



## TEACHERS' PERCEPTION OF THE PREVALENCE AND CAUSES OF BEHAVIOUR DISORDERS AMONG CHILDREN WITH INTELLECTUAL DISABILITIES IN IBADAN, OYO STATE

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### ABSTRACT

*This study investigated teachers' perception of the prevalence of behaviour disorders among children with intellectual disabilities in Ibadan, Oyo State, Nigeria. The independent variable considered in the study is teachers' perception while the prevalence of behaviour disorders among children with intellectual disabilities in Ibadan is the dependent variable. The study adopted a survey research design. Fifty (50) teachers were selected from five schools and a care-giving center in Ibadan, Oyo State, Nigeria as participants. A validated questionnaire named "Teachers' Perception of the Prevalence of Behaviour Disorders among Pupils with Intellectual Disabilities" (TPPBDPID)  $r = 0.78$  was used as instrument to gather data for the study. Data were analysed using the Pearson Product Moment Correlation. The decision criterion for acceptance or rejection of the various hypotheses was set at 0.05 alpha levels. The study revealed that there were no significant relationships between teachers' gender, educational status and teaching experience with their perception of behaviour disorder among pupils with intellectual disabilities. However, broken home, uninviting home environment among others, caused behaviour disorders among pupils with intellectual disabilities. Recommendations were made for parents, teachers and government to be very vigilant and always be at alert to identify any behaviour that is against the acceptable norm within their homes, classrooms, schools and appropriate measures should be used to manage it.*

### INTRODUCTION

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult behaviour disorders that are outside the norm for their age (American Academy of Child and Adolescent Psychiatry 2013). The most common behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). These three behaviour disorders share some common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating factors can include emotional problems, mood disorders, family difficulties and substance abuse.

Children with behaviour disorders are not rare and almost everyone has come into contact with one of these children at one time or the other. These are youngsters who are in conflict with themselves and those around them. They fail to establish close and satisfying ties with other people. Some youngsters are withdrawn; the great majority strike out with hostility and aggression. The category of behaviour disorders includes conduct disorders, socialized aggression, anxiety and withdrawal, Attention Deficit Hyperactivity Disorder (ADHD), and childhood psychoses. Behaviour disorders are frequent in children with an intellectual disability, regardless of the underlying etiology. They are often disabling, and can create problems in everyday life and can mask, or reveal, an organic or psychiatric illness. Such behaviours are often chronic and more than one may be present in the same individual. This is further complicated by the fact that parents often do not seek help for the problem, perhaps believing that it is due to the child's disability and cannot be treated. Behaviour disorders are complicated and may include many different factors working in combination. For example, a child who exhibits the delinquent behaviours of Conduct



Disorder may also have ADHD, anxiety, depression, and a difficult home life (American Academy of Child and Adolescent Psychiatry 2013).

Behaviour disorders in individuals with intellectual disabilities clearly constitute a significant clinical concern. A 3-year longitudinal study of 13 preschool children by Green, O'Reilly, Itchon and Sigafos (2005) suggests that behaviour disorders can emerge early and are highly persistent. There is mounting evidence that the majority of severe and chronic behaviour disorders demonstrated by school-aged children and adolescents stem from behaviour patterns that are established during early childhood. The prevalence of this behaviour disorders among pupils with intellectual disabilities has been a great cause of the inability of most of them not being able to cope adequately and functionally well with the school works and this has post a lot of concerns to those involved in their education and the provision of care to these sects of children. Teachers' concerns about their students' most frequently and seriously troublesome behaviour are of international interest to managers and policy-makers in education services. It has therefore been for a century an area of continuing research interest. With the recent increase in international interest in education, especially in raising educational standards, it is hardly surprising that these concerns remain a significant area of educational research interest.

Some of the identified probable causes of behavioural disorders include low birth weight, premature birth, individual temperament, domestic violence, poverty, poor parenting, learning difficulties, brain damage, developmental disabilities, parental psychopathology etc., (Reid, Webster-Stratton & Hammond, 2007; Bicknell, Conboy-Hill, 1992). Over seventy years ago, in a US study comparing teachers and mental hygienists, Wickman (1928) was the first to explore systematically teachers' concerns about children with emotional and behavioural difficulties. His data were based on teachers' ratings of the relative seriousness of 50 items of troublesome behaviour. The term 'seriousness' meant the undesirability of the various behaviour disorders, the evidence of child maladjustment and the difficulty encountered in coping with them. He postulated that teachers were mostly concerned about aggressive behaviour, acting out and disobedience, or in other words, about overt behaviour, and least concerned about personality and emotional problems, or intrinsic forms of behaviour. Although his methodology has often been criticized, Wickman's 'classical investigation' has been replicated frequently since that time across different countries. Numerous studies investigating teachers' concerns have largely corroborated the order of seriousness of children's behaviour which he found (Hutton, 1984; Dawson, 1987; Kyriacou and Roe, 1988; Borg and Falzon, 1989; Kauffman *et al.*, 1991; Langfeldt, 1992; Stuart, 1994).

The rate at which individuals with autism spectrum disorders present with intellectual disability (ID) has been estimated at 70% (Fombonne, 1999), and within these populations aggression is one of the behaviours most likely to be identified for intervention (Didden, Duker, & Korzilius, 1997; Horner, Carr, Strain, Todd, & Reed, 2002). Aggression can have serious consequences on the quality of life experienced by the individual across their development, in both the short and long term. The potential threat to personal safety and the safety of others has resulted in the institutionalization of many individuals with developmental disabilities as historically most community placements were hesitant to accept individuals who exhibited aggression (de Zubicaray & Clair, 1998). The presence of aggression may result in restrictive environments and the use of intrusive procedures. Jacobson and Ackerman (1993) found that restrictive behavioural programmes were most commonly employed for the treatment of aggression, and that pharmacotherapy was employed more than behavioural methods in a study of 31,000 people in the New York State Developmental Services system. In addition, studies indicate that acceptance of intrusive procedures increases with behaviour severity (Witt & Elliott, 1985). At best aggression



results in a loss of educational time, at worst it is a major barrier to education as it increases risk of exclusion from the educational setting. Duncan, Matson, Bamburg, Cherry, and Buckley (1999) investigated the differences in social skills among four groups with severe and profound intellectual disability with the presence or absence of co-morbid behaviour disorders including self-injury and aggression. Their findings demonstrated that individuals displaying behaviour disorders presented with a restricted range of social behaviours (measured using the Matson Evaluation of Social Skills for Individuals with Severe Retardation) compared to those who did not emit behaviour disorders.

According to American Academy of Child and Adolescent Psychiatry (2013), Behaviour disorders appear to be more common in boys than in girls, and they are more common in urban than in rural areas. Between 5% and 15% of school-aged children have Oppositional Defiant Disorder (ODD). A little over 4% of school-aged children are diagnosed with Conduct Disorder (CD). Behaviours that may signal the beginnings of ODD or CD can be identified in preschoolers. Most children with ODD symptoms "grow out of it" but some do not. Some may go on to develop CD. Children and adolescents with CD whose symptoms are not treated early are more likely to fail at school and have difficulty holding a job later in life. They are also more likely to commit crimes as young people and as adults. (American Academy of Child and Adolescent Psychiatry 2013). Considerable primary and secondary school research reports male students as more disruptive than female students across the majority of behaviour disorders (Borg & Falzon, 1989; Houghton et al., 1988; Kaplan, Gheen & Midgley, 2002; Merrett & Wheldall, 1984; Stephenson et al., 2000; Wheldall & Merrett, 1988).

Research from the Early Years (Years Prep to Year 4) suggests that additional management strategies are needed for 5% of male students and 2% of female students in an average class (Stephenson et al., 2000). Whether these trends continue into the middle years is unknown, as little research has considered the perceptions of teachers involved in the middle years. Central to investigating the behavioural differences throughout the transition period is the usage of a single study sample involving primary and secondary school students, an element often neglected in research samples. One study that has investigated the behaviour disorders across primary and secondary school is that conducted by Haroun and O'Hanlon (1997a). These researchers investigated the behaviour disorders of concern to Jordanian schoolteachers. However, the sample only reflects the behaviour patterns of male students, due the structure of the Jordanian education system. It was demonstrated that there were distinct changes in the behaviours considered as disruptive to the classroom environment across primary and secondary levels (Haroun & O'Hanlon 1997a). Talking out of turn (TOOT) was identified as the most frequent behaviour disorders exhibited by both primary and secondary school students. However there was large discrepancy between the percentages of primary and secondary school teachers finding this behaviour problematic (57% and 35% respectively).

Seventeen percent of secondary teachers found bullying to be of concern while in contrast, primary school teachers failed to note the behaviour as a concern. How the behavioural changes progress from primary school to secondary school is not clear, as this study that considered primary and secondary school samples combined all primary school levels and contrasted these with a combined sample of all secondary school levels. The implications of the transition period on student behaviour and comparisons involving discrete year levels have not been investigated. It has been observed by Tuckman (1975) that the classroom is alive with affective behaviour and that everything that happens reflects an underlying affective state. This implies that children's moral attitude, for instance, may influence their inclination to cheat or not to cheat; their attitudes to achievement might influence their concentration and effort, and their interest in what is being taught by the teacher might influence their tendency to behave in either orderly or disorderly manner in



school. Some of the conduct behaviour disorders of primary school children that have been identified in literature include lying, stealing, and bullying (Durojaye, 1972). Other conduct problems identified among secondary school students by Nwachukwu and Anyanwu (1999) include those of social maladjustment, habit formation, personal hygiene, academic work, moral defects and emotional reaction or insecurity.

The normal child, according to Okoro (1984), is expected to be interested in his/her work, be disciplined, as well as possess the ability and intelligence to cope with activities in school and successful. This view is consistent with the research finding of (Obioha & Habtai, 1986) that school adjustment variables such as the extent of student's adjustment to school norms and practices, his/her relationship with teachers and peers, attitude to school work are determinant of academic success. Since cognitive and affective processes are interrelated, good thinking may variably depend on attitudes, values and motivations that animate individual child's character. Development of sound attitudes and morals in the child should be one of the important functions of primary school teachers. They need to observe children daily in and out of the classroom and also need to reward desirable behaviour and change the undesirable ones for promotion of good attitudes, values and academic excellence in primary school children.

In reviewing the behaviour disorders, literature has it that all teachers regardless of gender commonly report talking out of turn (TOOT), disturbing or hindering other students, and non-attending as the most problematic and most frequent behaviour disorders (Houghton et al., 1988; Haroun & O'Hanlon, 1997a; Stephenson et al., 2000; Wheldall, 1991). It appears that the behaviour disorders that are most concerning to teachers are not major infringements or violent behaviour, but rather they are minor infractions and repeated disruptions that are most problematic. However, it is important to consider the definition of behaviour disorders relevant to each study, as there is no uniform definition. For the purpose of the current study, behaviour disorders has been defined as an activity that causes distress for teachers, interrupts the learning process and that leads teachers to make continual comments on the student (Haroun & O'Hanlon, 1997a; Houghton et al., 1988). Teachers frequently report high levels of concern for student behaviour (Haroun & O'Hanlon, 1997a; Houghton et al., 1988; Merrett & Wheldall, 1984; Stephenson et al., 2000), although there is often high variability between research findings. Thirty-three to 62 percent of teachers across primary and secondary schools have reported TOOT as the most frequent or the most troublesome behaviour disorders, and 13 to 25 percent of teachers have reported hindering others as the most frequent and most troublesome behaviour (Houghton et al., 1988; Wheldall & Merrett, 1988).

Although the motor coordination difficulties of children with DCD are readily observable both in classroom and physical education settings, children with DCD are commonly under-recognized until academic failure begins to occur (Fox & Lent, 1996; Miller et al. 2001). Classroom and special education teachers are often the initial source of referral in cases when they notice poor skill development interfering with classroom work and overall academic performance (Sugden & Wright, 1998). While teachers do identify some children with DCD, the literature suggests that teachers miss many children who may be experiencing motor limitations in their classrooms and that this may be related to a number of factors (Dunford, Street, O'Connell, Kelly, & Sibert, 2004; Green et al., 2005; Junaid, Harris, Fulmer, & Carswell, 2000; Piek & Edwards, 1997). One solution to the problem, teacher checklists, has not worked well as they are often lengthy (Henderson & Sugden, 1992) and may have poor sensitivity (Junaid et al., 2000). It is important to learn more about teachers' perceptions of what constitutes a motor problem.



Much of the literature examining teachers' perceptions has focused on teachers' expectations of the academic performance of typically developing children and teachers' perceptions of students who are struggling academically, and/or who have behavioural or emotional difficulties (Shaywitz, Shaywitz, Fletcher, & Escobar, 1990; Tiedemann, 2002; Vogel, 1990). Studies of children with developmental disabilities have shown that a greater number of males to females are identified by classroom teachers than in research identified samples, suggesting that the child's gender may play a significant role in the identification process (Shaywitz et al., 1990; Vogel, 1990). For example, several researchers have hypothesized that as a result of gender bias, females with developmental disabilities may be under-identified (Anderson, 1997; Berry, Shaywitz, & Shaywitz, 1985; Gershon, 2002; Gillberg, 2003; Vogel, 1990; Wehmeyer & Schwartz, 2001). Teacher identified samples of children with DCD report much higher numbers of males to females than is outlined by the APA (Geuze & Kalverboer, 1987; Geuze & van Dellen, 1990; Missiuna, 1994; Mon-Williams, Wann, & Pascal, 1999; Peters & Wright, 1999). In fact, researchers working in the DCD field have wondered whether a gender selection bias may also be occurring when teachers are asked to identify children with motor difficulties (Gillberg, 2003; Taylor, 1990). Alternatively, it may be that the discrepancy found between research- and teacher-identified samples may be due to the presence of co-occurring difficulties. These speculations have not been tested empirically.

Another factor that may influence teachers' perceptions is classroom behaviour, particularly behaviour disorders. Several researchers have stated that because boys are more active (regardless of whether or not they have a disability), they are more likely to disrupt traditional classroom environments and to be noticed by classroom teachers (Anderson, 1997; Vogel, 1990; Wehmeyer & Schwartz, 2001). The presence of behavioural disturbances may increase the likelihood that teachers will become concerned about children's development and make referrals to special education. Researchers have speculated that females with developmental concerns, who are quiet, withdrawn or depressed, may be 'missed' (Anderson, 1997; Berry et al., 1985; Shaywitz et al., 1990; Vogel, 1990; Wehmeyer & Schwartz, 2001). Teachers' perceptions of the behaviour frequently observed in children with DCD may influence teachers' awareness of their motor difficulties.

There has been limited investigation of teachers' perceptions of the motor abilities of typically or poorly-coordinated children (Granleese, Turner, & Trew, 1989; Hay & Donnelly, 1996). Much of the research investigating motor skills relates to whether gender differences in motor skill ability exist or whether notions about motor abilities are gender-stereotyped (Nelson, Thomas, Nelson, & Abraham, 1986; Thomas & French, 1985; Toole & Kretzschmar, 1993). Some research in this area suggests the presence of small gender differences prior to puberty (Nelson et al., 1986, 1991; Thomas & French, 1985). Several researchers propose that because females and males are treated differently even as infants, it is difficult to sort out gender differences from differential socialization and that early stereotypical message regarding motor activities may simply be reinforced by teachers in the classroom and on the school playground (Thomas & French, 1985; Thomas & Thomas, 1988). Teachers may have different perceptions of the motor abilities of boys and girls and have stereotypical expectations of their performance level on different types of motor tasks, based on their gender.

There is no published literature regarding the role that child gender, child behaviour or type of motor problem may play in influencing teachers' perceptions of children's movement problems. However, there is some speculation that these factors might influence teachers' perceptions. As previously outlined, children with DCD may exhibit many behavioural and emotional/social difficulties, which can be observed readily in the classroom



setting. Behaving in a disruptive (or even non-disruptive) way may be a strategy used to cope with motor difficulties, or may be related to co-occurring learning and attention problems, which have been shown to be highly associated with DCD (Dewey, Kaplan, Crawford, & Wilson, 2002; Kadesjo & Gillberg, 1998; Kaplan, Wilson, Dewey, & Crawford, 1998).

### **Statement of the Problem**

Behaviour disorder is a common feature of developmental disabilities in childhood and adolescence. Although behaviour disorders also occur in typically developing children, and are often absent in many children without developmental disabilities, behaviour disorders are three to four times more common in children with developmental disabilities in comparison to those without. Furthermore, behaviour disorders in children with disabilities are more severe and persistent, and appear to contribute to higher levels of parental stress and lower levels of wellbeing in comparison to parents with children without disabilities. Research has also shown that behaviour disorders has a number of negative consequences for children, including rejection from peers, poor academic outcomes, and increases in the risk of children becoming recurrent juvenile offenders.

It is therefore on this wise that the researchers surveyed teachers' perception of the prevalence of behaviour disorders among pupils with intellectual disabilities in Ibadan with a view of beaming light on the relevance and necessity of identifying these behaviour disorders among children with intellectual disabilities and also see how to help their teachers to cope with the presence of such children in their classrooms.

### **Purpose of this study**

The general purpose of this study is to explore teachers' perceptions regarding the prevalence of behaviour disorders among pupils with intellectual disabilities. The specific purposes of the study are as follow:

1. To investigate teachers' perception of the prevalence of behaviour disorders among pupils with intellectual disabilities.
2. To investigate teachers' perception of the causes of behaviour disorders among pupils with intellectual disabilities.
3. To examine the relationship between Teachers' gender and their perception of behaviour disorders.

### **Research Questions**

The following research questions were raised for the purpose of this study to serve as a guide to the study:

1. What is teachers' perception of the prevalence of behaviour disorders among pupils with intellectual disabilities?
2. What is teachers' perception of the causes of behaviour disorders among pupils with intellectual disabilities?

### **Research Hypothesis**

This hypothesis was formulated to cover an aspect of the study which the research questions raised could not answer;



There is no significant difference between teachers' gender and their perception of behaviour disorders among pupils with intellectual disabilities.

### **Significance of the Study**

The study is significant because it reveals how the knowledge of the existence of behaviour disorders among the pupils by teachers can impact on the education of pupils with intellectual disabilities in Ibadan. The findings from the study would also be an eye-opener to parents, teachers, researchers, and special educators, professionals working with children with disabilities and other stakeholders to discovering the neglected aspect of life of these children that has long been forgotten or abandoned. Apart from the above, teachers would also be able to know the prevalence of behaviour disorders in their classrooms, how to cope/manage them and also to discover a new approach to educating pupils with intellectual disabilities that also manifest various behaviour disorders in their classes.

Through the findings of this study, parents would also derive more knowledge of the prevalent of behaviour disorders among their children and also be of great assistance to the teachers in helping them to manage some of the behaviours disorders manifested by their children or wards. This study will also be beneficiary to the government who is the major stakeholder in education, because it will inform them of the prevalence of behaviour disorders in schools among school children and also assist to build-up teachers effectiveness through the organization of in-service training programmes for teachers. The study is also significant in that, it will be helpful to interested researchers on behaviour disorders to benefit from an expansion in the literature based on teachers' perception of the prevalence of behaviour disorders among pupils with intellectual disabilities.

### **METHODS**

#### **Participants**

The populations used in this study were teachers and caregivers working with pupils with intellectual disabilities in some special schools and centers in Ibadan. Fifty (50) participants were purposively selected from the randomized schools and centers listed below;

Home school for the handicapped Children, Ijokodo Ibadan

Cheshire home and school, poly road, Ibadan

I.M.G. practicing school, Oke-bola, Ibadan

HLA School for the handicapped children, Agodi Ibadan

Rehabilitation center, Moniya Ibadan

Child's Clinic, University of Ibadan

#### **Instrument**

A questionnaire titled "Teachers' Perception of the Prevalence of Behaviour Disorders among Pupils with Intellectual Disabilities" (TPPBDPID) was administered on all the participants. It consisted of three sections A - C. Section A sourced information on teachers' demographic data, section B required teachers to indicate the extent to which they agreed or disagreed with 11 identified probable behaviour disorders of children, section C



sourced information on teachers' perception of causes of behaviour disorders by requiring the teachers to indicate the extent to which they agreed or disagreed with 9 identified possible causes of behaviour disorders. The content of the questionnaire was arrived at after a systematic consideration of the research questions and literature review on the study. The drafted copy of the instrument was subjected to cross examination and modification by experts in the field of special education in order to determine and ascertain the face validity of the instrument. The experts requested to judge the appropriateness, comprehensiveness and clarity of items of the questionnaire.

### Procedure for Data Administration and Collection

Questionnaires were administered on all the participants with the help of research assistants who are teachers in the schools and caregivers in the centers selected for the study. Copies of the instrument were distributed and collected after one week. Section B and C of the questionnaire were scored 4, 3, 2, 1 and 0 for strongly agree, agree, disagree, strongly disagree and no opinion, respectively.

The data gathered from the participants were analyzed with the use of simple descriptive statistics of frequency counts and percentages. The hypotheses formulated for the study were tested using Pearson Product Moment Correlation. The decision criterion for acceptance or rejection of the various hypotheses was set at 0.05 alpha levels.

## RESULTS

Research Question 1: What is Teachers' Perception of the prevalence of Behaviour Disorders among Pupils with Intellectual Disabilities?

Table 1: Perceived Behaviour Disorders among Pupils with Intellectual Disabilities

S/N	ITEM	Strongly Agree	Agree	Disagree	Strongly disagree	No Option
1	People with intellectual disabilities are bunch of noise maker	11(22%)	14(28%)	19 (38%)	6 (12%)	0 (0%)
2	Fighting is a common behavior among children with intellectual disabilities	6 (12%)	23(46%)	12 (24%)	5 (10%)	4 (8%)
3	Children with intellectual disabilities are found to be great liars.	2 (4%)	15(30%)	18 (36%)	12(24%)	3 (6%)
4	Stealing others people things is highly rampant among children with intellectual disabilities.	7 (14%)	11(22%)	20 (40%)	9 (18%)	3 (6%)
5	Untidiness is the nature of children with intellectual disabilities	7 (14%)	26(52%)	6 (12%)	10(20%)	1 (2%)
6	Willful disturbance of classroom/ class activities is a usual occurrence among children with intellectual disabilities.	10 (20%)	16(32%)	12 (24%)	10(20%)	2 (4%)
7	Disobedience to teachers is not unusual among children with intellectual disabilities	4 (8%)	18(36%)	10 (20%)	15(30%)	3 (6%)
8	Children with intellectual disabilities derive great pleasure loitering around the school than remaining in the classroom.	15 (30%)	23(46%)	7 (14%)	4 (8%)	1 (2%)
9	Destruction of school properties willfully is common among children with intellectual disabilities	11(22%)	16(32%)	13 (26%)	8 (16%)	2 (4%)
10	Sexual abuse is more noticeable among children intellectual disabilities	18 (36%)	17(34%)	6 (12%)	9 (18%)	0 (0%)
11	Children with intellectual disabilities are full of dishonesty.	5 (10%)	11(22%)	17 (34%)	10(20%)	7 (14%)



The result on Table 1 answers the question what are Teachers' Perceived Behaviour Disorders among Pupils with Intellectual Disabilities? From the above result, it is evident that 25 respondents (50%) agreed that noise making is prevalent while the remaining 25 respondents (50%) disagreed that it is not so. Also, 58% of the respondents agreed that fighting is a common disorder among pupils with intellectual disabilities while 34% of the respondents disagreed and 8% of the respondents were of no opinion. As regards lying among pupils with intellectual disabilities as a behaviour disorder, 17 (34%) of the respondents agreed while 30 (60%) disagreed and 3(6%) are of no opinion at all. On the item either stealing is a behaviour disorder among pupils with intellectual disabilities, 18(36%) respondents agreed while 29(58%) of the respondents disagreed with the item and the remaining 3(6%) respondents are of no opinion to the item.

Touching untidiness, 33(66%) of the respondents agreed that it's a behaviour disorder among pupils with intellectual disabilities while 16(32%) respondents disagreed with the item and 1(2%) is of no opinion to the item. Willful disturbance of school/classroom activities is agreed to be a behaviour disorder among pupils with intellectual disabilities by 26(52%) of the respondents, while 22(44%) responded negatively to the item and 2(4%) are of no opinion to the item. 22(44%) of the respondents agreed that disobedience is a prevalent behaviour disorder among pupils with intellectual disabilities, while 25(50%) of the respondents disagreed and 3(6%) are with no opinion to the item.

38(76%) respondents strongly agreed that pupils with intellectual disabilities derived great pleasure in loitering around the school instead of remaining in the classroom, 11(22%) of the respondents disagreed and 1(3%) has no opinion on the issue. Destruction of school properties willfully is agreed upon by 27(54%) of the respondents to be a prevalent behaviour disorder among pupils with intellectual disabilities while 21(42%) of the respondents disagreed with the issue and 1(2%) is of no opinion on the issue. Talking on sexual abuse as a prevalent behaviour disorder among pupils with intellectual disabilities, 35(70%) of the respondents agreed that it is a prevalent disorder among them. The remaining 15(25%) of the respondents disagreed on the issue. As regards the item on dishonesty as a prevalent behaviour disorder among pupils with intellectual disabilities, 16(32%) of the respondents agreed while 27(54%) of the respondents disagreed and 7(14%) had no opinion regarding the item.

Based on the result of the findings in Table 1, the following behaviour disorders were perceived by the respondents to be the common behaviour disorders prevalent among pupils with intellectual disabilities in Ibadan;

- (i) Noise making
- (ii) Fighting
- (iii) Untidiness
- (iv) Willful disturbance
- (v) Loitering around the school
- (vi) Willful destruction of school properties
- (vii) Sexual abuse

The result of the findings therefore reveals that out of the eleven (11) identified behaviour disorders by the study, only seven (7) of them were perceived by the teachers and the caregivers to be found prevalent in their schools and centers among pupils with intellectual disabilities in Ibadan. This result is not surprising for it corroborates the findings of Amalaha (1979) who regarded two groups of identifiable behaviour disorders of school children, as conduct and personality problems. Conduct problems, according to him, refer to those problems in which children express behaviours which cause society suffering. They are anti – social behaviours directed against society for failing to reward or take note of those who engage in them. Such problems include disobedience, delinquency, fighting, negativism,



impertinence, destructiveness, temper tantrums, profanity, uncooperativeness, irresponsibility and laziness in school. Personality problems, on the other hand, refer to those problems whose expression cause suffering to the individual himself or herself. They include feelings of inferiority, lack of self-confidence, social withdrawal, shyness, anxiety, lethargy, inability to have fun, depression, hypersensitivity, drowsiness, clumsiness and shabbiness, daydreaming, tension, among others.

Some of the conduct behaviour disorders of primary school children that have been identified in literature include lying, stealing, and bullying (Durojaye, 1972). Other conduct problems identified among secondary school students by Nwachukwu and Anyanwu (1999) include those of social maladjustment, habit formation, personal hygiene, academic work, moral defects and emotional reaction or insecurity.

**Research Question 2: What is teachers' perception of the causes of Behaviour Disorders among Pupils with Intellectual Disabilities?**

Table 2: Perceived Causes of Behaviour Disorders among Pupils with Intellectual Disabilities.

S/N	ITEM	Strongly Agree	Agree	Disagree	Strongly disagree	No Option
1	Children with intellectual disabilities from a broken home are more prone to behavior disorder than those from non-broken home	23 (46%)	12 (24%)	7 (14%)	6 (12%)	2 (4%)
2	Neglected children with intellectual disabilities by their parents suffer more behavior disorders than non-neglected once	20 (40%)	20 (40%)	9 (18%)	1 (2%)	0 (0%)
3	Children from poor family background develop more behavior disorder than their counterparts from a rich family.	12 (24%)	22 (44%)	12(24%)	4 (8%)	0 (0%)
4	Parents' uncooperative attitude contribute to the development of behavior disorder among children with intellectual disabilities	21 (42%)	29 (38%)	9 (18%)	1 (2%)	0 (0%)
5	Education level of parents with children with intellectual disabilities contributes greatly to the development of behavior disorder	8 (16%)	17 (34%)	13(26%)	9 (18%)	3 (6%)
6	Some of the behavior disorder manifest by children with intellectual disabilities are inherited from their parents	8 (16%)	13 (26%)	17(34%)	9 (18%)	3 (6%)
7	Poor school environment also contribute to the development of behavior disorder among children with intellectual disabilities	6 (12%)	24 (48%)	8 (16%)	11(22%)	1 (2%)
8	Uninviting home environment contributes greatly to the development of behavior disorders among children with intellectual disabilities	9 (18%)	20 (40%)	11(22%)	5 (10%)	5 (10%)
9	Avoidance of corporal punishment also cause behavior disorders among children with intellectual disabilities	4 (8%)	10 (20%)	19(38%)	9 (18%)	8 (16%)



The result shown on Table 2 answers the question 'what are the Perceived Causes of Behaviour Disorders among Children with Intellectual Disabilities?' the result therefore shows the following results;

On the issue of broken home as a cause of behaviour disorders among pupils with intellectual disabilities, 35(70%) of the respondents agreed, 13(26%) disagreed while 2(4%) of the respondents do not had no opinion on the issue. Out of the 50 respondents used in the study, 40(80%) of them agreed that neglect by parents causes behaviour disorders among pupils with intellectual disabilities while 10(20%) of the respondents disagreed that it does not cause it. As regards poor family background as a cause of behaviour disorders among pupils with intellectual disabilities, 34 representing 68% of the respondents agreed to the statement while the remaining 32 respondents representing 32% disagreed with the statement.

40 of the respondents representing 80% of the total respondents agreed that parents' uncooperative attitudes contribute greatly to behaviour disorders among pupils with intellectual disabilities while 10 of the respondents representing 20% disagreed with the statement. The educational level of the parents as a cause of behaviour disorders among pupils with intellectual disorders was agreed upon by 25(50%) of the respondents, 22(44%) of the respondents disagreed with the statement while 3(6%) of the respondents had no opinion about the issue. The statement that behaviour disorders manifested by pupils with intellectual disabilities is as a result of inheritance from the parents, 21(42%) of the respondents agreed with the statement, 26(52%) of the respondents disagreed with the statement and 3(6%) had no opinion on the issue.

The respondents on the statement that poor school environment causes behaviour disorders among pupils with intellectual disabilities, 30 respondents out of 50 respondents used in the study representing 60% of the respondents agreed, 19(38%) respondents disagreed on the statement while 1(2%) respondent had no opinion on the statement. Concerning uninviting home environment as a cause of behaviour disorders among pupils with intellectual disabilities, 29 respondents representing 58% of the total respondents agreed with the statement, 16 respondents representing 32% of the total respondents disagreed with the statement while 5 representing 10% of the total respondents had no opinion. Avoidance of corporal punishment, 14 of the respondents representing 28% of the respondents agreed with the statement that the avoidance of corporal punishment causes behaviour disorders among pupils with intellectual disabilities, 28 respondents representing 56% of the population disagreed with the statement and 8 respondents representing 16% of the entire respondents used in the study had no opinion on the statement.

The result of the findings in Table 2 shows that the followings are the major perceived causes of behaviour disorders among pupils with intellectual disabilities in Ibadan. Of the nine (9) probable causes identified in the study, seven (7) were said by the respondents used in the study to be the causes of behaviour disorders among pupils with intellectual disabilities in Ibadan. The identified causes as result of the findings include the followings;

- (i) Broken home
- (ii) Neglect of children by parents
- (iii) Poor family background
- (iv) Uncooperative attitudes of parents
- (v) Educational level of parents
- (vi) Poor School Environment
- (vii) Uninviting home environment

The above causes are what were perceived by teachers as the causes of behaviour disorders among pupils with intellectual disabilities in Ibadan.



This result corroborates the work of authors whose works were consulted in the study as follow a variety of other factors (some directly and some indirectly related to the disability itself) are likely to contribute to the development of behaviour disorders. A variety of these factors have been identified in children with and without developmental disabilities, such as living in disadvantaged areas, coercive or poor parenting interactions (such as harsh, rigid, or inconsistent discipline practices) Reid, M. J., Webster-Stratton, C. and Hammond, M (2007), family processes, such as marital conflict and parental psychopathology (particularly maternal depression and high levels of parenting stress) Patterson, G. R (1982), and poor expectations of the child (Bicknell, J. and Conboy-Hill, S. 1992).

**Ho 1:** There is no significant relationship between Teachers' gender and their perception of behaviour disorders.

**Table 3: Pearson correlation table showing the relationship between Teachers' gender and their perception of behaviour disorders**

Variable	N	Mean	Std.	R	Sig.
Teachers' Gender	50	1.800	0.40406	0.53	0.714
Perception of Behaviour Disorders	50	3.5215	0.5698		

Table 3 shows the relationship between Teachers' gender and their perception of behaviour disorders. A Pearson Correlation Coefficient was calculated for the relationship between Teachers' gender and their perception on behavioural disorder. A strong, positive correlation was found ( $r(50) = 0.53, p < 0.05$ ), indicating the result that is not significant at  $p < 0.05$ , hence there is no significant relationship between teachers' gender and their perception of behaviour disorders. Therefore the null hypothesis that states that there is no significant relationship between teachers' gender and their perception of behaviour disorders is accepted. Teachers irrespective of gender frequently show high levels of concern for students' behaviour (Haroun & O'Hanlon, 1997a; Houghton et al., 1988; Merrett & Wheldall, 1984; Stephenson et al., 2000), although there is often high variability between research findings. Thirty-three to 62 percent of teachers across primary and secondary schools have reported TOOT as the most frequent or the most troublesome behaviour disorders, and 13 to 25 percent of teachers have reported hindering others as the most frequent and most troublesome behaviour (Houghton et al., 1988; Wheldall & Merrett, 1988). This corroborates the result of this study.

## CONCLUSION

The study focused on teachers' perception of the prevalence of behaviour disorders among children with intellectual disabilities in Ibadan. Based on the findings of the study, it was therefore concluded that; the following behaviour disorders; Noise making, Fighting, Untidiness, Willful disturbance, Loitering around the school, Willful destruction of school properties and Sexual abuse are the prevalent behaviour disorders among children with intellectual disabilities. Also, that the causes of behaviour disorders among children with intellectual disabilities comprised of the following; Broken home, Neglect of children by parents, Poor family background, Uncooperative attitudes of parents, Educational level of parents, Poor School Environment and Uninviting home environment.

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