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FOREWORD

The Department of Psychology, University of Lagos has continued to expand the frontiers of knowledge through the engagement of cutting edge research by her seasoned faculty members, and the publications of rigorously processed articles in her new journal. This new journal has been welcomed in the academia as a veritable tool for the dissemination of research findings in Nigeria and beyond. The first issue has continued to attract the interest of scholars and researchers and has guided enlightened conversations in the specific areas wherein the studies were conducted; In this edition we are presenting even more fascinating topical issues being addressed by different authors. We hereby invite you to savour these well researched articles. The edition is, as usual, a combination of thought-provoking analyses and discussions on different quests to understanding human behavior and mental processes for a sustainable world; it also highlights promising paths and directions for future intervention. It is hoped that findings from this edition of the journal will furnish the understanding of scholars on how to improve human behaviour for a sustainable society through effective use of modern therapy and intervention models. Finally, this edition has advanced the combined ideas of scholars and academics from different academic disciplines. For this reason, I want to thank everyone who is interested in promoting the boundaries of knowledge, transformation process and ultimately adding to the body of research in behavioural science.

Editor

Table of Content

		Pages
1.	Assessment of oppositional defiant disorder among in-school adolescents in Lagos State. **- Animashaun O. Paul, Ojo E. Taiye, Lawal A. Quadri and Bankole M. Kehinde**	6-25
2.	Assertiveness and organizational commitment as predictors of organizational conflict resolution among media personnel in Imo State, Nigeria **- Ethelbert Chinaka Njoku and Eudora U Ohazurike**	26-44
3.	Organisational factors, percieved pyschological contract breach and employee turnover intentions among staff of selected tertiary institutions in Lagos State, Nigeria **- Olufadeke Akinleye**	45-66
4.	Predictive influence of functional impairment, life satisfaction, and perceived social support on quality of life among retirees in Ido-Osi Local Government Area in Ekiti State, Nigeria **- Falowo Sunday Peter and Balogun, Shyngle K.**	67-87
5.	Adopting the consumer motivation strategy in driving public acceptance and ownership of government policies and programmes in Nigeria **- Ademola A. Aderogba**	88-109
6.	Job type as a moderator of self-esteem's predictive power on psychological well-being in selected Lagos employees**.** **- Oluwaseun O. Oshilaja and Folusho Ayodeji**	110-126
7.	Parental expectations, quality of life and demographic factors as predictors of academic engagement among University of Ibadan undergraduate **- Patrick Ochege Aleje, Jamila Isah and Mustapha Abubakar**	124-137
8.	Gender, perceived social support, and self-esteem as factors of pre-retirement anxiety among lecturers from two public universities in Ogun State, Nigeria **- S.E. Oladipo; J.W. Owoyele; Y.O. Adediran; C.P. King-Oladipo and O.E. Oarhe-Adekola**	138-153

Assessment of oppositional defiant disorder among in-school adolescents in Lagos State.

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Abstract
Oppositional Defiant Disorder (ODD) represents a major psychological challenge in adolescence, affecting educational performance, peer interactions, and general quality of life. The current study investigated the prevalence and correlates of ODD symptoms among in-school adolescents in Lagos State, Nigeria. A total of 905 students (464 males and 441 females) were sampled from both public and private secondary schools across the state using a cross-sectional design and standardised assessment tools. Three hypotheses were stated and tested using the t-test and simple linear regression analysis. Results indicated a moderate-to-high overall prevalence of ODD symptoms, with 82.0% of participants classified as moderate or high risk. While no significant sex differences were observed, school type emerged as a significant predictor, with private school students reporting higher symptom levels than their public-school counterparts. Age also significantly predicted ODD symptoms, with older adolescents exhibiting lower levels. These findings highlight the need for culturally sensitive, school-based screening and intervention strategies to address oppositional behaviours early and support adolescent development.

Keywords: Oppositional defiant disorder, In-school Adolescents, School Type and Sex

Introduction

Oppositional Defiant Disorder (ODD) is widely recognised as a childhood and adolescent mental health condition characterised by a persistent pattern of angry or irritable mood, argumentative or defiant behaviour, and vindictiveness toward authority figures (American Psychiatric Association, 2022). According to the DSM-5-TR criteria, these behaviours must last at least six months and cause significant impairment in social, academic, or other important areas of functioning. Unlike developmentally typical disobedience or argumentativeness, ODD features pervasive and persistent symptoms that exceed age-appropriate expectations. Symptoms often include frequent loss of temper, arguing with adults, defying rules, resentment, irritability, stubbornness, and disruptive conduct that interfere with daily functioning (APA, 2022; Kyeva, Ireri, & Menecha, 2021).

Global prevalence estimates of ODD vary considerably due to differences in diagnostic criteria, populations, and assessment methods. The American Psychiatric Association (2022) reports a range from 0.2% to 11%, with an average of approximately 3.3%, marking it as a significant childhood mental health concern. Meta-analyses have provided additional benchmarks. For example, Polanczyk et al. (2015) found a pooled global prevalence of 3.6% among individuals up to age 18, with individual studies reporting rates from 4.0% to 16.8%. In clinical settings, prevalence estimates are typically much higher, ranging from 28% to 65% among children referred for mental health services (Boylan et al., 2007). Subclinical cases, where children exhibit some, but not all, required symptoms, can also lead to significant functional difficulties.

Longitudinal and epidemiological research highlights the substantial lifetime burden of ODD and its frequent co-occurrence with other psychiatric conditions. Nock et al. (2007) estimate a lifetime prevalence of 10.2%, with 11.2% for males and 9.2% for females. Their findings indicate that 92.4% of individuals with lifetime ODD meet criteria for at least one other

DSM-IV disorder, including mood (45.8%), anxiety (62.3%), impulse-control (68.2%), and substance use (47.2%) disorders. Importantly, ODD often precedes the onset of these secondary conditions even after controlling for comorbid conduct disorder. Early onset, particularly before age 8, and comorbidity are associated with slower recovery, underscoring the importance of early identification and intervention.

Gender differences in ODD prevalence have been consistently observed, especially in middle childhood, with male-to-female ratios of approximately 1.5–1.6:1 (American Psychiatric Association, 2022; Demmer et al., 2017). However, these disparities tend to diminish or disappear by adolescence, suggesting developmental and environmental influences on symptom expression (Boylan et al., 2007; Hawes et al., 2023). While primarily conceptualised as a childhood disorder, accumulating evidence indicates that oppositional and defiant behavioural patterns can persist into adulthood, contributing to interpersonal conflict, occupational challenges, and elevated risk of antisocial behaviour (Barry et al., 2013).

ODD rarely occurs in isolation and frequently co-occurs with other psychiatric conditions such as mood disorders, anxiety disorders, and ADHD, complicating both diagnosis and treatment (Mars, Aggarwal, & Marwaha, 2024). The global prevalence of disruptive behaviour disorders (DBDs), which include ODD and Conduct Disorder (CD), is estimated at approximately 5.7%, illustrating their substantial contribution to the burden of child and adolescent mental health concerns (Polanczyk et al., 2015). The World Health Organisation (2022) highlights that DBDs are among the leading contributors to disability-adjusted life years (DALYs) in children aged 5 to 14 years.

Despite growing global awareness of ODD, prevalence data remain limited in many low- and middle-income regions, including Africa. Many countries face challenges such as social stigma, underfunded mental health systems, and limited diagnostic resources that constrain research efforts (Atewologun et al., 2025). Nevertheless, existing studies suggest that rates of disruptive behaviour disorders in African contexts may be like or even higher than global averages, particularly in settings characterised by poverty, family stress, and exposure to conflict (Byansi et al., 2022). For example, Kyeva et al. (2021) reported an ODD prevalence of 11.34% among secondary school students in Kenya, with higher levels of ODD symptoms associated with lower academic performance. Changorok et al. (2021) documented an even higher prevalence of 79% among primary school students in Nairobi County, with higher rates in males and increasing prevalence with educational level. They emphasised the need for integrating psychological services into schools to support early identification and intervention. A meta-analysis of 63 studies including over 55,000 participants across 14 sub-Saharan African countries reported a pooled prevalence of conduct disorder, a closely related condition sharing risk factors and comorbidity patterns with ODD, of 9.76% (Jakobsson et al., 2024).

Prevalence estimates in Nigeria also vary by region and population. Akpan et al. (2020) reported a 9.8% prevalence among primary school students in southern Nigeria. Frank-Briggs and Alikor (2008), as cited in Aondoakaa and Okechukwu (2022), documented a higher prevalence of 15.82% in the Niger Delta. Arinde et al. (2024) reported a 3.8% prevalence among junior secondary school students in Ilorin, with higher rates in males (5.5%) compared to females (2.1%). Their study also highlighted significant comorbidity with ADHD and Conduct Disorder, noting the impact of these behavioural challenges on academic performance, including disciplinary issues, reduced engagement, and strained relationships with peers and teachers.

Children with ODD frequently present with multiple risk factors, including family dysfunction, poor supervision, inconsistent or harsh discipline, exposure to violence, and broader social disadvantage (Mars et al., 2024; Arinde et al., 2024). While there is no specific

cause of ODD, theoretical frameworks such as Bandura's Social Learning Theory (1977) and Patterson's Coercion Theory (2016) emphasise the role of modelling, reinforcement, and negative parent-child interactions in the development and maintenance of oppositional behaviour. According to Coercion Theory, cycles of negative reinforcement between parents and children can strengthen defiant behaviours over time (Hawes et al., 2023). Socioeconomic disadvantage, parental mental health challenges, and limited access to mental health resources further increased risk.

In Nigeria and many parts of sub-Saharan Africa, behavioural disorders like ODD are often underdiagnosed (Atilola, 2016). Cultural perceptions may interpret persistent defiance as a moral failing or consequence of poor upbringing rather than as a mental health concern, delaying accurate diagnosis and appropriate intervention (Jidong, 2021). These factors highlight the importance of culturally sensitive, developmentally informed strategies for screening, diagnosis, and intervention in schools and communities.

Statement of the Problem

Oppositional Defiant Disorder (ODD) represents a significant but often under-recognised mental health challenge among children and adolescents, characterised by persistent patterns of defiant, argumentative, and hostile behaviour toward authority figures. While some level of oppositional behaviour is expected developmentally, ODD involves a level of severity, frequency, and persistence that disrupts academic functioning, social relationships, and overall well-being. It is associated with adverse outcomes, including poor school performance, strained peer and family relationships, and heightened risk for progression to more severe disorders such as Conduct Disorder or antisocial personality disorder if left unaddressed.

Around the world, oppositional defiant disorder, or ODD, is becoming more widely acknowledged as a serious mental health problem affecting teenagers. It has been linked to issues in peer interactions, familial strife, and subpar academic results (Arinde et al., 2024). However, most of the research that is currently accessible in Nigeria has focused on clinical populations or younger children, with little attention paid to adolescents who are enrolled in school. For instance, Arinde et al. (2024) conducted a school-based study in Ilorin that revealed a 3.8% prevalence of ODD among junior secondary school students, highlighting important associations such as gender, school type, and socioeconomic status. Despite these initiatives, little research has been done that looks at the larger adolescent population in school settings and goes beyond local contexts. Concerns regarding the accuracy and generalizability of findings are also raised by the fact that a large portion of the current school-based research on adolescent mental health in Nigeria is based on screening instruments that have not been well validated for use among Nigerian adolescents (Atilola et al., 2022). Furthermore, despite evidence from related behavioural disorders suggesting that these factors significantly influence adolescent behaviour, important contextual factors like family structure, disciplinary practices, and school setting (private versus public) are still largely unexplored (Ekundayo, 2020).

By examining the frequency and correlates of ODD among adolescents in Lagos State who are enrolled in school, this study aims to close these important gaps. It incorporates teenagers from a range of educational and socioeconomic backgrounds and uses culturally appropriate and proven assessment instruments. Moving away from punitive methods and toward knowledgeable, supportive mental health practices in schools, the objective is to produce contextually relevant data that can help early detection and intervention measures. A considerable percentage of the school-age adolescent population is underrepresented in the literature, although some studies in Nigeria have documented the prevalence of ODD among adolescents. This is because many of these studies have primarily focused on youths in

juvenile facilities or correctional institutions. Although these studies have helped emphasise how conduct issues affect learning outcomes and academic performance (Aladegbola, 2013; Osagie-Obazie et al., 2016), more research is required to examine behavioural disorders in secondary school populations that have received relatively less scholarly attention.

Globally, the prevalence of conduct disorder has been reported to range from 2% to 10% (American Psychiatric Association, 2013; Canino et al., 2010; Scott, 2007). In Kenya, Gitonga et al. (2017) estimated a prevalence of 31.4%, while Nigerian estimates varied significantly from 15% to 56% depending on the context and population investigated (Frank-Briggs & Alikor, 2008; Olashore et al., 2016; Omotunde & Philomena, 2014). The frequency of conduct or oppositional behavioural disorders among adolescents in mainstream secondary schools has not been well documented, despite Lagos State being one of Nigeria's most populated and urbanised regions. As a result, this study helps close that important gap. These limitations make it difficult to design effective, context-sensitive interventions capable of addressing the specific needs of different student populations. Without this nuanced understanding, school and community responses risk relying on punitive measures rather than adopting supportive, evidence-based strategies that address underlying causes of oppositional behaviour and promote healthier developmental outcomes. Addressing these gaps is essential for informing policy and practice that is both effective and culturally appropriate. This study, therefore, seeks to provide robust empirical data on the prevalence and characteristics of ODD among in-school adolescents in Lagos State by using standardised assessment tools within a school-based sample. Importantly, it includes both public and private schools across diverse geographic locations to ensure a more representative understanding of how school type and environment intersect with behavioural challenges. By also considering family context and related demographic factors, the study aims to generate evidence that can guide early identification, referral, and targeted intervention strategies. This comprehensive approach is especially important given the behavioural challenges faced in many Nigerian schools, which can undermine learning outcomes, student wellbeing, and broader educational goals. A clearer, contextually grounded understanding of oppositional behaviours among in-school adolescents is necessary for developing effective prevention and support programs that move beyond punitive discipline and toward holistic, developmentally informed mental health support.

The gaps highlighted in the existing literature have informed the objectives of the present study, which are as follows:

1. To determine the prevalence of oppositional defiant disorder among in-school adolescents in Lagos State.
2. To examine the influence of sex on ODD among in-school adolescents in Lagos State.
3. To examine the influence of school type on ODD among in-school adolescents in Lagos State.
4. To examine whether age will predict ODD among in-school adolescents in Lagos State.

Hypotheses:

1. There will be a significant difference between males and females in ODD among in-school adolescents in Lagos State.
2. There will be a significant difference between public and private in-school adolescents in Lagos State.

3. Age will significantly predict ODD among in-school adolescents in Lagos State.

Method

Research Design and Setting

The study employed a cross-sectional research design using quantitative methods. Lagos State, Nigeria, was chosen as the study location for this research due to its diverse demographic profile and large population of in-school adolescents spread across various urban and suburban areas. This region provides a rich context for examining adolescent behavioural health within a range of cultural and socio-economic environments. Findings from the study are expected to offer valuable insights not only for understanding oppositional defiant behaviours among students in Lagos but also for informing interventions in similar cultural and socio-economic contexts within Nigeria and other African countries.

Participants

The target population for this study comprised in-school adolescents in Lagos State, Nigeria. Participants were drawn from a wide age range of 12 to 18 years and included both male and female students enrolled in public and private secondary schools. The sample was selected from four of the six educational districts in Lagos State to ensure broad representation across different school types and demographic backgrounds.

Sampling Techniques

Krejcie and Morgan's (1970) sample size determination was used with a population estimate of over 500,000; the sample size based on Krejcie and Morgan's table was 384. A projected 10% attrition was added, that is, (39+384), making a total of 423. To accommodate disparity in the response rate and incomplete responses and enhance the strength of generalisation of the research outcome and decrease chances for bias, the data was increased to 905 [males

=464 (51.3%) and females 441 (48.7%) with a mean age = 14.75, SD 1.52. Public school 469 (51.8%) and private school 436 (48.2%)

A multi-stage sampling technique consisting of four stages was employed to select in-school adolescents across secondary schools in Lagos State. The Lagos State Secondary Education System is divided into six education districts. In the first stage, four (4) districts (I, IV, V and VI) were randomly selected using a simple random sampling technique (balloting), ensuring each district would have an equal chance of being chosen. Within each selected education district, the schools were stratified into two categories: public and private schools. From each stratum (public and private) within the selected districts, twelve schools (6 public and 6 private) were randomly selected using a table of random numbers to maintain fairness and reduce selection bias. Afterwards, a convenience sampling technique was used to administer the research instruments to the students who met the inclusion criteria across the selected school.

The inclusion criteria are adolescents between the age range of 11 – 18 years and should be able to read and write effectively, while the exclusion criteria are children below 11 years and adults above 19 years, adolescents, adolescents not in secondary school or adolescents in the technical school or tertiary institutions.

Instruments

Respondents were given a socio-demographic questionnaire to collect information such as their sex, age, and school type. Raine et al. (2022) developed the Oppositional Defiant Disorder (ODD) subscale of the Conduct and Oppositional Defiant Disorder Scales (CODDS), which was then used. The ODD scale is a measure that assesses defiant behaviour symptoms in adolescents in accordance with the DSM-5 criteria. This subscale includes 9 items (items 10–24), each scored on a 3-point Likert scale: 0 = Never, 1 = Sometimes, and 2

= Often. Scores range from 0 to 18, with higher scores indicating more severe conduct-related behavioural issues. In terms of psychometric performance, the ODD subscale has demonstrated high internal consistency. The internal reliability for the ODD scale, as reported by Raine et al. (2022), was 0.83. According to this study, the total Cronbach's alpha reliability for the ODD was **.75.**

Procedure and Method of Data Collection

An introduction letter and ethical approval were obtained from Redeemer's University, Ede and submitted with other required documents (application letter, proposal and questionnaire) to the Ministry of Basic and Secondary Education, Lagos State and the Head of Service, Lagos State, for proper permission to conduct the research. After the permission had been granted, the researcher approached the principals of the selected schools to seek their approval to distribute questionnaires to students. The research's intentions and goals were communicated to the school administrators. The school authority granted permission to the researcher to administer the questionnaire to the students. The selected students were attended to in their various classrooms, and parents'/guardians' consent and assent forms were provided to them to take home to their parents and guardians. After receiving the signed parental consent forms, the students were provided with questionnaires to fill out. The researchers distributed the questionnaire to students who volunteered and agreed to participate during their visits to each classroom. The researcher developed a positive connection with the participants and described the purpose of the study while ensuring its confidentiality. The participants filled out the surveys within 5-10 minutes while the researchers waited to pick them up. The fieldwork for this research lasted for a week due to the distant locations of the samples.

Ethical Considerations

The study involved human participants; as a result, regulatory ethics regarding human subjects were observed. The researcher also obtained ethical approval from the Redeemer's University Ethical Review Board with reference number ***RUN/REC/2024/244.*** Furthermore, the researcher ensured that participants understood the research's purpose and that taking part in it would be completely voluntary. They were also assured that the information gleaned from this study would be used only for scholarly pursuits.

Results

Table 1

Socio-Demographic Distribution of the respondents

Factors	Options	Frequency	%
Sex	Male	464	51.3
	Female	441	48.7
	Total	905	100.0
Religion	Christian	703	77.7
	Muslim	194	21.4
	Traditional	7	0.8
	Others	1	0.1
	Total	905	100.0
School type	Public	469	51.8
	Private	436	48.2
	Total	905	100
Age (in years)	Mean 14.75; SD=1.52 Ranges between 12 and 18		

Table 1 shows the distributions of the socio-demographic characteristics of the respondents. It was revealed that 51.3% were male respondents and 48.7% were female. The result revealed that 77.7% were Christians, 21.4% were Muslims, traditional were 0.8% and 0.1% chose other religions. In the area of respondents' school type, 51.8% of the respondents were attending public schools, while 48.2% were from private schools. The respondents' age ranged between 12 years and 18 years (M = 15.12, SD = 1.23).

Test of Prevalence

The sampled data were subjected to statistical tests, and a mean-based classification was used to calculate the prevalence of oppositional defiant disorder among in-school adolescents in

Lagos State. To classify the severity of conduct disorder symptoms into four levels (None, Low, Moderate, and High), cut-off points were derived using the mean and standard deviation (M=7.03, SD=3.60). Specifically, the boundaries between the categories were defined using the mean and one standard deviation above and below the mean. None: 0.00 – 1.99, Low: 2.00 – 3.42, Moderate: 3.43 – 10.63, High Risk: 10.64 – 18.00

Table 2: *Frequency, Percentage, Mean and Standard Deviation showing the Oppositional Defiant Disorder among in-school adolescents in Lagos State.*

Variable	N	Mean	SD	Prevalence				
				None	Low	Moderate	High	Prevalence
Oppositional Defiant Disorder	905	7.03	3.60	54 (6.0%)	107 (11.8%)	595 (65.7%)	149 (16.5%)	333 (82.0%)

The results revealed that 6.0% had no symptoms of ODD, indicating that virtually no observable ODD symptoms. 11.8% had a low risk of ODD, indicating very few defiant disorder symptoms, with minimal impact on functioning. 65.7%, representing the majority, had a moderate risk of conduct disorder, which means that a noticeable level of ODD symptoms may interfere with daily functioning. 16.5% had a high risk of ODD, which represents a significant severity of ODD symptoms that could require further assessment or intervention. Most of the participants had a moderate risk of oppositional defiant disorder. The result further revealed that the prevalence of conduct disorder among in-school adolescents was 82.0%, which indicates a moderate-to-high prevalence of oppositional defiant disorder among in-school adolescents.

Hypothesis Testing

Hypothesis One:

Table 3

T-test for independent means showing sex differences in oppositional defiant disorder among in-school adolescents.

	Sex	N	Mean	Std	Df	t-value	Sig
	Male	464	7.10	3.78			

Oppositional Defiant Disorder	Female	441	6.94	3.41	903	.639	.523

The result in the table showed that there was no significant difference between sex and oppositional defiant disorder among in-school adolescents in Lagos State (t= .639; df (903); P>.05). Although male in-school adolescent significantly scores higher (Mean=7.10 and SD=3.78) on the measures of oppositional defiant disorder compared to their female counterparts (Mean= 6.41 and SD=3.41), but it is not statistically significant. The stated hypothesis is thereby rejected.

Hypothesis two

Table 4: *T-test for independent means showing school type differences in oppositional defiant disorder among in-school adolescents.*

	Sex	**N**	**Mean**	**Std**	**Df**	**t-value**	**Sig**
Oppositional Defiant Disorder	Public	469	6.20	3.58	903	. -7.34	.000
	Private	436	7.91	3.41			

The result in the table showed that there was a significant difference between school type and oppositional defiant disorder among in-school adolescents in Lagos State (t= -2.63; df (903); P<.01). It could be further revealed that in-school adolescent students attending private secondary school (Mean=7.91 and SD=3.58) significantly score higher on the measures of oppositional defiant disorder compared to their counterparts attending public secondary school (Mean=7.91 and SD=3.41). The stated hypothesis is thereby confirmed.

Hypothesis three

Table 5

Summary table of Simple linear regression showing the influence of Age on oppositional defiant disorder among in-school adolescents in Lagos State.

	Unstandardised Coefficients		Standardised Coefficients		
Model	B	Std. Error	Beta	t	Sig.

1	(Constant)	9.86	1.16		8.468	.000
	Age	-.192	.079	-.081	-2.443	.015

R=.081; R^2= .007

The results revealed that age significantly predicts oppositional defiant disorder (β = -.081; t = -2.44, p < .05). The results indicate that, as adolescents grow older, the tendency to exhibit symptoms of oppositional defiant disorder reduces. The hypothesis, which suggested that age would be a significant predictor of conduct disorders, was supported by the data. The results agree with the stated hypothesis. Therefore, the stated hypothesis is thereby confirmed.

Discussion

This study set out to investigate the prevalence and associated factors of oppositional defiant disorder (ODD) symptoms among in-school adolescents in Lagos State, Nigeria, addressing important gaps in local research. The findings reveal a moderate-to-high level of ODD symptoms overall, with 82.0% of participants falling into the moderate or high-risk categories. While this prevalence exceeds many global averages, it is consistent with evidence from other African settings indicating elevated rates of disruptive behaviour disorders in environments marked by poverty, family stress, and limited access to mental health services (Jakobsson et al., 2024; Byansi et al., 2022).

The large proportion of adolescents in the moderate-risk category suggests that even when diagnostic criteria for ODD are not fully met, many students still exhibit oppositional behaviours that can disrupt learning, strain peer relationships, and challenge school disciplinary systems. This observation is consistent with research indicating that subclinical symptoms, though falling below formal diagnostic thresholds, can still lead to significant functional impairment and social challenges (Mars et al., 2024; Burke et al., 2014).

Examining the role of sex, the study found no statistically significant difference in ODD symptoms between male and female participants, although males reported slightly higher

scores. This finding aligns with literature suggesting that while ODD tends to be more prevalent among boys during middle childhood, these differences often diminish by adolescence (APA, 2022; Demmer et al., 2017). Such patterns may be explained by developmental changes during adolescence, including evolving gender roles, increasing demands for autonomy, and changing expectations from families and peers (Hawes et al., 2023). Cross-cultural studies also highlight that gender differences in oppositional behaviours can be shaped by contextual factors such as cultural norms, parental expectations, and community attitudes (Essau & de la Torre-Luque, 2023).

The study also identified a significant effect of school type on ODD symptoms, with private school students reporting higher levels than those in public schools. This finding introduces an important local perspective rarely addressed in previous Nigerian research, which often treats school populations as homogeneous. Possible explanations include differences in academic pressure, behavioural expectations, and disciplinary practices between school types. Private schools may impose stricter rules or face greater parental demands for academic success, potentially increasing stress and oppositional reactions in some students. Additionally, differences in family socioeconomic status, parental involvement, and school resources can all shape how oppositional behaviours develop and are managed (Byansi et al., 2022; Atewologun et al., 2025). Such results highlight the importance of tailoring school-based mental health strategies to the specific cultural and institutional contexts in which students learn.

Age was also found to be a significant predictor of ODD symptoms, with older adolescents reporting fewer symptoms overall. This finding is consistent with developmental models suggesting that oppositional behaviours often emerge early and decline with age as adolescents develop improved emotional regulation, cognitive flexibility, and problem-solving skills (APA, 2022; Burke et al., 2014). The negative association observed between

age and ODD symptoms resonates with longitudinal studies indicating that early onset of oppositional behaviours is linked to greater chronicity and comorbidity over time (Nock et al., 2007). It also reflects the role of maturation, changing peer dynamics, and evolving family relationships in shaping the expression and management of defiant behaviours during adolescence (Essau & de la Torre-Luque, 2023).

By offering empirical data from a non-Western, sub-Saharan African context where adolescent behavioural disorders are still notably underreported and understudied, this work advances our understanding of oppositional defiant disorder (ODD) on a global scale (Atilola, 2016). The study demonstrates how oppositional behaviours appear in both public and private educational contexts by evaluating a broad, school-based sample in Lagos State, Nigeria, using DSM-5-referenced instruments, enabling significant cross-cultural comparisons (APA, 2013). In line with new global perspectives on the intricate social determinants of adolescent mental health, the discovery that students attending private schools had higher symptom scores challenges the conventional wisdom that attributes behavioural disorders primarily to underprivileged backgrounds (Merikangas et al., 2010; Patel et al., 2018).

Further supporting the cross-cultural validity of these trajectories is the observed decrease in ODD symptoms with age, which is consistent with findings from developmental psychopathology models in Western contexts (Burke et al., 2014). In low- and middle-income countries (LMICs), where structural mental health services are limited, the study also highlights the critical need for early, school-based detection and intervention efforts (Kieling et al., 2011; World Health Organisation [WHO], 2021). Its suggestions for inclusive stakeholder involvement, teacher preparation, and screening promote the incorporation of worldwide evidence into locally relevant frameworks and support best practices for adolescent behavioural health.

These findings collectively point to the need for more nuanced, contextually sensitive approaches to understanding and addressing ODD among Nigerian adolescents. High overall prevalence, differences by school type, and developmental trends by age suggest that school-based mental health programs must be flexible and responsive to the diverse experiences of students. Cultural perceptions that view defiance primarily as a moral issue rather than a mental health concern may also influence how behaviours are identified and addressed in schools and communities (Atilola, 2016; Jidong, 2021). Addressing these challenges requires thoughtful, evidence-based strategies that move beyond punitive discipline to support adolescents' emotional and social development.

Conclusion

This study provides important evidence on the prevalence and correlates of oppositional defiant disorder (ODD) symptoms among in-school adolescents in Lagos State, Nigeria. The high proportion of students identified as being at moderate or high risk underscores the need to prioritise adolescent mental health within school settings. Findings that private school students reported higher levels of oppositional symptoms than their public-school counterparts highlight the importance of considering the unique cultural and institutional contexts in which behaviours emerge.

The observed decline in ODD symptoms with age reinforces the value of early identification and intervention, aiming to address oppositional behaviours before they become entrenched or escalate into more severe conduct problems. Moreover, the lack of significant sex differences in this adolescent sample suggests that prevention and intervention efforts should be broadly inclusive, without assuming uniform patterns of risk across gender lines.

Taken together, these results emphasise the need for contextually grounded, developmentally informed, and culturally sensitive approaches to screening, diagnosis, and support. School-

based mental health programs, professional development for educators, and engagement with families will be essential in building supportive environments that can identify and address oppositional behaviours effectively. By contributing local empirical data, this study aims to inform policy and practice, supporting the development of evidence-based interventions that promote healthier developmental trajectories and improved educational outcomes for Nigerian adolescents.

Recommendation

Based on the findings of this study, several recommendations are proposed to improve the identification, management, and prevention of oppositional defiant disorder (ODD) symptoms among in-school adolescents in Lagos State and similar contexts.

First, there is a clear need to develop and implement school-based mental health screening programs using standardised, culturally appropriate assessment tools. Early identification of students at moderate or high risk can enable timely referral to mental health professionals and the provision of appropriate support services.

Second, schools should incorporate evidence-based behavioural intervention programs that focus on emotional regulation, problem-solving skills, and positive peer relationships. Programs such as social-emotional learning curricula can help reduce oppositional behaviours and improve overall student well-being.

Third, teacher training and professional development initiatives should include components on recognising and responding to oppositional behaviours in the classroom. Equipping educators with practical strategies for classroom management, de-escalation techniques, and positive reinforcement can reduce reliance on punitive disciplinary measures and foster more supportive learning environments.

Fourth, family engagement should be strengthened through parent education programs that

address effective parenting strategies, communication skills, and the importance of consistent, non-coercive discipline. Given the influence of family dynamics on the development and maintenance of oppositional behaviours, involving parents is critical to the success of any intervention strategy.

Finally, policymakers and education authorities should prioritise investment in adolescent mental health infrastructure, including the employment of school counsellors and psychologists. Support should be allocated equitably across both public and private schools to ensure that all students have access to necessary mental health services, regardless of socioeconomic status or school type.

Limitations and suggestions for future research

While this study offers valuable insight into the prevalence and correlates of oppositional defiant disorder (ODD) symptoms among in-school adolescents in Lagos State, several limitations should be noted.

First, the study relied on self-reported measures, which may be subject to social desirability bias or limited insight among respondents. Future research should consider incorporating multi-informant approaches, including teacher and parent reports, to gain a more comprehensive understanding of oppositional behaviors across settings.

Second, the cross-sectional design limits the ability to infer causal relationships between demographic factors and ODD symptoms. Longitudinal studies are needed to track the development and persistence of oppositional behaviors over time, identify early risk markers, and evaluate the impact of interventions.

Third, while this study examined demographic variables such as age, sex, and school type, it did not explore other important contextual factors. Future research should examine the role of family structure, parenting practices, socio-economic status, and school climate in shaping

oppositional behaviours, as well as potential protective factors that may mitigate risk.

Fourth, the study focused exclusively on adolescents attending formal school settings. This may exclude vulnerable groups such as out-of-school youth who might experience different risk profiles or higher rates of behavioural disorders. Expanding research to include these populations would provide a more complete picture of ODD in the broader adolescent population.

Finally, future work should evaluate the effectiveness of culturally adapted, school-based intervention programs aimed at reducing oppositional behaviours and supporting student mental health. Rigorous trials assessing the impact of teacher training, family engagement strategies, and peer-focused interventions would help guide policy and practice in educational and clinical settings.

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