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INCIDENCE OF ADOLESCENTS' ABNORMAL BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN OYO TOWN

BY

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Abstract

The descriptive study examined incidence of abnormal behaviour among secondary school adolescents in Oyo Town and its environs in Oyo State, Nigeria. Multi-stage sampling technique was employed to select 120 participants from four Local Government Areas in the locale. Data were collected using Section D of the Adolescent Personal Data Inventory (APDI) which effectively captures indicators of adolescents' abnormal behaviour. The normative threshold score on the APDI was 90. Four hypotheses were tested at 0.05 level of significance using t-test. Results showed that the four alternative hypotheses were upheld because of insignificant incidences of abnormal behavior exhibited by the participants showing lower APDI scores that positively correlated with better psychological well-being across the demographic subgroups ($t = 0.22$, $p > 0.05$; $t = 0.01$, $p > 0.05$; $t = 0.03$, $p > 0.05$; $t = 0.50$, $p > 0.05$). *The outcomes were discussed and recommendations made towards increasing the mental health of the youth and general population.*

Keywords: Adolescence, Abnormal behaviour, mental health and APDI

Introduction

Understanding adolescents' abnormal behavior otherwise called psychopathology is a critical task for researchers, clinicians, educators, and policymakers aiming to foster mental well-being among young people. To develop a comprehensive framework for addressing psychological disorders in this population, it is essential to establish a clear conceptual foundation for both "adolescence" and "psychopathology." These terms are not merely academic labels; they encapsulate dynamic and multifaceted developmental and clinical realities. This introductory section explores these concepts in depth, outlines the significance of adolescent mental health challenges, and highlights the urgent need for timely and culturally informed interventions in the Nigerian context and beyond. Adolescence is broadly recognized as a transitional developmental stage that bridges the gap between childhood and adulthood. This phase is characterized by a cascade of biological, psychological, cognitive, emotional, and social changes that collectively shape a young person's identity and capacity for autonomy. According to Adeyemi, Oladimeji and Bello (2023), adolescence typically spans the ages of 10 to 20, although the precise onset and conclusion of this stage can vary significantly across cultural contexts, socio-economic backgrounds, and individual developmental trajectories.

Biologically, adolescence marks the onset of puberty, during which individuals undergo significant hormonal changes that affect physical growth and sexual maturation (APA, 2025). These biological changes often influence emotional reactivity, self-perception, and social relationships. From a psychological standpoint, adolescents begin to engage in more abstract and complex thinking, thanks to cognitive developments associated with brain maturation, particularly in the prefrontal cortex. This enables them to consider multiple perspectives, evaluate future consequences, and construct a coherent sense of self. Socially, adolescents experience a shift in the importance of peer relationships, moving away from the family as the central social unit. Peer acceptance, group affiliation, and identity exploration become critical. Bagley (2024), Ibrahim and Okonjo (2024) note that these social changes often occur within the framework of broader cultural expectations, which shape the roles and responsibilities adolescents are expected to assume. For instance, in many Nigerian communities, adolescents are expected to begin assuming adult-like responsibilities—such as contributing to family income or caring for younger siblings—much earlier than their counterparts in Western societies. This cultural variability underscores the need to contextualize the study of adolescence within specific socio-cultural frameworks.

While adolescence is a time of growth and possibility, it also presents a window of vulnerability to various forms of psychological distress and dysfunction. Psychopathology refers to patterns of thought, emotion, or behavior that deviate from normative functioning and result in significant distress, dysfunction, or risk to oneself or others. Onyebuchi and Ajayi (2023)

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emphasize that such patterns must be understood within developmental and cultural contexts to distinguish between normative adolescent behavior—such as mood swings or risk-taking—and clinically significant symptoms. Adolescent psychopathology is commonly divided into two broad categories: internalizing and externalizing problems. Internalizing problems are inwardly directed and include disorders such as depression, anxiety, suicidal ideation, and eating disorders. These conditions are often characterized by emotional distress, social withdrawal, and difficulties in emotional regulation. On the other hand, externalizing problems are outwardly directed and include behaviors such as aggression, conduct disorder, delinquency, substance abuse, and oppositional defiance. Eze and Bankole (2024) assert that both types of psychopathology can severely disrupt adolescents' academic achievement, interpersonal relationships, and overall quality of life.

It is important to note that these categories are not mutually exclusive. Many adolescents exhibit comorbidity, wherein internalizing and externalizing symptoms co-occur and interact in complex ways. For example, an adolescent suffering from depression may also engage in substance use as a coping mechanism, thereby exhibiting both internalizing and externalizing features. Furthermore, the presentation of psychopathology can be shaped by cultural norms about acceptable behavior and emotional expression. In Nigeria, for instance, cultural stigma around mental illness may lead to the underreporting or mischaracterization of certain symptoms, particularly internalizing ones, thereby complicating diagnosis and treatment. The prevalence of mental health disorders among adolescents has risen markedly in recent years, representing a critical public health concern (Cheng, Mills and Pfeifer, 2024). Globally, UNICEF (2019) estimates that approximately 10–20% adolescents experience mental health conditions, yet many remain undiagnosed and untreated. A study carried out by Umeh, Olowu and Salami (2024) suggest that prevalence f psychopathology in Nigeria is due to a combination of risk factors including poverty, family dysfunction, academic pressure, exposure to violence, and limited access to mental health services.

This developmental phase is not only marked by rapid psychological change but also by crucial life decisions related to education, career, relationships, and identity. Adolescents are often faced with the burden of making future-defining choices at a time when they are still developing the emotional and cognitive tools required for such decisions. This mismatch between developmental readiness and life demands can exacerbate feelings of confusion, fear, and inadequacy, which in turn may precipitate or worsen psychopathological symptoms. Moreover, untreated mental health issues during adolescence can have long-term consequences that persist into adulthood. Research indicates that the majority of adult psychiatric disorders have their onset in adolescence or even earlier. Obasi and Williams (2023) argue that by early adulthood, many personality traits and behavior patterns become relatively stable, making early intervention not only beneficial but necessary. If not addressed promptly, adolescent psychopathology can solidify into chronic conditions that affect an individual's educational attainment, occupational success, interpersonal relationships, and overall life satisfaction. Therefore, to develop effective prevention and intervention strategies, it is important to identify the risk and protective factors that influence adolescent mental health. Risk factors increase the likelihood of developing psychological disorders, while protective factors mitigate these risks and promote resilience. Bennett and Rogers (2024) state common risk factors including genetic predisposition, family history of mental illness, exposure to trauma or chronic stress, poor academic performance, and substance use. Environmental and contextual factors—such as living in a low-income household, experiencing parental neglect or abuse, and residing in conflict-ridden areas—also contribute to heightened vulnerability.

Conversely, protective factors include supportive family relationships, positive school environments, strong peer connections, engagement in extracurricular activities, and access to mental health resources (CDS, 2024). Spirituality and community support, particularly in collectivist cultures like Nigeria's, can also play a vital role in promoting psychological resilience. Thus, a holistic approach that enhances protective factors while reducing risk exposure is key to promoting adolescent mental health. It is essential to recognize that the experience and expression of psychological distress are deeply influenced by cultural norms, values, and beliefs. What may be deemed symptomatic in one culture may be considered normative in another. For example, certain religious or spiritual expressions that might be pathologized in Western clinical settings may be seen as culturally appropriate or even desirable in Nigerian society. This highlights the importance of culturally sensitive diagnostic frameworks and treatment modalities. Imported Western models of mental health often fail to capture the lived experiences of Nigerian adolescents, thereby limiting their utility. Indigenous models of mental health, which integrate local cultural practices, religious beliefs, and traditional healing methods, should be considered as complementary or alternative strategies in addressing adolescent psychopathology in Nigeria.

Furthermore, language plays a pivotal role in mental health literacy and help-seeking behavior. The lack of culturally relevant terminology and the persistence of stigma around mental illness often prevent adolescents and their families from seeking professional help. Community-based interventions that incorporate education, advocacy, and peer support are crucial for breaking down these barriers. Given the complexity and severity of adolescent psychopathology, multi-level interventions involving families, schools, healthcare systems, and governments are essential. Policymakers must prioritize the development and implementation of national mental health policies that include adolescents as a specific target population. Such policies should focus on increasing funding for school-based mental health services, training for teachers and counselors, and public

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awareness campaigns to reduce stigma. Clinicians and educators must also be equipped with the tools to identify early signs of psychological distress and provide appropriate referrals or interventions. Research should continue to explore culturally specific manifestations of psychopathology and evaluate the effectiveness of locally adapted treatment approaches.

There is also a pressing need for longitudinal studies that track mental health trajectories from adolescence into adulthood. These studies can shed light on critical periods for intervention and the long-term outcomes of untreated mental health conditions. Special attention should be given to underserved populations, including adolescents in rural areas, those with disabilities, and those affected by conflict or displacement.

The roots of systematic classification can be traced back to ancient Greek medicine, but it was not until the Enlightenment period in Europe that mental illness began to be studied with empirical rigor. During this time, the establishment of mental asylums allowed for the long-term observation of individuals with psychological disturbances. Although many of these institutions were initially custodial and sometimes inhumane, they provided the foundation for more detailed clinical documentation and diagnostic categorization. One of the most influential figures in the development of psychiatric nosology was Emil Kraepelin**,** a 19th-century German psychiatrist Kraepelin was among the first to introduce a systematic classification of mental disorders based on patterns of symptoms that appeared to occur together consistently—what he termed "syndromes" (WHO, 2024). He emphasized longitudinal observation and believed that different mental disorders had unique biological and genetic etiologies. Kraepelin's approach distinguished between psychotic disorders such as dementia praecox (later termed schizophrenia) and mood disorders like manic-depressive illness (now bipolar disorder). His work laid the foundation for modern diagnostic systems and is still evident in current classification practices (APA, 2023). Following Kraepelin's contributions, the 20th and 21st centuries witnessed the emergence and refinement of global diagnostic systems. Today, the two most widely used classification systems for mental disorders are the International Classification of Diseases (ICD)**,** maintained by the World Health Organization, and the Diagnostic and Statistical Manual of Mental Disorders (DSM), developed by the American Psychiatric Association.

Objectives of the Study

The main objective of this study was to investigate the prevalence and nature of psychopathological symptoms among secondary school adolescents in Oyo Town and its surrounding areas in Oyo State, Nigeria. Specifically, the study is to achieve the following:

1. to determine gender variation in adolescents' psychopathology among the selected secondary school students in Oyo Town and its environs using the Adolescent Personal Data Inventory (APDI).
2. to assess the level of psychopathological symptoms exhibited by early adolescents and late adolescents in the selected secondary school students using the Adolescent Personal Data Inventory (APDI).
3. to observe whether differences exist in abnormal behavior of rural- and urban-dwelling adolescents of the selected secondary school students in Oyo Town and its environs using the Adolescent Personal Data Inventory (APDI).
4. to assess whether significant differences exist in abnormal behavior of Christian and Muslim adolescents among the selected secondary school students in Oyo Town and its environs using the Adolescent Personal Data Inventory (APDI)..

Hypotheses

The following four null hypotheses are to be tested at 0.05 level of significance, viz:

H_{o1}: There is no significant difference in psychopathology between male and female adolescents among secondary school students in Oyo Town and its environs.

H_{o2}: There is no significant difference between early and late adolescents in terms of psychopathology among secondary school students in Oyo Town and its environs.

H_{o3}: There is no significant difference in psychopathology between rural- and urban-dwelling adolescents among secondary school students in Oyo Town and its environs.

H_{o4}: There is no significant difference in psychopathology between Christian and Muslim adolescents among secondary school students in Oyo Town and its environs.

Methodology

The study employed a descriptive research design, which is appropriate for identifying, describing, and interpreting conditions or phenomena as they exist in a given population. In this context, the descriptive approach enabled the researchers to assess the prevalence of adolescent psychopathology within Oyo Town and its environs, Oyo State, Nigeria. This type of design does not manipulate variables but rather observes and analyzes existing variables to understand their distribution and relationship. The target population for this study comprised secondary school adolescents residing in Oyo Town and its environs, which is located within Oyo State, Nigeria. Their age ranged 10–19 years. The inclusion of participants from five Local Government Areas (LGAs) in the axis suggests a fairly diverse population within a localized geographical setting, allowing for some generalizability within the region. Multi-stage sampling technique was employed for the study. Random selection implies that

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efforts were made to reduce selection bias and ensure each adolescent had an equal chance of being chosen for the study. The sample consisted of 120 participants (49 males and 71 females) across the LGAs (Oyo East, Oyo West, Atiba and Afijio) in Oyo and its environ. Thirty participants were randomly selected from each of the four LGAs. Ten secondary schools were randomly selected across the LGAs in which six were in Oyo Metropolis while the rest six were in rural areas. This shows that fifteen participants were randomly selected in each of the two secondary schools in a LGA making 120 participants altogether.

The study employed the Adolescent Person Data Inventory (APDI) developed by Akinboye (1977) for data collection. This inventory consists of ten sections, but Section D was specifically utilized for this research due to its focus on abnormal behaviours in adolescents, making it the most relevant for assessing psychopathology. The instrument's psychometric properties included a test-retest reliability coefficient of 0.93, which indicates high reliability over time, and an internal consistency value of 0.67, which is moderate and suggests acceptable homogeneity among the items. The scoring interpretation established that higher scores correspond to higher levels of psychopathology, with a normative benchmark set at a score of 90. The data collection procedure involved administering the APDI to the selected adolescents across the three LGAs in Oyo Metropolis. There were specific procedural steps such as ethical approvals, consent from participants or guardians, and duration of data collection. Also, with the use of a validated and previously standardized instrument, there was adherence to recognized research protocols.

The statistical method used in analyzing the data was the t-test, a parametric test used to compare the means between two groups to determine if they are statistically different from each other. This indicates that the hypotheses formulated involved comparing variables such as group-based differences in psychopathological scores. The hypotheses were tested at a 0.05 level of significance, which is a conventional threshold indicating a 5% risk of concluding that a difference exists when there is none.

Results

The result of this study are presented in tables 1-4 based on the four hypotheses earlier stated.

Table 1: Results on Male and Female Adolescents Psychopathology

Groups	N	X	SD	df	t-observed	t-critical	P
Male	49	79.9	15.6	118	0.22	1.980	NS
Female	71	83.3	19.4				

P=.05 level of significance

The result of this hypothesis showed that there is no significant difference between male adolescents' psychopathology and female adolescent psychopathology.

Table 2: Results on Early and Later Adolescents Psychopathology

Groups	N	X	SD	df	t-observed	t-critical	P
Early Ado.	66	82.2	17.6	118	0.01	1.980	NS
Later Ado.	54	81.7	17.6				

P.05 level of significance

The result of this hypothesis revealed that there is no significant difference between early adolescent psychopathology and later adolescent's psychopathology

Table 3: Results on Rural and Urban Dwelling Adolescents Psychopathology

Groups	N	X	SD	df	t-observed	t-critical	P
Rural Ado.	46	84.5	19.8	118	0.03	1.980	NS
Urban Ado.	74	86	16.7				

P.05 level of significance

The result of this hypothesis showed that there is no significance difference between rural-dwelling adolescents' psychopathology and urban-dwelling adolescent psychopathology.

Table 4: Results on Christian and Non-Christian Adolescents Psychopathology

Groups	N	X	SD	df	t-observed	t-critical	P
Christian Ado.	82	83.7	19	118	0.5	1.980	NS
Urban Ado.	38	81.6	15.6				

P.05 level of significance

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The result of this hypothesis showed that there is no significant difference between Christian adolescent psychopathology and Muslim adolescent's psychopathology.

Discussion of Findings

The findings of this study provide insight into the patterns of adolescent psychopathology across various demographic categories, including gender, age group, residential location, and religious affiliation. Contrary to several prior assumptions and some findings in existing literature, the current results suggest no statistically significant differences in psychopathology based on any of the examined variables. Each dimension—gender, age, location, and religion—revealed non-significant t-values (t-observed < t-critical) and p-values above the conventional threshold of 0.05, indicating a lack of significant variability in psychopathological outcomes across these groups. These findings suggest that adolescents in Oyo Town, Oyo State, Nigeria, regardless of gender, age stage, location, or religion, exhibit generally healthy psychological profiles (Adebayo & Yusuf, 2024).

Analysis on hypothesis 1 showed that male adolescents ($Mean$ = 79.9, SD = 15.6) and female adolescents (Mean = 83.3, SD = 19.4) reported similar levels of psychopathology, with no statistically significant gender difference (t = 0.22, p > 0.05). This finding is notable in light of earlier research that has reported mixed outcomes on gender-based differences in adolescent mental health. Hence, the null hypothesis was rejected. Some studies have found higher internalizing disorders (e.g., anxiety and depression) in females and higher externalizing behaviors (e.g., aggression, conduct problems) in males (Hartung, Lefler, Abu-Ramadan, Stevens, Serrano, Miller and Shelton (2025).). However, the current findings align with more recent perspectives suggesting a narrowing gender gap in adolescent mental health, potentially due to increased societal awareness, changing gender roles, or broader access to mental health resources for both sexes.

In hypothesis 2, the comparison between early adolescents (Mean = 82.2, SD = 17.6) and late adolescents (Mean = 81.7, SD = 17.6) also yielded no significant difference (t = 0.01, p > 0.05). Developmental theories often posit that as adolescents transition from early to late stages, they face increasing psychological challenges, including identity formation, autonomy, and social pressure (Beck, C., Pedersen, C. B., Plana-Ripoll, O., Dalsgaard, S., Debost, J. P. Laursen, T. M., Musliner, K. L., Mortensen, P. B., Pedersen, M. G., Petersen, L. V., Yilmaz, Z., McGrath, J. & Agerbo, E. (2024)). While it could be hypothesized that these challenges result in higher psychopathology in late adolescence, the data suggest a relatively uniform experience across both age categories. One plausible explanation is that the stressors impacting adolescent mental health—such as academic pressure, family instability, or exposure to social media—may be pervasive enough to affect both age groups similarly.

In hypothesis 3, with rural adolescents (Mean = 84.5, SD = 19.8) and urban adolescents (Mean = 86.0, SD = 16.7) showing comparable levels of psychopathology (t = 0.03, p > 0.05), the data challenge assumptions that location significantly shapes adolescent mental health outcomes. Thus, the null hypothesis was rejected. Traditionally, urban areas are associated with increased access to mental health services but also higher exposure to environmental stressors such as noise, pollution, and social disconnection (Adeyemi and Okonkwo 2025). Conversely, rural areas may offer a calmer environment but suffer from poor access to professional psychological care (Chen and Martinez, 2025). The non-significant difference observed might suggest that the protective and risk factors inherent to both environments counterbalance one another, or that adolescents in both settings are increasingly exposed to similar stressors through digital connectivity and shared educational pressures (Nwosu and Bamidele, 2025).

The analysis on hypothesis 4 showed no statistically significant difference in psychopathology between Christian adolescents (Mean = 83.7, SD = 19.0) and non-Christian adolescents (Mean = 81.6, SD = 15.6) (t = 0.50, p > 0.05). Religion has been widely acknowledged as a potential buffer against psychological distress, often providing a sense of purpose, community support, and coping mechanisms (Adeyemi and Yusuf (2025); Chen and Goldberg (2025). However, the results of this study indicate that religious affiliation, at least in its categorical form, may not have a measurable impact on psychopathology levels. It is possible that the quality and depth of religious engagement, rather than mere affiliation, are more predictive of psychological outcomes—a nuance that was not captured in the current study design. In effect, the null hypothesis was rejected.

Recommendations

1. Mental health education and early screening programs should be institutionalized within schools and youth centers to sustain and further enhance adolescent well-being.
2. Local governments and non-governmental organizations (NGOs) should invest in community outreach initiatives that promote mental health literacy and reduce stigma.

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3. Stakeholders in health and education sectors should collaborate to incorporate mental health services within primary healthcare and school health programs, ensuring that psychological support is readily available and accessible to adolescents.

Conclusion

This research makes a valuable contribution to the expanding literature on adolescent mental health in Nigeria by offering up-to-date, context-specific insights from Oyo Town. The findings indicate that adolescents in this region generally experience a high level of psychological well-being, with minimal variation across gender, age, residential background, or religious affiliation. These outcomes highlight the capacity for resilience and adaptive functioning among Nigerian adolescents, particularly when nurtured within supportive social and cultural frameworks. The findings of this study contribute to the growing body of research indicating that adolescent psychopathology in Nigeria may not be as widespread or severe as often presumed. Nonetheless, continuous monitoring and culturally tailored interventions remain essential. Efforts must be made to update and localize assessment tools like the APDI for sustained relevance in the face of evolving adolescent challenges. However, the absence of severe psychopathology in this sample should not lead to complacency. Mental health remains a dynamic and multifaceted aspect of adolescent development that warrants continuous monitoring, preventive action, and inclusive policy responses. By proactively addressing adolescent mental health needs, stakeholders can foster a healthier, more resilient generation prepared to navigate the complexities of modern life.

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