

## Prevalence of Disruptive Behaviour Among School Going Children in Tirupur District

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### ABSTRACT

**Aim:** The aim of the study was to identify disruptive behavior in school going children of age 5 – 14 years using Parent/Teacher Disruptive Behavior Disorder Rating Scale (DBDRS). **Objectives:** 1. To find out common disruptive behavior among school going children 2. To assess the disruptive behavior in school going children using Parent/Teacher Disruptive Behavior Disorder Rating Scale. **Methodology:** Totally 128 teachers and 698 students participated in this study from various schools in Tiruppur district. All subjects were assessed using Parent/Teacher Disruptive Behavior Disorder Rating scale. Rating was done based on the behaviour observed in the class during school hours. **Results & Conclusion** The common disruptive behavior among school going children is inattention. The second most common disruptive behavior is impulsivity. Behavior of violation of rules is commonly seen in both male and female students. There is an increased disruptive behavior among male students at the age of 5- 14 years.

**Keywords:** Behaviour disorder, parent/ teacher questionnaire, Occupational Therapy

Disruptive behavior disorders are one of the most common psychiatric disorders among children. In childhood, it is common to display behaviors such as tantrums, being defiant, talking back, and not listening. But in some cases, children may display behavior that may fall under the category of “disruptive behavior”. The behavior is basically which is seen in a typical child, but more intense, more frequent, more outgoing, and more difficult to control. Disruptive Behavior Disorders are a group of behavioral health conditions where children “disrupt” the people around them by acting out regularly.

The most common disruptive behavior disorders are: Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). The Diagnostic Statistical Manual- IV (American Psychiatric Association, 1994) classified ODD and CD as Disruptive Behavior Disorders.

Disruptive behavior disorders are increasingly being diagnosed in preschool children<sup>1</sup>. Results indicate that boys and girls alike suffer academically from the presence of disruptive

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classmates and that boys are particularly prone to misbehave when their classmates are disruptive.

Parent- child relationship may also determine Disruptive Behavior Disorders in children. In the home, lower levels of parental emotional support and supervision, low educational expectations, and physical discipline predict disruptive school behavior<sup>2</sup>.

Disruptive behaviors in early childhood (including oppositional, aggressive and hyperactive behaviors) are often stable and predictive of negative mental health outcomes in later life, ranging from school failure to substance abuse and criminality<sup>3</sup>. Disruptive Behavior Disorders in children can lead to a lifetime of social dysfunction, antisocial behavior and poor adjustment. The consequences of these behaviors affect not only the children who suffer from them, but their families, their peers and society as a whole.

Disruptive Behavior Disorder (DBD) is one of the most prevalent psychiatric disorders starting from childhood and is considered an important mental health problem of the society. DBDs may have distractive effects on the social, educational, personality, and behavioral relationships of people in their childhood and adulthood. There was 21.4% DBD behavior (17.7% oppositional defiant disorder and, 3.7% conduct disorder). The number of the boys was twice as that of the girls (28.7% vs. 14.4%). The students in grade 2 showed the lowest, and those in grade 3, 4 and 5 the highest prevalence rate of DBD. Due to the high prevalence of the disorder including DBD, and lack of enough attention to their consequences in children and adolescents, it seems necessary to identify these disorders so that they may be dealt with on time<sup>4</sup>.

Disruptive behaviors put children at greater risk for serious injury and illness, affect a child's success and cause great frustration for parents and teachers. Such children often are labelled and dismissed as "bad," reflecting the moral judgments of others. Families commonly feel desperate and vulnerable because of their child's disruptive behaviors. The primary care provider's non-judgmental approach can foster a more thorough and informative evaluation, helping restore hope to patients and their families<sup>5</sup>.

Children in classrooms with more disruptive children may require additional remediation, perhaps via smaller class sizes or more experienced teachers. Play therapy is an intense form of psychotherapy with children. Play endangers intrinsic motivation which drives the development of motor coordination, emotional expression and socialisation and the development of normative behavior. Families need ongoing support and help, both in terms of information about the condition and behavioural work around managing the child within the family.

Severe disruptive behavior disorder can be treated using multi-modal, intensive and evidence based treatment techniques. Cognitive behaviour therapy aims at changing clients' beliefs by treating beliefs as testable hypothesis to be examined through behavioural experiments jointly agreed upon by the clients and the therapists. The therapist does not tell the client that his belief is wrong but rather asks questions to elicit the meaning, function, usefulness, and consequences of clients' belief. The occupational therapist most often offers help and advice around managing the child's behavior and setting up routines and structures at home. Children with ADHD respond well to predictability and a well-structured environment.

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Many children with Disruptive Behavior has inappropriate behavior that interferes with the functioning and academic performance which results in low performance level. At older age, these DBD and maladaptive interactions tend to have greater severity. OT Model helps these children to adapt themselves to their environment and classroom setting. Hence the survey has been done to find out the prevalence of children affected with Disruptive Behavior Disorder.

### *Aim*

The aim of the study was to identify disruptive behavior in school going children of age 5-14 years using Parent/Teacher Disruptive Behavior Disorder Rating Scale (DBDRS).

### *Objectives*

- To find out the common disruptive behavior among school going children
- To assess the disruptive behavior in school going children using Parent/Teacher Disruptive Behavior Disorder Rating Scale

## **METHODOLOGY**

This study was conducted using descriptive study design, survey was conducted in thirty-seven schools in Tiruppur district of Tamilnadu. Initially the researcher obtained permission from Assistant Elementary Educational Officer of Tiruppur district. The same permission letter was circulated and got permission from Head Masters of 37 schools in Tiruppur district. Information about Disruptive Behavior Disorder, objectives of the study and method of administering Disruptive Behaviour Disorder Rating Scale<sup>1,6</sup> was explained to all school teachers handling primary and middle classes. The questionnaire containing 45 questions was given to the teachers and instructions were given regarding the questions to be answered by the teacher about the individual student without deviating from the original meaning of the questionnaire. With the knowledge of the researcher, teachers gave scores to every individual student based on the behaviour observed in the classroom. Teachers are requested to administer the scale for the pupils showing behaviour problems in classroom setting.

### *Selection Criteria*

#### **Inclusion Criteria**

- Age: 5 to 14 years
- Both male and female gender are included
- Primary and middle school students are included
- Children with inattention, impulsivity, hyperactivity are selected

#### **Exclusion Criteria**

- Students below the age of 5 are not included
- Students above the age of 14 are not included
- High school students are not included
- Children with other problems are excluded (Autism, Developmental Delay)

## **DATA ANALYSIS AND RESULTS**

Data analysis was done by using SPSS 23. The mean values were used to find out the common disruptive behaviour among school going children. The result is shown in the tables and graph.

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*Table 1 show the Frequency and Percentage of the study variables*

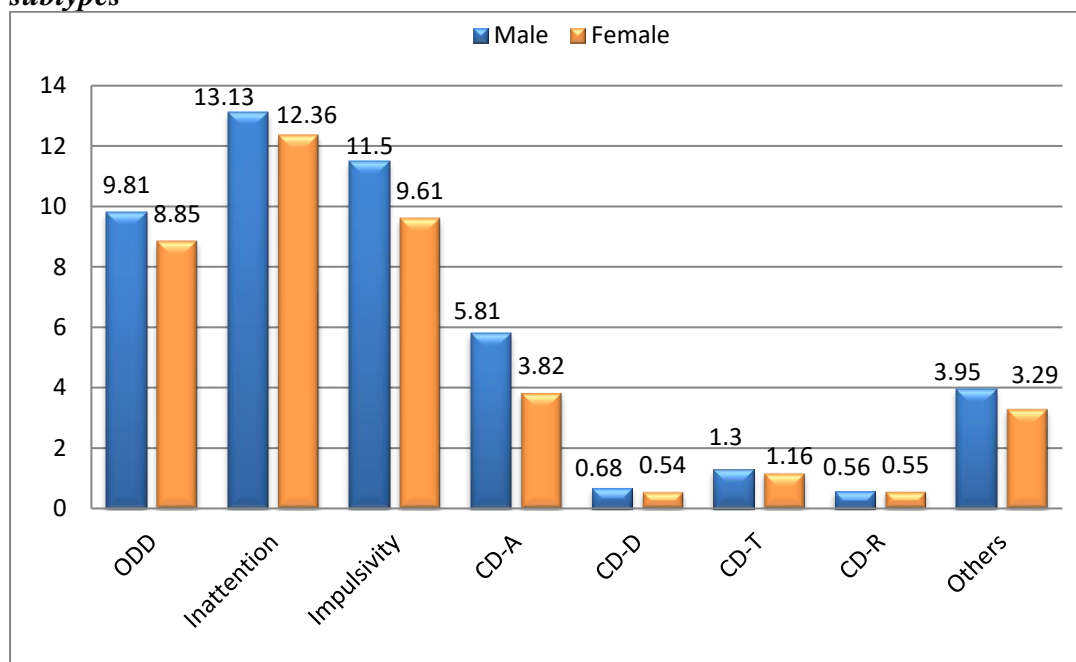
<b>Variables</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Age</b>	6	39	5.6
	7	59	8.5
	8	67	9.6
	9	98	14
	10	90	12.9
	11	118	16.9
	12	108	15.5
	13	86	12.3
	14	32	4.6
	15	1	0.1
<b>Grade</b>	1	54	7.7
	2	78	11.1
	3	83	11.9
	4	91	13
	5	116	16.6
	6	108	15.4
	7	101	14.4
	8	67	9.5
<b>Gender</b>	Male	553	79.3
	Female	145	20.6

*Table 2 Shows the Mean and Standard Deviation of Disruptive Behavior Disorder subtypes between male and female*

<b>Variables</b>	<b>Gender</b>	<b>Total (N)</b>	<b>Mean</b>	<b>Standard Deviation</b>	<b>t value</b>
<b>ODD</b>	Male	553	9.81	5.3	1.9537
	Female	145	8.85	5.29	
<b>Inattention</b>	Male	553	13.13	6.13	1.3213
	Female	145	12.36	6.85	
<b>Impulsivity</b>	Male	553	11.5	6.22	3.2728
	Female	145	9.61	6.11	
<b>CD-A</b>	Male	553	5.81	4.22	5.1842
	Female	145	3.82	3.61	
<b>CD-D</b>	Male	553	0.68	1.03	1.4123
	Female	145	0.54	0.88	
<b>CD-T</b>	Male	553	1.3	1.62	0.9374
	Female	145	1.16	1.53	
<b>CD-R</b>	Male	553	0.56	1.1	0.1044
	Female	145	0.55	1.08	
<b>Others</b>	Male	553	3.95	2.95	2.395
	Female	145	3.29	2.92	
<b>Total score</b>	Male	553	46.74	20.24	3.4665
	Female	145	40.18	20.44	

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*Graph 1 shows the Mean and Standard Deviation of Disruptive Behavior Disorder subtypes*



**Table 2** and **Graph 1** shows that the common disruptive behaviour among school children is inattention and the second common behaviour is impulsivity. It also shows that there is an increased prevalence of DBD among male children.

## DISCUSSION

The aim of the study was to identify disruptive behavior among school going children aged 5-14 years. Totally 698 students were selected from various schools. This study was conducted in Tiruppur district. From Tiruppur district 32 schools were selected randomly. The samples were collected and informed consents were obtained. The Disruptive behavior was assessed using Parent/Teacher Disruptive Behavior Disorder Rating Scale (DBDRS). Demographic details, scores of DBD rating scale was tabulated and statistically analysed with SPSS 23.

Table 1 shows the frequency and percentage of the variables which includes age, grade and gender. While comparing the age group between 6 to 14, 39 children belong to 6 years, 59 children belong to 7 years, 67 children belong to 8 years, 98 children belong to 9 years, 90 children belong to 10 years, 118 children belong to 11 years, 108 children belong to 12 years, 86 children belong to 13 years, and 33 children belong to 14 years. On comparison of grade between I to VIII standard, 54 children belong to I standard, 78 children belong to II standard, 83 children belong to III standard, 91 children belong to IV standard, 116 children belong to V standard, 108 children belong to VI standard, 101 children belong to VII standard, and 67 children belong to VIII standard. In gender comparison, 553 children are male and 145 children are female.

Table 2 shows that the comparison of different types of disruptive behavior disorder between male and female,

- In Opposition Defiant Disorder (ODD) subtype, the mean value of male is 9.81 and female is 8.85, 't' value is 1.9. It shows that there is no significant difference between male and female.

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- In Inattention subtype mean value of male is 13.1 and female is 12.36,'t' value is 1.3. It also indicates that there is no significant difference between male and female.
- In Impulsivity subtype mean value of male is 11.5 and female is 9.6,'t' value is 3.2. It shows that there is significant difference between male and female. Males are having higher level of impulsivity than female. This study is supported by the study of Constance L. Chapple, July 2007 in "Gender differences in impulsivity".
- In Conduct Disorder - Aggression (CD - A) to people and animals subtype mean value of male is 5.8 and female is 3.8,'t' value is 5.1. It indicates that there is significant difference between male and female. It shows that males are having higher level of aggression than female and this is supported by the study of YudaSyahputra, November 2018 in "Differences in aggressive behavior of male and female students using Rasch stacking".
- In Conduct Disorder - Destruction of property (CD - D) subtype mean value of male is 0.68 and female is 0.54,'t' value is 1.4. It indicates that there is no significant difference between male and female.
- In Conduct Disorder - Deceitfulness or theft (CD- T) subtype mean value of male is 1.3 and female is 1.1,'t' value is 0.9. It indicates that there is no significant difference between male and female.
- In Conduct Disorder - Serious violation of rules (CD - R) subtype mean value of male is 0.56 and female is 0.55,'t' value is 0.1. It indicates that there is no significant difference between male and female.
- In general, mean value of male is 3.95 and female is 3.29,'t' value is 2.3. It indicates that there is significant difference between male and female with Disruptive Behavior Disorder.

The mean values from table 2 and graph 1 it is evident that inattention is the commonly seen behavior in the children of 5 – 14 years, the second common behavior is impulsivity, next to impulsivity is the oppositional defiant behavior. It is also seen that the behavior of violation of rules is common in both male and female students. The tabulated mean value also shows that there is an increased disruptive behavior in male students when compared with female students, these findings are also supported by Vicki A et al<sup>7</sup>.

## CONCLUSION

The result reveals,

- The common disruptive behavior among school going children is Inattention.
- The second most common disruptive behavior is Impulsivity.
- Behavior of violation of rules is commonly seen in both male and female students.
- An increased disruptive behavior among male students at the age of 5- 14 years.

### *Limitations*

- The data was collected from only one particular district.
- In this study treatment for disruptive behaviour disorder is not included.

### *Recommendations*

- The data can be collected from all districts in Tamilnadu.
- Further study can focus on the intervention for disruptive behavior disorders.
- It can be extended to other higher level of school population.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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