

# BEHAVIOURAL PROBLEMS AMONG MALE AND FEMALE CHILDREN WITH INTELLECTUAL DISABILITY

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## ABSTRACT

Intellectual disability is a state where an individual suffers from developmental deficits resulting in significant limitation of his/her adaptive skills and cognitive abilities. This research determines the behavioral problems among male and female children with intellectual disability. The study use interview method for the sample of 40 children with intellectual disability of Agra city. For obtaining data BAISC-MR by Pesawaria & Venkatesan was used as tool and data obtained was statistically analyzed by Means, SDs and t-test. The result reveals that male children with intellectual disability have higher behavior problems in comparison to female children with intellectual disability. However the observed differences do not reach at the level of significance.

## **Introduction**

Intellectual disability (ID) is a state where an individual suffers from developmental deficits resulting in significant limitation of his/her adaptive skills and cognitive abilities. *The Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V,2013) defines ID as “a disorder with onset during the developmental period that includes both intellectual and adaptive functioning deficits in conceptual, social, and practical domains”, In the upcoming fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), the diagnosis of intellectual disability (intellectual developmental disorder) is revised from the DSM-IV diagnosis of mental retardation. The significant changes address what the disorder is called, its impact on a person’s functioning, and criteria improvements to encourage more comprehensive patient assessment.

The revised disorder also reflects the manual's move away from a multiaxial approach to evaluating conditions. Using DSM-IV, mental retardation was on Axis II to ensure that clinicians identified associated impairments alongside other mental disorders. With DSM-5, all mental disorders will be considered on a single axis and given equal weight. The term ID is introduced in *DSM-V* in accordance to *Rosa's law* (Degnettes & tescian (2011)) which replaces all other synonymous terms such as "mental retardation (MR)," "mental sub normality," and "feeble-mindedness," which were previously used to describe it. This change was essential to remove the decorativeness of the previous terms as well as to highlight the fact that it is a neurodevelopmental disorder that requires intervention at early period of life. The American Association on Intellectual and Developmental Disabilities (AAIDD) however proposed the term "Disorders of Intellectual Disability" to be used in the upcoming *International Classification of Diseases Version 11 (ICD-11)* (Tasse et al., 2013). Recent studies show that ID affects approximately 1%–4% of the world population (Mercadante et al., 2009). For a developing country like India ID produces great challenges. In general, it is considered that 2% of the Indian population has this disability (Bhatia et al., 2014).

**Behavior Problem:** Intellectual disability is considered as a problem in all societies. Intellectual disability in children as a problem some years ago but the behavior problems of children were ignored until the beginning of the twentieth century. Nearly years back, pediatricians saw very little of psychiatric disorders in children. But with changing Indian Scenario in terms of socio-culture; economic and political, upheaval life has become more complex and there is spiraling growth of behavior problems in our population both amongst children and adults. On the basis of several studies, it was found that these people have 40 % more behavior problems than the intellectually competent persons. Intellectual disability persons because of their lack of intelligence, lack of communication, inability in solving the problems, inappropriate behavior are more prone to behavior problems.

Behavior problems in children's are not disease entities but symptoms or reaction caused by emotional disturbances or environments maladjustment (Marfatia, 1971). Behavior problems, signs of psychological abnormality, are by and large exaggerations, deficits, handicapping combinations of behavioral patterns common to all children. Behavior, which interfaces with the child's adjustment to life and makes him unhappy now or later, can be called problem behavior. It fluctuates with age social setting, and cultural background.

Problem behavior is behavior that makes life difficult and unsatisfactory for the child and for the parents too or primary caregivers. Behavior which is socially unacceptable is problems

behavior. Retarded person often experience emotional and behavioral. Estimated are that a quarters of the severely and profoundly retarded person in the united states display such problem behavior as self injury , vandalism , aggression , tantrums and stereotyped repetitive movements , and that 10 % of all mentally retarded persons have another diagnosable mental disorder in addition to their retardation . Moreover Intellectual disability persons at all levels may experience low self- esteem, interpersonal difficulties and difficulty in adjusting to community life. Close to half of all institutionalized retarded persons also are given medication for emotional and behavioral problems.

## Review of literature

**Agarwal & Singh(2007)** found that the Institutionalized subjects have more behavior problems than the non-institutionalized subject: Mild subjects had more behavior problems than the moderately mentally retarded subject and males have more problems than their counter parts. Than most common behavior problem among all the groups except institutionalized group was the problem of physical harm towards others.

**Shrivastava and Michael (2007)** Indicated that majority of poor achievers have frequent to occasional problems in areas such as temperamental disturbances, attention disturbances, group adjustment, deviant behavior.

**Hiremath, Hunshal and Gaonkar (2008)** reported that boys had significantly more externalizing problems, while girls had significantly more of internalizing problems.

**Pathak(2011)** conducted a study to explore the prevalence and pattern of behaviour and emotional problems in adolescents.1150 adolescents were used as a sample and youth self report questionnaires was assets for data collection. Result shows that behaviour and educational problems was found to be 30% with girls exceeding boys in all age groups.

**Singh (2012)** reveled in his study that there was significant difference between male female adolescents with respect to adjustment and behaviour problems. It also indicates that males have more behaviour problems than females.

**Lakhan& Kishore(2018)** found in study that violent and destructive, temper tantrum and self injurious behavior were differently distributed with reference to intellectual disability level( $p>0.05$ )but cumulative scores of problem behavior did not vary with level of intellectual disability. There was no significant relationship between sex of the child and problem behaviour.

## Objective of study

The objective of present study is Behavior problems among male and female children with Intellectual disability”.

## Hypothesis

The following hypothesis were formulated for the present study:

- 1) There would be no significant differences between male and female children with Intellectual disability to behavior problem of Misbehaviour with others.
- 2) There would be no significant differences between male and female children with Intellectual disability to behavior problem of Self Injurious behaviour.
- 3) There would be no significant differences between male and female children with Intellectual disability with regard to the total behaviour problem scores.

## Method

**Sample:** The present study was conducted at various centers of the Agra city for children with Intellectual disability(mild).Data would be collected on total of 40 respondents i.e. parents or caregivers. The data would be collected from the parents. Child behavior problems would be rated by parents. Those parents would be included who have a children with Intellectual disability ranging in the age between 5-15 years. The purposive sampling technique would be used and interview method was used to collect the information.

**Tool:** Behavioral assessment scales for Indian children with mental retardation (BASIC-MR) developed by Pesawaria and Venkatesan,1992,NIMH,Secundrabad). BASIC – MR have been developed to assess competencies of mentally retarded children from age 3 years to 16-18 years BASIC-MR has two parts A and B .Part A consists of 280 items grouped under seven domains:-

- (i) Motor (ii) Activities of daily living (iii) Language (iv) Reading- writing (v) Number time (vi) Domestic- social (vii) prevocational – Money.

Part B assess problem behaviors 75 problems behavior are grouped under 10 domain – (i) violent and destructive behaviors (ii) Temper Tantrum (iii) Misbehaves with others (iv) self-injurious behaviors ( v) Repetitive Behavior ( vi) Odd Behaviors (vii) Hyperactive Behavior(viii) Rebellious behavior (ix) Anti-social behavior (x) Fears .

It is an observer- rating scale which calls for rating of problems behaviors on a three point scale as 0- never, 1- sometimes, 2- Always . It is satisfactory reliable and valid. In the present study only part B will be used.

**Statistical Analysis:** The data emerging from the above mention studies were analyzed by following standard statistical methods. Means, S.Ds and t-test were computed to arrive at the results.

## Result & Discussion

The results obtained from the statistical analysis of the data collected have been reported. The results have been presented in table- 1, table-2 and table-3.

**Table-1**

Showing difference between male and female children with Intellectual disability to behaviour problem of Misbehaviour with others.

| Behavior problems                 | Male |      |    | Female |      |    | t value | P' |
|-----------------------------------|------|------|----|--------|------|----|---------|----|
|                                   | Mean | S.D. | N  | Mean   | S.D. | N  |         |    |
| Violent and destructive behaviors | 0.9  | 0.54 | 20 | 0.7    | 0.56 | 20 | 1.112   | NS |

The mean scores of male and female children with Intellectual disability are 0.9 and 0.7 respectively perusal of the table no.1. It also shows that a no significant difference between male and female children with Intellectual disability to behavior problem of Misbehaviour with other ( $t=1.112$ ). There were insignificant t- value between male and female in Misbehaviour with others. Which reveals that the male and female children do not significantly differ with regard to behavior problem. Thus hypotheses no-1 has been accepted.

**Table-2**

Showing difference between male and female children with Intellectual disability to behaviour problem of Self Injurious behaviour.

| Behavior problems | Male |       |    | Female |      |    | t value | P' |
|-------------------|------|-------|----|--------|------|----|---------|----|
|                   | Mean | S.D.  | N  | Mean   | S.D. | N  |         |    |
| Temper Tantrum    | 1    | 0.707 | 20 | 0.8    | 0.7  | 20 | 0.87    | NS |

The mean scores of male and female children with Intellectual disability are 1 and 0.8 respectively perusal of the table no.2 It also shows that a no significant difference between male and female children with Intellectual disability to behaviour problem ( $t=0.87$ ). There were insignificant t-value between male and female in Self Injurious behaviors. Which reveals that the male and female children do not significantly differ with regard to behavior problem. Thus hypothesis no-2 has been accepted.

**Table-3**

Showing comparison between male and female children with Intellectual disability on the behaviour problems scores.

| Groups | Mean | S.D.   | N  | t-value | "p"  |
|--------|------|--------|----|---------|------|
| Male   | 1.9  | 0.7    | 20 | 1.62    | N.S. |
| Female | 1.45 | 0.9734 | 20 |         |      |

The mean scores of male and female children with Intellectual disability are 1.9 and 1.45 respectively perusal of the table no.3 it also shows that the obtained 't'-value(1.62) is insignificant which indicates that the male and female children do not significantly differ with regard to both behavior problems. Thus, hypothesis no.3 has been accepted.

The finding of the present study is similar with Singh(2012) revealed in his study that there was significant difference male female adolescents with respect to adjustment and behaviour problems. It also indicates that male have more behaviour problems than female. Lakhan & Kishore(2018) found in study that violent and destructive, temper tantrum and self injurious behavior were differently distributed with reference to intellectual disability level( $p>0.05$ )but cumulative scores of problem behavior did not vary with level of intellectual disability. There was no significant relationship between sex of the child and problem behaviour.

The objective of the present study was to compare male and female children with Intellectual disability regarding two dimensions of behavioral problems: Table show that there exist non-significant differences in mean scores of boys and girls. It may be because only mild mentally retarded subjects are taken in this study. Rapid industrialization and modernization have changed the scenario of Indian culture. Now a day's equal importance has been given to

boys and girls Indian parent have high expectation from their children whether they are male or female .They devote more time to them in terms of education employment and holding family responsibilities etc. The trend of modern society shows that male female have equal opportunities for education and employment. So they adopt same coping skills to cope with stress full condition .Their life styles are similar so they have similar stress tension and similar behavioral problems . This is the possible explanation of non-significant difference with regard to behavior problems of male and female children with Intellectual disability.

**CONCLUSION:** Male children with Intellectual disability have higher behavior problems in comparison to female children with Intellectual disability. However, the observed difference do not reach at the level of significance.

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