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Lived Experiences of Adolescent Boys with Conduct Disorder in Manzini Secondary Schools, Kingdom of Eswatini

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Abstract

Adolescent boys with conduct disorder in Manzini secondary schools exhibit undesirable behaviour which disrupts the general moral fibre in the schools and the community in general. The purpose of this study was to explore lived experiences of adolescent boys with conduct disorder in Manzini secondary schools of the Kingdom of ESwatini. This study was qualitative in nature, and it used an interpretive phenomenological research design because the intention was to get an 'insight' and in-depth information about the phenomenon studied. A group of 20 adolescent boys who were purposively sampled was interviewed and participated in focus group discussions. Thematic content analysis was used to determine some common themes which emerged from the study and these were scrutinised to understand the lived experiences of adolescent boys with conduct disorder in Manzini secondary schools of the Kingdom of ESwatini. It was revealed from the study that adolescent boys with conduct disorder failed to resist negative peer pressure, abused alcohol and other drugs, poorly performed academically and experienced depression, anxiety, and low-self-esteem which led to an array of behaviour problems such as substance abuse, aggression, truancy, and defiant behaviour. It may be concluded from the study that adolescent boys with conduct disorder experience emotional challenges such as depression, anxiety and low self-esteem which led to antisocial behaviours. It may be recommended from the study that parent-child communication should be improved; adolescents should be shown love, adolescents should attend motivational speeches, talk shows and should receive professional and spiritual counselling.

Keywords: Adolescent, Conduct Disorder, Phenomenological

1. Background and setting

Adolescence is described as a period between the ages of eleven (11) and twenty-one (21) which is mainly characterised by behavioural disorders (Gutgesell & Payne, 2004). Research has shown that the world over, adolescents present a wide range of problems at schools, homes, and community at large (Mychailyszyn, Beida, Edmunds, Podell, Courtney, Cohen & Kendall, 2011). In America, Merikangas, Burstein, Avenevoli, Benjet, Georgiade, and Swendsen (2010) found that more males than females abused drugs and other substances, and the prevalence of conduct disorder was estimated to be 6.8-9.5% by then in the USA. The American Psychiatrists Association (APA) (2013) stated that more adolescent boys than adolescent in Australia are affected by conduct disorder, as a result, they experience a high rate of school dropouts, delinquency, and imprisonment. In Europe, adolescents with conduct disorder are also found to be strongly associated with poor academic performance, social isolation, substance abuse and crime-related offences resulting in them being incarcerated (Lopes, Maria, Bernades, Paula, Lopes, Belchior, Delphim & Ferreira, 2014). Therefore, the high

prevalence of conduct disorder and the experiences undergone by adolescents showed an increase as time passed by. Hence, this is a cause for concern the world over, and thus the researchers saw it imperative to explore the experiences of these adolescents in order to come out with means to mitigate the situation.

In a study conducted in the United States of America by Gayle, Byck, Danielle, and Brian (2014) it was found that African-American youth who were experiencing hardships such as discrimination and other stressors ended up developing conduct disorder. The study revealed that adolescents started abusing substances early in life. This interfered with their academic activities at school; hence they underperformed in school work. Their study used a small sample of very low-income, African-American adolescents in an urban area of the Southern city and data were obtained through interviews from caregivers. Their study revealed that these African-American adolescents experienced discrimination due to race and poverty. Hence, they became social misfits. The environment they lived in was characterised by a high level of violence and other socio-economic stressors. Thus, the study showed that poverty and other stressors contributed to the development of conduct disorder resulting in poor academic performance (Frick, 2012; Gayle et al., 2014). Although this study was done in the USA, a first world country; it targeted poor African-American adolescents. Therefore, the researchers note this as both a geographical and socio-economic gap. For this study, the researchers were thus interested in finding out if the same challenges affected the Swazi adolescents in a developing Southern African country. Swaziland is in a different continent, and this study targeted adolescent boys with conduct disorder in Manzini secondary schools of the Kingdom of Eswatini. It was not interested in issues to do with race and disadvantaged socio-economic groups.

Similarly, in Europe, particularly in Germany, Ford, Vostanis, Meltzer, and Goodman (2007) did a study which showed that more male adolescents had conduct disorder related to drug abuse and addiction than girls. The reason why more boys than girl engage in drug abuse is still unknown since it was not the focus of the study, except that if adolescents experience challenges such as lack of attachment, their conduct disorder become severe and they develop callous-unemotional traits (Burns, Phillips, Wagner, Barth, Kolko, Campell&Landsverk, 2003). The study found that about 315,111 counselling sessions were recorded to help adolescents who had conduct disorder related to poor family relationships, bullying, and physical abuse and self-harm. It was also found that (14%) of the adolescents aged 15 and above claimed to self-harm themselves by scratching or cutting themselves, and some swallowed bleach or overdose. Adolescents were overdosing drugs, misuse alcohol, swallow bleach and self-harm themselves because they were experiencing problems with boyfriends, or girlfriends (Hawton et al., 2014). Based on this, it can be concluded that conduct disorder among adolescents is a worldwide challenge that needs special attention.

Wachukwu and Ibegbunam (2012) define conduct disorder as a violation of existing social norms and values by individuals within a given society. Similarly, various studies maintain that conduct disorder is the official psychiatric term for serious antisocial behaviour including the extremes of aggressive behaviour such as fighting, cruelty to both people and animals, destructive behaviour like arson or vandalism (Frick, 2012; Moffit, 2006; American Psychiatrist Association, 1994). It is also characterised by deceitful behaviour including lying, stealing and violation of rules such as running away from home and truancy (Frick, 2012). Ikediashi and Akande (2015) noted that adolescents with conduct disorder have a low tolerance for frustration. Hence, they act on impulse, lose temper easily, lie skilfully, cheat, steal, truant and blame others for their misdeeds. These adolescents also feel irritated by parents or teachers and never seem to learn from their own mistakes (Moffit, 2006). In a nutshell, they are not easy people.

Frick, Obrien, Wootton, and Mcburnet (1994) add that once conduct disorder is severe, it is characterised by callous-unemotional traits. That is lack of concern for school work and lack of remorse for wrong doing (Frick, 2012). Salekin, Rosenbaum, Lee, and Lester (2009) observe that adolescents with high callous-unemotional (CU) traits show a high level of internalizing symptoms associated with depressive behaviour. They are also hopeless and are at great risk of developing other types of psychopathological behaviours such as substance abuse which increase their depression and anxiety situation (Loeber, Burk &Lahey, 2002). From the studies conducted by various scholars, it is clear that conduct disorder is so toxic and destructive to youth. Hence, means

to control and manage it among adolescents is imperative for progressive nations which prioritise the health of the of their youths.

Mwamwenda (2004) stated that adolescents' behaviour is most affected by their notion of being preoccupied about who they really are. The result of which is identity versus role confusion as Erikson (1968) puts it. According to Erikson (1968), the adolescent's mind is essentially a moratorium of the psychosocial stage between childhood and adulthood. It is also a period between the morality learned by the child, and the ethics to be developed by the adult (Erikson, 1963). It is during this stage that the adolescent re-examines his/her identity and tries to establish exactly who he or she is (Santrock, 2010). As adolescents seek to establish a sense of self, they may experiment with different things, activities and behaviours: both social and antisocial (Schwartz, 2001). The result may be that, those who fail to define themselves appropriately; end up engaging in antisocial behaviour (Erikson, 1968). Thus the researchers observe that this is what is prevalent in the Manzini secondary schools and hence, the researchers were interested in exploring the experiences of these adolescent boys with conduct disorder.

Choudhury, Blakemore, and Charman (2006) concur with Erikson and maintain that adolescence is a critical period for social, physical and cognitive changes. The same observations were made by Casey, Getz, and Galvan (2008) who pointed out that the adolescent stage is associated with increased risk taking, poor decision making and antisocial behaviour that put an individual at risk towards the love for exploration and appetite for joy and funny. Hence, they have a high temptation for drugs and other impairing substances (Santrock, 2010). However, the primary concern for this study was to explore the lived experiences of these adolescent boys with conduct disorder in the Manzini secondary schools of Swaziland in order to come up with intervention strategies to address the situation.

The American Psychiatric Association [APA] (2013) further states that the diagnosis for conduct disorder is appropriate for individuals typically under the age of 18. Such individuals should engage in at least three of 15 behavioural criteria within the four Diagnostic and Statistical Manual (DSM) categories of aggression directed to people or animals. This includes bullies who threaten or intimidate others, initiate fights and steal (Frick & Nigg, 2012). Besides bullying, destruction of others people's property, deceitfulness or theft which goes with lies done in order to obtain goods or favours from people. The last characteristic according to the APA (2013) is the serious rule violations which include truancy before the age of thirteen (13) and running away from home overnight. Such behaviours are common in Manzini, and the researchers were interested in exploring their experiences in their nature of life.

The American Psychiatric Association (2013) notes that conduct disorder is a worldwide concern and is estimated to have affected 51.1 million people globally as of 2013, 1-10% of such sufferers came from children. According to the APA (2013), among the incarcerated adolescents, rates of conduct disorder were between 23% and 87%. This shows how serious this condition is affecting the youth the world over. Some of these adolescents were substance abusers, and literature shows that this also affected their academic performance which dropped drastically leading to some becoming social misfits (Frick, 2012).

Some studies indicate that bad experiences are highly associated with conduct disorder (Gayle et al., 2014; Burns et al., 2004). Nevertheless, from the literature done, none of the studies used qualitative methods to explore lived experiences of adolescent boys with conduct disorder in the Kingdom of ESwatini. The researchers noted these gaps, and it became a primary concern in this study to cover the population, geographical and methodological gaps. The researchers note that qualitative research is best suited for understanding people's experiences from their own contexts; hence it was adopted for this study.

Bosiakoh and Andoh (2010) conducted a study on juvenile delinquency in Ghana, and this was a quantitative study on the lived experiences of youth offenders in Accra. The study showed that there are worrying numbers of adolescents with conduct disorder who end up being arrested for committing a crime in Ghana. Delinquency became a means to their ends because of the difficult situations they are subjected to (Moffit, 2006). The study used six adolescents from a correctional centre in Accra, the capital of Ghana. Data for their study were collected

through questionnaires and conversations with the participants. The results showed a strong relationship between conduct disorder and association with delinquent peers, lack of support from extended family, malfunctioning of the nuclear family, school apathy and substance use were also grave experiences that gave rise to conduct disorder. Similarly, it was noted that most adolescents indulge in marijuana and alcohol consumption as a coping strategy to endure the challenges that came along with living outside with their friends. Thus, conduct disorder among adolescents in this part of the world, is also a grave concern.

The results of the study by Bosiakor and Andoh (2010) further revealed that adolescents overdose themselves with drugs, misuse alcohol, swallow bleach and self-harm themselves because they were exposed to problems with boyfriends or girlfriends (Hawton et al., 2014). However, this study focused on adolescent boys from one correctional centre in the capital city of Ghana. It never studied adolescents found in communities like schools where most conduct disorders are prevalent (Mychailyszyn et al., 2011). Thus, the researchers took this as a gap in the literature which this study sought to cover because they noted that the problem of conduct disorder among adolescents is a global concern.

Similarly, a study was carried out by Diwe, Aguocha, Duru, Uwakwe, Merunu, and Nwefoh, (2016) in South East Nigeria on gender differences in the prevalence of conduct disorder among adolescents. It was a school-based descriptive cross-sectional survey of 402 students from selected public and private schools in Orlu Imo state. The study used mixed methods with a sample of both boys and girls. However, it was not their primary concern to explore lived experiences of the adolescents. The study was centred in one region. The finding revealed that sixty-nine per cent of adolescents in South East Nigeria were involved in cultism, thirteen per cent were smoking; twelve per cent were involved in truancy; three per cent were drinking alcohol. The study also indicated that such experiences were mostly associated with negative peer influence. These results confirmed a study by Monahan, Steinberg, and Cauffman (2009) that postulate that once an adolescent affiliates with deviant peers, he or she is most likely to develop conduct disorder. This also agrees with Bandura's (1977) theory who theorized that behavior is learned from the environment. Thus, Bandura (1977) and Jessor (1987) noted that conduct disorder among adolescents is prevalent right across the globe. Hence, the need to explore the experiences of adolescent boys with conduct disorder in the Kingdom of ESwatini. At the time of writing, the literature on this phenomenon in ESwatini was still scanty if not none.

In Southern Africa, South Africa to be specific, Sosnovik (2008) studied adolescents in three different clinics, and the findings showed that conduct disorder among adolescents was rife. These individuals experience lack of attachment during infancy, and they also experience neglect and abuse at the adolescent stage. Hence, they feel hopeless in life and engage in different behaviour problems. These findings also concur with the findings of the international studies regarding the co-morbidity of the parent-child relationship (D'Ambrosio, 2007; Bleiberg, 2001). These studies showed that there is a significant association between conduct disorder and lack of attachment. Sosnovik's (2008) study indicated that children who have been removed from home show a significantly higher degree of conduct disorder. These adolescents ended up abusing substances as a way of expressing their anger (Bleiberg, 2001). It was also indicated that about 15.95% of the adolescents in South Africa showed conduct disorder, with coloured children more affected than blacks or other races. The reason for this remains unexplored.

In the Kingdom of ESwatini, many secondary schools are also facing challenges of dealing with cases of conduct disorder exhibited by adolescent boys on a regular basis (Mhlongo, 2005). The school community; teachers and students to be specific live in perpetual fear of adolescents who exhibit conduct disorder during and after instructional time (Mundia, 2006). These boys engage in different antisocial behaviour that put their lives and those of other people in a risky situation (Siziya, Muula & Rudatsikira, 2007).

In this study, the researchers have observed that adolescent boys in the Manzini region of the Kingdom of ESwatini have recorded cases of conduct disorder which impacted negatively on the operations of the schools and the community at large (Mundia 2006). This kind of behaviour has seen the schoolboys failing to attain their educational goals because they always fight, bully others and are so destructive (Siziya, Muula & Rudatsikira, 2007).

The researchers noted that such antisocial behaviours are most common in the Manzini secondary schools of the Kingdom of ESwatini, particularly in the worse performing schools. According to Siphpho, Dlamini and Nxumalo (2013) the Manzini region leads in violent students in secondary schools. A report from the Examination Council of Swaziland (ECOS) of 2016 also revealed that in the academic year of 2015-2016, Ponyoka High school (pseudonym) recorded 94 failures with 43 thirds, 37 second graders and only 4 first class passes at Junior Certificate Examinations (JC) level because students fight and dodge classes at school. These observations are also in agreement with the study by Siziya et al. (2007) on the prevalence and correlate of truancy among adolescents in the Kingdom of Eswatini. Truancy was associated with being bullied, low academic achievement grades, starving from hunger because of lack of food at home and abuse of alcohol and marijuana. This study also showed that some adolescents engaged in truancy in order to take care of themselves. They lacked support from family members after the death of their biological parents, hence get piece jobs while at school and would alternate coming to school and work.

Siziya et al. (2007) study was a national survey conducted ten years back without a specific setting in the Kingdom of ESwatini. It looked at only one aspect of conduct disorder "Truancy" and used secondary data from the national health survey of 2003. It never explored the lived experiences of adolescents, but it studied the prevalence and correlated of truancy among adolescents in the Kingdom of ESwatini. The national survey used in-school adolescents; both boys and girls in the Kingdom of ESwatini, who were randomly selected in secondary schools. Data were collected through self-reported questionnaires without the use of the open-ended nature of questions suitable to explore lived experiences. In this study, the researchers focused on the experiences of adolescent boys with conduct disorder, using a qualitative approach to get the boys' experiences from the boys' point of view. Data were collected from participants in the Manzini region, a central and most populated region in the Kingdom of ESwatini (Masson, 2017). This was done in order to increase the researchers' understanding of this phenomenon in the Kingdom of ESwatini.

Mhlongo (2005) also conducted a study on adolescents who were abusing drugs in Msunduzi location in Mbabane, the capital city of the Kingdom of ESwatini. A quantitative exploratory, descriptive design was used to investigate the views and options of families and adolescents about drug abuse in Msunduzi. Closed-ended questionnaires were employed as data collection instruments because the focus was not on finding out about adolescents' experiences. Drug abuse was found to be related to high crime rates, violence, corruption, and drainage of human, financial, and other resources that could be used for social and economic development in the Kingdom of ESwatini (Mhlongo, 2005; Muula, 2006). The results of the studies by Siziya et al. (2007) and Mhlongo (2005) were done ten years back and did not directly address conduct disorder. Hence, these researchers noted that literature on lived experiences of adolescent boys with conduct disorder in the Kingdom of ESwatini remained scanty.

2. Objectives of the study

This study sought to:

- 2.1 Establish how boys with conduct disorder behave in secondary schools.
- 2.2 examine the challenges faced by adolescent boys with conduct disorder.
- 2.2 determine if adolescent boys with conduct disorder abuse drugs and other substances.

3. Theoretical framework

This study was informed by Richard Jessor's (1987) Problem Behaviour Theory (PBT). The researchers thought that this theory is relevant in explaining the lived experiences of adolescent boys with conduct disorder. This theory explains how and why adolescents experience the phenomenon of conduct disorder and exhibit problem behaviour that shows total contrast with societal expectations. The theory explains the socio-psychological processes that underlie behaviour and shape the course of development both positively and negatively. This include among other things, the social models, social and personal controls, social supports, contextual opportunity, personal vulnerability and past engagement in risk, health and pro-social behaviours (Kabiru,

Beguy, Ndugwa, Zulu & Jessor, 2012). Monahan and Hawkins (2012) stated that the Problem Behaviour Theory is a legacy of a developmental, behavioural science approach to inquiry that insists on the joint consideration of the social environment and individual determinants of action.

The problem behaviour according to Jessor (1987) emerges from three structures and interactional systems that are: behaviour system which includes the problem and conventional structures; personality system which involves a composite of persistent, enduring psychological factors and includes the motivational-instigation structure, determined by value placed on achievement and independence; the personal belief structure related to a person's concept of self-relative to society; and personal control structure which gives a person reasons not to participate in problem behaviour. According to Jessor (1987), the problem behaviour is the behaviour that departs from the social and legal norms of society and causes social-control responses from external sources. The adolescents may take risks, violate the rights of others, abuse illicit drugs, affiliate to gangs and engage in criminal acts. Conventional behaviours according to this theory are that behaviour that is socially and normatively expected and accepted. This theory upholds the view that if the personality systems and perceived environment systems clash, behaviour problems manifest (Jessor, 1987; Costa et al., 2007) and the core features of the adolescent personality are impulsivity, risk-taking, perceived invulnerability, struggling to find personal identity, errors in thinking due to being locked into normative peer culture, rebellion towards authority because there are disturbances in psychosocial adjustment, clash with the norms and expectations of the culture and society which include positive peer culture, healthy sexual adjustment and result in problem behaviours that include marijuana, gangsters, smoking, alcohol abuse or drunk driving, vandalism and theft.

Jessor and Jessor (1977) stated that problem behaviour often results in low achievement, focus on independence, favorable attitudes towards deviancy, adoption of values that are counter to social expectations and low self-esteem. The perceived environment system includes two structures that are; distal which is inclusive of a person's relationship to his/her support network and proximal which deals with a person's environment relationship to avoidable models of behaviour (Costa, Jessor, & Turbin, 2007). Therefore, problem behaviour is associated with high peer approval, peer models, low parental control, support and influence; and incompatibility between parental and peer expectations (Jessor, Turbin, Costa, Dong, Zhang, & Wang, 2003). Thus, this theory was selected because it suits very well in explaining the experiences of adolescent boys with conduct disorder in Manzini High schools in the Kingdom of ESwatini.

4. Empirical studies

Many studies have shown that adolescents develop conduct disorder and engage in risk-taking behaviours including substance abuse due to the traumatic stress and hardships they experience in life (Raza, Adil & Ghayas, 2008; Mhlongo, 2005). Steinberg and Monahan (2007) state that early and middle-aged adolescents (11-14 years olds) experience challenges such as failure to resist peer pressure. Similarly, Erikson (1968), Mwamwenda (2004) and Steinberg (2005) uphold that peer pressure and peer influence are rife during adolescence, particularly because adolescents value their friends much more than their parents. Adolescents fail to resist negative peer pressure because they do not want to lose their friends because peers give social support during difficult moments (Brown, 2004). However, Anderson (2015) reveals that by the age of 18 upwards, adolescents begin to develop self-reliance and overcome the challenge of peer pressure due to maturity.

Solomon (2015) also found out that adolescents with conduct disorder experience a challenge of being labelled and stigmatised. Link and Phelan (1999) uphold that labelling and stigmatisation is a powerful and persistent force in the lives of those being labelled, particularly because they end up experiencing social rejection which becomes a persistent source of social stress. According to Solomon (2015) and Link, Phelan, Bresnahan, Stueve, and Pescosolido (1999) negative labels alter a person's self-concept, hence has a potential to damage his or her quality of life by making that person develop a deeply negative view of him or herself. Link et al. (1999) maintain that due to experiencing rejection associated with labelling and stigmatisation adolescents end up identifying themselves with the stigma and behave according to the stigma associated with them.

Brown (2010) postulated that negative labels make an individual end up being hostile as a defence mechanism for survival purposes and such individuals begin to view themselves as outcasts and adopt that behaviour characterised by the negative label. Vissing, Straus, Gelles, and Herrop (1991) stated that once an individual is referred to as a thief, or a prostitute, or a deviant, it is like one is quickening the process of that behaviour to that particular individual. A person identifies with the label which is a self-fulfilling prophecy (Davies, 2000).

Some studies have shown that adolescent experience a lot of things that put their lives at risks such as alcohol abuse and reckless driving. Adolescents also end up being sensational seekers or people who allow openness to experience a lot of things such as abusing substances, engaging in criminal related acts and other sexual practices that put their lives at risk (Moffit, 2006). Renier, Murphy, Bartolomie, and Wood (2016) also revealed that adolescents experience rapid neurological, hormonal, cognitive and social changes that bring change in relationships with parents.

Alhyas, Ozaibi and Elarabi (2015) argued that some adolescents perceive substance abuse as related to parental-adolescent relationship, peer pressure, substance availability, religiosity, monotony, insufficient knowledge of the detrimental consequences of drug abuse and poor monitoring by parents or caregivers. According to Alhyas et al. (2015) adolescents also indulge in alcohol and drugs because they have friends who also use such substances. This is an indication of how powerful peer influence is. Similarly, Miller and Plant (2010), Woicic, Stewart, and Conrod (2009) state that most adolescents abuse substances to numb negative emotions in order to forget about any bad experience they encounter in life.

5. Methodology

This study employed a purely qualitative approach which followed a phenomenological approach design. The aim of this study was to explore the lived experiences of adolescent boys with conduct disorder in the Manzini secondary schools of the Kingdom of ESwatini. A phenomenological research design was used in this study because the study attempted to interpret experiences and perceptions of participants regarding particular events in order to understand the participants' meaning ascribed to those events (McMillan & Schumacher, 2010). Hence, the phenomenological design allowed the researchers to describe the experiences as perceived by the participants (Donalek, 2004). This study is purely qualitative and individual interviews with the participants were first conducted followed by focus group discussions with five adolescent boys forming 4 groups in total.

The sampling technique used for selecting the four schools and twenty adolescent boys was a purposive sampling which allowed the researcher to target those adolescent boys who had high cases of disciplinary problems. The researchers assumed that learners with conduct disorder are well represented in the selected schools because these schools were identified through the Ministry of Education and Training as disciplinary problem schools and thus, they were rich in the behaviour patterns which were of interest to the researchers. Therefore, the researchers believed that more information would be obtained from the selected schools which were experiencing the phenomenon studied. Purposive sampling was therefore adopted to ensure that the right participants with the intended behaviour attributes were targeted to participate in the study. Creswell and Clark (2011) argue that purposive sampling involves identifying and selecting individuals that are knowledgeable or experienced with a phenomenon which is of interest to the researcher. In this study, the focus was on the lived experiences of adolescent boys with conduct disorder which tried to answer a question like, "How is it like to live with conduct disorder?"

Data collection was done through individual interviews and focus group discussions. Voice recording from Hewlett Packard (HP) was done during the interviews and the focus group discussions to allow transcription of data at a later stage to construct the meaning of what the participants were saying. Both the individual interviews and focus group discussions took 45 minutes to one hour and were conducted in a language the participants were comfortable with (English or siSwati). The data were gathered on lived experiences of adolescent boys with conduct disorder in the Manzini secondary schools of the Kingdom of Eswatini. The open-ended questions were directed to the participants' experiences, feelings, beliefs and convictions about the theme in question.

Interviews were used to collect data in this study because they allowed for the collection of in-depth information from the participants. Interviews were also appropriate in this study because there was no participant influencing one another and this alone increased the quality of information obtained while eliciting the whys behind participants' reactions (Patton, 2002). Individual interviews were also appropriate in this study due to the nature of the topic. One may not be free to respond to some sensitive questions in the presence of other participants. Focus group discussions were used because they allow for the collection of data in a social context where participants could consider their own perspective among other people (Patton, 2002). Focus group discussions also allowed the researchers to gain an understanding of the thoughts and opinions of a targeted group around a specific topic (Kruger & Casey, 2009).

In this study, the researchers avoided bias in data collection by suspending any preconceived personal experiences that might unduly influence the data gathered from participants. Trustworthiness to ensure that the research is systematic and the principle was achieved through establishing credibility, transferability, dependability, and confirmability. The researchers were also conversant that every study has its own ethical implications. Hence, ethical considerations in this study consisted of the following: informed consent, protection from harm, confidentiality, anonymity, autonomy, and honesty with the professional and internal board. Data analysis was done according to the meaning generated from the data. The interviews were audio recorded, and the audio recordings were transcribed word-by-word (verbatim) into word processing documents. A content analysis of the transcribed communication was carried out to generate meaning from what the participants said.

Since this study was purely qualitative, qualitative methods were employed in analyzing the data collected from the participants. This study employed content analysis, a highly flexible method because it aims at revealing the apparent content of the item in question and thus interprets meanings (Yin, 2011). Content analysis, according to Hoyle et al. (2002, p. 397) "takes on or both of two major approaches: coding the narratives according to discrete themes or categories and rate the narratives on continuous dimensions." The data were coded and then classified under identified categories (Leedy & Ormrod, 2014) which assisted the researchers in identifying the emerging themes.

6. Findings and discussions

6.1. The behaviour of adolescent boys with conduct disorder

The following themes emerged from the in-depth interviews. They are corroborated by the verbal quotes from the in-depth-interviews with adolescent boys from the four secondary schools under Manzini region. Sub-themes were also derived from the data after thorough listening to participants during the interviews.

Table 1: Emerging themes from interviews

Objectives	Themes	Sub-themes
Establish how boys with conduct disorder behave at secondary schools.	1. Impulsivity and rejection of adults' advice	▪ Risk-taking behaviours and being incarcerated
	2. Callous unemotional traits and narcissism	▪ Callous-unemotional traits leading to risk-taking behaviours, substance abuse and defiance
	3. Sensation seeking and risk-taking behaviours	▪ Sensation seeking and risk-taking behaviours resulting in injury, substance abuse, and incarceration and self-harm
	4. Aggressiveness versus depression and anxiety	▪ Violent, low self-esteem and hopelessness

6.1.1 Impulsivity and rejection of advice from adults

The participant adolescent boys from the four secondary schools revealed that they have a problem of acting without thinking, particularly when they see their friends doing something that is of interest to them. They get carried away and fail to take any advice because they think they are grown up and are free to do as they please. The findings revealed that they end up being in trouble with authorities at school, community, and home.

The verbal quotes below attest to the above sentiments:

At times I do things without critically thinking about the outcomes. I also feel that I'm at liberty to do as I pleased because I'm grown up, and I hate being always lectured like a six-year-old (Participant N0: 3, 18 years old, Form 2, from school A).

I hate the idea of being controlled and told what to do or not to do. It drives me crazy, and that's why I sometimes defy my parents' orders (Participant No: 3, 16 years old, form 3, school B).

I'm always quick to take actions without considering the consequences, particularly when I see my friends doing the same thing. Being a person of this nature, I have caused trouble with the law. I was once suspended from school for smoking marijuana due to the influence of my friends (Participant No: 4, 17 years old, school D).

6.1.2 Callous-unemotional traits and narcissism

Most participant adolescent boys in this study attested that they are usually not remorseful for any bad behaviour they exhibit either at home, school, and society at large. They revealed that even if teachers and parents express their concern about their behaviour, they find it hard to adjust because they think that their behaviour is appropriate as long as it suits them.

The following verbal quotes reflect the experiences of the boys as they put it across:

It has been a while now that stealing from my parents has become a habit for me. Although my parents expressed their disappointment with my action, I'm not feeling any remorse because I want to satisfy my needs. I steal from them so that I can have money to spend on alcohol and have fun with my friends (Participant No: 4, 17 years old, Form 3, from school D).

Drinking alcohol with my friends makes me feel good and boosts my ego. Hence, I'm not ashamed of the stigma associated with it. As long as I enjoy myself, I do not see any problem (Participant No 1, 17 years old, Form 2, from school A).

I don't care about anyone who tries to warn me of the way I behave. My parents have tried, but I disregarded any word of warning because I think they are over controlling me. They say I'm an embarrassment to the family, and so be it, and I don't care. They had their time (Participant No: 2, 19 years, Form 4 from school D).

6.1.3 Sensation seeking and risk-taking behaviour

The participants indicated that their behaviour is characterised by preoccupation for sensation or excitement seeking as one way of gratifying their needs and boosting their ego. However, they also revealed that during their search for excitement, they end up engaging in risk-taking behaviours including alcohol abuse and drug abuse, stealing, vandalism, fighting, casual sex and truancy which has put them in the hands of the law enforcement agents.

The following verbal quotes confirm the issues raised above:

I always wanted to have fun with my friends, particularly during our leisure time. We usually while away time to drink alcohol and smoking dagga. This started when we were experimenting if it would drug us (Participant No: 4, 17 years old, Form 3, from school D).

Indeed, I do behave undesirably at home and at school. I sometimes dodge my parents and sleep over at my friend's place lying to them that we are studying for the test yet the intention is to have fun with my friends. This usually happens on Fridays when my friends and I go partying with our girlfriends (Participant No: 1, 17years old, Form 2, from school A).

On one occasion, drinking alcohol landed me in the hands of the law enforcement agents. We fought over a girl. We were detained, beaten and later released because we were below 18 years old (Participant No: 1, 17years old, Form 3, from school C).

We did enjoy fun, but one day police took us to the police station where we were interrogated and severely beaten for fighting due to alcohol influence (Participant No: 1, 17 years old, Form 4, school C).

6.1.4 Aggressiveness versus depression and anxiety

When the participants were asked about the undesirable behaviour they exhibited at school, home or community at large, a majority of them revealed that they would act so weird because they were confused by the situation they were going through in life. They indicated that they were overwhelmed by anger which resulted in them losing temper and end up acting so weird. They also lose interest in pleasurable activities and sometimes feel nervous. These experiences eventually made them act violently to other people and to themselves. As a result of experimenting with drugs and alcohol became the only option to reduce stress.

The following verbal quotes confirm the issues raised above:

I'm not so sure of what has become of me. I'm always angry, and at times I feel disconnected to the world and want to be alone. That is why I prefer smoking marijuana because it defuses such feelings. (Participant No: 5, 17 years old, school A).

During my leisure time, I used to play soccer with my friends. However, it no longer feels that pleasurable as it used to. I'm always bored and feel disconnected from the world. (Participant No: 3 16 years old, form 3, school B).

I'm no longer the person I used to be. I always feel tired and hopeless. However, I also have a fear of the unknown. I keep wondering about this life I'm living, and I can't sleep well. At school I no longer do well in my subjects, I hate going to school, and I just feel I can terminate my life now and for good. (Participant No: 3, 16 years old, form three, school B).

6.2. The challenges faced by adolescent boys with conduct disorder

The adolescent boys from the four secondary schools were also asked to describe the challenges they faced in life. The participant's experiences are explicitly described by the boys as they revealed the challenges they face in life. Table 2 below is a summary of themes of the experiences which emerged from their challenges.

Table 2: Themes that shows the challenges faced by adolescent boys with conduct disorder

Objective	Themes	Sub-themes
Examine the challenges faced by adolescent boys with conduct disorder	1. Failure to resist negative peer pressure	<ul style="list-style-type: none"> ▪ Accepting risky behaviours and substance abuse
	2. Labelling and stigmatisation	<ul style="list-style-type: none"> ▪ Self-fulfilling prophecy and identifying with the stigma
	3. Poor parent-adolescent relationship and ineffective communication	<ul style="list-style-type: none"> ▪ Substance abuse ▪ Truancy and delinquent behaviour
	4. Poor choice of friends	<ul style="list-style-type: none"> ▪ Risk behaviours such as crime and substance abuse ▪ Drug dealing

The findings from interviews and focus group discussions with adolescent boys from the four secondary schools are summarised in Table 2 above. The results of the study revealed that adolescent boys had so many challenges including failure to resist negative peer pressure. A majority of the boys stated that it was not easy to be on your own because there is a lot that they gain from being with peers. According to the study being a peer group member boosts one's ego, gives him pride and power to do things while fulfilling the need for a sense of belonging. The following quotation attests to what the participants said about the challenges they encounter in life:

I can't be on my own, but in a group, I get confident, pride and power to do things. Once I am with my friends, I do anything they do even if it is not right. I can't refuse when my friends say we must experiment with alcohol and dagga. Participant No: 5, 18 years, form 4, from school A.

I always feel that I am a man and gain confidence whenever I'm within my gang. They support me on what I do. Participant No: 5, 18 years old, from school A, focus group 2.

Participants in this study both from interviews and focus group discussions revealed that being labelled and stigmatised was a demotivating factor among adolescent boys. They mentioned that being associated with the stigma had a negative impact on their lives. Hence, they ended up attaching themselves to the stereotype and would see no reason to behave well because they were already known as bad people. The following quotations represent their sentiments:

It hurts to be labelled as my father called me a drunkard. I see no reason to stop drinking because it makes no difference. People can't stop to say I'm a drunkard even though I have made many efforts to quit drinking. Participant No: 1, 19 years old, Form 4, from school.

I have a problem. I hate to be called names. This is the reason why I can't respect my teachers who call me a lunatic and that is the reason I also act so weird and much more than a mad person does. It is pointless for me to be good. Participant No, 1, 18 years old, from school D, Focus group 4.

The study also revealed that poor parent-adolescent relationship and poor communication with parents was another challenge the boys experienced in life. The study showed that a poor relationship and poor communication between parents and adolescents prompted adolescents to engage in risk-taking behaviours such as substance abuse, truancy and other antisocial behaviours that put their lives at risk of being arrested. The following verbal quotes attest to the above sentiments:

I'm stressed. I sometimes don't go home, but be at my friend's place taking drugs just to ease the stress I go through at home because my parents are very strict and harsh to me. Participant No: 1, 16 years old, Form 2, from school.

I just don't receive any warmth from both my parents. No one is prepared to listen to my concerns. Participant No: 3, 17 years old, Form 1, focus group 3, from school C.

In addition to the above, the study also showed that a poor choice of friends was also another challenge experienced by the boys. The results of the study showed that adolescents ended up associating themselves with bad friends because the good ones rejected them for their undesirable behaviour. Hence, choosing bad friends becomes the only option since a human being is a gregarious creature. As a result, they exhibited undesirable behaviour because the people in their closest were also not behaving well. The following quotations attest to that:

I associated myself with older boys who were employed and who took alcohol and drugs. They introduced me to substance abuse. I really had no choice because my other friends judged me for my behaviour and drugs are cheap to get since I have no money. Participant No: 2, 16 years old, Form 3, from school C.

My good friends rejected me after finding out that I was an alcoholic. I had no option, but I joined a gangster, and I received a warm welcome there. Participant No: 5, 17 years old, from School D, Focus group 2.

6.3. Lived experiences of adolescent boys with conduct disorder and their use of drugs and other substances.

The adolescent boys were asked about how they perceive drugs and other substances. Table 3 below is a summary of themes which emerged from the participants' responses to their perceptions of drugs and other substances.

Table 3: Summary of themes on how adolescent boys with conduct disorder perceived drugs and other substances

Objective	Themes	Sub-themes
Determine if adolescents with conduct disorder abuse drugs and other substances	1. Substance abuse as caused by the poor parent-adolescent relationship	▪ Defiant, truant behaviour and substance abuse as a stress reliever
	2. Substance abuse as influenced by peer pressure	▪ Leading to risk behaviour and imprisonment
	3. Substance abuse as a means of experimentation	▪ Addiction and poor academic performance
	4. Poor monitoring by parents	▪ Gives a chance to adolescents to engage in substance abuse and other antisocial behaviours
	5. The influence of media and social media	▪ Drug abuse through information sharing from social media and imitating models from the media

The findings from the study revealed that adolescents perceived substance abuse as a good thing because they sometimes find refuge and solace in drugs, particularly when they do not receive warmth from their parents or guardians. Hence, poor parent-adolescent relationship and poor communication are viewed as contributory to substance abuse among adolescents. The following verbal quotes from the participants confirm the above:

Life is miserable at home. My parents are all loud. Hence, living with them is hell. I prefer going out my friends and have fun in smoking and drinking alcohol. Participant No: 2, 17 years old, from school C responded thus in a focus group 3.

My parents are very strict. I am not given any chance to explore the world. I am always encaged and restricted to many activities. My life is all hell because both of my parents are not easy to convince. Hence, I end up using the little chance I get to be happy with my friends. Drinking alcohol is the only way to have fun once I sneak out. Participant No: 4, 16 years old, Form 2, from school C.

It also transpired from the study that peer pressure is also a factor which influences substance abuse among adolescents because adolescents fail to resist negative peer pressure due to the love of being in a group which gives them security by belonging to a social age group. Hence, they conform to the group norms and values no matter how deviant or weird they are. Some adolescent participants had this to say:

I was told that marijuana is good for maths and boosting confidence. I got hooked up and started smoking it. It was not easy to refuse since because I also wanted to do what is done and experience a sense of belonging. Participant No: 5, 19 years old, from school A.

As much as I hated taking drugs, but there was no option because the clique I belonged to was a group of dagga smokers. They demonstrated how it is done and really we had to comply with our boss or gang leader otherwise I put my life to danger. I did not want to be a sell-out because selling-out is punishable in our gang. Focus group 4, Participant No: 4, 17 years old, from school A.

Some participants revealed that failure to monitor adolescents by parents is a result of being too much committed to work. The results of the study also showed that and negligence by some parents or guardians gives space to adolescents to abuse drugs and other prohibited substances. Some adolescents end up associating themselves with bad friends and use their time recklessly as no one monitors them. The following verbal quotes attest to the above sentiments:

My parents are busy people, and they do not have time to monitor our whereabouts and our behaviour on a daily bases. Even if we come home drunk, they fail to notice that due to exhaustion. Focus group, 2, participant 5, 18 years old, from school B.

When I come home late and drunk, no one bothers to talk to me. I do as I please. My parents are working and usually come home exhausted from work. Participant No: 4, 17 years old, from school D.

Data from adolescent boys indicated that a majority of adolescent boys believe that substance abuse started as a way of experimenting and having fun. However, they ended up addicted to them. The interviewed participants had this to say:

We started using substances such as marijuana to find out if it was true that it boosts one's mathematical competence. We continued experimenting with it until it was not easy to stay without it. Participant No:3, 17 years old, Form 2, from school A.

I was eager to know how it feels when I'm drunk. In fact, I used marijuana because I wanted to experience the fun it was associated with. Focus group 1, Participant No: 5, 18 years old, form 4, from school A.

In addition to the above, the findings from interviews and focus group discussions showed that most adolescents abuse substances because they are deceived or misled by the media such as television, magazines, and newspapers which sometimes portray substances as energy boosters for better performances for most popular superstars and artists. The results of the study showed that most celebrities are portrayed as the drug takes and these become role models to the adolescents. Similarly, the social media including like Facebook and Whatsapp were also wrongly used for information sharing on substances among youth. To this end, the participants had this to say:

Watching television had a great influence on my alcohol intake because it uses artists and superstars to advertise various types of alcohol. Great superstars, soccer stars, performing artists and other celebrities are closely portrayed as succeeding due to the influence of drugs and other substances.

The social media has contributed immensely in my life to abuse substance such as alcohol, thinners, glue, benzene, cocaine, and marijuana because I could access a lot of information from the internet about different substances and drugs which I shared with my friends through WhatsApp and Facebook. We were then tempted to experiment with these drugs, and we enjoyed them. You do not need a lot of money to keep yourself up. Focus group 4, participant No: 4, 17 years old, from school D.

7. Conclusions

The study revealed that the behaviour of adolescent boys with conduct disorder is characterised by impulsivity and defiant behaviour, particularly to any adult's advice. These findings confirm other prior studies which maintain that adolescents with conduct disorder, particularly the adolescent-onset type, are more rebellious and quick to act (Thomas & Kahn, 2014; Kahn, Frick, Youngstrom, Findling & Youngstrom, 2012; Moffitt & Caspi, 2006; Kroger, 2000). Similar findings were also established by Dandreaux and Frick (2009), who maintain that adolescents' rejection of adults' advice and their impulsivity make them experience some severe consequences including a poor relationship with good people including parents. Their impulsivity and inattentiveness also make them exhibit persistent criminal behaviour in adulthood (Moffitt & Caspi, 2006).

Zuckerman (2006) upholds that impulsivity among adolescents makes them engage in risk-taking behaviours such as drinking alcohol, gambling for money, fighting, cigarette smoking and may end up in trouble with the law enforcers. Kroger (2000) contends that adolescents reject their parental views at times because they form a strong relationship with peers and their views clash with those of adults. Hence, adolescents become rebellious to parents as they experiment with different things (Moffitt, 2006). Erikson (1968) upholds that the behaviour of adolescents predominantly describes adolescence stage as a time of identity crisis, or a turning point for the increased vulnerability which may also include the development of conduct disorder (Frick, 2012).

It emerged from the study that most adolescents with conduct disorder are characterised by callous-unemotional traits and narcissism. The study findings affirm Fanti (2014) who maintains that in most cases adolescents with elevated callous-unemotional traits show a low response to punishment cues and view aggression as a more acceptable means for obtaining goals. They are less fearful of the consequences of their behaviour and blame others for their actions as a means of attaining their identity (Frick et al., 2014). Fanti, Panayiotou, Lomdardo, and Kyranides (2016) contend that adolescents who are characterised by unemotional traits and narcissism are not easy to handle because they do not show guilt or remorse to the behaviour which they exhibit. They use aggression as their means to an end (Frick et al., 2014). In the same breath, Anderson (2015) revealed that adolescents who exhibit narcissism and callous-unemotional traits have a tendency to strive for peer conformity. This is due to low self-esteem (Moffitt, 2006). Anderson (2015) further upholds that adolescents of this calibre behave this way because they have a weak executive function caused by immaturity of their brain frontal lobes which are responsible for determining most aspects of learning, moral intelligent, abstract reasoning, judgement and strategizing.

The study revealed that the behaviour of adolescents with conduct disorder is characterised by sensation seeking and risk-taking behaviour. These findings agree with the study conducted in Cyprus by Fanti, Panayiotou,

Londardo, and Kyranides (2016) which revealed that adolescents with conduct disorder seek for impression or fun while also engaging in crime-related activities that put them at risk of being incarcerated. Zuckerman (1995) also noted that adolescents who have their brain not fully developed, particularly the frontal lobe act without thinking, fail to navigate social and emotional situations. Hence, they engage in different risky activities with the intention of deriving pleasure but end up in trouble.

The study also revealed that most adolescents end up developing conduct disorder because they were exposed to hard situations including low socioeconomic status, peer pressure, living in broken families, being exposed to improper parental styles and poor supervision. This was also found by Siegel and Senna (1988) who noted that broken homes or single parenthood are strong determinants of conduct disorder because a child is initially socialised at home and taught appropriate behaviour patterns within a complete family circle. That is, if a child is raised by a single parent, it is likely that that parent might not adequately do parenting completely as two parents can do to complement one another. In their study, they noted that the absence of the father or mother figure in the home has a bearing in the development of a child's behaviour. Similar findings were established by Banda (2011) in Zambia who revealed that adolescents who were categorised as street children and engaging in crime were mostly products of bad experiences related to socio-economic status, familial and psychological factors. These children were deprived of parental love and care. Hence, they opted for living away from family settings, but became a street community and engaged in crime for a living. The study by James and Mnene (2017) also noted that hardship such as rejection; sadness and hopelessness alter the individual psychological functioning resulting in the development of conduct disorder.

In this study, the researchers concluded that adolescent boys with conduct disorder also experience challenges in life such as failure to resist negative peer pressure, being labelled and stigmatised, poor relationships with parents poor monitoring by parents and poor choice of friends leading to depression, anxiety, substance abuse and criminal activities which put their lives in danger of being incarcerated. The study also concluded that adolescents abuse drugs and other substances mainly because they want to experience the fun associated with drugs and substances. It was also found out that at times they abuse substances in order to relieve the stress encountered due to the poor parental relationship and poor communication. Hence, substance abuse becomes their solace for refuge. Furthermore, the study also concluded that the media; including social media like Facebook, Twitter and Whatsapp has its role misleading the adolescents to abuse substances. The media such as televisions and magazines sometimes portray superstars and other celebrities as energised by the consumption of drugs and other substances. It was also concluded that adolescents lack knowledge of information about the consequences of substance abuse. Hence, they abuse substances.

8. Recommendations

Based on the findings of the study, the following recommendations were made to obviate the situation.

1. Communication between the child and the parent is critical in a home environment. That is, parents should open communication doors whereby issues that are challenging to the adolescents are communicated and discussed positively in a home environment and this should be followed by reinforcement for acceptable behaviour, positive guidance, and support for positive behaviour. Labelling and stigmatisation should be avoided by all means.
2. It is also recommended that adults should try to identify developmental, psychological and social challenges children go through and try to address them at an early.
3. Parents should monitor the movements of their adolescent children since these are challenged by developmental hormones. Choice of friends should also be monitored since some friends are already in a crisis.
4. Both teachers and parents need to create a strong bond with the adolescents in order to mitigate any antisocial behaviour.

5. Parents should offer parental guidance even on films watched by their children, in order for them to be aware of the propaganda used by different social media houses in merchandising some products. Parents should educate their children that there is a difference between acted life and real lifestyles.
6. The curriculum developers should include issues of development and life skill education that can help adolescents to make informed decisions on challenges they encounter at this stage of development.
7. Schools should introduce more extra-curricular activities during school hours in order to offer a wide range of learning opportunities to the learners so that they can participate actively in constructive skill-building activities such as sports, athletics, drama, public speaking, journalism, art and craft, music, computer games, etc.
8. The Ministry of Education and Training should consider employing full-time guidance and counselling teachers since contemporary schools are faced with many antisocial and developmental challenges including conduct disorder among students.
9. In addition to that, the Ministry of education and Training should consider work shopping teachers on positive discipline in order to inculcate values of good citizenship.

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