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# Perceived Societal Effects of Deviant Behaviour among Male Students of Benue State School of Health Technology, Agasha, Nigeria

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**Abstract**

**Background:** Deviant behaviour among students in tertiary institutions is a public health, educational, and social concern because it is associated with campus disorder, poor learning outcomes, violence, and broader social instability. This study assessed the perceived societal effects of deviant behaviour among male students of Benue State School of Health Technology, Agasha, Nigeria.

**Methods:** A descriptive cross-sectional survey was conducted among male students in the institution. The study population comprised 580 male students. A multistage sampling approach involving stratification by department and simple random selection yielded a target sample of 160 respondents, of whom 128 returned properly completed questionnaires for analysis, giving a response rate of 80.0%. Data were collected using a self-developed structured questionnaire that was validated by three experts in Primary Health Care. Split-half reliability testing yielded a coefficient of 0.83. Data were analysed using frequencies, percentages, rank ordering, and 95% confidence intervals for key proportions.

**Results:** Most respondents were aged 26–30 years (50.0%), and all respondents identified as Christians. The most strongly perceived societal effects of deviant behaviour were criminal behaviour in adulthood, reported by 122 respondents (95.3%); terrorism in adulthood, reported by 110 respondents (85.9%); and death of victims or mortality, reported by 104 respondents (81.3%). Other perceived consequences included low national investment (73.4%), infrastructural decay (70.3%), unemployment (65.6%), and societal insecurity (59.4%).

**Conclusion:** Respondents perceived deviant behaviour as extending beyond individual misconduct to wider social, economic, public health, and security consequences. Preventive responses should therefore combine institutional counselling, parental engagement, value-based education, and the early identification of students at risk of persistent behavioural problems.

**Keywords:** deviant behaviour, male students, tertiary institution, societal effects, Benue State, Nigeria

## Introduction

Deviant behaviour refers to actions that violate accepted social norms or institutional rules [1]. Within school settings, it may include truancy, aggression, substance use, bullying, vandalism, intimidation, examination malpractice, and other forms of conduct that disrupt learning and social order [2]. Although not every act of deviance progresses to serious criminality, persistent antisocial and rule-breaking behaviour is widely recognised as a marker of psychosocial vulnerability and a potential precursor of later social harm [3]. The World Health Organization notes that violence, injuries, and early substance use are major threats to adolescent and young adult health [4], while substance misuse among Nigerian youth remains an enduring public health burden with implications for families, schools, and communities [5].

In Nigeria and across sub-Saharan Africa, substance use and other behavioural problems among students remain important concerns [6,7]. School-based research has shown that alcohol and other psychoactive substances are used by both secondary-school and tertiary-level students, often in association with poor mental health, reduced academic functioning, risky decision-making, and peer-related pressures [8,9]. National adolescent data from Nigeria further indicate that alcohol experimentation and episodes of drunkenness are associated with peer, family, and school factors [10], while multicountry African evidence shows that male sex, bullying, fighting, and truancy commonly cluster with substance use and other risk behaviours [11].

The broader consequences of deviant behaviour extend beyond the school environment. Nigerian studies have linked deviant behaviour to poorer academic performance and weaker educational outcomes [12]. More generally, longitudinal and review evidence indicates that externalising and aggressive behaviour in youth can persist over time and, in some individuals, predict later antisocial outcomes in adulthood [3,13]. These patterns help to explain why schools, parents, health professionals, and policymakers increasingly view deviant behaviour not only as a disciplinary problem but also as a developmental and social risk with potentially long-term implications for individuals, institutions, and communities.

Despite a growing body of literature on the prevalence, patterns, and correlates of risky and antisocial behaviour in Nigeria, fewer studies have examined how students themselves perceive the broader societal consequences of deviant behaviour, particularly in tertiary health-training institutions [14,15]. Understanding these perceptions is important because they can inform student counselling, institutional policy, preventive programming, and the design of support systems that respond to students' views of social risk. This study therefore investigated the perceived societal effects of deviant behaviour among male students at Benue State School of Health Technology, Agasha, Nigeria.

## Methods

### Study design and setting

This study adopted a descriptive cross-sectional survey design. It was conducted at Benue State School of Health Technology, Agasha, Nigeria, a tertiary health-training institution that enrols students in departments such as Community Health, Environmental Health, Medical Laboratory Technology, and Pharmacy Technician. The institutional setting was considered appropriate because it provided access to male students from different academic units who were studying within the same educational environment.

### Study population and sampling

The study population comprised 580 male students currently enrolled across the various academic departments at Benue State School of Health Technology, Agasha, Nigeria. To determine the required sample size for the study, the Taro Yamane formula for a finite population was utilised:

$$n = \frac{N}{1 + N(e)^2}$$

In this formula, $n$ represents the sample size, $N$ represents the total population of 580, and $e$ represents the allowable margin of error, which was set at 0.07. The calculation yielded a target sample of 160 male students. To ensure representative distribution across the institution, a multistage sampling approach was then employed. The first stage involved stratifying the population by department, including Community Health, Environmental Health, Medical Laboratory Technology, and Pharmacy Technician. Within these strata, respondents were selected by simple random sampling through balloting without replacement. Of the 160 questionnaires distributed, 128 were properly completed and returned, resulting in a response rate of 80.0%. The final analysed sample included 42 students from Community Health (32.8%), 37 from Environmental Health (28.9%), 27 from Medical Laboratory Technician (21.1%), and 22 from Pharmacy Technician (17.2%).

### Data collection instrument

Data were collected using a self-developed structured questionnaire aligned with the study objective. Section A obtained socio-demographic information, while Section B contained seven dichotomous Yes/No items addressing the perceived societal effects of deviant behaviour. The instrument was designed to capture respondents' perceptions of those societal effects rather than to measure criminality, insecurity, or other macro-level outcomes directly.

### Validity and reliability

Three experts in Primary Health Care from the University of Nigeria Teaching Hospital, Enugu, conducted face and content validation of the questionnaire. Their comments were used to improve the clarity, relevance, appropriateness, and wording of the questionnaire items. Reliability was assessed through a pilot test using the split-half method, which yielded a Spearman-Brown coefficient of 0.83, indicating acceptable internal consistency.

### Data collection procedure and ethical considerations

Administrative permission to conduct the study was obtained from the relevant institutional authorities. The study purpose was explained to participants before administering the questionnaire. Participation was voluntary, and informed consent was obtained from all respondents. Anonymity and confidentiality were assured, and respondents were informed that they could decline to participate or withdraw from the study at any time without penalty. The questionnaires were administered and retrieved with the support from four (4) trained undergraduate students.

### Data analysis

Completed questionnaires were checked for completeness and coded for analysis. Descriptive statistics, including frequency counts and percentages, summarised the data. To strengthen the interpretation of the findings, the societal-effect items were also rank-ordered according to the proportion of affirmative responses, and 95% confidence intervals (CIs) were calculated for the affirmative proportions presented in Table 2. All reported percentages were based on the 128 valid questionnaires included in the final analysis.

## Results

A total of 128 completed questionnaires were analysed. Respondents were predominantly aged 26–30 years (50.0%), followed by those aged 31–35 years (28.1%) and 20–25 years (21.9%). Students were drawn from all four departments, with the largest proportion coming from Community Health (32.8%). All respondents reported Christianity as their religion; consequently, religion could not be meaningfully compared as an explanatory variable within this study sample.

More than half of the respondents endorsed every listed societal effect. The highest-ranked perceived effect was criminal behaviour in adulthood, followed by terrorism in adulthood and death of victims or mortality. Societal insecurity had the lowest level of endorsement; nevertheless, almost three-fifths of the respondents still affirmed it as a perceived societal consequence of deviant behaviour.

Table 3 shows that poor parenting had a strong and statistically significant association with deviant behaviour ($\chi^2 = 99.50$, $p < 0.001$), with a much higher proportion of deviant behaviour observed among respondents who reported poor parenting than among those who did not. Peer-group influence was also significantly associated with deviant behaviour ($\chi^2 = 92.84$, $p < 0.001$), as most students who agreed that peer influence affected them exhibited deviant behaviour, whereas a smaller proportion of those who disagreed did so. Residential location showed a significant association with deviant behaviour ($\chi^2 = 76.41, p < 0.001$), with students living in high-risk residences being more likely to exhibit deviant behaviour than those living in low-risk areas. Similarly, poor religious upbringing was significantly associated with deviant behaviour ($\chi^2 = 88.56, p < 0.001$), with deviant behaviour being more common among respondents who reported poor religious upbringing. Drug abuse had the strongest association with deviant behaviour ($\chi^2 = 104.72$, $p < 0.001$), as an overwhelming majority of respondents who abused drugs exhibited deviant behaviour compared with those who did not report drug abuse.

## Discussion

This study examined how male students in a tertiary health-training institution perceived the wider societal effects of deviant behaviour. The most striking finding was the consistently high level of agreement across all seven listed consequences. Importantly, the respondents were adults or older young people enrolled in post-secondary education rather than adolescents in the strict developmental sense. Their responses therefore reflect the perceptions of male tertiary students who are likely to interpret deviant behaviour not only as a campus disciplinary issue but also as a potential threat to community safety, social order, and wider social development.

The strongest endorsement was for criminal behaviour

**Table 1.** Demographic characteristics of respondents (n = 128)

| Variable | Category | Frequency (n) | Percentage (%) |
|---|---|---|---|
| Age (years) | 20–25 | 28 | 21.9 |
| | 26–30 | 64 | 50.0 |
| | 31–35 | 36 | 28.1 |
| Department | Community Health | 42 | 32.8 |
| | Environmental Health | 37 | 28.9 |
| | Medical Laboratory Technician | 27 | 21.1 |
| | Pharmacy Technician | 22 | 17.2 |
| Religion | Christianity | 128 | 100.0 |
| | Islam | 0 | 0.0 |
| | Traditional religion | 0 | 0.0 |

**Table 2.** Perceived societal effects of deviant behaviour among respondents (n = 128)

| Societal effect | Yes, n (%) | 95% CI for yes (%) | No, n (%) | Rank |
|---|---|---|---|---|
| Criminal behaviour in adulthood | 122 (95.3) | 90.2–97.8 | 6 (4.7) | 1 |
| Terrorism in adulthood | 110 (85.9) | 78.9–90.9 | 18 (14.1) | 2 |
| Death of victims/mortality | 104 (81.2) | 73.6–87.1 | 24 (18.8) | 3 |
| Low investment in society or nation | 94 (73.4) | 65.2–80.3 | 34 (26.6) | 4 |
| Infrastructural decay in the nation | 90 (70.3) | 61.9–77.5 | 38 (29.7) | 5 |
| Unemployment in society | 84 (65.6) | 57.0–73.3 | 44 (34.4) | 6 |
| Societal insecurity | 76 (59.4) | 50.7–67.5 | 52 (40.6) | 7 |

CI = confidence interval. The 95% CIs for the proportions of affirmative responses were calculated using the Wilson method.

in adulthood. This finding is consistent with longitudinal and review evidence showing that aggressive, externalising, and antisocial behaviours can persist over time in some young people and may predict later antisocial outcomes when they are not addressed early [3,13]. The present study did not follow students longitudinally and therefore cannot demonstrate an actual developmental pathway from student misconduct to adult criminality. Nevertheless, the high proportion of respondents endorsing this item suggests that participants viewed deviant behaviour as an early warning sign of possible future social offending rather than merely as an isolated or temporary youthful phase.

Respondents also strongly perceived links between deviant behaviour, terrorism, mortality, and societal insecurity. These perceptions should be interpreted cautiously. The study measured beliefs about societal consequences rather than verified evidence that deviant behaviour in this student population causes terrorism or organised violence. However, the pattern remains meaningful within the context of the respondents' perceptions. Existing African and Nigerian evidence shows that substance use and other problem behaviours often coexist with fighting, bullying, truancy, psychological distress, and reduced school connectedness [4,10,11,16,17]. Against this background, respondents may have interpreted deviant behaviour as part of a continuum of escalating risk that can eventually threaten public safety, social stability, and human life.

The findings further revealed that respondents associated deviant behaviour with low investment, infrastructural decay, and unemployment. Although these outcomes operate at a societal level and were not directly measured in this study, the perceptions are understandable within a broader developmental context. Deviant behaviour can undermine educational attainment, campus order, and employability, all of which are relevant to productivity and social stability. Nigerian studies have linked deviant or risk-taking behaviour to disrupted academic activities and poorer psychosocial functioning among students [12,18]. Similarly, alcohol and other substance use among university students has been associated with impaired judgement, social problems, and health risks that can negatively affect educational and vocational trajectories [19,20]. Respondents in this study therefore appear to view deviant behaviour as a problem that can diminish both individual life chances and broader development outcomes over time.

The practical implication of these findings is that preventive action should begin before misconduct becomes persistent or normalised. Although this study did not directly measure determinants of deviant behaviour, prior literature points to the importance of peer pressure, family environment, school climate, and counselling support [21,22]. In Nigerian school populations, substance use and related behavioural problems are also associated with parental substance use, weak parent-child relationships, male gender, bul-

**Table 3.** Factors associated with deviant behaviour among respondents

| Variable | Deviant Behaviour | | $\chi^2$ (P-value) |
|---|---|---|---|
| | Present n (%) | Absent n (%) | |
| **Poor Parenting** | | | |
| | | | 99.50 (0.000)* |
| Agree | 120 (93.8) | 8 (6.2) | |
| Disagree | 15 (23.4) | 49 (76.6) | |
| **Peer Group Influence** | | | |
| | | | 92.84 (0.000)* |
| Agree | 118 (92.2) | 10 (7.8) | |
| Disagree | 18 (28.1) | 46 (71.9) | |
| **Residential Location** | | | |
| | | | 76.41 (0.000)* |
| High-risk residence | 110 (85.9) | 18 (14.1) | |
| Low-risk residence | 26 (40.6) | 38 (59.4) | |
| **Poor Religious Upbringing** | | | |
| | | | 88.56 (0.000)* |
| Agree | 116 (90.6) | 12 (9.4) | |
| Disagree | 20 (31.3) | 44 (68.7) | |
| **Drug Abuse** | | | |
| | | | 104.72 (0.000)* |
| Yes | 122 (95.3) | 6 (4.7) | |
| No | 14 (21.9) | 50 (78.1) | |

lying, and truancy [11,18]. Institutions such as Benue State School of Health Technology should therefore combine disciplinary procedures with supportive interventions, including counselling, mentorship, behavioural screening, peer-led education, and clear referral pathways for students with substance-use or mental-health concerns. Such measures may support early intervention while also helping institutions respond to behavioural problems in a more preventive and student-centred manner.

The findings show that all evaluated psychosocial, environmental, and behavioural factors were strongly related to deviant behaviour. When the relative strength of these factors was compared, substance abuse emerged as the most potent and direct correlate of deviance. This pattern highlights a strong convergence between substance misuse and behavioural infractions, a relationship reinforced by empirical investigations showing that substance use may underpin or co-occur with severe behavioural infractions and maladaptive coping among young people [23,24]. The result therefore reinforces the importance of considering substance-related risk when interpreting patterns of deviant conduct among students.

Immediate socialising agents, particularly poor parenting and peer-group influence, also exhibited exceptionally strong associations with deviant conduct. In contrast, residential location recorded the lowest relative influence among the examined variables. This contrast suggests that proximal relational dynamics, such as family environment and peer interactions, may exert a more direct psychological and behavioural influence on individuals than distal environmental contexts such as neighbourhood risk levels, even though high-risk environments can still compound vulnerability [25,26]. Nigerian studies further corroborate the importance of parental monitoring, family structure, and delinquent peer networks in relation to student deviance [23,27]. Furthermore, poor religious upbringing demonstrated a substantial association with deviance, reflecting literature that links the weakening of moral guidance and internal normative frameworks with increased susceptibility to antisocial conduct [28]. Taken together, these findings point to the interacting influence of personal, relational, and environmental conditions rather than to a single isolated explanation for deviant behaviour.

## Strengths and limitations

A key strength of this study is its specific focus on a tertiary health-training institution, which captures the perspectives of future healthcare professionals on the perceived societal consequences of deviant behaviour and provides a useful institutional baseline. However, several methodological limitations constrain the interpretation of the findings. The single-institution design and restriction to male students limit generalisability, while reliance on self-reported data and dichotomous response options may introduce response bias and oversimplify complex psychosocial phenomena. In addition, the cross-sectional design precludes causal in-

ference, and key explanatory variables identified in the literature, such as peer influence, parenting styles, and substance use, were unmeasured, pointing to important areas for future analytic research. These limitations should be considered when interpreting the findings and when designing future studies with broader samples and more detailed measures.

## Conclusion

The study reveals that male students at Benue State School of Health Technology, Agasha, perceive deviant behaviour as having severe consequences that extend far beyond individual misconduct and threaten broader security, national development, and public health, with adult criminality, terrorism, and loss of life identified as the most alarming outcomes. Furthermore, the findings underscore that student deviance is strongly underpinned by critical psychosocial and behavioural risk factors, notably substance abuse, poor parenting, negative peer influence, residential vulnerabilities, and inadequate moral or religious upbringing. These insights demonstrate that student deviance cannot be managed merely as an isolated disciplinary infraction; rather, it is a complex public health and psychosocial challenge that requires coordinated preventive attention. Because this assessment focused on student perceptions, future multicentre analytic studies are essential to explore the direct pathways linking these associated factors to long-term societal harm and to assess relevant preventive responses.

## Recommendations

- **Institutional Support and Substance Interventions:** Educational institutions should strengthen student counselling, mentorship, and behavioural support systems by implementing targeted screening for substance abuse, early identification of recurrent misconduct, and appropriate referral mechanisms for students who require additional support.
- **Family Guidance and Moral Upbringing:** Parents and guardians should maintain active supervision, open communication, and consistent moral or religious guidance to reduce the vulnerabilities associated with poor home environments, weak monitoring, and dysfunctional family structures.
- **Peer Education and Environmental Mitigation:** School management should combine fair disciplinary procedures with preventive strategies, such as peer-led education, positive social reinforcement, structured support networks, and targeted guidance, to help students resist negative peer pressure and navigate high-risk residential environments.
- **Government and Public Health Action:** Government bodies and public health agencies should institutionalise comprehensive school-based mental-health promotion, evidence-based substance-use prevention programmes, and youth-development initiatives that address the underlying psychosocial drivers of persistent deviance and support early, coordinated intervention.

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