

Effect of a conventional and modified-cognitive behavioural counselling techniques on aggressive behaviour among pupils of Almajiri Integrated Schools in Gombe Metropolis

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ABSTRACT

This study addresses the issue of aggressive behavior among Almajiri school pupils, emphasizing its potential to escalate into violence and cause harm. The research aimed to investigate the effectiveness of a conventional and modified Cognitive Behavioral Counselling techniques in mitigating aggressive behavior among Almajiri pupils in Gombe Metropolis. The quasi-experimental design included 162 randomly selected pupils from five integrated Almajiri schools. Data collection involved the Hausa Version of Buss-Perry Aggressive Questionnaire, and analysis was conducted using ANCOVA. Results revealed that both Conventional Cognitive Behavioral Counselling (CCBT) and Religiously Modified-Cognitive Behavioral Counselling (RCBT) significantly reduced aggressive behaviors among Almajiri pupils. The intervention was not found to be age-insensitive. Furthermore, pupils exposed to counselling exhibited lower aggression levels compared to those without intervention. While no significant difference was observed between CCBT and RCBT, the latter appeared more effective in reducing aggressive behavior. In conclusion, the study recommends implementing both counselling techniques to address aggressive behavior among Almajiri pupils. It particularly emphasizes the efficacy of Religiously Modified-Cognitive Behavioral Counselling (RCBT) in achieving better results.

Keywords: Aggressive behaviour, Almajiri, Modified-cognitive behavioural counselling technique

Introduction

Almajiris have been observed to exhibit aggressive behavior, characterized by physical violence towards both fellow students and teachers, the use of abusive language, tantrums, and emotional outbursts. This aggressive behavior is identified as a behavioral disorder with detrimental effects not only on classroom instruction but also on the overall well-being of teachers. Anyamene and Nwakwe (2019) emphasized that aggressive behavior is a global concern across various societies, manifesting in incidents such as gang battles, shootings, bombings, and other forms of violence.

The researchers highlighted that aggressive behavior among almajiri school pupils encompasses a range of violent acts within the school setting, disrupting the learning process. In response, teachers have implemented punitive measures, including corporal punishment, rustication, expulsion, and other disciplinary actions, with the aim of mitigating aggressive tendencies. However, these measures have proven ineffective as they fail to address the underlying thought patterns contributing to the aggressive behavior among the almajiris.

The term Almajiri was etymologically emanated from the Arabic term 'Al-Muhajir' which means a migrant (Abubakar & Njoku, 2015). Its root stems from the prophet Muhammad migration from Makka to Madina. The companions who migrated with him were called 'Al-Muhajirun', meaning, 'migrants'.

Within the context of Nigeria, the word *Almajiri* is used to describe those who migrated from their residence to other domicile in pursuit of the knowledge of Islam (Abbo et al., 2017). The *Almajiris* (plural of *Almajiri*) are of different age categories from children to adults. The adults engage in some menial labour to earn a livelihood, whereas the children and the adolescents solicit for charities and food (Yaqub & Nasarawa, 2018).

The system of *Almajiri* education is mostly practised in Northern Nigeria, and is an entirely changed system of education compared to the conditions and form under which the system was functioning during the pre-colonial period (Dauda, 2011). Okonkwo and Alhaji (2014) added that the system has been forced to its

present pitiful state particularly with the emergence of the Britons. Dauda (2011) posited that begging was never involved during the pre-colonial period and certainly, the *Almajiris* were not condemned to doing menial jobs before they could eat.

It is observed by Shehu and Abdulrahman (2015) that the *Almajiris* offer services as dish washers in cafeterias and even find themselves in nefarious environment, which make some of them to intermingle with bad people, involving in illegal conducts such as stealing, pocket picking, and sometimes being mobilised to promote violence in return for money. Shehu and Abdulrahman (2015) added that the *Almajiris* waste their time in other unnecessary activities instead of acquiring knowledge; these acts expose them to various aggressive behaviours. Aggressive behaviour, which is a complicated marvel, can be observed from numerous perceptions. Aggression can be defined as any behaviour that causes a hurting experience to another individual or as actions that damage one self, other individuals or their belongings (Olutunde, 2017).

Many researchers are of the view that aggressive behaviour is a mindful effort whose main aim is to impose pain. This view suggests that any behaviour that causes pain or damage on another accidentally cannot be classified as aggressive behaviour. For the purpose of this study, aggression is defined as an intentional disruptive behaviour directed towards another that has adverse physical and psychological effects on the individuals.

According to Zakir et al. (2014) many of the *Almajiris* surveyed in their study had been engaged in one form of vices or the other. As an example, over 30% of *Almajiris* had once been involved in illegal act of rape, 52% had been involved in abuse of substances such as cigarette, glue and Indian hemp. The study further informed that 18% of the *Almajiris* complained that during the course of their begging activities miss their colleagues, while 76% of the *Almajiris* complained that they missed not visiting their parents and this did not form a solid association between them and their parents.

Similarly, Yaqub and Nasarawa (2018) conducted a research on the Involment of *Almajiris* in Violent Crimes in Sokoto Metropolis; their research exposed that *Almajiris* are engaged in misconducts like stealing, pickpocketing, corporal punishment, fighting, stealing, fighting, inter religious violence and petty delinquency and street crimes. Goment and Esomchi (2017) also opined that *Almajiris* get exposed to all sort of vices and divergent behaviours and immoral actions due to their interaction with bad people such as drug addicts, gamblers and prostitutes. Their study shows that *Almajiris* are exposed to some various crimes that can also affect their mindset.

Aggression among *Almajiris* is obvious as Mohammed (2019) posited that the *Almajiris* are children who move unhindered under the watch of their parents, respecting nobody in their society and being manipulated by the politicians to the detriment of their future. Due to these features, aggressive behaviours among *Almajiris* is considered to be a challenge issue which needs to be addressed. Some researchers like Yaqub and Nasarawa, (2018) stressed the need for establishing counselling centers to monitor all the *Almajiri* school activities, were *Almajiris* will be helped to determine their personal vocational and educational issues to outshine difficulties.

Literature abounds with a wide range of interventions by professional counselling psychologists meant to treat or correct aggressive behaviours. Such include interventions such as cognitive behavioural; token economy; behavioural rehearsal, modeling, reinforcement; punishment; thought-stopping; family therapy and self-management, (Ahmed, 2016) From the aforementioned techniques, cognitive behavioural counselling techniques is one of the most effective methods appropriate for dealing with aggressive behaviour, stress, depression, anxiety, school phobia, social phobia, eating disorder, anger management and irrational thinking. Through cognitive restructuring, one can expose *Almajiris* to their weaknesses and improve their self-esteem and confidence (Tor – Anyiin,

2015).

Cognitive behavioural counselling technique emphasises on the persons' mind and intellectual developments. It is understood that an individual's behaviour is a reflection of the individual's beliefs. A behaviour modification reflects the modification in the individual's beliefs. Destructive beliefs irritate destructive activities while constructive beliefs irritate positive activities and consequences. The goal of cognitive counselling is to train the person to control his/her mind and beliefs so as to produce various ways of judging and behaving (Akpama, 2013). He added that the person must be able to ascertain, evaluate, block and initiate his beliefs the way he desires for cognitive counselling to be effective. Uneducated and sluggish individuals should be helped to pass through cognitive counselling with comfort.

Cognitive behavioural counselling techniques (CBT) is suitable in assisting an individual to acquire the fact and consequently act contrarily and hence give himself or herself self-treatment whenever he or she has faulty thoughts. Ahmed (2016) observed that cognitive behavioural has been used as a supportive technique in the treatment of school refusal, modifying erroneous beliefs and thoughts in order to facilitate or obtain emotional and behavioural desired modification. Lawan (2016) posited that, CBT emphasises on educating individuals who display aggressive and violent behavior to better recognize and control their aggression, discover numerous managing mechanisms to channel better the feelings and thoughts related with violent behaviour, and learn how to evaluate the consequences of aggression appropriately. Nigeria is an African society, having religion as one of its prominent values and culture, dealing with behavioural problems through the applications of models based on Western values and philosophy might not yield the needed results and might even be resisted by the client (Ishfaq et al., 2014).

Keeping in view the strong need for adaptation of counselling technique in a culture rather than the west, a religiously (Islam) modified counselling technique needs to be offered to

address aggressive behaviour among the *Almajiris*. Islam being the religion of the *Almajiris* and the values, orientation and ways of life of these *Almajiris* is deeply rooted in Islamic principles. Thus, the adoption of a therapy-based on Islamic principles needs to be presented in order to enhance the acceptability and effectiveness of such a therapy (Beshai et al., 2012). To address the problems of aggressive behaviour among *Almajiris*, a religiously (Islamic) modified cognitive restructuring technique is thus vital.

The rationale behind using this technique is that *Almajiris* are more likely to accept religiously modified CBT than the secular one. To this end, Ishfaq et al. (2014) posited that all therapies deal with humans and its effect are on the view that; religion, culture and society on human mind and personality cannot be denied. To gain good efficacy, counselling process must incorporate religious aspects in its techniques, and CBT is no exception. Literature bound shows the effectiveness and the role of religiously-modified cognitive restructuring techniques on numerous problems related to behavior. Studies like Beshai, et al. (2012); Vervatsoulis (2013); Ishfaq et al. (2014); Pearce et al. (2015); Summermatter & Kaya (2017); Khan & Ghazi (2017); Koenig et al. (2015) and Aouchekia et al. (2017) among several others have revealed numerous roles and efficacies of religiously modified-cognitive restructuring counselling techniques.

Religiousl-modified cognitive behavioural counselling technique is popularly and widely used and acceptable by guidance counsellors, psychologists, medical doctors, psychiatrists, clinical social workers and other professional helpers, (Ahmed, 2016). Religiously modified CBT follows the same principles and style of conventional CBT and practices several of equal tools, only that in religiously-modified CBT the explicit use of the religious tradition of the client is a major foundation in identifying and replacing unhelpful behaviours and thoughts to decrease the symptoms of aggression (Pearce et al. 2015).

The escalating prevalence of aggressive behavior, especially among *almajiri* school

pupils, poses a significant threat to youth and national development in our society. Undesirable behaviors, including radicalism, dishonesty, lying, stealing, pickpocketing, corporal punishment, fighting, inter-religious violence, petty delinquency, and street crimes, are on the rise. Despite efforts by religious organizations and schools to instill moral values, these behaviors persist, prompting scholarly discussions about their roots among almajiris school pupils. Some attribute these behaviors to religious beliefs, cultural factors, and social studies education. Although previous studies have explored spirituality, cultural influences, and social studies individually, there is limited exploration of counselling intervention addressing moral vices in almajiri schools, particularly in Gombe State. To fill this gap, the present study aims to assess the effectiveness of conventional and religiously-modified cognitive restructuring techniques, based on Islam, in addressing aggressive behaviors among pupils in Almajiris integrated schools in Gombe metropolis.

Research Objectives

The objectives of this research are:

1. To determine the effect of age on aggressive behaviour among Almajiri school pupils of Almajiri Integrated Schools in Gombe Metropolis.
2. To determine the effect of CCBT and RCBT counselling intervention on aggressive behaviour among Almajiri school pupils of Almajiri Integrated Schools in Gombe Metropolis.
3. To determine the interaction effects of age, CCBT and RCBT counselling intervention on aggressive behaviour among Almajiri school pupils of Almajiri Integrated Schools in Gombe Metropolis.

Research Hypotheses

This study sought to test the following hypotheses:

1. There is no significant main effect of age on aggressive behaviour among Almajiri school pupils of Almajiri Integrated Schools in Gombe Metropolis.
2. There is no significant main effect of CCBT and RCBT counselling intervention

on aggressive behavior among Almajiri Integrated Schools in Gombe Metropolis.

3. There is no significant interaction effects of age CCBT and RCBT counselling intervention on aggressive behavior among Almajiri school pupils of Almajiri Integrated Schools in Gombe Metropolis.

Methodology

The research utilized a pretest, posttest, and control group quasi-experimental design, with variables including treatment (religiously cognitive behavioural therapy, cognitive behavioural therapy and control), and age. The target population of this study involved entire *Almajiris* of Almajiri Integrated Schools in Gombe metropolis. There are five Almajiri Integrated Schools in Gombe metropolis with the total number of 5,961 (Dauda & Adepoju, 2022). Simple random sampling was used in drawing up three out of the five schools involved in this study. From each of the selected schools, one intact class was selected using simple random sampling technique. In all, three intact classes constitute the study sample at class level. All *Almajiri* pupils of each of the selected classes constitute the participants for the study, which in all these comprised 162 pupils with an average age of 16 years.

Aggression was measured using the Hausa Version of Buss-Perry Aggression Questionnaire (HVBPAQ). HVBPAQ is an instrument translated by Dauda and Adepoju (2022) to measure signs of aggressive behavior, consisting of 29 items categorized into physical aggression (Items 1-9), verbal aggression (10-14), anger (15-21), and hostility (22-29). The face and content validity of the instrument were assessed through Lawshe's content validity and it shows the reliability of 23.39 and 0.81 for Content Validity Index (CVI) and Content Validity Ratio (CVR) respectively, which indicates that the instrument is valid for assessing of aggressive behavior among Almajiri pupils of Gombe metropolis. The internal consistency estimate obtained using the Cronbach alpha was .81 and the coefficient of stability obtained using Pearson's Product Moment Correlation was .89.

The study unfolded in three stages: (1) pre-treatment, involving a general introduction, rapport establishment, and administration of the Hausa Version of Buss-Perry Aggressive

Questionnaire (HVBPAQ); (2) treatment, where participants in the experimental groups underwent a six-week Religiously-Cognitive Behavioural Group therapy program and Cognitive Behavioural Group therapy program, contrasting with the control group that were not exposed to any treatment; (3) post-treatment

evaluation, where both groups underwent post-tests using the same HVBPAQ to determine treatment efficacy. Analysis of Covariance (ANCOVA) was employed to test hypotheses at a 0.05 significance level.

RESULTS

Table 1: Summary of the Analysis of Covariance (ANCOVA) for Test of Significance between the Mean Score of Experimental Groups and Control Groups with respect to Aggressive Behaviour

Source	Type III sum of square	Df	MS	F	Sig
Corrected Model	70092.624	26	2695.870	17.649	.000
Intercept	6483.686	1	6483.685	42.447	.000
Pretest total	3732.249	1	3732.249	24.434	.000
Age	1544.327	10	154.433	1.011	.437
Treatment	39128.253	2	19564.127	128.082	.000
Age *Treatment	3540.356	13	272.335	1.783	.052
Error	20620.833	135	152.747		
Total	944112.000	162			
Corrected total	90713.457	161			

Significant at sig of $F < .05$

Table 2: Pair wise Comparisons of Aggressive Scores among the 3 levels of the counselling intervention

Table 2: Dependent Variable: Post Test Aggressive Score Group (I) Group (J) Mean Difference (I-J) Std. Error Sig

Group (I)	Group (J)	Mean Difference (I-J)	Std. Error	Sig
Conventional CBT	Religiously Modified CBT	6.064	3.221	.062
Control	Conventional CBT	35.163	3.128	.000
Control	Religiously Modified CBT	41.227	3.028	.000

Ho₁: There is no significant main effect of age on aggressive behaviour among Almajiris of Almajiri integrated schools in Gombe metropolis.

The result presented in Table 1, indicates that, the F-value associated with 1.011 and is not significant at $p < 0.05$. Therefore the null-hypothesis is accepted. This indicates that age does not significantly influence aggressive behaviour among Almajiri school pupils in Almajiri integrated schools in Gombe metropolis.

Ho₂: There is no significant main effect of CCBT and RCBT counselling intervention on the aggressive behaviour among Almajiris of Almajiri integrated school in Gombe metropolis.

The result presented in Table 1, indicates that the F-value of 128.082 associated with the treatment was significant at $p < 0.05$. This shows that the null-hypothesis is rejected. Therefore, there is significant difference among the aggressive mean scores of Almajiris treated with the conventional cognitive behavioural

counselling technique and control group.

H₀₃: there is no significant interaction effects of age, CCBT and RCBT counselling intervention on aggressive behaviour among *Almajiris* of Almajiri integrated school in Gombe metropolis.

The data presented in the Table 1 indicated that the F-value associated with the interaction effect of age and treatment is 1.783 and is not significant at $p < 0.05$. Therefore the null hypothesis is not rejected. This indicates no interaction influence of age and treatment on aggressive behaviour among Almajiri school pupils in Gombe metropolis.

Findings

1. The finding of the results indicated that Conventional Cognitive Behavioural Counselling (CCBT) and Religiously Modified-Cognitive Behavioural Counselling (RCBT) had a significant effect in reducing aggressive behaviours among the Almajiri pupils and that the counselling intervention strategy was not sensitive to the age of Almajiris.
2. The results further indicated that the Almajiris exposed to the counselling intervention strategy had significantly lowered level of aggressive behaviour in comparison to those not exposed to the counselling intervention.
3. No significant differences in aggressive behaviour was detected between Almajiris exposed to CCRT and RCBT although RCBT reduced aggressive behaviour more than CCRT.

Discussion

The study examined the effect of Conventional Cognitive Behavioural Counselling (CCBT) and Religiously Modified-Cognitive Behavioural Counselling (RCBT) on aggressive behaviours among pupils of almajiri integrated schools in Gombe metropolis. The result indicates that age does not significantly influence aggressive behaviour among Almajiri school pupils in Almajiri integrated schools in Gombe metropolis. This finding corroborates that of Okoiye & Adebisi (2015), Adeusi (2013),

Olutunde (2016) and Hsieh and Chen (2017) that observed that there was no significant effect of age on the aggressive behaviours of their subjects. In the same vein, the finding contradicts that of Ojewola (2014) who observed that age significantly affected aggressive behaviour among adolescents in Ogbomoso, Oyo State that were exposed to media violence. This may be as a result of the method employed in this study and the cultural and social variations between Almajiris in Gombe and adolescents in Ogbomoso.

The study also revealed that there is no significant difference among the aggressive mean scores of Almajiris treated with the conventional cognitive behavioural counselling technique and those treated with religiously modified-cognitive behavioural counselling technique, but there is significant difference with those that were not exposed to any form of counselling. This shows that CCBT and RCBT counselling interventions are effective in reducing aggression among Almajiris. This result is in line with the findings of Okoiye & Adebisi (2015) which showed that cognitive Behavioural and Rational Emotive Behavioural counselling techniques were active in changing an individual's behaviour with challenges of drug abuse. The outcome of this study is also corroborated with the findings of Khan and Ghazi (2017); Hosseini et al. (2017); Obiagaeri (2018); Adeusi (2013) and Ahmad (2016) in their separate studies show that different behavioural counselling techniques were effective in producing a behavioural change in their subjects.

To know the direction of the effectiveness of the treatment, Pairwise Comparisons of the respondent's Aggressive level among the 3 levels of the counselling intervention were conducted, and the outcomes were presented in Table 2. Table 2 indicates that the mean difference between the conventional cognitive behavioural therapy and religiously modified-cognitive behavioural therapy is 6.064 and is not statistically significant at $p < 0.05$. This implies that although religiously-modified cognitive behavioural therapy was able to reduce aggressive behaviour among the Almajiris of Gombe metropolis by 6.01 points the difference

was not statistically significant. These findings are in agreement with Hossein et al. (2017), Khan and Ghazi (2017), Koenig et al. (2015), Berk et al. (2015), Safara et al. (2012), Pramasona & Taneepanichskul (2018), and Daher, Koenig, Pearce, Nelson, Shaw, Berk, Belinger, Robins, Cohen and King (2016) in their separate studies found conventional and religiously modified CBT produced similar improvements in their treatment scores.

Table 2, indicates that, the mean difference of 35.163 between the aggressive scores of the control group and the conventional CBT group was statistically significant ($p < 0.05$). In the same vein, the mean difference of 41.227 in the aggressive scores between the religiously modified cognitive behavioural therapy and the control group is significant ($p < 0.05$).

It can thus be concluded that both the conventional cognitive behavioural therapy and the religiously modified cognitive behavioural therapy significantly contributed to decreasing aggressions among Almajiri school pupils in Gombe metropolis.

The result of this finding was anticipated since CBT is a counselling strategy that is intended at assisting individuals to be conscious of when they act, interpreted action, or behave in such a way that could change their thinking and beliefs. As a result, may assist persons to develop another positive way of thinking and behaving which will in one way or the other help to decrease aggressive behaviour among individuals. Obiagaeri, (2018) also showed that the CBT treatment method was more on the decrease of aggression among individuals.

Considering the mean differences of these groups, Table 2, indicates that the mean difference of 35.163 between the control group and the religiously modified cognitive behavioural therapy is less than the main difference of 41.227 between the control group and the conventional cognitive behavioural therapy. Thus, religiously modified cognitive behavioural therapy was more effective than conventional cognitive therapy in decreasing the aggressive behaviour among Almajiri school pupils in Gombe metropolis. Although the

difference was not statistically significant. This result is in consonance with Khan & Ghazi (2017), Koenig et al. (2015), Hossain et al. (2017), Safara et al. (2012), Berk et al. (2015), Pramasona & Taneepanichskul (2018), Wiffen (2014) and Daher et al. (2016) who, in their separate studies, observed that individuals who are extremely religious clients had somewhat greater improvement in their scores with religious CBT, compared to conventional CBT.

The finding of this study also indicates that there is no interaction influence of age and treatment on aggressive behaviour among Almajiri school pupils in Gombe metropolis. The outcomes implied that the treatment is not sensitive to the age of Almajiris that is the treatment work equally effective among all the age groups. The outcomes of this study is corroborated with the previous study of Hsieh and Chen (2017); Berk, et al. (2015); Okoiye & Adebisi (2015) which exposed there was no statistically significant differences in the interaction influence of age and counselling intervention among their subjects.

The study does not take into account the external factors such as the socio-economic background of the participants, family support, or cultural values, which may impact the effectiveness of the treatment.

The study contributes to the development of effective interventions for addressing aggressive behaviour among pupils of almajiri integrated schools in Gombe Metropolis. It also provides insight into the applicability and effectiveness of conventional modified-cognitive behavioural therapy as a treatment option for aggressive behaviour in a unique cultural context.

Conclusion

The study aimed at determining the effects of conventional cognitive therapy and religiously modified-cognitive behavioural therapy in decreasing aggressive behaviour among Almajiri school pupils in Almajiri Integrated Schools in Gombe Metropolis. Based on the data analysed, the result indicated that the level of aggression among Almajiris after the treatment reduced. This shows that CCBT and RCBT

counselling intervention strategies have the potential to reduce aggressive behaviour among the Almajiris. Although RCTB could be more effective, the effectiveness over CCBT is not significantly better.

Recommendations

From this study, the researchers recommended that conventional and religiously-modified cognitive restructuring counselling techniques should be used by counselling psychologists to combat aggressive behaviour among Almajiris. It is also suggested that religiously modified-cognitive restructuring counselling techniques should be used since it appeared to be more effective in treating Almajiris with aggressive behaviour. As a result, the two counselling intervention strategies were not sensitive to age, counsellors that intend to address aggressive behaviour among Almajiris of Gombe State not bother as to which counselling strategy to use that will be age-appropriate.

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