



Influence of Emotional Behavioural Disorder on Academic Performance of Junior Secondary School Students in Rivers State

EREMIE Maxwell¹ & BETHEL-EKE Ogechinyere Adaugo²

^{1&2} Department of Educational Foundations

Nkpolu Oroworukwo, Port Harcourt

Rivers State University, Port Harcourt

maxwell.erie@edu.com: ogededem@yahoo.com

ABSTRACT

The purpose of this study was to evaluate the influence of emotional behavioural disorder on academic performance of junior secondary school students in Rivers State. The study adopted experimental research design. The population of the study was 300 junior secondary school students from three schools in Rivers State. 30% of the population (90 students) was drawn as the sample size of the study. The purposive sampling technique was adopted for the study. An instrument titled “Emotional Behavioural Disorder and Academic Performance Questionnaire” was designed to elicit responds from the students. Content and face validation of the research instrument was carried out by experts in the field of measurement and evaluation. Cronhach alpha was used to obtain a reliability coefficient of 0.71 from the pilot study. The mean was used to answer the research questions, while the inferential statistic of Z-test analysis was used in testing the formulated hypotheses at 0.05 alpha level. It was found that autism spectrum disorder, attention-deficit hyperactivity disorder and schizophrenia significantly influence academic performance of students in junior secondary schools in Rivers State. It was recommended among others that both parents and the teachers should be watchful and observant in order to identify a deviant behaviour in a child.

Keywords: Emotional, Behavioural Disorders, Academic Performance, Junior Secondary School, Students, Rivers State.

INTRODUCTION

Many students today who have emotional and behavioural disorders (EBD) often exhibit behaviors such as; verbal and physical aggression; social skills acquisition and performance deficits) that negatively influence both their ability to successfully negotiate peer and adult relationships and their educational experience (Cullinan & Sabornie, 2004). Namely, when students are unable to negotiate social demands and meet teachers’ expectations for school achievement, school becomes an insurmountable task. Because of poor effective interventions, these behavioural dimensions become more firmly developed and less amenable to intervention efforts. Increasing evidence has also established the negative academic outcomes typical of these students recently. In the view of Wagner and Cameto (2004), students who suffer from EBD earn lower grades, are less likely to pass classes, and experience higher rates of school dropout than typical students and students with other high incidence disabilities. Students’ academic performance, like their behavioural and social skills, does not seem to be improving despite the increased attention to the academic needs of students with EBD. These poor outcomes unfortunately do not improve when they leave the school setting. The category of students in this instance goes on to have negative employment outcomes, difficulties with substance abuse, and a high need for mental health services. One of the challenges of this construct under investigation is that EBD is common among 2% and 20% of the school-age population of students.

The poor academic performance of students with EBD is not strange. This is because poor academic performance is part of the identifying criteria in the federal definition for emotional disturbance (EK,

Westerlund, Holmberg, & Fernell, 2010). Various studies have suggested that students with EBD perform 1–2 years below grade level, with significant differences in achievement as compared to students without disabilities (Kauffman, 2001; Reid, 2004).

Studies also have investigated how students with EBD progress over time. In contrast, a study conducted by Coutinho (1986) also suggested declining academic deficits across the content areas as students increased in age. However, these findings should be interpreted very cautiously given Coutinho drew this conclusion based on increases in grade-level equivalent differences across time. Reviewed standard scores, which allow for such comparisons over time, were not analyzed. Regardless as to whether academic performance remains stable or declines over time, this lack of improvement is concerning.

Students with emotional disturbance and/or behavioural problems may have conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) and conduct disorder (CD). Generally a student with emotional disturbance and/or behavioural problems will present with negative behaviours that impinge on their learning and often on their social development. (This category is not intended to include students whose conduct or behavioural difficulties can be dealt with in accordance with agreed school procedures on discipline. Characteristics and behaviours associated with emotional disturbance and/or behavioural problems may include: aggressive or anti-social behaviour; inattentiveness; distractibility and impulsiveness; impaired social interactions; a general inability to cope with the routine of daily tasks; obsessive and repetitive behaviours; attention-seeking behaviours such as negative interactions or a poor attitude towards work, peers or teachers; and depressed behaviours such as withdrawal, anxiety and mood swings. Some students with emotional disturbance and/or behavioural problems have negative self-concepts and low self-esteem. In the classroom, students may be frequently off-task and it may adversely affect the learning of some others. Students may have problems working in groups and in forming relationships. Students may also show aggression towards others or refuse to co-operate.

Gordon and Eiraldi (2011) enumerated the following types of emotional behavioural disorder:

Autism Spectrum Disorder: Children with emotional and behavioural disorders (EBD) like autism spectrum disorders, attention deficit hyperactivity disorders, and conduct disorders experience difficulties in numerous developmental areas, such as social adaptation and academic achievement (Koenig & Volkmar, 2006).

Anxiety Disorders: It is the most common childhood disorder with 13 out of every 100 children, whose age range is from 9-17 years old, having at least one of the different types of anxiety disorders. Some common symptoms are: excessive fear, excessive worrying about incidents that they have never experienced, unnecessary repeated behaviours and thought patterns, sudden rapid heartbeats and dizziness, repeated flashbacks of traumatizing events that have occurred in the child's life such as a car accident, sexual assault, or any other type of violence.

Severe Depression: It is a disorder that was once believed to be only experienced by adults, but now studies show that 2 out of every 100 children have been experiencing this disorder also. Severe depression is marked by: Severe loss of interest in friends and activities, very low self-esteem, lack of any type of motivation, changes in sleeping and eating patterns, increased amount of sadness, thought of suicide.

Bipolar Disorder: It is a disorder that affects the child's mood. Bipolar disorder is recognized by: Mood swings that range from extremely high to extremely low, high moods will be marked by hyperactivity, little sleep, and careless judgment, low moods will be marked by depression.

Attention-deficit/Hyperactivity Disorder: It is a disorder that affects the way a child is able to focus. Usually identified when the child is displaying the following symptoms at home or school; Inability to focus, inability to follow directions, inability to sit still, inability to remain quiet, inability to cooperate with others.

Conduct Disorder: It is a "destructive pattern of antisocial behavior that violates the rights of others." 4 out of every 100 children with age ranging from 9-17 have this disorder. Signs that a child may have this disorder are: Aggressiveness with peers, teachers, pets, and strangers, no regard for rules, repeated destruction of others' property, constant criminal activity.

Eating Disorders: It affects the way a child views their body and how they consume food. Girls are more likely to have eating disorders, but boys have been diagnosed with them also. There are different types of eating disorders and they are:

- Anorexia Nervosa- where the child has a fear of weight gain therefore they starve their bodies of food and nutrients that the body needs.
- Bulimia Nervosa- where the child will consume food very quickly then vomit or take laxatives to rid their body of the food in order not to gain any weight.
- Binge Eating- where the child will consume an excessive amount of food at one time. They will not vomit, but they will repeatedly put themselves on a strict, unhealthy diet afterwards.

Schizophrenia: It is a disorder that affects the child's mental ability to differentiate between what is real or unreal. This disorder develops slowly through a child's life till their adult years. 5 out of every 1,000 children develop this disorder. The symptoms are: Inability to separate real experiences from unreal experiences, hallucinations, inability to think logically in situations, irregular emotional responses to situations, no emotion, hyperactive emotions, paranoia.

Causes of Emotional Behavioural Disorder

An emotional behavioural disorder can have a variety of causes. The abnormal behaviour that is usually associated with these disorders can be traced back to biological, family and school-related factors.

Some biological causes may include:

- Physical illness or disability
- Malnutrition
- Brain damage
- Hereditary factors

Other factors related to an individual's home life may contribute to emotional behaviours associated with a behavioral disorder:

- Divorce or other emotional upset at home
- Coercion from parents
- Unhealthy or inconsistent discipline style
- Poor attitude toward education or schooling.

Characteristics of Emotional Behavioural Disorder

Some of the characteristics and behaviors seen in children who have an emotional disturbance include:

- Hyperactivity (short attention span, impulsiveness)
- Aggression or self-injurious behavior (acting out fighting)
- Withdrawal (not interacting socially with others, excessive fear, or anxiety) Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level)

Requirement for Students with Emotional Behavioural Disorder:

- Rules and routines that are predictable
- Consistent rewards for appropriate behavior
- Behaviour management techniques such as positive reinforcement, token economy, contracts, and a cool-down area.
- Systematic teaching of social skills through modeling, discussion, and rehearsal provided to help students increase control over their behavior and improve their relations with others
- Supportive therapies involving music, art, exercise, and relaxation techniques
- Individual and group counseling to improve self-understanding, self-esteem, and self-control (Agomoh & Kanu, 2011).

Today, academic performance/achievement in Nigeria has been declining over time. This has a negative reflection on the various programmes put in place to promote academic performance in the area. It will be interesting to investigate emotional behavioural disorder as a contributing factor to student's academic performance in junior secondary schools in Rivers State. It is this gap that the study seeks to fill, hence the need to investigate the influence of emotional behavioural disorder on academic performance of junior secondary school students in Rivers State.

Purpose of the Study

The purpose of the study was to investigate the influence of emotional behavioural disorder on academic performance of junior secondary school students in Rivers State. However, the specific objectives of this study were to:

- (1) Evaluate the extent to which autism spectrum disorder influence academic performance of junior secondary school students in Rivers State.
- (2) Examine the extent to which attention-deficit hyperactivity disorder influence academic performance of junior secondary school students in Rivers State.
- (3) Determine the extent to which schizophrenia influence academic performance of junior secondary school students in Rivers State.

Research Questions

The following research questions were raised to guide the study:

- (1) To what extent does autism spectrum disorder influence academic performance of junior secondary school students in Rivers State?
- (2) To what extent does attention-deficit hyperactivity disorder influence academic performance of junior secondary school students in Rivers State?
- (3) To what extent does schizophrenia influence academic performance of junior secondary school students in Rivers State?

Hypotheses

The following null hypotheses were formulated and tested at 0.05 alpha level.

Ho₁: There is no significant difference in the mean scores of students on the influence of autism spectrum disorder on academic performance of junior secondary school students in Rivers State.

Ho₂: There is no significant difference in the mean scores of students on the influence of attention-deficit hyperactivity disorder on academic performance of junior secondary school students in Rivers State.

Ho₃: There is no significant difference in the mean scores of students on the influence of schizophrenia on academic performance of junior secondary school students in Rivers State.

METHODOLOGY

This study adopted the experimental research design. The population of this study was 300 junior secondary school students from Holy Rosary Secondary School, Port Harcourt L.G.A, Our Lady of Lourdes Secondary School Ozuoba, Obio-Akpor L.G.A, and those from St Aquinas Secondary School Elele, Emohua L.G.A in Rivers State. 30% of the population (90 students) was drawn as the sample size of the study. The purposive sampling technique was adopted for the study. A structured instrument titled "Emotional Behavioural Disorder and Academic Performance Questionnaire (EBDAPQ)" was designed to elicit responds from the students. Content and face validation of the research instrument was carried out by experts in the field of measurement and evaluation. The Cronbach Alpha was used to obtain a reliability coefficient of 0.71. Mean was used to answer the stated research questions, while T-test statistic was used in testing the formulated hypotheses at 0.05 alpha level.

RESULTS

Research Question 1: *To what extent does autism spectrum disorder influence academic performance of junior secondary school students in Rivers State?*

Table 1: Presents mean analysis of the extent to which autism spectrum disorder influences academic performance of junior secondary school students in Rivers State.

N=90									
S/N	Questionnaire Items	VGE (4)	GE (3)	ME (2)	LE (1)	Total Response	\bar{X}	Decision	
1	Many are affected by autism disorder spectrum in school.	40 (160)	20 (60)	25 (50)	5 (5)	275	3.05	Accepted	
2	You are comfortable with students having autism disorder spectrum.	40 (160)	25 (50)	22 (44)	3 (3)	257	2.85	Accepted	
3	Autism disorder spectrum hinders student's success in my school.	45 (180)	20 (60)	20 (40)	5 (5)	285	3.16	Accepted	
4	Autism disorder spectrum affects academic performance of students.	45 (180)	25 (75)	15 (30)	5 (5)	290	3.22	Accepted	
Grand Mean								3.07	Accepted

The mean score of 3.05 implies that many are affected by autism disorder spectrum in school. The mean score of 2.85 means that you are comfortable with students having autism disorder spectrum, while the mean score of 3.16 entails that autism disorder spectrum hinders student's success in my school, the mean score 3.22 implies that autism disorder spectrum affects academic performance of students, finally the grand mean of 3.07 depicts that autism disorder spectrum affects academic performance of students.

Research Question 2: *To what extent does attention-deficit hyperactivity disorder influence academic performance of junior secondary school students in Rivers State?*

Table 2: Presents mean analysis of the extent to which attention-deficit hyperactivity disorder influence academic performance of junior secondary school students in Rivers State.

N=90									
S/N	Questionnaire Items	VGE (4)	GE (3)	ME (2)	LE (1)	Total Response	\bar{X}	Decision	
1	Attention-deficit hyperactivity disorder is a problem in school.	50 (200)	20 (60)	15 (30)	5 (5)	295	3.27	Accepted	
2	Attention-deficit hyperactivity disorder hinders students from learning.	50 (200)	15 (45)	15 (30)	10 (10)	285	3.16	Accepted	
3	Attention-deficit hyperactivity disorder exposes students' academic performance.	50 (200)	20 (60)	10 (20)	10 (10)	290	3.22	Accepted	
4	Attention-deficit hyperactivity disorder affects academic performance of students in school.	45 (180)	25 (75)	15 (30)	5 (5)	290	3.22	Accepted	
Grand Mean								3.21	Accepted

The mean score of 3.27 entails that attention-deficit hyperactivity disorder is a problem in school. The mean score of 3.16 implies that attention-deficit hyperactivity disorder hinders students from learning, while the mean score of 3.22 means that attention-deficit hyperactivity disorder exposes students' academic performance, the mean score of 3.22 implies that attention-deficit hyperactivity disorder

affects academic performance of students in school, finally the grand mean of 3.21 implies that attention-deficit hyperactivity disorder influences academic performance of students.

Research Question 3: *To what extent does schizophrenia influence academic performance of junior secondary school students in Rivers State?*

Table 3: Presents mean analysis of the extent to which schizophrenia influences academic performance of junior secondary school students in Rivers State

N=90

S/N	Questionnaire Items	VGE (4)	GE (3)	ME (2)	LE (1)	Total Response	\bar{X}	Decision
1	Schizophrenia influences academic performance.	50 (200)	15 (45)	15 (30)	10 (10)	285	3.16	Accepted
2	Most students suffer from schizophrenia.	40 (160)	25 (75)	20 (40)	5 (5)	280	3.11	Accepted
3	Schizophrenia hinders you from studying.	45 (180)	15 (45)	28 (56)	2 (2)	283	3.14	Accepted
4	It is difficult to always study because of schizophrenia disorder.	45 (180)	25 (75)	10 (20)	10 (10)	285	3.16	Accepted
Grand Mean							3.14	Accepted

The mean score of 3.16 implies that schizophrenia influences academic performance. The mean score of 3.11 agrees that most students suffer from schizophrenia, while the mean score of 3.14 means that schizophrenia hinders you from studying, the mean score of 3.16 entails that it is difficult to always study because of schizophrenia disorder, finally the grand mean of 3.14 implies that schizophrenia negatively influences academic performance of students.

Test of Hypotheses

Hypothesis I: There is no significant difference in the mean scores of students on the influence of autism spectrum disorder on academic performance of junior secondary school students in Rivers State.

Table 1: Z-test of the difference in the mean scores of students on the influence of autism spectrum disorder on academic performance of junior secondary school students.

Group	\bar{X}	SD	n	df	Standard Error	Z-cal	Z-crit
Control	3.74444	4.34615	45	88	3.33	0.74	1.960
Experimental	3.46667	3.63952	45				

Since the calculated Z-value is 0.74 while the critical value is 1.960 showing that the Z-calculated is less than the table value. It is imperative therefore to state that the null hypothesis is accepted. This implies that there is no significant difference in the mean scores of students on the influence of autism spectrum disorder on academic performance of students.

Hypothesis II: There is no significant difference in the mean scores of students on the influence of attention-deficit hyperactivity disorder on academic performance of junior secondary school students in Rivers State.

Table 2: Z-test of the difference in the mean scores of students on the influence of attention-deficit hyperactivity disorder on academic performance of junior secondary school students in Rivers State

Group	\bar{X}	SD	n	df	Standard Error	Z-cal	Z-crit
Control	3.55556	3.6816	45	88	1.189	0.82	1.960
Experimental	3.57778	3.6993	45				

Since the calculated Z-value is 0.82 while the critical value is 1.960 showing that the Z-calculated is less than the table value. It is incumbent on the researcher therefore to state that the null hypothesis is accepted. Therefore there is no significant difference in the mean scores of students on the influence of attention-deficit hyperactivity disorder on academic performance of students.

Test of Hypothesis III: There is no significant difference in the mean scores of students on the influence of schizophrenia on academic performance of junior secondary school students in Rivers State.

Table 3: Z-test of the difference in the mean scores of students on the influence of schizophrenia on academic performance of junior secondary school students in Rivers State

Group	\bar{X}	SD	n	df	Standard Error	Z-cal	Z-crit
Control	3.44023	3.6854	45	88	2.782	0.77	1.960
Experimental	3.42491	3.7076	45				

Since the calculated Z-value is 0.77 while the critical value is 1.960 showing that the Z-calculated is less than the table value. It is imperative therefore to state that the null hypothesis is accepted. This implies that there is no significant difference in the mean scores of students on the influence of schizophrenia on academic performance of students.

DISCUSSION OF FINDINGS

One of the major findings of this study was that there is no significant difference in the mean scores of students on the influence of autism spectrum disorder on academic performance of students. Koenig and Volkmar (2006) supported this finding by asserting that children with emotional and behavioral disorders (EBD) like autism spectrum disorders, attention deficit hyperactivity disorders, and conduct disorders experience difficulties in numerous developmental areas, such as social adaptation and academic achievement. In typical classroom situation, students may be frequently off-task and it may adversely affect the learning of some others. Students may have problems working in groups and in forming relationships. Students may also show aggression towards others or refuse to co-operate. Also it was found that there is no significant difference in the mean scores of students on the influence of attention-deficit hyperactivity disorder on academic performance of students. In a study conducted by Coutinho (1986) the declining academic deficits across the content areas as students increased in age as a result of attention deficit hyperactivity disorder. However, these findings should be interpreted very cautiously given Coutinho drew this conclusion based on increases in grade-level equivalent differences across time. Reviewed standard scores, which allow for such comparisons over time, were not analyzed. Regardless as to whether academic performance remains stable or declines over time, this lack of improvement is concerning. Finally, it was found that there is no significant difference in the mean scores of students on the influence schizophrenia on academic performance of students. This finding is supported by the view of Wagner and Cameto (2004), who stated that students who suffer from EBD earn lower grades, are less likely to pass classes, and experience higher rates of school dropout than typical students and students with other high incidence disabilities. Students' academic performance, like their behavioural and social skills, does not seem to be improving despite the increased attention to the academic needs of students with EBD. Also that, students with

schizophrenia emotional disturbance and/or behavioural problems may have conditions such as neurosis, childhood psychosis, hyperactivity, attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD) and conduct disorder (CD). Generally a student with emotional disturbance and/or behavioural problems will present with negative behaviours that impinge on their learning and often on their social development. (This category is not intended to include students whose conduct or behavioural difficulties can be dealt with in accordance with agreed school procedures on discipline

CONCLUSION

Emotional behaviour disorders and the problems that follow can lead to severe learning challenges in school. The child easily gets distracted from active participation in academic work if not properly monitored. This drifting apart can induce learning disabilities in children and can lead to child's dropping out of school, involvement in harmful delinquent acts or become social misfit. Based on the findings of this study, it is therefore concluded that autism spectrum disorder, attention-deficit hyperactivity disorder and schizophrenia significantly influence academic performance of students in junior secondary schools in Rivers State.

RECOMMENDATIONS

Given the above it is recommended that; Both parents and the teachers should be watchful and observant in order to identify a deviant emotional behaviour in a child, the promotion of self-perception and helping the child develop intellectual rehabilitation and remediation, encouragement as to help the child adjust to the available emotional, academic and social life.

REFERENCES

- Agomoh, O.E., & Kanu, S.A. (2011). *Introduction to Psychology of Special Needs Children*. Port Harcourt: Kanissi Books.
- Coutinho, M. J. (1986). Reading Achievement of Students Identified as Behaviorally Disordered at the Secondary Level. *Journal of Behavioral Disorders*, 3(11), 200-207.
- Cullinan, D., & Sabornie, E. J. (2004). Characteristics of Emotional Disturbance in Middle and High School Students. *Journal of Emotional and Behavioral Disorders*, 12, (8)157-167.
- Ek, U., Westerlund, J., Holmberg, K., & Fernell, E. (2010). Academic Performance of Adolescents with ADHD and other Behavioural and Learning Problems: A Population-based Longitudinal Study. *Acta Paediatrica*, 12(10), 402-406.
- Gordon, O., & Eiraldi, P. (2011). Characteristics of Children with Emotional and Behavioral Disorders in Community-based Programs Designed to Prevent Placement in Residential Facilities. *Journal of Emotional and Behavioral Disorders*, 11(2), 51-57.
- Kauffman, J. M. (2001). *Characteristics of Emotional and Behavioral Disorders of Children and Youth* (7th ed.). Columbus, OH: Merrill Press.
- Koenig, E., & Volkmar, U. (2006). The Effect of the Level of Aggression in the First Grade Classroom on the Course and Malleability of Aggressive Behavior into Middle School. *Journal of Development and Psychopathology*, 28(10), 165-185.
- Reid, R., Gonzalez, J., Nordness, P. D., Trout, A., & Epstein, M. H. (2004). A Meta-analysis of the Academic Status of Students with Emotional/ Behavioral Disturbance. *Journal of Special Education*, 8(38), 130-143.
- Wagner, M., & Cameto, R. (2004). The Characteristics, Experiences, and Outcomes of Youth with Emotional Disturbances. *NLTS2 Data Brief*, 3(2), 54-66.