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Studying the Prevalence of Behavioral Disorders among Elementary School Students of Lamerd City in the Academic Year 2014-15

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Abstract The present study was aimed at evaluating the prevalence of behavioral disorders among elementary school students of Lamerd city in the academic year 2014-15. This study is “practical” based on the purpose, “field” according to the data type and “descriptive” in terms of implementation. The statistical population consisted of all elementary students of Lamerd in the academic year 2014-15 (2132 people). 322 people were chosen based on Morgan sampling table. In this study, sampling method was stratified random sampling. Rutter’s children behavioral assessment questionnaire was the research tool (teachers’ form). One-sample t test was used for data analysis in two domains. The highest average is dedicated to attention deficit disorder (with $T=17.33$ at a significance level of 0.001), and the lowest is related to anxiety disorder and anti-social behavior disorder (with $T= 4.48$ respectively, and both at a significance level of 0.001). All the indicators of behavioral disorders among elementary school students in Lamerd are low and the only problem in the way of teachers and educators in this area is the attention deficit disorder among the students. The high average of attention deficit disorder among students in Lamerd represents a variety of causes in the lives of these students, especially in family life and their relationship with their parents.

Keywords: behavioral disorders, attention deficit disorder, anxiety disorder, disorder, anti-social behavior disorder

Introduction

Today, one of the most fundamental issues of the world is the proper upbringing of children. The training is so broad and deep that has changed into one of the human special sciences. Educational science is an area that pays particular attention to the rules of child's behavior and their correct education. According to the psychological characteristics of children, a proper education is the one which helps children to achieve true perfection away from any obstacle, problem and disorder. These disorders in children’s behavior are a complex topic in which many factors are involved. Behavioral disorders form a wide range of childhood problems the prevalence of which has almost identical fluctuations in different parts of the world and Iran (Hashemi et al. 2014).

Behavioral disorders have almost the same prevalence in different societies. Behavioral disorders of many children are eliminated largely or completely in adulthood is, but in a number of cases,

the disorder continues into adulthood (Mousavi et al. 2012).

It is believed in the psychology of diseases that emotional behavioral problems are the most common problems that children and adolescents are associated with (Imani and Moheb, 2009).

If these children are identified and treated in the elementary schools before behavioral disorders cause failure in school, and before they change the attitudes of adult and deteriorate the children-parents' interaction, we are able to do a more effective primary intervention (Wallace, 1994).

Student with behavioral disorder is the one whose social and emotional behavior has a significant difference with other peers in terms of frequency, intensity, consistency and appearance conditions in spite of average or above average intelligence (Khodakarami, et al. 2013).

Behavioral disorders in children are common problems for teachers, parents and children that create a lot of problems and are associated with high rates of social problems. Behavioral disorders affect the academic, social and professional performance of children and adolescents significantly (Shokohi Yekta and Parand, 2005).

According to Michael Rutter and other scholars of behavioral disorders, these disorders are summarized in seven components including: aggression, hyperactivity, anxiety, depression, social dysfunction, antisocial behaviors and attention deficit (Rutter, 1985).

These disorders prepare the groundwork for some of social ills including crime. The prevalence statistics are also diverse in Iran:

Abolqasemi (2005) showed that 2% of primary school students have emotional disorders, 3% conduct disorder, 3.1% attention deficit disorder, 3.3% hyperactivity disorder, 3.4% attention deficit disorder with hyperactivity and 2.6% have oppositional defiant disorder.

If these children (children with behavioral disorders) are identified and treated in elementary schools before behavioral disorders cause failure, and before they change the attitudes of adult and deteriorate the children-parents' interaction, we are able to do a more effective primary intervention (Wallace, 1994).

According to the theoretical foundations and the results of the researches, the study is trying to examine the prevalence of behavioral disorders among elementary school students in a systematic and scientific manner.

Methodology

The aim of this study is “applied” and the method of data collection is survey-descriptive in which the amount of variables are analyzed based on hypotheses. In the present study, it is attempted to compare the population average to a fixed average value in order to determine the status of the variable in question.

The statistical population included all elementary school students in Lamerd in the academic year of 2014-15. The total number of the population members surveyed as 2132 people. The sample size of 322 subjects was achieved according to Morgan table.

The instrument used in this study is Rutter's children behavioral assessment questionnaire (teachers' form) the characteristics and psychometric properties of which is presented in the rest of the chapter. This questionnaire has reliable and recognized scientific validity (Rutter et al, 1975). In the initial study by Rutter (1967) on 91 children, the reliability of the questionnaire has

been reported 0.85 using Test-retest after about thirteen weeks. In another research, Rutter et al (1975) reported the reliability of the questionnaire as 0.89 using split-half method. Content validity of the questionnaire was confirmed by experts and the questionnaire's validity was confirmed using Bartlett's factor analysis.

The two categories of descriptive and inferential statistics were used to analyze the data and in the descriptive statistics, indices such as frequency, percentage, average and standard deviation were used. One-sample t-test was used to explain the seven variables of the research.

Results

At the beginning of this section, descriptive statistics tables for all the variables are shown based on the hypotheses.

Table 1. Descriptive indices of the variables

Variables	Frequency			Percentage			Mean	SD
	none	To some extent	completely	none	To some extent	completely		
Behavioral disorders	295	21	6	1.6	6.5	1.9	0.10	0.36
Aggression	272	31	19	84.5	9.6	5.9	0.21	0.54
Hyperactivity		39	30	78.6	12.1	9.3	0.30	0.63
Anxiety disorder	298	22	2	2.5	6.8	0.7	0.08	0.29
Depression	282	29	11	7.6	9.0	3.4	0.16	0.45
social dysfunction	285	26	11	88.5	8.1	3.4	0.15	0.44
antisocial behaviors	301	17	4	93.5	5.3	1.2	0.08	0.31
attention deficit	148	133	41	46	41.3	2.7	0.67	0.69

Tables and inferential findings of the research based on the components and research questions are as follows:

The main question of the research: How is the prevalence of behavioral disorders among

elementary school students of Lamerd city?

One-sample T-test statistical report on the behavior disorders' variable: The prevalence of behavioral disorders among elementary school students in Lamerd was relatively low ($t = 5.10$, $df = 321$, $p = 0.001$, one tailed test). Behavior disorders' variable with an average of 0.10 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of behavioral disorders among elementary school students in Lamerd is significantly ($p = 0.001$) low.

The first question of the research: How is the prevalence of aggression among elementary school students of Lamerd city?

One-sample T-test statistical report on the aggression variable: The prevalence of aggression among elementary school students in Lamerd was relatively low ($t = 7.17$, $df = 321$, $p = 0.001$, one tailed test). Aggression variable with an average of 0.21 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of aggression among elementary school students in Lamerd is significantly ($p = 0.001$) low.

The second question of the research: How is the prevalence of hyperactivity among elementary school students of Lamerd city?

One-sample T-test statistical report on the hyperactivity variable: The prevalence of hyperactivity among elementary school students in Lamerd was relatively low ($t = 8.72$, $df = 321$, $p = 0.001$, one tailed test). Aggression variable with an average of 0.30 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of hyperactivity among elementary school students in Lamerd is significantly ($p = 0.001$) low.

The third question of the research: How is the prevalence of anxiety disorder among elementary school students of Lamerd city?

One-sample T-test statistical report on the anxiety disorder variable: The prevalence of anxiety disorder among elementary school students in Lamerd was relatively low ($t = 4.92$, $df = 321$, $p = 0.001$, one tailed test). Anxiety disorder variable with an average of 0.08 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of anxiety disorder among elementary school students in Lamerd is significantly ($p = 0.001$) low.

The fourth question of the research: How is the prevalence of depression among elementary school students of Lamerd city?

One-sample T-test statistical report on the depression variable: The prevalence of depression among elementary school students in Lamerd was relatively low ($t = 6.32$, $df = 321$, $p = 0.001$, one tailed test). Depression variable with an average of 0.16 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of depression among elementary school students in Lamerd is significantly ($p = 0.001$) low.

The fifth question of the research: How is the prevalence of social dysfunction among elementary school students of Lamerd city?

One-sample T-test statistical report on the social dysfunction variable: The prevalence of social dysfunction among elementary school students in Lamerd was relatively high ($t = 6.05$, $df = 321$, $p = 0.001$, one tailed test). Social dysfunction variable with an average of 0.15 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of

social dysfunction among elementary school students in Lamerd is significantly ($p= 0.001$) low. The sixth question of the research: How is the prevalence of antisocial behaviors disorder among elementary school students of Lamerd city?

One-sample T-test statistical report on the antisocial behaviors disorder variable: The prevalence of antisocial behaviors disorder among elementary school students in Lamerd was relatively high ($t=4.48$, $df=321$, $p=0.001$, one tailed test). Antisocial behaviors disorder variable with an average of 0.08 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of antisocial behaviors disorder among elementary school students in Lamerd is significantly ($p= 0.001$) low.

The seventh question of the research: How is the prevalence of attention deficit disorder among elementary school students of Lamerd city?

One-sample T-test statistical report on the attention deficit disorder variable: The prevalence of attention deficit disorder among elementary school students in Lamerd was relatively high ($t=17.33$, $df=321$, $p=0.001$, one tailed test). Attention deficit disorder variable with an average of 0.67 compared to the constant value of 1 (the average of questionnaire's questions rating) suggests that the prevalence of attention deficit disorder among elementary school students in Lamerd is significantly ($p= 0.001$) high.

Table 2. One-sample T-test statistical report on the anxiety disorder variable

Variables	T Value	DF	P
Behavioral disorders	5.10	321	0.001
Aggression	7.17	321	0.001
Hyperactivity	8.72	321	0.001
Anxiety disorder	4.92	321	0.001
Depression	6.32	321	0.001
social dysfunction	6.05	321	0.001
antisocial behaviors disorder	4.48	321	0.001
attention deficit disorder	17.33	321	0.001

According to the above inferential statistics that is obtained through statistical test on the seven subscale variables and a main variable, the highest average is dedicated to attention deficit disorder and the lowest average is related to anxiety disorder and anti-social behavior disorder.

To make the topic more tangible, variable's average ranking table (based on values from large to small) is presented as follows:

Table 3. Variable's average ranking

variable	Mean
attention deficit disorder	0.67
Hyperactivity disorder	0.31
aggression	0.21
depression	0.16
Social dysfunction disorder	0.15
Anxiety disorder	0.08
Antisocial behavior disorder	0.08
Behavioral disorders	0.10

Behavioral disorder is the main variable of the research and consequently is a overall set of variables that includes subscale variables of the research which is why it is not included in the ranking.

Conclusion

Studying the results show that all indices of behavioral disorders among elementary school students in Lamerd city are low but Attention Deficit Disorder is undesirably high. The high average of attention deficit disorder among elementary school students in Lamerd represents a variety of causes in the lives of these students, especially in family life and their relationships with their parents. The nature of negligence in attention deficit disorder indicates deficiencies in behavioral and not cognitive inhibition. In fact, signs of negligence are of secondary importance after behavioral inhibition. The main core of this deficiency is related to selective attention, which is distinct from behavioral inhibition. Things like going to higher grades and greater independence and longer duties and homework trigger the creation of less academic failure and effective perception and more negative emotions. Early recognition and in time intervention is gravely important in order to defeat this destructive cycle before full deployment in their lives.

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