenz Curve and Gini Co-efficient to determine the size of income inequality and ordinary least square simple regression method to analyze the basic determinant of income inequality in Nigeria. The result shows that the Gini co-efficient of Nigeria lies between 46 and 60 percent. From the result obtained, we discovered that there is a disturbing income inequality in Nigeria. The regression result shows that 1 percent increase in the literacy rate increase the Gini coefficient by 3 percent meaning that there is higher disparity in the income distribution in Nigeria with increase in literacy rate. The findings of the study support the need for the government to formulate policies targeting at improving the welfare of the poor and those that provide employment and improve the lot of low-paid workers. This is in agreement with other authors.

However, empirical study on; A profile of Adolescentsô Psychoactive substance usersô socio-demographics as a basis for counselling practice in Nigerian Post-primary institutions by Ewhrudjakpor, (2009) of Department of Sociology & Psychologyô Delta State University, Abraka was reviewed. Major subject on the work was profiling adolescentsô psychoactive

substance usersô socio-demographics as basis for counselling practice in Nigerian post-primary institutions. Using a survey, findings show that the most used psychoactive substance among students is alcohol, and the significant source of push to use and stay on drugs is the peer group or friends, family type like divorce does determine drug use.

Another empirical work by Jason (2004) of University of Pennsylvania was on Education and the Changing Shape of the Income Gradient in Health. The work examines variation in the income-health association by level of education. The work was done through survey. The findings indicate that the positive relationship between income and health varies substantially in both its strength and shape by level of education. Education improves health, and its effects are larger at lower levels of income. Moreover, education reduces the strength and curvature of the income-health relationship. Consequently, those with more education have better health for all levels of income, and fewer income-based disparities exist among the well educated than among the less well educated. The linear ñgradientò relationship between income and health is, thus, more characteristic of groups with higher levels of education. Additional analyses indicate that these interactions existed in the United States in each of the last three decades.

Empirical study on the duty of care for employee alcoholics by Ewhrudjakpor, (2010) of Delta State University, Abraka; who investigated corporate handling of employee alcoholics in Nigeria. A survey was used in the study and the result shows that knowledge of alcoholism was rated below average by both employee alcoholics and their personnel officers (41.38% and 60%) respectively. Families of alcoholics and personnel officers rated very low (89.65% and 40%) respectively employee alcoholicsô work performance, and corporate medical policy on employee alcoholics was rated very low(80%) and very high (75.86%) by personnel officers and employee

alcoholics respectively. The work is related to my work because workers social behaviour is involved in the study.

2.4 Summary of Literature Review

It could be seen from the reviewed literature, that low-income families often remain unable to purchase quality healthcare for the young adults. Also that poverty has contributed to some anti-social behaviour among the young adults in United States. Less moral development, inadequate welfare for the poor has contributed to anti-social behaviour of the young adults. That there is a disturbing income inequality in Nigeria that affects young adults; that the most used psychoactive substance among students is alcohol and the significant source of push to use and stay on drugs is the peer group or friends, family type like divorce does determine drug use.

2.5 Gaps in the literature

Other literatures studied the relationship between income and health, education and moral values, alcohol and violence in university students in other environments other than in Enugu metropolis. Hence this study intended to analyze the determinants of some selected anti-social behaviour among students from selected universities in Enugu metropolis which other studies have not specifically dealt with.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter describes the general procedures for collecting and analyzing the data that was used to solve the problems of the study. It is sub-divided into: Area of Study, Research Design; Population of the Study; Sample Size; Sample Procedure; validation of the instrument, reliability of the instrument, method of data collection and method of Data Analysis.

3.1Area of Study

Enugu is located in the tropical rain forest zone with a derived savannah. The city has a tropical savannah climate. Enuguõs climate is humid and this humidity is at its highest between March and November. For the whole of Enugu state the mean daily temperature is 26.7 ^{o} C (80.1^{o} F). As in the rest of West Africa, the rainy season and dry season are the only weather periods that recurs in Enugu. The average annual rainfall in Enugu is around 2,000 millimetres (79 in), which arrives intermittently and becomes very heavy during the rainy season. Other weather conditions affecting the city include Harmattan, a dusty trade wind lasting a few weeks of December and January. Like the rest of Nigeria, Enugu is hot all year round.

According to the 2006 Nigerian census, the Enugu metropolis has an estimated population of 722,664. This estimate along with population estimates of other Nigerian cities have been disputed with accusations of population inflation and deflation in favour of the northern part of the country. The population of Enugu is predominantly Christians, as is the rest of southeast Nigeria. Like the rest of Nigeria most people in Enugu speak Nigerian English alongside the

dominant language in the region; which is Igbo. Nigerian English, or pidgin (a mix of English and indigenous words) is often used because of ethnic diversity and sometimes because of the diversity of dialects in the Igbo language.

In education, Enugu has three main tertiary institutions; the Enugu State University of Science & Technology (ESUT); the University of Nigeria, Enugu Campus (UNEC); and the Institute of Management & Technology (IMT). The city also is home to Our Saviour Institute of Science and Technology, a polytechnic but it is now a university, Godfrey Okoye University, Renaissance University, and Caritas University. Some notable secondary schools in Enugu include the college of the Immaculate Conception (CIC) built in 1940, Holy Rosary College (HRC) built in 1943, Colliery Comprehensive Secondary school, Queenôs Secondary School, Federal Government College and the University of Nigeria Secondary school. University Teaching Hospital (UNTH) Enugu, under the University of Nigeria, is also located in the city.

3.2 Study Design

The research design adopted for this work was the survey research design. This design was chosen because it is concerned with the collection of data for the purpose of describing and interpreting existing conditions (Eboh, 2009). Asika (2009) opines that the survey research is focusing in some characteristic of the population that the researcher wants to investigate and carefully selected sample ultimately helps in the achievement of a credible result. This research design was appropriate for this study because it enabled the researcher to analyze the determinants of selected anti-social behaviour among selected university students in Enugu Metropolis.

3.3 Population of the Study

The population of the study includes the final and third year students of University of Nigeria, Enugu Campus, ESUT, and Godfrey Okoye University, in Enugu metropolis.

The number of final year students in the tertiary institutions used includes: University of Nigeria, Enugu Campus is 2,572, Enugu state University of Technology is 2832, Godfrey Okoye University is 364. See tables 1, 2, and 3 in appendix 2.

3.4 Sample Size

A good sample size must be based on a number of accuracy factors that include level of precision, confidence level, and degree of variability. To determine the sample size for this research, the following equation according to Eboh (2009) will be used.

$$n = \frac{\left[\frac{P\,[1-P]}{\frac{A^2}{Z^2} + \frac{P[1-P]}{N}}\right]}{R}$$

Where:

n = sample size required

N = number of people in the population

P = estimated variance in population, as a decimal: (0.5 for 50-50, 0.3 for 70-30)

A = Precision desired, expressed as a decimal (i.e., 0.03, 0.05, 0.07, 0.1 for 3%, 5%, 7%, 10%)

Z = Based on confidential level: 1.96 for 95% confidence, 1.6449 for and 2.5758 for 99%

R = Estimated Response rate, as a decimal (1.96)

Using the above formula with N =

Final years students of UNEC = 2572

Final year students of ESUT = 2832

Final students of GO University = 364

Total = 5,758

P = estimated variance in population0.5

A =Precision desired 0.07 for 7%

Z = confidence level: 1.6449 for 90%

$$n = \frac{\frac{0.5\ [1-0.5]}{\frac{0.07^2}{1.6449^2} + \frac{0.5\ [1-0.5]}{5,\ 758}}}{1.96}$$

n = 197

The sample size for this research is 197.

3.5 Sampling Method

Random sampling technique will be used to select final year students from University of Nigeria, Enugu Campus, Enugu State University of Technology and Godfrey Okoye University Enugu. To select the samples we can enlist all possible samples on paper-slips and put in a box or bag and mix them thoroughly and then draw (without looking) the required number of slips for the sample from each population will be drawn without replacement. In doing this we make sure that in successive drawings each of the remaining elements of the population has the same chance of being selected (Korthari and Garg, 2014). This procedure will also result in the same probability for each possible sample.

Required sample determination from the total population will be by using this formula:

$$k = \frac{\alpha}{N} \times n$$

Where

k represents the number of students to be selected to be from each of the schools

Ŭrepresents the population of students from each of the schools;

N represents the population of the entire students; while

n represents the total sample of students to be selected

Table 1: Sample size for the study

Institutions	**Population**	**Sample size**
UNEC	2,572	88
ESUT	2,832	97
GO	364	12
Total	5,758	197

Source :(authorôs fieldwork, 2015)

Students of UNEC

$k = \frac{2572}{5758} \times 197 = 87.9$ ie 88

Students of ESUT

$k = \frac{2832}{5758} \times 197 = 96.8$ ie 97

Students of GO University

$k = \frac{364 \times 197}{5758} = 12$

1.8 Validation of the Instrument

The instrument was subjected to face and content validation. The researcher submitted the instrument along side with the research questions and objectives to experts in the Institute for Development Studies to cross check if the items in the questionnaire tallied with the objectives and the research questions.

3.7 Reliability of the instrument

Reliability is the extent to which the instrument is capable of achieving what it has been set out to achieve. Cronbach Alpha Coefficient method was used in this study. The justification for using this method was to ensure that the reliability scores will be achieved.

Cronbach alpha seeks to measure how closely test items are related to one another and thus measuring the same construct (Cronbach, 1951). Using this formula;

$$\alpha = \frac{n}{n-1} * (1 \quad (\Sigma Si2/ST2)$$

Where n = number of items

Si2 =variance of the i^{th} item, and

ST 2 = Total score variance

When test items are closely related to one another, Cronbachôs alpha will be closer to 1, and when test items are not closely related to one another Cronbachôs alpha will be closer to 0. An α of 0.90-0.95 is desirable for clinical interpretation of tests (Appendix 3).

To achieve this, a pilot study was carried out using 60 copies of the instrument to the third and final year students of Caritas, Renaisance and Osisathec Univerities in Enugu Metropolis.

The responses were scored and the Cronbach Alpha of 0.85 was obtained. This value being greater than 0.7 indicates that the research instrument is reliable hence can be used for this study (see appendix 2)

3.8 Method of Data collection

Primary data was used for this study. The primary data was collected from questionnaire. The instrument for data collection was the questionnaire titled Analysis of Determinants of anti-social behaviour (ADASB).

The ADASB Questionnaires, was divided into 2 parts A, and B. Part A was the bio -data while B had two clusters. Part B was for the third and final year students of tertiary institutions and has 33 items.

The ADASB Questionnaires was administered with the help of research assistants.

3.9Approaches to Data Analysis

This research has two objectives. The first was to determine the relative important factors affecting anti-social behaviour among respondents while the second is to determine the gender

differences in anti-social behaviour among the selected students. The objectives were analysed using frequencies and percentages.

The hypothesis one was tested with the aid of multiple linear regressions to determine the relationship between relative important factors on anti-social behaviours. The model for the hypothesis was based on the general regression model;

$Y = Ŭ + ɓ_1X_1 + ɓ_2X_2 + é + e$ é (1)

where

Y = dependent variable; X = independent variable

Ŭ = slope; ɓ = coefficient of independent variable

e = error margin

Equation for Hypothesis One

$ASB = Ŭ + ɓ_1FHE + ɓ_2MHE + ɓ_3FFS + ɓ_4RM + ɓ_5RF + ɓ_6RFr + ɓ_7MRS + ɓ_8FRS + ɓ_9SFS + ɓ_{10}SH + ɓ_{11}ASWWPC + e$ é equation 1.

where

FHE = Fatherôs Highest Education

MHE = Motherôs Highest Education

FFS = Family Financial Status

RM = Relationship with Mother

RF = Relationship with Father

RFr = Relationship with Friends

MRS = Motherôs Reaction about Smoking

FRS = Fatherôs Reaction about Smoking

SFS = Satisfaction with Financial Situation

SH = Satisfaction with Health

ASWWPC = Amount spent weekly without parentsô control

Ŭ = Constant

$ɓ_1$, ɓ2é $ɓ_{11}$ = Coefficients of independent variables

e = Error Margin

The second hypothesis was tested using the 2-Independent Samples T-test. It established the difference in anti-social behaviour based on the gender of the respondents.

The formula for the independent samples T-test is:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{\delta}{n}}} \qquad \text{é} \quad (2)$$

where; t = t value

$\bar{X}_1$ = Mean of group 1

$\bar{X}_2$ = Mean of group 2

δ = standard deviation of the distribution

n = size

All hypotheses were tested at 0.05 level of significance and at appropriate degrees of freedom. However, further enquiry into the gender bias of anti-social behaviours was conducted using Analysis of Variance (ANOVA). For the analysis of variance, the study intends to see if there is gender bias on antisocial behaviours both within the individual school samples and across the three schools cohorts. The test was conducted using the general form of the ANOVA test as in Table 2 below.

Comment [CA8]: Here you need to follow the approach I have used for the regression to show what relationships you intend to test, what variables come into the analysis in the ANOVA specification. Presenting a generalized model of ANOVA is not sufficient. So pls attend to this yourself.

Table 2: Analysis of Variance Table for one-way ANOVA
(There are K samples having in all n items)

Source of variation	**Sum of squares (SS)**	**Degree of freedom(d.f)**	**Mean Square (MS). (This is SS divided by d.f.) and is an estimation of variance to be used in *F*-ratio**	***f*-ratio**
Between samples or categories	**SS between**	**(*k*-1)**	**MS between =SS between (*k*-1)**	***MS* between / MS within**
Within samples or categories	**SS within**	**(n-*k*)**	***MS* within =SS within (n-k)**	
Total	$\sum_{i=male}^{j=female}(x_{ij}-x)^2$	**(n-1)**		

(Source, Kothari and Garg, 2014).

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

4.0 Introduction

Data collected in the course of the study via the determinants of selected anti-Social Behaviour among students in selected universities in Enugu Metropolis (DASB) is presented descriptively using frequency and percentage tables, charts, mean and standard deviation. The various study hypotheses were tested with their results presented and discussed below.

4.1 Questionnaire Return Rate

A total of 197 questionnaires were randomly distributed among the three selected Universities in Enugu metropolis. Out of this number 195 were returned. This gave the return rate of 98.98 %.

4.2 Demographic characteristics of the Respondents

The distribution of the respondents according to their demographic characteristics such as Gender, marital status, age and Institution are presented below.

4.2.1 Gender distribution

The respondentôs distribution according to gender is presented in table 4.1

Table 4.1: Distribution of respondents by Gender

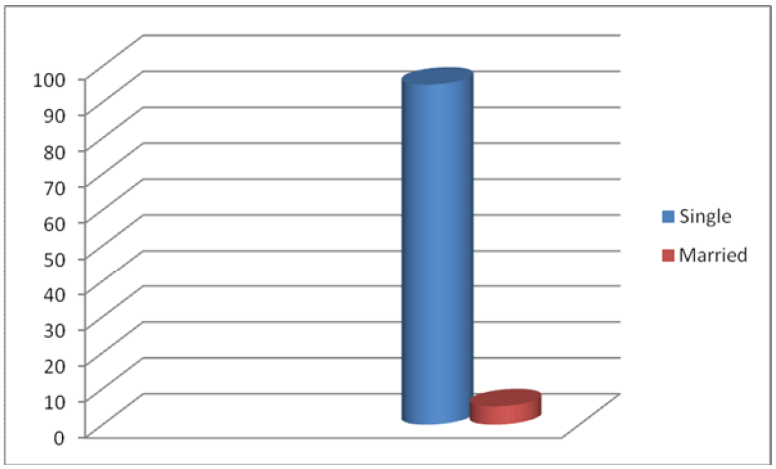
Gender	Frequency	Percentage (%)
Male	121	62.1
Female	74	37.9
Total	195	100

Source: (Field survey, 2015)

As presented in table 4.1 the distribution of the respondents are more in males than in females, with the distribution as 121 and 74 with percentages 62.1 and 37.9 respectively.

4.2.2 Distribution by Marital status

The respondentsô distribution according to marital status is presented in figure 4.1

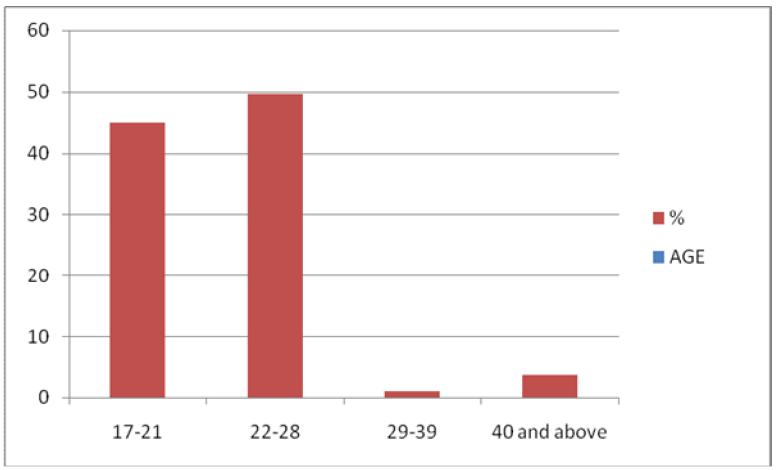


Source: (Field survey, 2015)

Fig. 4.1 **Distribution of respondents by marital status**

From fig 4.1 the respondentsô distribution according to their marital status is singles 185 and married 10 giving their percentages as 91.9% and 5.1% respectively.

4.2.3 Age distribution

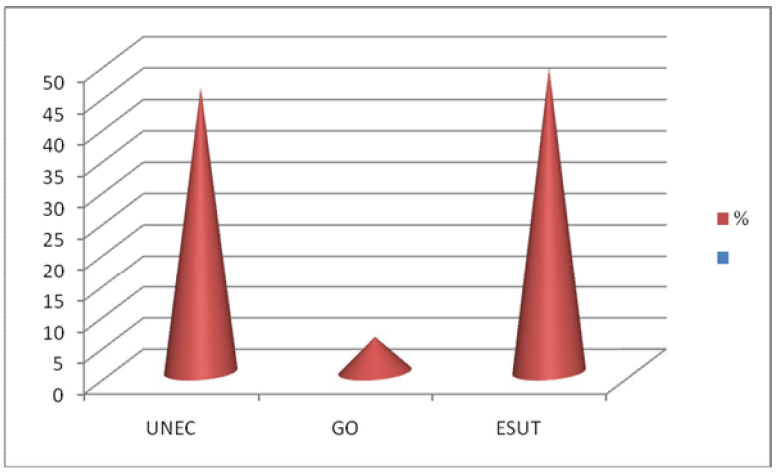


Source: (Field survey, 2015)

Fig. 4.2 Distribution of respondents by Age Group

Figure 4.2 above reveals the age distribution of the respondents are more in the age group 22-28 years, followed by 17-21 years, and 40 and above with the least at 29-39 years with their percentages as 49.7%,45.6%,3.6% and 1.0 % respectively.

4.2.4 Distribution by the Institutions



Source: (Field survey, 2015)

Fig.4.3 Distribution of the respondents according to their institutions

Figure 4.3 depicts the distribution of the respondents according to their institutions, UNEC with 89, GO with 11 and ESUT with 95 respondents and their percentages are 45.6 %, 5.6% and 48.7% respectively.

4.3 Presentation of data based on the research objectives

Data collected on the study objectives are presented below. The data are presented in frequencies and percentages. To determine the relative importance of factors affecting some selected anti-social behaviour and to determine the gender differences in anti-social behaviour among the selected university students in Enugu Metropolis. The demographic information was used to establish the selected anti social behaviours among the respondents before arriving at the factors that are relating to such antisocial behaviours.

4.3.1 Smoking of cigarettes

The data below shows the level of smoking by the respondents according to their age distribution, gender, institution and marital status.

Table 4.2 Cigarettes smoking by the respondents according to the age groups

Age groups

Cigarettes smoking	17-21		22-28		29—39		40 and above		Total
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	
Smokers	30	33.7	31	32.0	0	0.0	0	0.0	
Non Smokers	59	66.3	66	68.0	2	100	7	100	
Total	89	100	97	100	2	100	7	100	195

Source: (Field survey, 2015)

Table 4.2 reveals that 33.7% of the respondents within the age of 17-21 , 32% of the respondents within the age groups of 22-28 years smoke cigarettes, , while the respondents within the age group of 29-39 and 40 years and above do not smoke cigarettes.

Table 4.3 Cigarettes smoking by the respondents according to their institutions

Cigarettes smoking	**UNEC**		**GO**		**ESUT**	
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**
Smokers	14	15.7	2	18.2	45	47.4
Non Smokers	75	84.3	9	81.8	50	52.6
Total	89	100	11	100	95	100

Source: (Field survey, 2015)

Table 4.3 reveals that 15.7%, 18.2% and 47.4% of the respondents from UNEC, GO and ESUT smoke cigarette respectively.

Table 4.4 Cigarettes smoking by the respondents according to the marital status

Cigarettes smoking	**Single**		**Married**		
	Freq.	**(%)**	**Freq.**	**(%)**	**Total**
Smokers	61	33.0	0	0.0	61
Non Smokers	124	67.0	10	100	134
Total	185	100	10	100	195

Source: (Field survey, 2015)

Table 4.4 reveals that 33% of the respondents who are single smoke cigarettes while married respondents do not smoke cigarettes.

Table 4.5 Cigarettes smoking frequencies by the respondents according to age group

Cigarettes smoking	17-21		22-28		
	Freq.	(%)	Freq.	(%)	Total
Less than 1Cig./wk	1	3.6	0	0.0	1
Less than 1Cig./day	7	25.0	3	9.1	10
1-5 Cigarette /day	15	53.6	20	60.6	35
6-10 Cigarettes/day	5	17.9	10	30.3	15
Total	28	100	33	100	61

Source: (Field survey, 2015)

Table 4.5 reveals that 53.6% of the respondents in age group 17-21 smoke 1-5 cigarettes per day,17.9% smoke 6-10 cigarettes per day,25% smoke less than 3.6% cigarette per day while 60.6% respondents in age group 22-28 smoke 1-5 cigarettes per day, 30.3% of the respondents smoke 6-10 cigarettes per day,9.1% smoke less than 1 cigarette per day.

Table 4.6 Age at first time of cigarettes smoking by the respondents according to their institutions

Age at first cigarette smoking

Institutions	9-11 (Yrs.)		12-14 (Yrs.)		15-16 (Yrs.)	
	Freq.	(%)	Freq.	(%)	Freq.	(%)
UNEC	0	0.0	5	32.7	10	67.1
GO	0	0.0	3	100	0	0.0
ESUT	1	2.3	4	7.0	38	90.7
Total	1		12		48	61

Source: (Field survey, 2015)

Table4.6 reveals the 32.7% and 67.1% of the respondents from UNEC who smoke started smoking at the age of 12-14 and 15-16 years respectively,100% of the respondents from GO who smoke started smoking at the age of 12-14, while2.3%, 7% and 90.7% of the respondents who smoke in ESUT started smoking cigarettes at the ages of 9-11, , 12-14 and 15-16 years respectively.

4.3.2 Alcohol consumption

Table 4.7 Alcohol intake by the respondents according to the age groups

Age groups

Alcohol intake	**17-21**		**22-28**		**29—39**		**40 and above**		**Total**
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	
Yes	38	42.7	23	32.0	2	100	2	28.6	
No	51	57.3	74	68.0	0	0.0	5	71.4	
Total	89	100	97	100	2	100	7	100	195

Source: (Field survey, 2015)

Table 4.7 reveals that 42.7%, 32%, 100% and 28.6% of the respondents in the age groups 17-21, 22-28, 29-39 and 40 and above years take alcohol respectively.

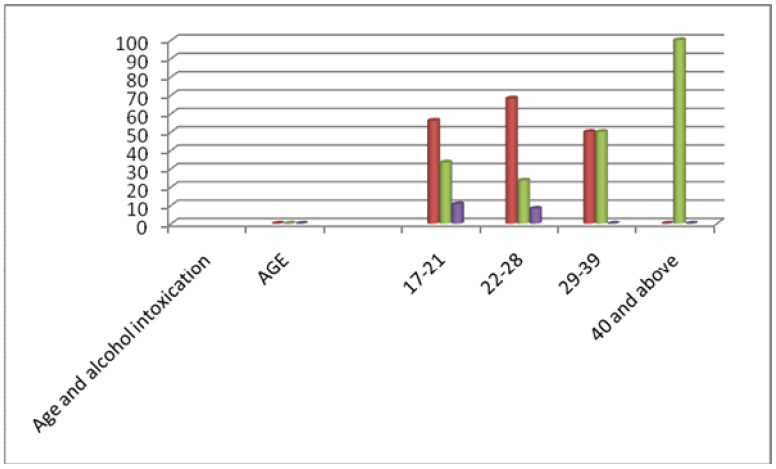
Table 4.8 Alcohol intake by respondents according to institutions

Alcohol intake	**UNEC**		**GO**		**ESUT**	
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**
Yes	34	38.2	4	36.4	27	28.4
No	55	61.8	7	63.6	68	71.6
Total	89	100	11	100	95	195

Source: (Field survey, 2015)

Table4.8 reveals that 38.2%of the respondents from UNEC, 36.4%from GO and 28.4% from ESUT take alcohol respectively.

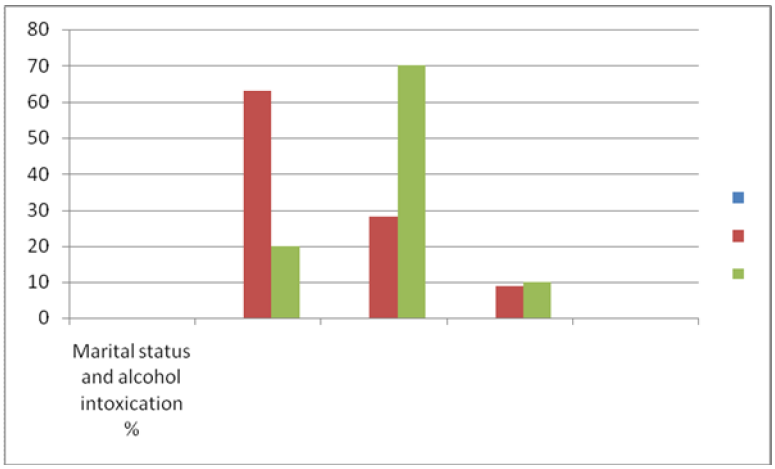
Alcohol intoxication by respondents according to age group



Source: (Field survey, 2015)

Fig 4.4 Alcohol intoxication by respondents according to the age groups

Fig 4.4 reveals that 56.1%, 68.2% and 50% respondents within the age groups of 17-21, 22-28 and 29-39 had been intoxicated by alcohol, 33.3%, 23.5%, 50% and 100% of the respondents within the age groups of 17-21, 22-28 and 29-39 had not been intoxicated by alcohol, while 10.6% and 8.2% respondents within the age groups of 17-21, 22-28 could not remember if they had been intoxicated by alcohol.



Source: (Field survey, 2015)

Fig 4.5 Alcohol intoxication by respondents according to marital status

Fig 4.5 reveals that 63.1% of the single and 20% of the married respondents had been intoxicated by alcohol, 28.2% of the single and 70% of the married respondents had not been intoxicated by alcohol while 8.7% of the single and 10% of the married respondents could not remember if they had been intoxicated by alcohol.

Table 4.9 Last day of Alcohol intake by respondents according to age group

Age groups	Never		1-7 days ago		8-14 days ago		15-30 days ago		1 month – 1yr. ago		More than 1 yr. ago	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
17-21	12	18.2	35	53.0	11	16.7	0	0.0	0	0.0	8	12.1
22-28	8	9.4	42	49.4	30	35.5	1	1.2	2	2.4	2	2.4
29-39	1	50.0	1	50	0	0.0	0	0.0	0	0.0	0	0.0
40 and above	1	16.7	1	16.7	0	0.0	0	0.0	0	0.0	4	66.7
Total	22		79		41		1		2		14	159

Source: (Field survey, 2015)

Table 4.9 reveals that 18.2%, 9.4%, 50%, 16.7% of the respondents never took alcohol within the age groups 17-21, 22-28, 29-39 and 40 and above respectively. 53%, 49.4%,50%,16.7% of the respondents took alcohol last in 1-7 days ago, within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 16.7%, 35.3%, 0% and 0% of the respondents took alcohol last 8-14 days ago within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 0%, 1.2%,0% and 0% of the respondents took alcohol last 15-30 days ago within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 0%,2.4%,0% and 0% took alcohol last in 1 month to 1 year ago while 12.1%,2.4%,0% and 66.7% of the respondents took alcohol last more than 1 year ago within the age groups 17-21, 22-28, 29-39 and 40 and above respectively.

Table 4.10 Last day of Alcohol intake by respondents according to their institutions

Inst.	**Never**		**1-7 days ago**		**8-14 days ago**		**15-30 days ago**		**1 month – 1yr. ago**		**More than 1 yr. ago**	
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**
UNEC	4	7.0	30	52.6	19	33.3	1	1.8	2	3.5	1	1.8
GO	0	0.0	6	85.7	1	14.3	0	0.0	0	0.0	0	0.0
ESUT	18	18.0	43	45.3	21	22.1	0	0.0	0	0.0	13	13.7
Total	22		79		41		1		2		14	159

Source: (Field survey, 2015)

Table 4.10 reveals that 7%, 0% and 18% respondents never took alcohol in UNEC, GO and ESUT respectively. 52.6%, 85.7% and 45.3% respondents took alcohol last in 1-7 days ago in UNEC, GO and ESUT respectively. 33.3%, 1.8% and 22.1% respondent took alcohol last 8-14 days ago UNEC, GO and ESUT respectively. 1.8%,0% and 0% respondent took alcohol last 15-30 days ago within the UNEC, GO and ESUT respectively. 3.5%,0% and 0% took alcohol last in 1 month to 1 year ago while 1.8%,0% and 13.7% took alcohol last more than 1 year ago in UNEC, GO and ESUT respectively.

Table 4.11 Personal effects for taking alcohol by respondents according to the age groups- To feel relaxed

Age groups	Very likely		Likely		Unsure		Unlikely		Very unlikely	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
17-21	29	41.4	34	45.3	15	48.4	7	70.0	4	44.4
22-28	40	57.1	37	49.3	15	48.4	3	30.0	2	22.2
29-39	0	0.0	2	2.7	0	0.0	0	0.0	0	0.0
40 and above	1	1.4	2	2.7	1	3.2	0	0.0	3	33.3
Total	70		75		31		10		9	195

Source: (Field survey, 2015)

Table 4.11 reveals the personal effects for taking alcohol by respondents according to the age groups- To feel relaxed ; 41.4%, 57.1%, 0%, 1.4%, of the respondents said that it is very likely that alcohol would make them feel relaxed within the age groups 17-21, 22-28, 29-39 and 40 and above respectively. 45.3%, 49.3% ,2.7% and 2.7%,respondents said that it is likely that alcohol would make the feel relaxed within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 48.4%, 48.4%,0% and 3.2% respondents claimed that they are not sure that alcohol would make them feel relaxed within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 70%, 30%,0% and 0% respondents claimed that it is unlikely that alcohol would make them feel relaxed within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 44.4%,22.2%,0% and 33.3% claimed that it is very unlikely that alcohol would make them feel relaxed within the age groups 17-21, 22-28, 29-39 and 40 and above respectively.

Table 4.12 Personal effects for taking alcohol by respondents according to the Marital status- To feel relaxed

Marital status	Very likely		Likely		Unsure		Unlikely		Very unlikely	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Single	70	100	70	93.3	30	96.8	9	90.0	6	66.7
Married	0	0.0	5	6.7	1	3.2	1	10.0	3	33.3
Total	70		75		31		10		9	195

Source: (Field survey, 2015)

Table 4.12 reveals the personal effects for taking alcohol by respondents according to the marital status- To feel relaxed; 100% of the single and 0% of the married respondents said that it is very likely that alcohol would make them feel relaxed respectively. 93.3% of the single and 6.7% of the married respondents said that it is likely that alcohol would make the feel relaxed respectively, 96.8% of the single and 3.2% of the married respondents claimed that they are not sure that alcohol would make them feel relaxed respectively, 90% of the single and 10% of the married respondents claimed that it is unlikely that alcohol would make them feel relaxed respectively, 66.7% of the single and 33.3 % of the married respondents claimed that it is very unlikely that alcohol would make them feel relaxed respectively.

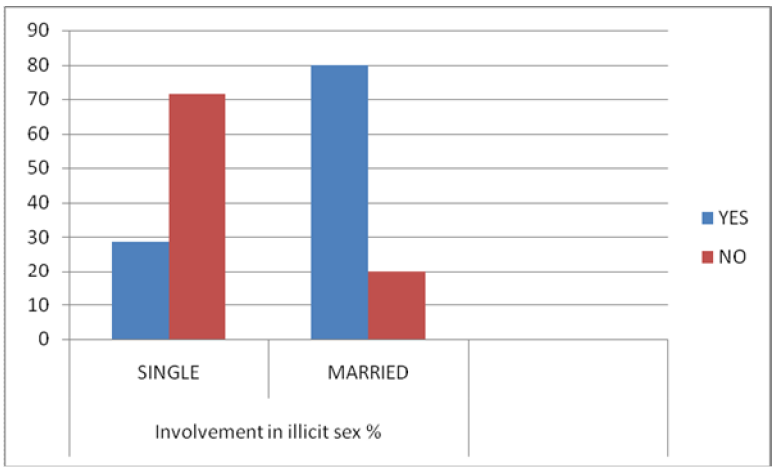
Table 4.13 Personal effects for taking alcohol by respondents according to the age groups- Harm my health

Age groups	Very likely		Likely		Unsure		Unlikely		Very unlikely	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
17-21	22	40	33	48.5	21	55.2	5	62.5	8	30.8
22-28	30	54.5	32	47.1	16	42.1	2	25	17	65.3
29-39	0	0.0	2	2.9	0	0.0	0	0.0	0	0.0
40 and above	3	5.5	1	1.5	1	2.6	1	12.5	1	3.8
Total	55		68		38		8		26	195

Source: (Field survey, 2015)

Table 4.13 reveals the personal effects for taking alcohol by respondents according to the age groups- harm my health ; 40.%, 54.5%, 0% and5.5% of the respondents said that it is very likely that alcohol would make them harm their health within the age groups 17-21, 22-28, 29-39 and 40 and above respectively. 48.5%, 47.1% ,2.9% and 1.5% of the respondents said that it is likely that alcohol would make the harm their health within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 55.2%, 42.1%, 0% and 2.6% of the respondents claimed that they are not sure that alcohol would make them harm their health within the age groups 17-21, 22-28, 29-39 and 40 and above respectively,62.5%, 25%,0% and 12.5% of the respondents claimed that it is unlikely that alcohol would make them harm their health within the age groups 17-21, 22-28, 29-39 and 40 and above respectively, 30.8%,65.3%,0 and 3.8% claimed that it is very unlikely that alcohol would make them harm their health within the age groups 17-21, 22-28, 29-39 and 40 and above respectively.

4.3.3 Involvement of the respondents in illicit sex

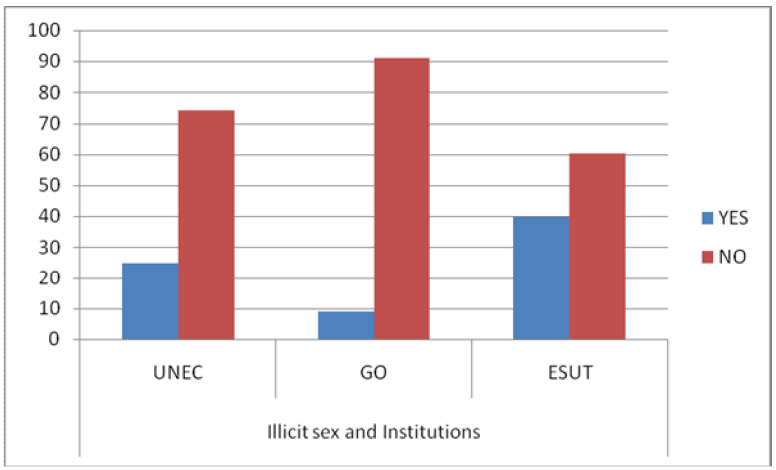


Source: (Field survey, 2015)

Fig 4.6 Involvement of the respondents in illicit sex according to the marital status

Fig 4.6 reveals that 28% of the respondents who are single are involved in illicit sex, while 80%of the married respondents are involved in illicit sex, hence 71.4% and 20% of the single and the married respondents are not involved in illicit sex.

Involvement of the respondents in illicit sex according to their Institutions

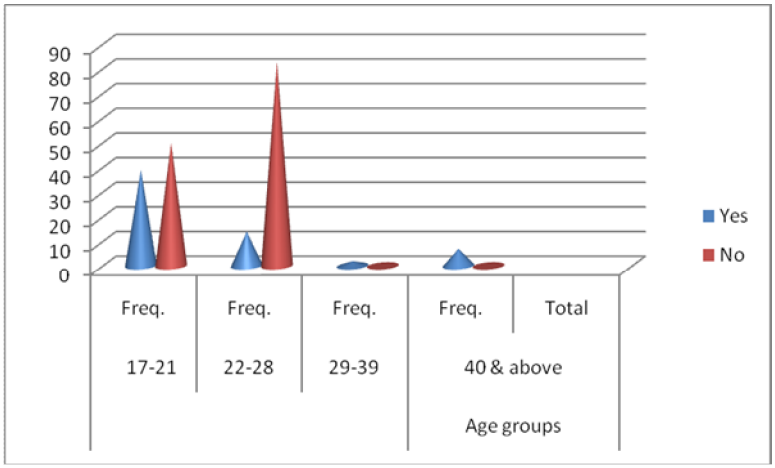


Source: (Field survey, 2015)

Fig 4.7 Involvement of the respondents in illicit sex according to their Institutions

Fig 4.7 reveals that 24.7% of the respondents from UNEC are involved in illicit sex; while 9.1% of the respondent is involved in illicit sex in GO , while 39.6%of the respondents are involved in illicit sex in ESUT.

Involvement of the respondents in illicit sex according to age groups



Source: (Field survey, 2015)

Fig 4.8 Involvement of the respondents in illicit sex according to age groups

Fig 4.8 reveals that 43.8%of the respondents within the age group 17-21 are involved in illicit sex; while 14.4% of the respondents are involved in illicit sex in the age group of 22-28, while 100% respondents are involved in illicit sex in the age group 29-39 and 100% respondents are involved in illicit sex within the age group 40 and above.

4.3.4 Drug Abuse

Table 4.14The number of occasions respondents have smoked Marijuana according to age groups

Age groups

No. of occasions	17-21		22-28		29-39		40 & above		
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Total
1-2	2	2.3	10	10.3	6	0	0	0	
3-5	5	5.7	14	14.4	0	0	3	0	
6-9	9	10.2	23	23.7	0	0	0	0	
10-19	3	3.4	5	5.2	0	0	0	0	
20-39	5	5.7	4	4.1	0	0	0	0	
40 or more	64	72.7	42	42.3	0	0	0	0	
Total	89		97		6		3		195

Source: (Field survey, 2015)

Table 4.14 reveals that 72.7% of the respondents within the age group 17-21 had smoked marijuana 40 0r more times within the last 12 months and 10.2% of the respondents had smoked marijuana 6-9 times, in the age group 17-21; while 43.2% respondents had smoked marijuana in the age group of 22-28 for 40 0r more times within the last 12 months, while 23.7% of the respondents had smoked marijuana 6-9 times in the last 12 months in the age group of 22-28 in the age group, 14.4% and 10.3% of the respondents had smoked marijuana in the age group of 22-28 for 3-5 times and 1-2 times in the last 12 months respectively. 0%of the respondent in the age group 29-39 and age group 40 and above had smoked marijuana in the last 12 months. This results shows that the younger respondents were more involved in the drug abuse than the older respondents. This is in line with the findings of the study by (Elliot and Huizinga, 2007).

Table 4.15The number of occasions respondents have smoked Marijuana according to their institutions

Institutions

No. of occasions	UNEC		GO		ESUT		
	Freq.	%	Freq.	%	Freq.	%	Total
1-2	11	12.4	1	9.1	0	0	
3-5	19	21.3	0	0	0	0	
6-9	4	2.2	1	9.1	21	30.9	
10-19	1	1.1	1	9.1	6	6.4	
20-39	2	2.2	0	0	7	7.4	
40 or more	52	55.3	8	72.7	61	60.7	
Total	89		11		95		195

Source: (Field survey, 2015)

Table 4.15 reveals that 55.3% ,72.7% and 60.7% of the respondents in UNEC, GO and ESUT had smoked marijuana 40 0r more times within the last 12 months, 2.2%,0% and 7.4%of the respondents had smoked marijuana 20-39 times, in UNEC, GO and ESUT; while 1.1%,9.1% and 6.4%of the respondents had smoked marijuana 10-19 times within the last 12 months in UNEC, GO and ESUT respectively, while 2.2%,9.1% and 30.9%of the respondents had smoked marijuana 6-9 times in the last 12 months in UNEC, GO and ESUT respectively, 21.3%,0% and 0%of the respondents had smoked marijuana in UNEC, GO and ESUT for 3-5 times and 12.4%,9.1% and 0%of the respondents in UNEC, GO and ESUT had smoked marijuana for 1-2 times in the last 12 months respectively.

Table 4.16The risk of smoking Marijuana regularly by respondents according to Institutions

Institutions

Level of Risk	**UNEC**		**GO**		**ESUT**		
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Total**
No risk	5	5.6	0	0.0	**2**	**2.1**	
Slight risk	26	40.4	1	9.1	20	21.1	
Moderate risk	8	9.0	2	18.2	23	24.2	
Great risk	48	52.7	8	72.7	46	48.4	
Donôt know	2	2.2	0	0.0	3	4.2	
Total	89	100	11	100	95	100	195

Source: (Field survey, 2015)

T able 4.16 reveals that 5.6%, 0% and 2.1% of the respondents from UNEC, GO and ESUT claimed that there was no risk in smoking marijuana regularly. 40.4%, 9.1% and 21.1%of the respondents said that there are slight risks in smoking marijuana regularly from UNEC, GO and ESUT. 9%, 18.2% and 24.2% of the respondents said that there are moderate risks in smoking marijuana regularly, 42.7%, 72.7% and 48.4% of the respondents said that there are great risks in smoking marijuana regularly, while 2.2%, 0% and 4.2%of the respondents said that they did not know the risks involved in smoking marijuana regularly form UNEC, GO and ESUT respectively.

Table 4.17The risk of taking tranquilizers or sedatives regularly without the doctor's prescriptions by respondents according to Institutions

Institutions

Level of Risk	UNEC		GO		ESUT		
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Total
No risk	5	5.0	0	0.0	0	0.0	
Slight risk	10	12.5	1	9.1	24	24.7	
Moderate risk	8	9.0	3	17.3	17	12.6	
Great risk	63	71.3	6	64.5	52	50.3	
Donôt know	3	2.2	1	9.1	7	7.4	
Total	89	100	11	100	95	100	195

Source: (Field survey, 2015)

Table 4.17 reveals that 5%,0% and 0% of the respondents claimed that there was no risk in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly from UNEC, GO and ESUT. 12.5%,9.1% and 24.7% of the respondents said that there are slight risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly, 9%,17.3% and 12.6%of the respondents said that there are moderate risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly, 71.3%,64.5% and 50.3%of the respondents said that there are great risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly while 2.2%,9.1% and 7.4%of the respondents said that they did not know the risks involved in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly from UNEC, GO and ESUT respectively.

Table 4.18 Reasons for taking tranquilizers or sedatives without the doctor's prescriptions by respondents according to Institutions

Institutions

Reasons	UNEC		GO		ESUT		
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Total
Never used illegal drugs	38	42.7	10	90.9	14	14.7	
I wanted to feel high	3	3.4	1	9.1	13	13.7	
I did not want to stand out from my group	9	10.1	0	0.0	8	8.4	
I had nothing to do	30	33.7	0	0.0	43	45.3	
I was curious	9	10.1	0	0.0	15	15.8	
I wanted to forget my problems	0	0.0	0	0.0	1	1.1	
Others	0	0.0	0	0.0	1	1.1	
Total	89	100	11	100	95	100	195

Source: (Field survey, 2015)

Table 4.18 reveals that 42.7%, 90.9% and 14.7% of the respondents had never used illegal drugs. 3.4%, 9.1%and 13.7% of the respondents said that they wanted to feel high as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 10.1%, 0% and 8.4% of the respondents said that they did not want to stand out from their group as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions, 33.7%, 0% and 45.3 of the respondents said that they had nothing to do as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 10.1%, 0% and 15.8%of the respondents said that they were curious as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions, while 0%,0% and 1.1% of the respondents of the said he wanted to forget his problems as his own reason for taking tranquilizers or sedatives without the doctorôs prescriptions from UNEC, GO and ESUT respectively.

Table 4.19 Reasons for taking tranquilizers or sedatives without the doctor's prescriptions by respondents according to the age groups

Age groups

Reasons	17-21		22-28		29-39		40 & above		
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Total
Never used illegal drugs	35	39.3	23	23.7	0	0.0	4	57.1	
I wanted to feel high	7	7.9	10	10.3	0	0.0	0	0.0	
I did not want to stand out from my group	5	5.6	10	10.3	0	0.0	2	28.6	
I had nothing to do	32	36.0	38	39.2	2	100	1	14.3	
I was curious	9	10.1	15	15.5	0	0.0	0	0.0	
I wanted to forget my problems	1	1.1	0	0.0	0	0.0	0	0.0	
Others	0	0.0	1	1.0	0	0.0	0	0.0	
Total	89	100	97	100	2	100	7	100	195

Source: (Field survey, 2015)

The above table 4.19 reveals that 39.3%, 23.7%,0% and 57.1% of the respondents had never used illegal drugs in the age groups of 17-21,22-28,29-39 and 40 and above respectively. 7.9%, 10.3%,0% and 0% of the respondents said that they wanted to feel high as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 5.6%, 10.3%, 0% and 28.6% of the respondents said that they did not want to stand out from their group as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions, 36%, 39.2%, 100 and 14.3% of the respondents said that they had nothing to do as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 10.1%, 15.5%, 0% and 0%of the respondents said that they were curious as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions, while 1.1%,0%,0% and 0% of the respondent said he wanted to forget his problems as his own reason for taking tranquilizers or sedatives without the doctorôs prescriptions in the age groups of 17-21,22-28,29-39 and 40 and above respectively.

4.3.5 Physical fight

Table 4.20 Physical fight by the respondents for the last 12 months according to the age groups

Age groups

No. of occasions/year	17-21		22-28		29-39		40 & above		
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Total
1-2	74	83.1	77	79.4	2	100	7	100	
3-5	15	16.9	17	17.5	0	0.0	0	0.0	
6-9	0	0.0	2	2.1	0	0.0	0	0.0	
10 or more	0	0.0	1	1.0	0	0.0	0	0.0	
Total	89	100	97	100	2	100	7	100	195

Source: (Field survey, 2015)

Table 4.20 reveals that 83.1%, 16.9%, 0% and 0% of the respondents in the age group of 17-21 had fought for 1-2, 3-5,6-9 and 10 or more times in the last 12 months respectively. Also, 79.4%, 17.5%, 2.1% and 1.0% of the respondents in the age group 22-28 had fought for 1-2, 3-5,6-9 and 10 or more times in the last 12 months respectively. 100%, 0%, 0% and 0% respondents in the age group 29-39 had fought for 1-2, 3-5,6-9 and 10 or more times in the last 12 months respectively, while 100%of the respondents had fought for 1-2 times in the last 12 months.

4.3.6 Taking something not belonging to them (Stealing)

Table 4.21 taking something not belonging to them by the respondents according to the institutions

Institutions

No. of occasions/year	UNEC		GO		ESUT		
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Total
Once	51	57.3	9	81.8	71	74.7	
Twice	36	40.4	2	18.2	20	21.1	
3-4 times	1	1.1	0	0.0	4	4.2	
5 or more times	1	1.1	0	0.0	0	0.0	
Total	89	100	11	100	95	100	195

Source: (Field survey, 2015)

Table 4.21 reveals that 57.3%, 81.8% and 18.2% of the respondents from UNEC had taken something not belonging to them for once, twice, times in the last 12 months respectively. Also, 90.9%, and 9.1% of the respondents from GO had taken something not belonging to them for once, twice, 3-4 and 5 or more times in the last 12 months respectively. 74.2%, 21.1% and4.2% of the respondents from ESUT had taken something not belonging to them for once, twice, and 3-4 times in the last 12 months respectively.

4.3.7 School performance and Marijuana smoking

Table 4. 22 Age at first time of smoking marijuana and School performance of the respondents

School performance

Age at first time (years)	Excellent		Well above Average		Above average		Average		Below AV.		Well below av.	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Never	23	100	23	92.0	21	91.3	14	87.5	21	28.8	9	25.7
9-10	0	0.0	0	0.0	0	0.0	0	0.0	3	4.1	2	5.7
11-14	0	0.0	0	0.0	0	0.0	1	6.3	6	8.2	2	5.7
15-17	0	0.0	2	8.0	1	4.3	1	6.3	36	49.3	20	57.1
18 or older	0	0.0	0	0.0	1	4.3	0	0.0	7	9.6	2	5.7
Total	23		25		23		16		73		35	195

Source: (Field survey, 2015)

Table 4.22 reveals that the 100%, 92%, 91.3%, 87.5%, 28.8% and 25.7% of the respondents who had never smoked marijuana had the school performances as excellent, well above average, above average, average, below average and well below average respectively. The 4.1% and 5.7% of the respondents who smoked marijuana at the age of 9-10 had the school performances as below average and well below average respectively. The 6.3%, 8.2% and 5.7% of the respondents who smoked marijuana at the age of 11-14 had the school performances as average, below average and well below average respectively. Then 8%, 4.3%, 6.3%, 49.3% and 57.1% of the respondents who smoked marijuana at the age of 15-17 had the school performances as well above average, above average, average, below average and well below average respectively. The 4.3%, 9.6% and 5.7% of the respondents who smoked marijuana at the age of 18 or older had the school performances as above average, below average and well below average respectively.

4.3.8 Alcohol intake and school performance

Table4. 23 Alcohol intake and School performance of the respondents

School performance

Alcohol intake	Excellent		Well above Average		Above average		Average		Below AV.		Well below av.	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	9	39.1	10	40.0	7	30.4	9	56.3	65	89.0	30	85.7
No	14	60.9	15	60.0	16	69.6	7	43.7	8	11.0	5	14.3
Total	23		25		23		16		73		35	195

Source: (Field survey, 2015)

Table 4.23 reveals that 39.1%, 40.0%, 30.4%,56.3%,89.0% and 85.7% of the respondents who are involved in alcohol intake had their school performances as excellent, well above average, above average, average, below average and well below average respectively. Hence, 60.9%, 60.0%, 69.6%, 43.7%, 11.0% and 14 .3% of the respondents who do not take alcohol had their school performances as excellent, well above average, above average, average, below average and well below average respectively.

4.3.9Antisocial behaviour sources

Table 4. 24 Antisocial behaviour sources by respondents according to marital status

Marital status

Contacts	Single		Married		
	Freq.	(%)	Freq.	(%)	Total
Through my friends	142	76.7	6	60	
On my own	41	22.2	4	40	
Through my parents	2	1.1	0	0	
Through my lecturers	0	0	0	0	
Total	185		10		**195**

Source: (Field survey, 2015)

Table 4.24 reveals that 76.7%22.2% and 1.1% of the respondents who are single were involved in these anti-social behaviours through their friends, on their own, through their parents respectively, while 60% and 40% of the respondents who are married were involved in these anti- social behaviours through their friends and on their own respectively.

Table 4.25 Antisocial behaviour sources by the respondents according to the institutions

Institutions

Contacts	**UNEC**		**GO**		**ESUT**		
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Total**
Through my friends	63	70.7	9	81.8	76	80	
On my own	36	29.2	2	18.2	17	17.9	
Through my parents	1	1.1	0	0	2	2.1	
Through my lecturers	1	1.1	0	0	0	0.0	
Total	89		11		95	100	195

Source: (Field survey, 2015)

Table 4.25 reveals that 70.7%, 81.8% , 1.1% and 1.1% of the respondents from UNEC were involved in these anti-social behaviours through their friends, on their own, through their parents and through their lecturers respectively, while 81.8% and 18.2% of the respondents from GO were involved in these anti-social behaviours through their friends and on their own respectively. 80%, 17.9% and 2.1% respondents from ESUT were involved in these anti-social behaviours through their friends, on their own, through their parents respectively.

Table 4.26 Sources of antisocial behaviour by the respondents according to the age groups

Age groups

Contacts	17-21		22-28		29-39		40 and above	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Through friend	62	69.6	82	84.5	1	50	3	42.9
On my own	26	29.2	14	14.4	1	50	4	57.1
Through my parents	1	1.1	1	1.0	0	0.0	0	0
Through my lecturers	0	0	0	0.0	0	0.0	0	0
Total	89		97		2		7	195

Source: (Field survey, 2015)

Table 4.26 reveals that 69.6%, 29.2%, and 1.1% respondents from the age group 17-21 were involved in these anti-social behaviours through their friends, on their own and through their parents respectively, while 84.5%, 14.4% and 1% of the respondents from the age group 22-28 were involved in these anti-social behaviours through their friends, on their own and through their parents respectively. 50% and 50% of the respondents from the age group 29-39 were involved in these anti-social behaviours through their friends and on their own respectively. 42.9% and 57.1% of the respondents from the age group 40 and above were involved in these anti-social behaviours through their friends and on their own respectively.

4.4 Relative important factors that determine anti social behaviours

The relative important factors studied to see their relationship to these antisocial behaviours exhibited by the respondents to address the first objective are shown below.

4.4.1 Educational level of respondents' parents

Table4. 27 Mothers' Educational level of respondents that smoke cigarettes

Educational level

Smoking cigarettes	Primary		Secondary		College or University		Don't know	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	15	24.5	9	14.7	28	45.9	9	14.7
No	21	58.3	31	77.5	78	73.6	4	33.3
Total	36		40		106		13	195

Source: (Field survey, 2015)

Table4.27 reveals that 24.5%, 14.7%, 45.9%and 14.7% of the respondents who smoke cigarettes were those whose mother had primary school, secondary school, college or university as their highest educational qualification and those who did not know their mothers highest educational level respectively. However, 58.3%, 77.5%, 73.6% and 33.3% of the respondents who do not smoke cigarettes were those whose mothers had primary school, secondary school, college or university as their highest educational qualification and those who did not know their mothers highest educational level respectively. This shows that 45.9% of the respondents are from mothers that attained college or university as their highest education.

4.4.2 Fathers' Educational level

Table4. 28 Fathers' Educational level of respondents that smoke cigarettes

Educational level

Smoking cigarettes	Primary		Secondary		College or University		Don't know	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	13	21.0	16	30.0	23	42.1	9	14.7
No	49	79.0	22	57.9	53	70.0	10	42
Total	62		38		76		19	195

Source: (Field survey, 2015)

Table 4.28 reveals that 21.0%, 30.0%, 42.1% and 14.7% of the respondents who smoke cigarettes were those whose father had primary school, secondary school, college or university as their highest educational qualification and those who did not know their mothers highest educational level respectively.

However, 79.0%, 57.9%, 70.0% and 42.0% of the respondents who do not smoke cigarettes were those whose fathers had primary school, secondary school, college or university as their highest educational qualification and those who did not know their mothers highest educational level respectively. This means that 42.1% of the respondents are from fathers who attained college or university as their highest education.

4.4.3 Family financial status compared to other families

Table4. 29 Family financial status of the respondents compared to other families according to the smokers

Financial status

Smoking	Very much better off		Much better off		Better off		About the same		Less well off		Much less well off	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	9	26.5	12	26.7	18	26.5	19	47.5	3	60.0	3	85.7
No	25	73.5	33	73.3	50	73.5	21	52.5	2	40.0	5	14.3
Total	23	100	45	100	68	100	40	100	5	100	8	195

Source: (Field survey, 2015)

Table 4.29 reveals that 26.5%,26.7%,26.5%,47.5%,60.0% and 85.7% of the respondents that smoke cigarettes had their family financial status as very much better off, much better off, better off about the same, less well off and much less well off, while 73.5%,73.3%,73.5%,52.5%,40.0% and 14.3% of the respondents who do not smoke cigarettes had their family financial status as very much better off, much better off, better off about the same, less well off and much less well off respectively. This shows that more smokers are from poor families.

4.4.4 Smokers' satisfaction with their health

Table 4. 30 Smokers' satisfaction with their health according to the respondents

Level of satisfaction

Smoking	Very satisfied		Satisfied		Not so satisfied		Not at all satisfied	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	10	12.5	20	37.7	10	37.0	21	60.0
No	70	87.5	33	62.3	17	63.0	14	40.0
Total	80	100	53		68		35	195

Source: (Field survey, 2015)

Table 4.30 revealed that 12.5%, 37.7% 37.0% and 60.0% of the respondents who smoke cigarettes were very satisfied, satisfied, not so satisfied and not at all satisfied with their health respectively; while 87.5%, 62.3% 63.0% and 40.0% of the respondents who do not smoke cigarettes were very satisfied, satisfied, not so satisfied and not at all satisfied with their health respectively. This could be as a result of their smoking cigarettes since some studies had shown that cigarettes smoking is dangerous to health (Debbie and James, 2006, Chris, 2011and Rolf, 2013).

4.4.5Alcohol intake and their health satisfaction

Table 4.31 Alcohol intakes and their health satisfaction according to the respondents

Level of satisfaction

Alcohol intakes	Very satisfied		Satisfied		Not so satisfied		Not at all satisfied	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	37	46.3	14	26.4	10	37.0	4	11.4
No	43	53.8	39	73.6	17	63.0	31	88.6
Total	80	100	53		27		35	195

Source: (Field survey, 2015)

Table4. 31 reveals that 46.3%, 26.4%, 37.0% and 11.4% of the respondents who drink alcohol were very satisfied, satisfied, not so satisfied and not at all satisfied with their health in respectively; while 53.8%, 73.6%, 63.0% and 88.6% of the respondents who do not drink alcohol were very satisfied, satisfied, not so satisfied and not at all satisfied with their health respectively.

The 46.3% of the respondents are very satisfied with their health, because they have not started to notice the negative effects of alcohol from their health condition which could manifest after a particular threshold has been reached by the liver.

4.4.6The financial situation of the family

Table4. 32 Level of satisfaction of the respondents with the financial situation of their family

Level of satisfaction

Alcohol intakes	**Very satisfied**		**Satisfied**		**Not so satisfied**		**Not at all satisfied**	
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**
Yes	27	67.5	16	24.6	13	21.7	9	31.0
No	13	32.5	49	75.4	47	78.3	21	69.0
Total	40		65		60		30	195

Source: (Field survey, 2015)

Table 4.32 reveals that 67.5%, 24.6%, 21.7% and 31.0% respondents who drink alcohol were very satisfied, satisfied, not so satisfied and not at all satisfied with the financial situation of their families respectively; while 32.5%, 75.4%, 78.3% and 69.0%of the respondents who do not drink alcohol were very satisfied, satisfied, not so satisfied and not at all satisfied with the financial situation of their families respectively. This shows that 67.5% of the respondents that take alcohol are satisfied with the financial situation of their families, meaning that they have money to go on drinking as well as do other things they would like without minding the implications of what they do with the money.

4.4.7 Relationship with their mothers

Table 4.33Smokers' relationship with their mothers

Smokers	Very satisfied		Satisfied		Not so satisfied		There is no such person	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	3	14.3	35	38.9	21	26.6	2	40.0
No	18	85.7	55	61.1	58	73.4	3	60.0
Total	21	100	90	100	79	100	5	195

Source: (Field survey, 2015)

Table4.34 reveals that 14.3%, 38.9%, and 26.6% of the respondents who smoke were very satisfied, satisfied and not so satisfied in their relationship with their mothers respectively, while 40% said that there were no such persons. This shows that 38.9% of the respondents are satisfied with their relationship with their mothers. This could be because their mothers exhibit soft spot for them in order to make them behave well in the family as well as in the society.

4.4.8 Relationship with their fathers

Table 4.35 Smokers' relationship with their fathers

Smokers	Very satisfied		Satisfied		Not so satisfied		There is no such person	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	25	22.7	24	38.7	12	57.1	0	0.0
No	85	77.3	38	61.3	9	42.9	2	100
Total	110	100	62	100	21	100	2	195

Source: (Field survey, 2015)

Table 4.35 reveals that 22.7%, 38.7%, and 57.1% of the respondents who smoke were very satisfied, satisfied and not so satisfied in their relationship with their fathers respectively. This reveals that the 57.1% of the respondents are not so satisfied with their relationship with their fathers. This might be that they do not like their fatherôs approach to life situation or they do not like the advice their father give them or any other thing which this work did not query.

4.4.9 Relationship with their friends

Table 4.36 Smokers' relationship with their friends

Smokers	Very satisfied		Satisfied		Not so satisfied		There is no such person	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	18	29.5	31	50.8	11	18.0	1	1.6
No	47	72.3	77	71.3	8	42.1	2	66.7
Total	65	100	108	100	19	100	3	195

Source: (Field survey, 2015)

Table 4.36 reveals that 29.5%, 50.8%, and 18.0% of the respondents who smoke were very satisfied, satisfied and not so satisfied in their relationship with their friends while 1.6%% said that there were no such persons. This reveals that the smokers are satisfied in their relationship with their friends; they are friends probably because they enjoy what they do when they are together. This could be one of the peer effects as revealed in the literature (Jason, Isaac and Glen, 2013).

4.4.10 Reaction of parents on cigarettes smoking

Table 4.37Reaction of parents on cigarettes smoking

Parents	Allows		Would not allow at home		Would not allow at all		Don't know	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Fathers	18	27.7	31	28.7	11	51.9	1	33.3
Mothers	47	72.3	77	71.3	8	42.1	2	66.7
Total	65	100	108	100	19	100	3	195

Source: (Field survey, 2015)

Table 4.37 reveals that 13.3%, 44.4%, and 31.3% of the respondents who smoke said that their father would allow, would not allow at home and would not allow at all for them to smoke cigarettes while 26.3% said that they did not know.

However, 86.7%, 55.6%, and 68.7% of the respondents who smoke said that their mother would allow, would not allow at home, and would not allow at all for them to smoke cigarettes while 73.7% said that

they did not know. This shows that even though the parents would not allow them smoke cigarettes, they still smoke cigarettes. This is related to the findings of Ewhrudjakpor (2009) as one the adolescence practices that made him move into counselling the youth.

4.4.11 Amount (₦) spent in a week without parents' control

Table 4.38Amount (₦) spent in a week without parents' control

Smokers	100-500		600-1000		1100-1500		1600 and above	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Yes	2	13.3	12	44.4	42	31.3	5	26.3
No	13	86.7	15	55.6	92	68.7	14	73.7
Total	15	100	27	100	134	100	19	195

Source: (Field survey, 2015)

Table 4.38 reveals that 13.3%,44.4%, 31.3% and 26.3% of the respondents who smoke cigarettes spend ₦ 100-500, ₦ 600-1000, ₦ 1100-1500 and ₦ 1600 and above without their parentsô control weekly.

The result on the amount spent in a week by the smokers revealed that 13.3%, 44.4%, 31.3% and 26.3% of the respondents who smoke cigarettes spend ₦ 100-500, ₦ 600-1000, ₦ 1100-1500 and ₦ 1600 or more per week without their parents control. These results show that majority of the respondents who smoke cigarettes spend up to ₦ 1000 per week without their parentsô control which shows that these respondents could involve in any antisocial behaviour with the money given to them no matter the amount and this is in line with the study of (Debbie and James, 2006).

4.4 Test of Hypotheses

The results from the various tests of hypotheses are presented and discussed below. In discussing the various hypotheses, the decision rule below were used.

4.4.1 Test of Hypothesis One

There is no significant relationship between the relative importance factors and anti-social behaviour among students in the selected universities in Enugu Metropolis.

In testing this hypothesis, the multiple linear regression analysis was used in regressing the relative importance factors against the antisocial behaviour among students. The results are presented below.

Table 4. 39: Summarised Regression Results for Hypothesis One

Variables	Coefficient (β)	T	Sig.
(Constant)	48.132	11.896	.000
Father's highest education (FHE)	1.859	3.757	.000
Mother's highest education (MHE)	1.048	1.675	.096
family financial status (FFS)	.406	.891	.374
Relationship with mother (RM)	.075	.153	.878
Relationship with Father (RF)	1.701	2.869	.086
Relationship with Friends (RFr)	.737	.838	.403
Mother's reaction about smoking (MRS)	-.888	-.953	.342
Father's reaction (FRS)	-.457	-.496	.621
satisfaction with financial situation (SFS)	1.516	2.459	.015
satisfaction with health (SH)	.856	1.555	.122
amount spent weekly without parentsô control (ASWWPC)	.821	1.100	.273

$r = 0.451$; $r^2 = 0.203$; RegSS = 2263.563; ResSS = 8883.032; F-value = 4.239; sig. = 0.00

Source: Appendix 4

The result of the regression analysis summarized in Table 4.39 shows that the model for the relationship between anti-social behaviours among students (ASB) and the relative important factors measured by fatherôs highest education (FHE), motherôs highest education (MHE), family financial status (FFS), relationship with mother (RM), relationship with father (RF), relationship with friends (RFr), motherôs reaction about smoking (MRS), fatherôs reaction about

smoking (FRS), satisfaction with financial situation (SFS), satisfaction with health (SH) and amount spent weekly without parentôs control:

$$ASB = 48.132 + 1.859FHE + 1.048MHE + 0.406FFS + 0.075RM - 0.701RF + 0.737RFr - 0.888MRS - 0.457FRS + 1.516SFS + 0.856SH + 0.821AWWWPC$$

From this equation, fatherôs highest education, Motherôs highest education, family financial status, relationship with mother, relationship with friends, satisfaction with financial status, satisfaction with health and amount spent weekly without parents control have positive effects on anti-social behaviours of students., relationship with father, motherôs reaction about smoking and fatherôs reaction about smoking have negative effects on anti-social behaviours of students. However, with p-values < 0.05, only fatherôs highest education (FHE), Motherôs highest education and satisfaction with financial situation (SFS) have significant effects on anti-social behaviours of students.

Also, the regression coefficient (r) of 0.451 indicates a weak relationship between the independent variables and the dependent variable (anti-social behaviour). The coefficient of determination (r^2) of 0.203 reveals that 20.3% of the variation observed in the dependent variable is caused by the independent variable. Having a regression sum of square of 2263.563 < the residual sum of squares of 8883.032, this variation is due to chance. The F-value and corresponding significance value of 4.239 (0.000) shows that these results are significant.

Based on this, the null hypothesis is rejected. Hence, there is a significant relationship between the relative important factors and anti-social behaviour among students in the selected universities in Enugu Metropolis.

4.4.2Gender differences in anti-social behaviour among the selected university students in Enugu Metropolis

4.4.2.1Cigarettes smoking

Table 4.40 Cigarettes smoking by the respondents according to the gender

Cigarettes smoking	Male		Female	
	Freq.	(%)	Freq.	(%)
Smokers	50	41.3	11	14.9
Non Smokers	71	58.7	63	85.1
Total	121	100	74	100

Source: (Field survey, 2015)

Table 4.40 reveals that 41.3% of the male respondents smoke cigarettes, while 14.9% of the female respondents smoke cigarettes.

Table 4.41Cigarettes smoking frequencies by the respondents according to gender

Cigarettes smoking Frequencies	Male		Female		
	Freq.	(%)	Freq.	(%)	Total
Less than 1Cig./wk	1	2.0	0	0.0	1
Less than 1Cig./day	7	14.0	3	27.3	10
1-5 Cigarette /day	28	56.0	7	63.6	35
6-10 Cigarettes/day	14	28.0	1	9.1	15
Total	50	100	11	100	61

Source: (Field survey, 2015)

Table 4.41 above reveals that 56% male respondents smoke 1-5 cigarettes per day, 28% male respondents smoke 6-10 cigarettes per day while 27.3% of the females respondents smoke 1-5 cigarettes per day, and 63.6% female respondents smoke 6-10 cigarettes per day as well as 9.1% of the female respondents smoke 6-10 cigarettes per day.

Table 4.42 Age at first time of cigarettes smoking by the respondents according to gender

Age at first cigarette smoking

Gender	**9-11 (Yrs.)**		**12-14 (Yrs.)**		**15-16 (Yrs.)**	
	Freq.	**(%)**	**Freq.**	**(%)**	**Freq.**	**(%)**
Male	10	20.0	34	68.0	6	12.0
Female	1	9.1	10	90.9	0	0.0
Total	11		44		6	61

Source: (Field survey, 2015)

Table 4.42 above reveals the age at which both the male and female respondents started smoking cigarettes. 20%, 68% and 12% of the male respondents who smoke cigarette started at age of 9-11, 12-14 and 15-16 respectively. However, 9.1%, 90.9% of the female respondents who smoke cigarette started at the age of 9-11 and 12-14 respectively. This is related to the findings of Ewhrudjakpor (2009) as one of the adolescence practices that made him move into counselling the youth.

4.4.2.2Alcohol consumption

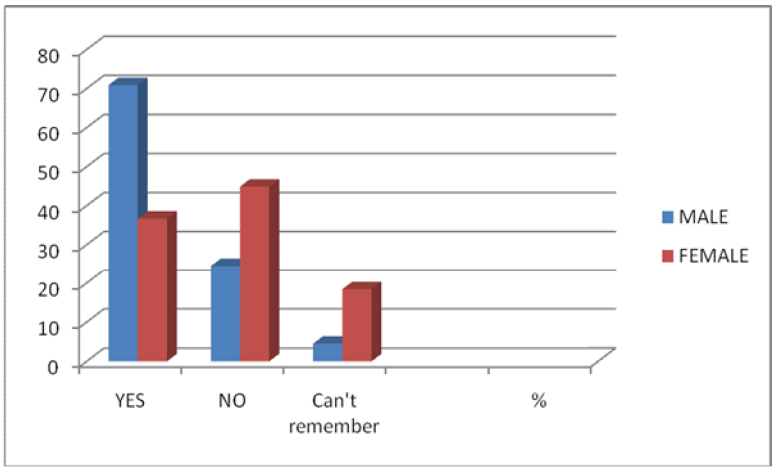
Table 4.43 Alcohol intake by respondents according to gender

Alcohol intake	Male		Female	
	Freq.	(%)	Freq.	(%)
Yes	97	80.2	24	19.8
No	33	44.6	41	55.4
Total	130	100	65	195

Source: (Field survey, 2015)

Table 4.43 revealed that 80.2% of the male and 19.8% of the female respondents take alcohol respectively.

Alcohol intoxication by respondents according to gender



Source: (Field survey, 2015)

Fig.4.9 intoxication by respondents according to gender

Fig 4.9 showed that 70.9% of the male respondents have been intoxicated by alcohol while 36.7% of the female respondents had also been intoxicated by alcohol. 24.5% of the male respondents had not been intoxicated by alcohol as well as 44.9% of the female respondents, while 4.5% and 18.4% of the female respondents said they could not remember if they had been intoxicated by alcohol respectively.

Further inquiring on alcohol intoxication revealed that 70% of the male students had been intoxicated by alcohol while 24.5% of the female students had been intoxicated from drinking alcohol by staggering when walking, not being able to speak properly, throwing up or not remembering what happened. This phenomenon is regarded as alcohol abuse and is related to the study in alcohol use and abuse (Maynard, 2013). This result reveals that these students are currently involved in alcohol intake which is in line with the study of Obikeze and Obi (2013) in alcohol and violence amongst undergraduate students in Anambra state University.

Table 4.44 Last day of Alcohol intake by respondents according to gender

Gender	Never		1-7 days ago		8-14 days ago		15-30 days ago		1 month – 1yr. ago		More than 1 yr. ago	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Male	11	10.0	63	57.3	29	26.4	0	0.0	1	0.9	6	5.5
Female	11	22.4	16	32.7	12	24.5	1	2.0	1	2.0	8	16.3
Total	22		79		41		1		2		14	159

Source: (Field survey, 2015)

Table 4.44 reveals that 10% of the male and 22.4% of the female respondents never took alcohol. 57.3% of the male and 32.7% of the male respondents took alcohol last in 1-7 days ago, 26.4% of the male and 24.5% of the female respondents took alcohol last 8-14 days ago, 0% of the male and 2% of the female respondents took alcohol last 15-30 days ago, 0.9% of the male and 2.0%of the female took alcohol last

in 1 month to 1 year ago while 5.5% male and 16.3% of the female respondents took alcohol last more than 1 year ago. This is showing that these students are still involved in alcohol consumption. This can lead to alcohol dependence which could affect their health.

However, investigating on if alcohol intake would get them into trouble with the police, 21.5% of the male respondents said very likely, 50.4% likely, 8.3% said that they are unsure, while 2.5% and 17.4% said unlikely and very unlikely respectively; while 16.2% of the female respondents said very likely, 41.9% likely, 13.5% said that they are unsure, while 5.4% and 7.4% said unlikely and very unlikely respectively. These results showed that the male respondents were aware that consumption of alcohol would get them into trouble with the police more than the female respondents.

Table 4.45Personal effects for taking alcohol by respondents according to gender- harm my health

Gender	Very likely		Likely		Unsure		Unlikely		Very unlikely	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Male	40	72.7	42	61.7	21	55.3	2	25	16	61.5
Female	15	27.2	26	38.2	17	44.7	6	75	10	38.5
Total	55		68		38		8		26	195

Source: (Field survey, 2015)

Table 4.45 reveals the personal effects for taking alcohol by respondents according to gender- Harm my health; 72.7% of the male and 27.2% of the female respondents said that it is very likely that alcohol would make them feel relaxed respectively. 61.7% of the male and 38.2% of the female respondents said that it is likely that alcohol would make the feel relaxed respectively, 55.3% of the male and 44.7% of the female respondents claimed that they are not sure that alcohol would make them feel

relaxed respectively, 25% of the male and 75% of the female respondents claimed that it is unlikely that alcohol would make them feel relaxed respectively, 61.5%of the male and 38.5% of the female respondents claimed that it is very unlikely that alcohol would make them feel relaxed respectively.

This result shows that more female respondents were knowledgeable that alcohol consumption would harm their health than the male respondents.

Table 4.46 Personal effects for taking alcohol by respondents according to gender-to forget their problems

Gender	Very likely		Likely		Unsure		Unlikely		Very unlikely	
	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)	Freq.	(%)
Male	37	30.6	49	40.5	20	16.5	7	5.8	7	5.8
Female	17	23.0	28	33.8	15	20.3	8	9.5	7	9.5
Total	54		77	100	35		15		14	195

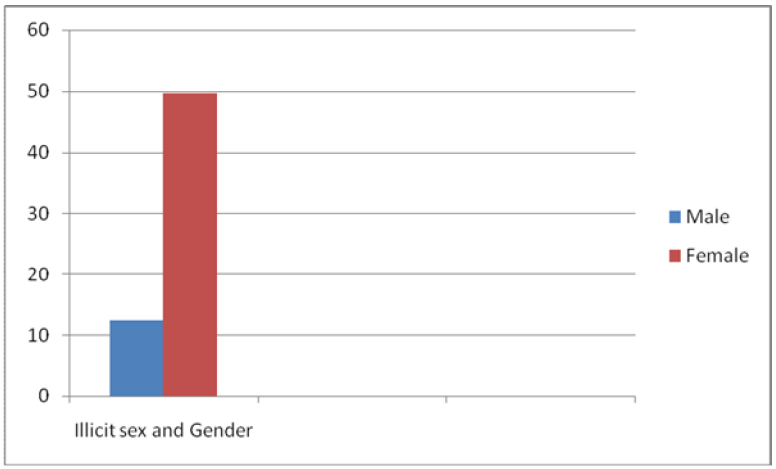
Source: (Field survey, 2015)

Table 4.46 reveals the personal effects for taking alcohol by respondents according to gender- to forget their problems; 30.6% of the male and 23% of the female respondents said that it was very likely that alcohol would make them forget their problems respectively. 40%of the male and 33.8% of the female respondents said that it is likely that alcohol would make the forget their problems respectively, 16.5% of the male and 20.3%of the female respondents claimed that they were not sure that alcohol would make them feel relaxed respectively, 5.8% of the male and 9.5% of the female respondents said that it was unlikely that alcohol would make them forget their problems respectively, 5.8% of the male and 9.5% of the female respondents claimed that it was very unlikely that alcohol would make them forget their problems respectively.

This result shows that more male respondents consume alcohol in order to forget their problems.

4.4.2.3Involvement in illicit sex

Involvement of the respondents in illicit sex according to gender



Source: (Field survey, 2015)

Fig 4.10 Involvement of the respondents in illicit sex according to gender

Fig 4.10 reveals that 12.3% of the male respondents are involved in illicit sex; while 49.74%of the female respondents are involved in illicit sex. This result shows that more females were involved in the illicit sex. This could be because of adolescence and lack of moral education and is related to the studies of (Linda, 2000; Chris, 2004 and Chris, 2011). However, incidence of poverty could make them indulge in the act according to the study of Mohammed (2008).

4.4.2.4Drug abuse

Table 4.47The number of occasions respondents have smoked Marijuana according to gender

Gender

No. of occasions	Male		Female		
	Freq.	%	Freq.	%	Total
1-2	11	9.1	1	1.4	
3-5	18	14.9	1	1.4	
6-9	31	25.6	1	1.4	
10-19	8	6.6	1	0	
20-39	5	4.1	4	0	
40 or more	66	90.4	48	39.7	
Total	121		74		195

Source: (Field survey, 2015)

Table 4.47 reveals that 90.4% of the male and 39.7%of the female respondents had smoked marijuana 40 0r more times within the last 12 months, 4.1% of the male and 0% of the respondents had smoked marijuana 20-39 times; while 6.6%of the male, and 0% of the female respondents had smoked marijuana 10-19 times within the last 12 months respectively, also 25.6%of the male and 1.4%of the female respondents had smoked marijuana 6-9 times in the last 12 months respectively, 14.9% of the and 1.4% of the respondents had smoked marijuana for 3-5 times while 9.1%, and 1.4% of the respondents had smoked marijuana for 1-2 times in the last 12 months respectively. According to Pluddemman, Fisher, Mathews, Carney and Lombard, (2008) illegal drug usage has a positive relationship with illicit sex among the youths as observed in this study.

The age at first time of trying Marijuana

Table 4.48 the age at first time of trying Marijuana by respondents according to gender

Age at first time	Gender				
	Male		Female		
	Freq.	%	Freq.	%	Total
Never	47	38.8	64	86.5	
9-10	4	3.3	1	1.4	
11-14	7	5.8	2	2.7	
15-17	58	47.9	2	2.7	
18 or older	5	4.1	5	6.8	
Total	121		74		195

Source: (Field survey, 2015)

Table 4.48 reveals that 38.8 % of the male and 86.5%of the female respondents had never tried smoking marijuana. 3.3%of the male and 1.4%of the female respondents tried marijuana for the first time at the age of 9-10 years, 5.8% of the male and 2.7% of the female respondents tried marijuana smoking at the age of 11-14, 47.9% of the male and 2.7% of the female respondents tried smoking marijuana at the age of 15-17, while 4.1% of the male and 6.8% of the female respondents tried smoking marijuana at the age of 18 or older respectively.

Further enquiry on the age at first time of trying marijuana revealed that 47.9% male respondents tried marijuana first at the age range of 15-17 years while the 6.8% female respondents tried marijuana first at the age range of 18 and above. This could be linked to the fact that males mix up earlier with their peers than the females, and all these are some of the attributes of adolescence as discovered by Chris (2011).

Table 4.49 the risk of smoking Marijuana regularly by respondents according to gender

Gender

Level of Risk	Male		Female		
	Freq.	(%)	Freq.	(%)	Total
No risk	6	5.0	1	1.4	
Slight risk	48	39.7	9	12.2	
Moderate risk	21	17.4	12	16.2	
Great risk	42	34.7	50	67.6	
Donôt know	4	3.3	2	2.7	
Total	121	100	74	100	195

Source: (Field survey, 2015)

Table 4.49 reveals that 5% of the male and 1.4%of the female respondents claimed that there was no risk in smoking marijuana regularly. 39.7% of the male and 12.2% of the female respondents said that there are slight risks in smoking marijuana regularly.17.4% of the male and 16.2% of the female said that there are moderate risks in smoking marijuana regularly, 34.7% of the male and 67.6%of the female respondents said that there are great risks in smoking marijuana regularly while 3.3% of the male respondents and 2.7%of the female respondents said that they did not know the risks involved in smoking marijuana regularly. This result shows that more female respondents realised that it was a great risk for one to smoke marijuana on regular bases.

Reasons for taking tranquilizers or sedatives

Table 4.50 reasons for taking tranquilizers or sedatives without the doctor's prescriptions by respondents according to gender

Gender

Reasons	M ale		Female		
	Freq.	(%)	Freq.	(%)	Total
Never used illegal drugs	31	25.6	31	41.9	
I wanted to feel high	14	11.6	3	4.1	
I did not want to stand out from my group	14	11.6	3	4.1	
I had nothing to do	40	33.1	33	44.6	
I was curious	20	16.5	4	5.4	
I wanted to forget my problems	1	0.8	0	0.0	
Others	1	0.8	0	0.0	
Total	121	100	74	100	195

Source: (Field survey, 2015)

Table 4.50 reveals that 25.6% of the male and 41.9% of the female respondents had never used illegal drugs. 11.6% of the male and 4.1% of the female respondents said that they wanted to feel high as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 11.6% of the male and 4.1%of the female respondents said that they did not want to stand out from their group as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 33.1% of the male and 44.6%of the female respondents said that they had nothing to do as their reasons for taking tranquilizers or sedatives without the doctorôs prescriptions. 16.5% of the male and 5.4% of the female respondents said that they were curious as their reasons for taking tranquilizers or sedatives without the doctorôs

prescriptions, while 0.8% male respondent said he wanted to forget his problems as his own reason for taking tranquilizers or sedatives without the doctorôs prescriptions.

The risk of taking Tranquilizers or sedatives regularly without the doctor's prescriptions

Table 4.51 the risk of taking tranquilizers or sedatives regularly without the doctor's prescriptions by respondents according to gender

Gender

Level of Risk	Male		Female		
	Freq.	(%)	Freq.	(%)	Total
No risk	2	1.7	3	4.1	
Slight risk	32	26.4	3	13.5	
Moderate risk	23	19.0	10	13.5	
Great risk	55	45.5	56	75.7	
Donôt know	9	7.4	2	2.7	
Total	121	100	74	100	195

Source: (Field survey, 2015)

Table 4.51 reveals that 1.7% male and 4.1% female respondents claimed that there was no risk in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly. 26.4%of the male and 13.5%of the female respondents said that there are slight risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly. 19% of the male and 13.5%of the female said that there are moderate risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly, 45.5%of the male and 75.7% of the female respondents said that there are great risks in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly while 7.4% of the male respondents and 2.7%of the female respondents said that they did not know the risks involved in taking tranquilizers or sedatives regularly without the doctorôs prescriptions regularly.

These results showed that more female respondents were aware that taking sedatives regularly without the doctorsôprescription were of a great risk.

Table 4.52 Physical fight by the respondents for the last 12 months according to gender

Gender

No. of occasions/year	Male		Female		
	Freq.	**(%)**	**Freq.**	**(%)**	**Total**
1-2	97	80.2	63	85.1	
3-5	23	19.0	9	12.2	
6-9	0	0.0	2	2.7	
10 or more	1	0.8	0	0.0	
Total	121	100	74	100	195

Source: (Field survey, 2015)

Table 4.52 reveals that 80.2%, 19%, 0% and 0.8% of the male respondents had fought for 1-2, 3-5, 6-9 and 10 or more times in the last 12 months respectively. Also, 85.1%, 12.2%, 2.7% and 0% of the female respondents had fought for 1-2, 3-5, 6-9 and 10 or more times in the last 12 months respectively. This result shows that more male respondents were involved in the physical fight than the female respondents.

4.4.2.5 Antisocial behaviour sources

Table 4.53 Antisocial behaviour sources by respondents according to gender

	Gender				
Contacts	**Male**		**Female**		
	Freq.	**(%)**	**Freq.**	**(%)**	**Total**
Through my friends	103	85.1	45	60.8	
On my own	17	14.0	28	37.8	
Through my parents	1	0.8	1	1.4	
Through my lecturers	0	0	0	0	
Total	**121**		**74**		**195**

Source: (Field survey, 2015)

Table 4.53reveals that 85.1%, 14% and 0.8% male respondents were involved in these anti-social behaviours through their friends, on their own, through their parents while 60.8%, 37.8% and 1.4% female respondents were involved in these anti- social behaviours through their friends, on their own, through their parents respectively. This shows that most of these respondents were under peer group influence and this is in line with some studies (Biyi and Ogwumike, 2007; Elliot and Huizinga, 2007 and Ewhrudjakpor, 2009).

4.4.3 Test of Hypothesis Two

There is no significant difference in the level of anti-social behaviour of male students from female students in Enugu Metropolis.

This hypothesis is tested using the 2-Independent samples t-test. The results are presented in Tables 4.55 and 4.56.

Table 4.54: Group Statistics

	Gender	N	Mean	Std. Deviation	Std. Error Mean
anti-social behaviours	Male	121	57.8099	6.92858	.62987
	Female	74	52.5270	7.49835	.87167

Based on the result presented in Table 4.54, male respondents displayed more anti-social behaviour than female respondents as their mean total score is 57.81 $\pm$ 6.93 which is greater than that of the female respondents (52.53 $\pm$ 7.50).

Table 4.55: Independent Samples T-Test Result

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	Df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
anti-social behaviours	Equal variances assumed	.118	.732	5.007	193	.000	5.28289	1.05507	3.20195	7.36383
	Equal variances not assumed			4.912	145.076	.000	5.28289	1.07542	3.15737	7.40841

From the result presented in Table 4.55, the calculated t-test value is 5.007. This is greater than the critical t-value of 1.645. This result is significant as $p < 0.05$. Therefore, the observed difference in the anti-social behaviour between the male students and females students (table 4.54) is significant.

Based on this, the null hypothesis is rejected. Therefore, there is a significant difference in the level of anti-social behaviour of male students from female students in Enugu Metropolis.

Table 4.56

ANOVA[b]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2263.563	11	205.778	4.239	.000[a]
	Residual	8883.032	183	48.541		
	Total	11146.595	194			

a. Predictors: (Constant), amount spent weekly without parents, Father's reaction, Relationship with Father, family financial status, Mother's highest education, satisfaction with health, Father's highest education, Relationship with Friends, satisfaction with financial situation, Relationship with mother, Mother's reaction about smoking

b. Dependent Variable: anti-social behaviours

From the result presented in Table 4.56, the calculated F- value is 4.239. This is greater than 0.05, therefore, the observed difference in the anti-social behaviour between the male students and females students is significant.

CHAPTER FIVE

5.0 SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The findings from this study which were based on the objectives of this study were summarized below. Conclusions based on the findings were reached and recommendations were made.

5.2 Summary of findings

The major findings of this study are that the university students in the selected university irrespective of the federal, state and faith based institutions were involved in cigarettes smoking, alcohol consumption, drug abuse, illicit sex, stealing and fighting. Fatherôs highest education, Motherôs highest education, family financial status, relationship with mother, relationship with friends, satisfaction with financial status, satisfaction with health and amount spent weekly without parents control have positive effects on anti-social behaviours of students. It is worthy to note that these are the determinants of the antisocial behaviours.

The respondents in the age bracket 17-21 and 22-28 were prominent in the practice to these anti social behaviours. The percentage of the male respondents who were involved in these antisocial behaviours was more compared to the percentage of the female respondents in the study. They gave their reasons for trying illegal drugs like marijuana as not having something to do, wanting to fell high, being curious, not wanting to stand out from the groups and to forget their problems. The female respondents showed that they know that taking illegal drugs are great risks. The respondents who started taking marijuana first at the age of 15-17 performed poorly in school. The respondents who consumed alcohol also had poor academic performance. It also revealed

that more female respondents were aware that alcohol would harm their health than the male respondents. The respondents in the age groups 17-21 and 22-28 consume alcohol for the purpose of relaxation. The respondents who smoke cigarettes were not at all satisfied with their health conditions. They also revealed that their parents would not allow them smoke cigarettes at all. On illicit sex, more female respondents were involved in illicit sex than the male respondents. The respondents that smoke cigarettes were not so satisfied with their fathers. On how these respondents got into the antisocial behaviour, most of them said that it was through their friends.

5.3CONCLUSION

Antisocial behaviours among the university students are those behaviours that are not acceptable by the society. There effects are felt on individuals as well as in the society which affect development negatively. These anti social behaviours predisposes the youths to some health hazards which might have short term effects or long term effects. Most of the respondents who took alcohol to the level of being intoxicated also smoke. This combination has synergistic effects and creates manifold harm than their individual influence. The university students ought to be knowledgeable about the outcomes of these antisocial behaviours in order to minimise them or to completely stop them for their own interest and for the interest of the entire society for positive development.

5.4 RECOMMENDATIONS

Based on the findings of this study, it is recommended that it should be increased activities such as awareness creation, sensitization, and antisocial-behaviours campaign for the university students especially for the freshmen. This will enable those who had been involved in them

before entering the university to drop such behaviour and for the other not to start them. Parents and guardians of these students should as much as possible try to check the kind of friends the children keep since there is a relationship between the type of friends these students keep and the antisocial behaviours. Alcohol and cigarettes should not be sold anywhere within the university premises. There should be a forum for female university students to be properly addressed about the short and long term effects of involvement in illicit sex by the school authority especially through the faculty of health sciences.

Finally, the university authority should address the new entrants on the need to start from the first year to study hard in order to come out with excellent academic performance this could help refocus their attention on their studies order than in those distractions from the antisocial behaviours.

5.5 AREA FOR FURTHER STUDY

This research has thrown up the antisocial behaviour among the university students, so this type of study could be conducted for the Secondary school students as a further study.

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APPENDIX 1

Questionnaire on determinants of selected anti-Social Behaviour among students in selected universities in Enugu Metropolis
(DASB)

Institute for Development Studies

University of Nigeria,

Enugu Campus.

16th July, 2015.

I am a postgraduate student of the Institute for Development Studies, University of Nigeria, Enugu Campus. I am currently conducting a research on ñDeterminants of Anti-Social Behaviour among Students in Selected Universities in Enugu Metropolisò.
This research is strictly for academic purpose and you have been selected through a simple random sampling method to help me get the information I need to conduct the study. Any information you give here will be treated with confidentiality. It is anonymous. You are kindly requested to respond to the items in the questionnaire honestly.

Thanks for your time and patience.

Yours sincerely

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Isife, Chima Theresa.

Bio-data of Respondents

(Please fill in the box as you feel that it applies to you.)

Gender (a) Male ☐ b) Female ☐

Marital Status (a) Single ☐ (b) Married ☐ (c) Divorced ☐ (d) Widowed ☐

Age: (a) 17-21 ☐ (b) 22-28 ☐ (c) 29-39 (d) 40 and above ☐

Institution: UNEC ☐ GO ☐ ESUT ☐

Comment [OMC9]: Is there any particular reasons why the age intervals should vary?

1. Have you smoked cigarettes before? Yes ☐ No ☐
2. On how many occasions (if any) during your lifetime have you smoked cigarette?
   Number of occasions

0	1-2	3-5	6-9	10-19	20-39	40 or more
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

3. How frequently have you smoked cigarettes during the Last 12 months?

1. ☐ Not at all2. ☐ Less than 1 cigarette per week 3. ☐ Less than 1 cigarette per day4. 1-5 cigarette per day5. ☐ 6-10 cigarette per day6. ☐ 11-20 cigarette per day7. ☐ More than 20 cigarette per day ☐

4. When (if ever) did you FIRST do each of the following things?

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years old
a, Smoke your first cigarette.....	☐	☐	☐	☐	☐	☐	☐	☐	☐
b, Smoke cigarettes on a daily basis	1	2	3	4	5	6	7	8	9

5. Think back over your lifetime so far, on how many occasions (if any) have you had any of the following to drink?

Palm wine ☐ Beers ☐ alcoholic wines ☐ spirits ☐

6, During the last 12 months

Number of occasions						
0	1-2	3-5	6-9	10-19	20-39	40 or more
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

7. When was the last day you drank alcohol?

1. ☐ I never drank alcohol2. ☐ 1-7 days ago3. ☐ 8-14 days ago4. ☐ 15-30 days ago5. 1 month-1 year ago6. ☐ More than 1 year ago

8, On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened? yes ☐ No ☐ Canôt remember ☐

9. If yes on how many occasions?

Number of occasions

Comment [OMC10]: I think there is a gap between Nos 3 and 4. No 3 establishes whether or not the respondent has smoked cigarettes before. No 4 tells us the frequency of smoking within the last 30 days. We need to know how frequently the respondents have smoked within the last 5 years capturing the period they have been in the university assuming the respondent is in 500Level in the university. It also accommodates those in other lesser levels.

Comment [OMC11]: It would have been better to split this question into two.
8. Do you remember ever having been intoxicated from drinking alcoholic beverages to the point of staggering while walking, not being able to speak properly, throwing up or doing some funny things? Yes. ☐ No. ☐ Canôt remember ☐.
9. If ñyesò to No 8 above, on how many occasions? The options in your No 8 now follow.

0 1-2 3-5 6-9 10-19 20-39

During the last 12 months..... ☐ ☐ ☐ ☐ ☐ ☐

..... 1 2 3 4 5 6 7

10. How likely is it that each of the following things would happen to you personally, if you drink alcohol?

	Very likely	likely	Unsure	Unlikely	Very unlikely
a, Feel relaxed.....	☐	☐	☐	☐	☐
11. Harm my health	☐	☐	☐	☐	☐
12, Feel happy.....	☐	☐	☐	☐	☐
	1		2	3	4 5

13. Because of your own alcohol use, how often during the last 12 MONTHS have you experienced physical fight?

(Note: if you havenôt used alcohol in the last 12 months, please choose the ZERO option).

Number of occasions

	0	1-2	3-5	6-9	40 or more	)-39
Physical fight	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6 7

14. When (if ever) did you first try marijuana?

1. ☐ Never2 ☐ 9-10 years old3 ☐ 11-14 years old4 ☐ 15-17 years old5 ☐ 18 years or older

15. On how many occasions (if any) have you used Tranquilizers or sedatives

Number of occasions

	0	1-2	3-5	6-9	10-19	20-39	40 or more
During the last 12 months.....	☐	☐	☐	☐	☐	☐	☐

16. Do you have friends that

Smoke cigarettes ☐ Drink alcoholic beverages(beer, wine, spirit) , ☐et themselves drunk

Smoke marijuana Take tranquilizers or sedatives (without a doctorôs prescription

Comment [OMC12]: Why the capitalization here? What do you wish to emphasize?

Comment [OMC13]: How do you handle the situation where the answer here contradicts the answer given by the respondent in Q7 above? Figure this out. The best way to avoid is to make the questions follow themselves and link them up like this: “If you indicated drinking alcoholic beverages within the last 30 days in question 7 above, how often have you experienced any of the following?”. With this arrangement, the “NOTE” in this question will be eliminated.

Comment [OMC14]: Move this question to come before No 12 above. If you do so, then you do not need the splitting I suggested in my preceding comment.

Go after the opposite sex with the intent of having sex ☐

15. How much do you think PEOPLE RISK harming themselves (physically or other ways), if any....

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a, smoke marijuana regularly.....	☐	☐	☐	☐	☐
b, take tranquilizers or sedative regularly.....	☐	☐	☐	☐	☐
	1	2	3	4	5

18. What was (what were) the reason(s) for you to try this drug?

1 ☐ I have never used any illegal drug like Marijuana I wanted to feel high 1☐ I did not want to stand out from the group ☐ I had nothing to do 1 ☐ I was curious1 ☐ I wanted to forget my problems 1 ☐ other reason(s) please specify

19. What is the highest level of schooling your father completed? ☐1.primary school 2 ☐.secondary school ☐ 3 .college or university ☐ 4 .Donôt know ☐

20. What is the highest level of schooling your mother completed?1 ☐ primary school 2 secondary school ☐ 3college or university6 ☐ Donôt know

21. How well off is your family compared to other families in your community?

1 ☐ Very much better off 2 ☐ Much better off 3 ☐ Better off 4 ☐ About the same

5 ☐ Less well off ☐ 6 Much less well off 7 ☐ Very much less well off

22. How satisfied are you usually with	Very satisfied	satisfied	Not so satisfied	There is no such person
.....				
your relationship with your mother?	☐	☐	☐	☐
23. your relationship with your father?	☐	☐	☐	☐
24 , your relationship with your friends?	☐	☐	☐	☐
	1	2	3	4.

25. If you wanted to smoke(or already do), do you think your father and mother would allow you to do so?

	Would allow(allows) me to smoke	Would not allow(does not) smoking at home	Would not allow(does not) smoking at all	Don't know
Father.....	☐	☐	☐	☐
26. Mother.....	☐	☐	☐	☐
	1	2	3	4

27. How satisfied are you usually with...	Very satisfied	satisfied	Not so satisfied	Not at all satisfied

Comment [OMC15]: Generally, the arrangement of the options to the questions are poor. Arrange properly to assist the respondent understand the choices and respond accordingly.

Comment [OMC16]: 1.Did not complete primary school. 2. Enter the other options. There is no need entering "completed" in each option since that is already in the question.

the financial situation of your family?....
28. Your health?
29. How much money do you usually spend a week for your personal needs without your parentsô control?

N

30. Have you been involved in illicit sex? 1.No 2.yes

31, Have you taken something not belonging to you

1 2 3 4 5

32. How good do you think you are at schoolwork, compared to other people of your age?

1 Excellent, I am probably one of the very best 2 Well above average3 3 Above average4 Average 5 Below average 6 Well below average 7 poor, i am probably one of the worst.

33. How did you get into the anti-social behaviour? , i, Through my friends .ii, on my own. iii, inclined by my lecturers iv, Through my parents

Appendix 2

Table 1: University of Nigeria, Enugu campus

SN	Faculty/Departments	No. of students		Total no. of students
1	**Business Administration**	**Final yr.**	**Third Yr.**	
	Accountancy	74	100	
	Banking &Finance	82	120	
	Management	110	140	
	Marketing	70	86	782
2	**Health sciences &Technology**			
	Medical Laboratory	50	80	
	Medical Radiography & Radiological Sciences	66	76	
	Medical Rehabilitation (Physiotherapy)	70	80	
	Nursing Sciences	110	130	662
3	**Environmental Studies**			
	Architecture	55	60	
	Estate Management	35	45	
	Geoinformatics&Surveying	32	30	
	Urban &Regional Planning	20	35	311
4	**Law**	230	216	446
5	**Medicine &Surgery**	220	150	370
6	**TOTAL**			**2572**

Source (UNEC. Registry Department, 2015)

Table 2: Enugu State University of Technology

SN	Faculty/Departments	No. of students		Total no. of students
1	**Agriculture**	**Final yr.**	**Third yr.**	
	Agronomy	40	60	
	Animal/Fishery management	30	42	
	Soil Science	54	60	
	Crop Science	53	70	
	Food Science & Technology	50	60	
	Agric. Economics &Extension	36	42	603
2	**Applied Natural Science**			
	Geology & Mining	20	30	
	Applied Microbiology	45	54	
	Applied Statistics &Demography	36	40	
	Industrial Mathematics &Statistics	26	32	

	Industrial Physics	30	34	
	Industrial Chemistry	50	45	
	Applied Biology & Biotechnology	50	60	552
	Engineering			
	Computer Engineering	105	100	
3	Chemical ,,	70	63	
	Mechanical/production Engineering	96	78	
	Metalogical&Material Engineering	60	50	
	Agric. Engineering	90	80	792
	Management Science			
	Accountancy	32	38	
	Banking &Finance	16	20	
	Business Administration	20	18	
4	Cooperation &Business Administration	18	23	
	Insurance &Risk Management	20	24	
	Marketing & Public Administration	32	28	279
	Social Sciences			
	Economics	48	40	
	Political Science	34	50	
	Psychology	32	38	
	Sociology/ Anthropology	18	24	282
5				
	Environmental Sciences			
	Architecture	50	40	
	Estate Management	30	36	
	Surveying &Geoinformatics	25	30	
	Quantity Surveying& Building	10	12	281
	Urban & Regional Planning	28	20	
6	Law	120	115	235
7	Medicine & Surgery	102	96	198
	TOTAL			**2,832**

Source (ESUT. Registry Department, 2015)

Table 3: Godfrey Okoye University

SN	Faculty/Departments	No. of students		Total no. of students
1	**Management and Social Sciences**			
	Accounting			
	Banking and Finance	20	22	
	Business Management	8	10	
	Marketing	11	13	
	Public Administration	18	12	
	Economics	22	23	
	Sociology	5	9	
	Political Sciences	15	13	
	International Relations	17	20	
	Natural and Applied Sciences			208
2	Physics and Electronics	4	5	
	Industrial Physics	2	3	
	Biochemistry	16	22	
	Microbiology	40	38	
	Industrial Chemistry	6	8	
	Biotechnology	4	2	
	Computer Science	30	21	
	Mathematics	2	3	
				208
	TOTAL			**364**

Source (GO University, Registry Department, 2015)

APPENDIX 3

Reliability Test Result using Crombach's Alpha

Scale: All variables

Case processing Summary

	N	**%**
Valid	55	91.7
Cases Excluded[a]	5	8.3
Total	60	100

a Listwise deletion based on all variables in the procedure

Reliability Statistics

Crombach's Alpha	Crombach's Alpha based on standardized items	Number of items
.851	.85	33

APPENDIX 4
REGRESSION RESULTS FOR HYPOTHESIS ONE

Regression

Descriptive Statistics

	Mean	Std. Deviation	N
anti-social behaviours	55.8051	7.58002	195
Father's highest education	2.3385	1.17021	195
Mother's highest education	2.4974	.88151	195
family financial status	2.7641	1.25005	195
Relationship with mother	2.0359	1.28181	195
Relationship with Father	1.5641	1.72492	195
Relationship with Friends	1.7949	.67272	195
Mother's reaction about smoking	2.3487	.70450	195
Father's reaction	2.6769	.66830	195
satisfaction with financial situation	2.4154	.99316	195
satisfaction with health	2.0872	1.12497	195
Amount spent without parentôs control	2.0682	0.86221	195

Correlations

		anti-social behaviours	Father's highest education	Mother's highest education	family financial status	Relationship with mother	Relationship with Father	Relationship with Friends	Mother's reaction about smoking	Father's reaction	satisfaction with financial situation	satisfaction with health	amount spent weekly without parents
Pearson Correlation	anti-social behaviours	1.000	.274	-.134	-.004	.174	.029	.172	-.060	.011	.284	.276	.012
	Father's highest education	.274	1.000	.166	-.238	.153	.114	.279	.237	.193	.091	.150	.005
	Mother's highest education	-.134	.166	1.000	.032	-.299	.188	.043	.151	.020	-.137	-.106	.081
	family financial status	-.004	-.238	.032	1.000	-.323	.159	.034	.152	-.005	.108	.040	-.006
	Relationship with mother	.174	.153	-.299	-.323	1.000	-.027	.062	-.231	.092	.239	.345	-.128
	Relationship with Father	.029	.114	.188	.159	-.027	1.000	.397	.218	.006	.160	.281	.004
	Relationship with Friends	.172	.279	.043	.034	.062	.397	1.000	.173	-.091	.113	.310	.056
	Mother's reaction about smoking	-.060	.237	.151	.152	-.231	.218	.173	1.000	.438	-.127	-.019	.187
	Father's reaction	.011	.193	.020	-.005	.092	.006	-.091	.438	1.000	.195	.010	-.003
	satisfaction with financial situation	.284	.091	-.137	.108	.239	.160	.113	-.127	.195	1.000	.406	-.242

	satisfaction with health	.276	.150	-.106	.040	.345	.281	.310	-.019	.010	.406	1.000	.041
	amount spent weekly without parents	.012	.005	.081	-.006	-.128	.004	.056	.187	-.003	-.242	.041	1.000
Sig. (1-tailed)	anti-social behaviours	.	.000	.031	.479	.007	.346	.008	.204	.440	.000	.000	.434
	Father's highest education	.000	.	.010	.000	.016	.056	.000	.000	.003	.102	.018	.471
	Mother's highest education	.031	.010	.	.328	.000	.004	.277	.018	.388	.028	.070	.129
	family financial status	.479	.000	.328	.	.000	.013	.318	.017	.471	.066	.288	.469
	Relationship with mother	.007	.016	.000	.000	.	.352	.193	.001	.101	.000	.000	.038
	Relationship with Father	.346	.056	.004	.013	.352	.	.000	.001	.468	.013	.000	.476
	Relationship with Friends	.008	.000	.277	.318	.193	.000	.	.008	.103	.058	.000	.219
	Mother's reaction about smoking	.204	.000	.018	.017	.001	.001	.008	.	.000	.038	.396	.004
	Father's reaction	.440	.003	.388	.471	.101	.468	.103	.000	.	.003	.444	.483
	satisfaction with financial situation	.000	.102	.028	.066	.000	.013	.058	.038	.003	.	.000	.000
	satisfaction with health	.000	.018	.070	.288	.000	.000	.000	.396	.444	.000	.	.287
	amount spent weekly without parents	.434	.471	.129	.469	.038	.476	.219	.004	.483	.000	.287	.
N	anti-social behaviours	195	195	195	195	195	195	195	195	195	195	195	195
	Father's highest education	195	195	195	195	195	195	195	195	195	195	195	195
	Mother's highest education	195	195	195	195	195	195	195	195	195	195	195	195
	family financial status	195	195	195	195	195	195	195	195	195	195	195	195
	Relationship with mother	195	195	195	195	195	195	195	195	195	195	195	195
	Relationship with Father	195	195	195	195	195	195	195	195	195	195	195	195
	Relationship with Friends	195	195	195	195	195	195	195	195	195	195	195	195
	Mother's reaction about smoking	195	195	195	195	195	195	195	195	195	195	195	195
	Father's reaction	195	195	195	195	195	195	195	195	195	195	195	195
	satisfaction with financial situation	195	195	195	195	195	195	195	195	195	195	195	195
	satisfaction with health	195	195	195	195	195	195	195	195	195	195	195	195
	amount spent weekly without parents	195	195	195	195	195	195	195	195	195	195	195	195

Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.451[a]	.203	.155	6.96715	1.383

a. Predictors: (Constant), amount spent weekly without parents, Father's reaction, Relationship with Father, family financial status, Mother's highest education, satisfaction with health, Father's highest education, Relationship with Friends, satisfaction with financial situation, Relationship with mother, Mother's reaction about smoking

b. Dependent Variable: anti-social behaviours

ANOVA[b]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2263.563	11	205.778	4.239	.000[a]
	Residual	8883.032	183	48.541		

Total	11146.595	194			

a. Predictors: (Constant), amount spent weekly without parents, Father's reaction, Relationship with Father, family financial status, Mother's highest education, satisfaction with health, Father's highest education, Relationship with Friends, satisfaction with financial situation, Relationship with mother, Mother's reaction about smoking

b. Dependent Variable: anti-social behaviours

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	T	Sig.
1	(Constant)	48.132	4.046		11.896	.000
	Father's highest education	1.859	.495	.287	3.757	.000
	Mother's highest education	1.048	.626	.122	1.675	.096
	family financial status	.406	.456	.067	.891	.374
	Relationship with mother	.075	.488	.013	.153	.878
	Relationship with Father	-.701	.807	-.067	-.869	.386
	Relationship with Friends	.737	.879	.065	.838	.403
	Mother's reaction about smoking	-.888	.931	-.083	-.953	.342
	Father's reaction	-.457	.923	-.040	-.496	.621
	satisfaction with financial situation	1.516	.616	.199	2.459	.015
	satisfaction with health	.856	.551	.127	1.555	.122
	amount spent weekly without parentsô control	.821	.747	.077	1.100	.273

a. Dependent Variable: anti-social behaviours