

PREVALENCE OF CONDUCT DISORDER AMONG CHILDREN WITH MILD INTELLECTUAL DISABILITIES IN SOUTH-WEST, NIGERIA

ENIOLA, M.S, Ph.D

Department of Special Education,
University of Ibadan, Ibadan, Nigeria
and

ADESINA Olubunmi Oludolapo, Ph.D

Federal College of Education (Special), Oyo

ABSTRACT

Children with mild intellectual disability exhibit various forms of behavioural disorders, among which is conduct disorder. Conduct disorder is characterised by a pattern of behaviour that violates the basic right of others, norms, values and the rules of the community. The consequences of conduct disorder if not controlled among children with mild intellectual disability include truancy, thuggery, rape, abuse of drugs and such individuals become grossly unemployable leading to a life of total dependency. Factors responsible for the exhibition of conduct disorder among this group of children include the influence of both psychological and environmental factors. Previous studies indicated that behavioural disorders such as conduct disorder among children with intellectual disability is estimated to be higher than in the general population and it accounts for 30% to 50% children and adolescents psychiatric cases. The samples used in this study are eighty-four pupils from twelve special schools within South-West, Nigeria. The Slooson's Intelligence Test and Conduct Disorder Rating Scale Teacher's Version (CDRS-T) were used for data gathering with a value of 0.76 and 0.95 respectively. T-test and Analysis of Variance (ANOVA) were used for the analysis. This study revealed that children with mild intellectual disability in South-West, Nigeria exhibit conduct disorder and that conduct disorder is more common among children with mild intellectual disability who reside in Lagos state with a mean of (64.88) than children with mild intellectual disability from Ekiti, Ogun, Osun, Ondo and Oyo states. However, children with mild intellectual disability from Oyo state had the least prevalence rate of conduct disorder ($x=27.41$). Additionally, the prevalence of conduct disorder is higher in boys with intellectual disability ($x=40.02$) than girls ($x=37.42$).

Introduction

Many children all over the world, including Nigeria, exhibit behaviours that are injurious and disruptive to themselves and people within and outside their home environment. Often time, such behaviours

can be exhibited within a short while and go into extinction; this often does not call for agitation from parents, guardian, teachers and neighbours. However, some children including children with intellectual disability

exhibit such behaviours for quite a long time, thus resulting into poor academic performance, peer rejection, poor social relationship, and injuries to the child and people within the environment; emotional and health problems, anti-social behaviour both at adolescence and adulthood.

Doll (1996) opined that among the various forms of anti-social behaviours, which include oppositional defiant disorder, attention deficit hyperactivity disorder, temper tantrum, mood disorder, anxiety disorder and schizophrenia, conduct disorder is more common among children with intellectual disability. Conduct disorder is, therefore, defined as a psychological disorder diagnosed in children which presents itself through a repetitive and persistent pattern of behaviour in which the basic rights or major age-appropriate norms of others are violated (Humainda, 2012). It is one of the major causes of psychiatry disorder among children both with and without intellectual disability. It is, therefore a double tragedy when children with intellectual disability who were already disadvantaged cognitively exhibit conduct disorder such as aggression, lying, stealing, drug usage, smoking, rape, drug abuse and running away from homes.

According to American Psychiatry Association (APA) (2010), children who exhibit this disorder unless adequately treated or managed have 50% rate of becoming drug-users and criminals during adolescence stage while about 40% grow to develop anti-social personality disorder in adulthood. This implies that if children with mild intellectual disability exhibit conduct disorder, it may be very difficult for such children to be equipped with self-reliance skills and also live a successful adult lives.

The term conduct disorder was first used in 1968 by the American Psychiatric Association (APA) and since then, it has

been variously defined by many authors. Conduct disorder is one of the numerous antisocial behaviours commonly exhibited by both children and adolescents with intellectual disability all over the globe. The APA (2002) defined conduct disorder as a behaviour pattern that contravenes accepted social rules. To Kaplan, Sadoch and Grebb (1995), conduct disorder is a repetitive and persistent pattern of behaviour in which either the basic rights of others or major age-appropriate societal norms or rules are violated. In the view of Halgin and Whitebourne (2007) conduct disorder is one of the frequently diagnosed disorders in both out-patients and inpatient treatment programme for school children in the United States.

In addition, it is a childhood disorder characterised by the exhibition of inappropriate and destructive behaviours and involves repeated violations of the rights of others and society's norms and laws (El-Eidressi, 2005; Halgin and Whitebourne, 2007). Corroborating the earlier definitions of conduct disorder, Oyundoyin and Ogunyebi (2014) opined that conduct problems are those problems in which children with intellectual disability express behaviours which cause societal problem. The characteristics of conduct disorder in all children with intellectual disability include aggression to people and animal, violent behaviours, destruction of property, theft, drug use and abuse, deceitfulness, alcoholism, violation of rules and anti-social behaviours.

For a child with intellectual disability to be diagnosed as having this disorder, such a child must have put up the behaviour for an upward of twelve months and the behaviour must have had negative impact on the child's social and academic performance. Conduct disorder is therefore, a complicated group of

behavioural and emotional problems in children and adolescents with intellectual disability which have negative effects on the childrens' academic performance and social relationship and future goals. Very often, conduct disorder in children and adolescents with intellectual disability is associated with other conditions such as oppositional defiance disorder, attention deficit, hyperactivity disorder, psychiatric or other mental health disorder.

The American Psychiatry Association (APA) (2010) concurred that there are several psychological and environmental factors which contributed to the development of conduct disorder among children and adolescents with intellectual disability. These factors include neurological make-up, child biological structure, anxiety, fear, depression, school related problems, parental psychological composition, divorce, single parenthood, parental mental distress and violence both at home and school. In addition, Matrinovic and Dickon (2010) stated that there are numerous causes of conduct disorders among children with intellectual disability ranging from biological, psychological, social and multi-factorial. That is, the causative factors of conduct disorder is the interaction of very many factors such as poverty, school related problems, health issues, poor parenting styles, cognitive deficit, negative peer influence, poor academic performance, parents alcohol and drug addiction. However, the interaction of several factors can predispose children with mild intellectual disability to conduct disorder.

Further, Erk (2004) opined their findings on the determinants of conduct disorder on environmental factors stating that the potential risk factors responsible for conduct disorder among children and adolescents with intellectual disability

include; low family income, large family size, school-related problem(s), overcrowding, poor housing conditions, poor paternal supervision, parent criminality and parental discord. However, Dekker and Koot, (2003); Emerson, (2003) in a related studies reported that 35% to 40% of children and adolescents with intellectual disability are likely to have a diagnosable psychiatric disorder including conduct disorder which can be traced to psychological factors.

The occurrences of conduct disorder among children and adolescents with intellectual disability across the countries are well documented in literature. For instance, Phelps and McClintock (1994) reported that in New York 12% of school children had moderate level of conduct disorder while 4% had severe conduct disorder. The United States Department of Justice (2006) supporting the prevalence of conduct disorder among children and adolescents affirmed that among the youth in juvenile detentions, conduct disorder are between 23% and 87%. Similarly, the Children's Medical Mission (2012) concurred that 30% of children with conduct disorder continue with similar problems in adulthood. It was further stressed that conduct disorder is more common in males to continue into adulthood than in females. Females with conduct disorder often end up having mood and anxiety disorder as adults. Substance abuse is reported to be very high among such individuals and about 50% to 75% of ten years old children with conduct disorder will be abusing substances four years later.

Also, Bernstein (2014) reported that conduct disorder in United States among teenagers are estimated at 2% to 9%. Ercan, Baray, Basay, Durak and Ozbaran (2011) reported that conduct disorder is the most severe type of disruptive behaviour disorder common among atypically pre-school child.

It is among the most common psychiatric disorders in childhood and adolescence. Conduct disorder accounts for 30% to 50% children and adolescents referred to the psychiatric clinic (Kazdin, 1985). There are few or no existing data on the prevalence of conduct disorder among children and adolescents with intellectual disability in Nigeria. Also, there are few literatures on anti-social behaviours among the typically developed children and adolescents in Nigeria. A lot more still needs to be done in this area. The research aimed at investigating the prevalence of conduct disorder among children with mild intellectual disability within the South-West, Nigeria.

Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

- (1) There will be no significance difference in the prevalence of conduct disorder of children with mild intellectual disability from Ekiti, Lagos, Ogun, Ondo, Osun and Oyo States.
- (2) There will be no significance gender difference among children with mild intellectual disability in South-West, Nigeria.

Methodology

The population used consists of all children with mild intellectual disability from twelve public special schools in South-West, Nigeria. The sample used in this study comprised of eighty-four children with mild intellectual disability exhibiting conduct disorder. The sample were drawn from twelve out of the twenty-five public special schools for children with intellectual disability from Ekiti, Lagos, Ogun, Ondo, Osun and Oyo states which constitute South-West, Nigeria. The researcher purposively selected schools from Ekiti and Ondo

states since there were only one school each in each of these states while schools in Lagos, Ogun and Osun states were selected through simple random sampling. Schools in Oyo state were also selected using senatorial districts of Oyo central, North and South, using stratified sampling.

The Slosson's Intelligence Test developed by Slosson in 1981 was used to ascertain the adequate classification of children with mild intellectual disability used in this study while the Conduct Disorder Rating Scale developed by Waschbusch and Elgar in 2007 was also used in selecting 84 participants who exhibited CD among the participants from all the selected schools. The sample consists of 46 males and 38 females within the age range of 6 to 20. The two instruments used in this study for gathering data were Slosson's Intelligence Test and Conduct Disorder Rating Scale Teacher's Version.

Slosson's Intelligence Test: The Slosson's Intelligence Test (SIT) was developed and validated by Slosson (1961) and re-normed in 1981. It was designed and organised to assess the general intelligence of children and adults. Although the SIT is a foreign test, however, it was adapted to suit the sample used in this study. SIT was used in this study to reassess the intelligence quotient (IQ) of the respondents for adequate classification as children with mild intellectual disability.

Conduct Disorder Rating Scale Teacher's Version (CDRS-T): This scale was designed by Waschbusch and Elgar (2007) and it was used to screen the pupils for conduct disorder. The instrument consists of sixteen questions which help to classify the anti-social behaviours in children and adolescents as mild, moderate, severe and very severe problem. The scale was revalidated by the researchers in another school which was not included in this study and the correlation

coefficient result was 0.95 which indicate high content validity. Data analysis was done using t-test, standard deviation and analysis of variance (ANOVA)

Results

Hypothesis 1:

H_{01} postulated that there will be no significant difference in the prevalence of conduct disorder of children with mild intellectual disability from the six states investigated. To test the hypothesis, therefore, the standard deviation and ANOVA analysis were used in tables 1 and 2 respectively.

Table 1: Standard deviation showing the prevalence of conduct disorder

States	Mean	SD	NO
Lagos	64.88	11.84	17
Ogun	42.33	20.21	15
Ondo	33.90	7.25	13
Osun	29.54	8.55	10
Ekiti	27.43	5.68	7
Oyo	27.41	3.31	22
	38.78	17.99	84

Table 2: ANOVA showing prevalence of conduct disorder

Source	Sum of square	DF	Mean square	F	Sig.	Eta square
States	16866.977	05	3373.395	27.04	0.000	0.634
Error (Residual)	9732.261	78	124.773			
Total	26599.238	83				

As regards H_{01} , the result from the study indicated there was a significant difference in the prevalence of conduct disorder among children with mild intellectual disability from the six states investigated. The result is presented in order of magnitude: Lagos ($x=64.88$); Ogun ($x= 42.33$); Ondo ($x= 33.90$); Osun($x= 29.54$); Ekiti ($x= 27.43$); Oyo ($x= 27.41$). The null hypothesis is, therefore, rejected. Further ANOVA analysis

reveals ($F_{5,83}$) = 27.04, $p<0.5$. This implies that the prevalence of conduct disorder is higher among children with mild intellectual disability in Lagos than the rest of the five states.

H_{02} : There will be no significance gender difference among children with mild intellectual disability in South-West, Nigeria.

Table 3: T-test showing gender relationship

Conduct disorder	NO	Mean	Std. Dev.	Crit. t	Cal. t.	DF	P
Male	46	40.02	18.60	1.96	71	82	48
Female	38	37.42	17.14				

The result of this study in table 3 above indicates that there is significance difference in the conduct disorder of males and females children with mild intellectual disability from South-west, Nigeria, the null hypothesis is, therefore, rejected.

Discussion

The result of tables 1 and 2 reveals that there was a significant difference in the prevalence of conduct disorder among children with mild intellectual disability from Ekiti, Lagos, Ogun, Ondo, Osun and Oyo states. The study shows that the prevalence of conduct disorder is very high among children with mild intellectual disability in Lagos than the rest of the five states. This could be because Lagos state is an industrial state and densely populated. In addition, social vices are higher in Lagos than the other states. Also, it is because most parents in Lagos do not spend quality time at home with their children leaving the children in the care of house maids, neighbours and relatives. However, the prevalence of conduct disorder in Oyo state is relatively very low; this could be due to the fact that Oyo state is not an industrial state like Lagos but a civil service state which gives parents time to cater for their children after each day's work. It could also be because Oyo state is not densely populated and crime rate in the state is relatively very low. This result corroborates Humainda's (2012) finding which reported that the prevalence of

conduct disorder in Khartoun-Sudan was very low.

Also, the finding of this study corroborates that of Humanida (2012) which reported a significant difference in conduct disorder of males and females pupils of Khartoum, Sudan. Similar report was given by Fitzgerald and Kinsella (1994) that a fifth of the Irish children exhibit behavioural disorder with twice as many boys as girls classified in this way. Boys are vulnerable in terms of developing conduct and behavioural difficulties and for offending (Kolvin, Miller, Scott, Gatzanie & Fleeting, 1990). Anxiety disorders are more common among girls and disruptive conduct behaviour among boys (Martins & Carr, 2005). In addition, Maughan, Rowe, Messer, Goodman and Meltzer (2004); Santrock (2007) and the French National Medical Research Institute affirmed that conduct disorder is more predominant among boys than girls. However, Stranger, Kavussanu and King (2012) reported that the differences between genders may likely be biased by the diagnosis criteria which focus more on overt behaviours such as aggression and fighting, often exhibited by males. Females are more likely to be characterised by covert behaviours such as stealing or running away from homes. This finding therefore, shows that male children with mild intellectual disability are prone to conduct disorder than the female children.

Conclusion

Conduct disorder is a very common disorder among children with mild intellectual disability within South-west, Nigeria. It is one of the major causes of psychiatric and mental health problems among children with mild intellectual disability. The consequences of conduct disorder in children with mild intellectual disability can be very devastating for the children, parents and the community at large. It is, therefore, very important for parents and all stakeholders to prevent the occurrence of conduct disorder among this category of children and enhance the exhibition of desirable behaviours among children with mild intellectual disability.

Recommendations

The following recommendations are made based on the finding:

Parents of children with mild intellectual disability should spend quality time with their children. Similarly, government should formulate policies that will allow either or both parents to spend time with the children at home. In addition, parents and teachers of children with intellectual disability should pay close attention to boys since they are more prone to conduct disorder. Also the home environment of children with mild intellectual disability should be made conducive.

Finally, government at all levels should employ the services of psychologists and counselors to work alongside special teachers in all public special schools for children with intellectual disability.

References

- American Psychiatric Association (APA) (2002). *Diagnostic statistical manual of mental disorders: Text revision* (DSM-IV(R) (4th ed.). Washington, DC.
- American Psychiatric Association (APA) (2010). *Diagnostic statistical manual of mental disorders: Text revision* (DSM-IV(R) (5th ed.). Washington, DC.
- Bernstein, B., E. (2014). Conduct disorder. "Retrieved from <http://emedicine.medscape.com/article/918213-overview>"
- Children's Medical Missions (2012). Conduct disorder. <http://www.human-illness.com/Behaviour-Health-Br-Fe/conduct-Disorder.html>
- Doll, B. (1996). Prevalence of psychiatric disorders in children and youth: an agenda for advocacy by school psychology. *School Psychology Quarterly* 11 (1): 20-47.
- Emerson, E. 2003. Prevalence of psychiatric disorders in children and adolescents with and without intellectual disability. *Journal of Intellectual Disability Research* 47: 51-58.
- Ercan, E. S., Baray, B. K., Basay, O., Durak, S. and Ozbaran, B. 2011. Risperidone in the treatment of conduct disorder in preschool children without intellectual disability. *Journal of Child and Adolescent Psychiatry and Mental Health*, 5 (10) doi: 10. 1186, 17532000 510. "Retrieved March 20. 2 013 from <http://www.camph.com/content/5/1/10>"
- Erk, R. R. 2004. Study guide for selected DSM-IV-TR disorders. "Retrieved Aug. 4, 2011 from blogs.education.univ.edu/csi/...nce-study-guide-dsm-disorders.pdf"
- Fitzgerald, M., Jeffers, A., and Kinsella,

- A., (1994). A follow-up study of depressive illness in childhood. *British Journal of Clinical and Social Psychiatry*, 9, 12-15.
- Halgin, R. P. and Whitebourne, S. K. (2007). *Abnormal psychology: clinical perspectives on psychological disorders*. (5th edition.) Boston. McGraw-Hill.
- Humainda, I. A. (2012). Research on the prevalence of conduct disorder among primary school pupils in Khertoum-Sudan. *Journal of Science Research* 4(3)125-132. Retrieved online from DOI: 10.4236/health.2012.43020.
- Kaplain, H.I., Sadoch, B.J., and Grebb, J.A., (1995). *Synopsis of psychiatry* Maryland: Williams and Whlkins Mass.
- Kazdin, A. 1985. *Treatment of antisocial behaviour in children and adolescents*. Illinois: Dorsey Press
- Kolvin, I., Miller, F.J.W., Scott, D. M., Gatzanie, S.R.M., and Fleeting, M., (1990). *Continuities of deprivation? The Newcastle 1000 family study*. Aldershot, Avebury, United Kingdom.
- Maughan, B., Rowe, R., Messer, J., Goodman, R. and Meltzer, H. (2004). Conduct disorder and oppositional defiant disorder in a national sample: development epidemiology. *Journal of Child Psychology and Psychiatry* 45 (3) 609-621.
- Martins, M., and Carr, A., (2005). *Mental health service needs for children and adolescents in the south-east of Ireland: a preliminary screening study*. Health Service Executive Southern Area, Ref 08-05-0035.
- Oyundoyin, J.O. and Ogunyebi, O.O. (2014). Teachers' perception of the prevalence and causes of behaviour disorder among children with intellectual disability in Ibadan, Oyo State. *African Journal for the Psychological Study of Social Issues* 17, 2, 35-49.
- Phelps, L., and McClintock, K. (1994). Conduct disorder. *Journal of Psychopathology and Behavioural Assessment*, 11(1) 53-66.
- Slosson, R. L., (1961). Slosson intelligence test: revised SIT-R3. Retrieved online from www.wpspublish.com/store/p/-2973/slooson-intelligence-test-revised-sit-r3
- Stranger, N., Kavussanu, M. and Ring, C. (2012). Put yourself in their boots: effects of empathy on emotion and aggression. *Journal of Sport and Exercise Psychology* 34: 208-222.
- The French National Medical Research Institute (2005). Conduct disorder in children and adolescents. <http://www.partner37mydomainadvisory.com/search.php?pr=vmn&id=blakketb&=1-0-1-31-&cont=antiphiship-n&9=www.ncbi.nlm.nih.gov>.
- United States Department of Justice (2006). *Psychiatric disorders of youth in detention* (NCJ210331) Washington, DC:US. Government printing office.
- Waschbuschi, D.A. and Edgar, F.J. (2007). Development and validation of conduct disorder rating scale. *Assessment* 14(1) 65-74.