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The Prevalence of Problem Behaviours among Children with Mild and Moderate Intellectual Disability

R. Sendhilkumar
Psychologist – Compass Group - Pondicherry

Abstract: ***The present study is an attempt to find out the prevalence of behaviour and emotional problems of children with mild and moderate intellectual disability. The sample of the present study comprised of total 224 children, boys and girls with mild and moderate intellectual disability in the age range of 6 to 15 years (Mean age = 11.2 years). In that 103 were children with mild intellectual disability, IQ 55-69 (63 males and 40 females) and 121 were children with moderate intellectual disability, IQ 35-54 (80 males and 41 females) randomly selected from 8 special schools for mentally retarded children among 12 special schools in Pondicherry (Union Territory). Tools used were Binet Kamat test of intelligence (BKT) Vineland social maturity scale (VSMS) and Developmental behaviour checklist teacher version (DBC- T). Results reveal that***
Keywords: Prevalence, Intellectual Disability, Disruptive, Social Relating, Anxiety, Self-absorbed, Communication Disturbance

I. INTRODUCTION

Mental disorders are commonly experienced by people with intellectual disabilities. The point prevalence has been measured as 40% (Looper & Bailey, 2001). Children with intellectual disability are at increased risk for emotional and behavioural problems. The types of psychiatric disorders have been reported to vary among child with moderate disability and among those with severe intellectual disability in this disruptive and antisocial behaviour are more common in former (Einfield & Tonge 1996b). In many cases the mental health problems in people with ID are already present at a young age. Estimates of the prevalence of mental health problems in children with ID range from 30% to 60% (Dekker & Koot, 2003a). Increased risk for psychiatric disorders in children with intellectual disability has been associated with male gender or increasing age (Stromme P. Diseth 2000 & Emerson 2003a). Children with mild–moderate ID tend to have more antisocial/disruptive behaviours (Einfield. 2006, Koskentausta & Almquist 2004).

A. Materials And Method

The sample of the present study comprised of total 224 children, boys and girls with mild and moderate intellectual disability in the age range of 6 to 15 years (Mean age = 11.2 years). In that 103 were children with mild intellectual disability, IQ 55-69 (63 males and 40 females) and 121 were children with moderate intellectual disability, IQ 35-54 (80 males and 41 females) randomly selected from 8 special schools for mentally retarded children among 12 special schools in Pondicherry (Union Territory). The children with severe additional physical deficits (like impairment of mobility or orthopedic) or sensory deficits (like impairment of vision, hearing) were excluded in this study.

B. Tools used

1) *Binet Kamat Test of Intelligence:* The Binet-Kamat Scale of intelligence is the Indian adaptation of the 1934 version of Stanford-Binet Scale of Intelligence. The original Stanford-Binet test was modified and standardized to measure general mental ability for the age group of 3-22 yrs. This Indian adaptation has items at each age level and yields a mental age and intelligence quotient.
2) *Vineland Social Maturity Scale Indian Adaptation:* An Indian adaptation of the Vineland Social Maturity Scale was used to assess children aged 0-16 years in the areas of self-help general, self-help dressing, self-help eating, self-direction, locomotion, communication, occupation and socialization. The scale yields a social age and a social quotient, which can be considered a proximate intelligence quotient. The Vineland Social Maturity Scale was originally devised by E. A. DOLL in 1935 and since then this test has been used in many parts of the world. It proved itself to be uniquely useful instrument in measuring Social maturity of children and young adults' normal children. This is a clear reflection of how social development and mental development are highly correlated.

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II. THE DEVELOPMENTAL BEHAVIOUR CHECKLIIST-TEACHER VERSION (DBC-T)

The Developmental Behaviour Checklist (DBC) (Einfeld & Tonge, 1992, 2002) is a questionnaire which is completed by parents or other primary careers or teachers, reporting problems over a six-month period.

The DBC-T is an instrument for the assessment of behavioural and emotional problems of young people aged 4-18 years with developmental and intellectual disabilities and is completed by teachers or teacher aides. It can be used in clinical practice in assessments and monitoring interventions, and in research studies.

This scale comprises of 94-items. Each behavioural description is scored on 0, 1, 2 rating where 0 = 'not true as far as you know', 1 = 'somewhat or sometimes true', and 2 = 'very true or often true'.

A. Reliability

The instrument has a high inter-rater reliability between parents and between teachers. Test re-test reliability and internal consistency are also high. The DBC-T has also been demonstrated to be sensitive to change over time.

B. Validity

High correlations between a total score on the checklist and two other measures of behaviour disturbance in children with intellectual, the AAMD Adaptive Behaviour Scales (Lambert & Wind miller, 1981) and the Scales of Independent Behaviour (Bruininks, Woodcock, Weatherman, & Hill, 1984) have been found. The total score on the DBC-T also correlates with child psychiatrists' ratings of severity of psychopathology using Rutter, Tigard and Whitmore's (1970) definition. The DBC-T instrument has high criterion group validity in distinguishing psychiatric cases from non-cases ($t = 7.8$, $p < .001$).

Table 1 Prevalence of Behavioural and Emotional Problems among children with Mild Intellectual Disability

	Disruptive /Antisocial	Self-Absorbed	Communication Disturbance	Anxiety	Social Relating	Total Behaviour Problem Score
Sum of Total Problems	733	785	379	260	296	2773
% of Total Problems	7.12%	7.63%	3.68%	2.58%	2.88%	27%

Table 2 Prevalence of Behavioural and Emotional Problems among children with Moderate Intellectual Disabiliy

	Disruptive /Antisocial	Self-Absorbed	Communication Disturbance	Anxiety	Social Relating	Total Behaviour Problem Score
Sum of Total Problems	1593	1775	799	530	619	5611
% of Total Problems	13.17%	14.67%	6.61%	4.38%	5.12%	46.38%

III. RESULTS

Table 1 shows the result of 5 subscale scores namely Disruptive/antisocial, Self-absorbed, Communication disturbance, Anxiety, and Social relating shows that the prevalence rate was 7.12%, 7.63%, 3.68%, 2.58%, and 2.88%.

The anxiety, social relating, and communication disturbance are less in prevalence rate 2.58%, 2.88% and 3.68%. Disruptive/antisocial and self-absorbed problems are high in prevalence rate 7.12% and 7.63%. This leads to the conclusion that the children with mild intellectual disability are having higher disruptive/antisocial and self-observed behavioural and emotional problems.

The result of the Total behaviour problem score (TBPS) shows that the prevalence rate of behavioural and emotional problems was 27% among the 103 children with mild intellectual disability.

Table 2 shows the result of 5 subscale scores namely disruptive/antisocial, Self-absorbed, communication disturbance, anxiety, and social relating shows that the prevalence rate was 13.17%, 14.67%, 6.61%, 4.38%, and 5.12%.

The anxiety, social relating, and self-absorbed are less in prevalence rate 4.38%, 5.12%, and 6.61%. Self-absorbed and disruptive/antisocial problems are higher in prevalence rate 14.67% and 13.17%. This leads to the conclusion that the children with moderate intellectual disabilities are having higher self-absorbed and disruptive/antisocial behavioural and emotional problems.

The result of the Total behaviour problem score (TBPS) shows that the prevalence rate of behavioural and emotional problems was 46.38% among the 121 children with moderate intellectual disability.

IV. CONCLUSION

Children with mild intellectual disability are less influence major behavioural and emotional problems or psychiatric problems than children with moderate intellectual disability.

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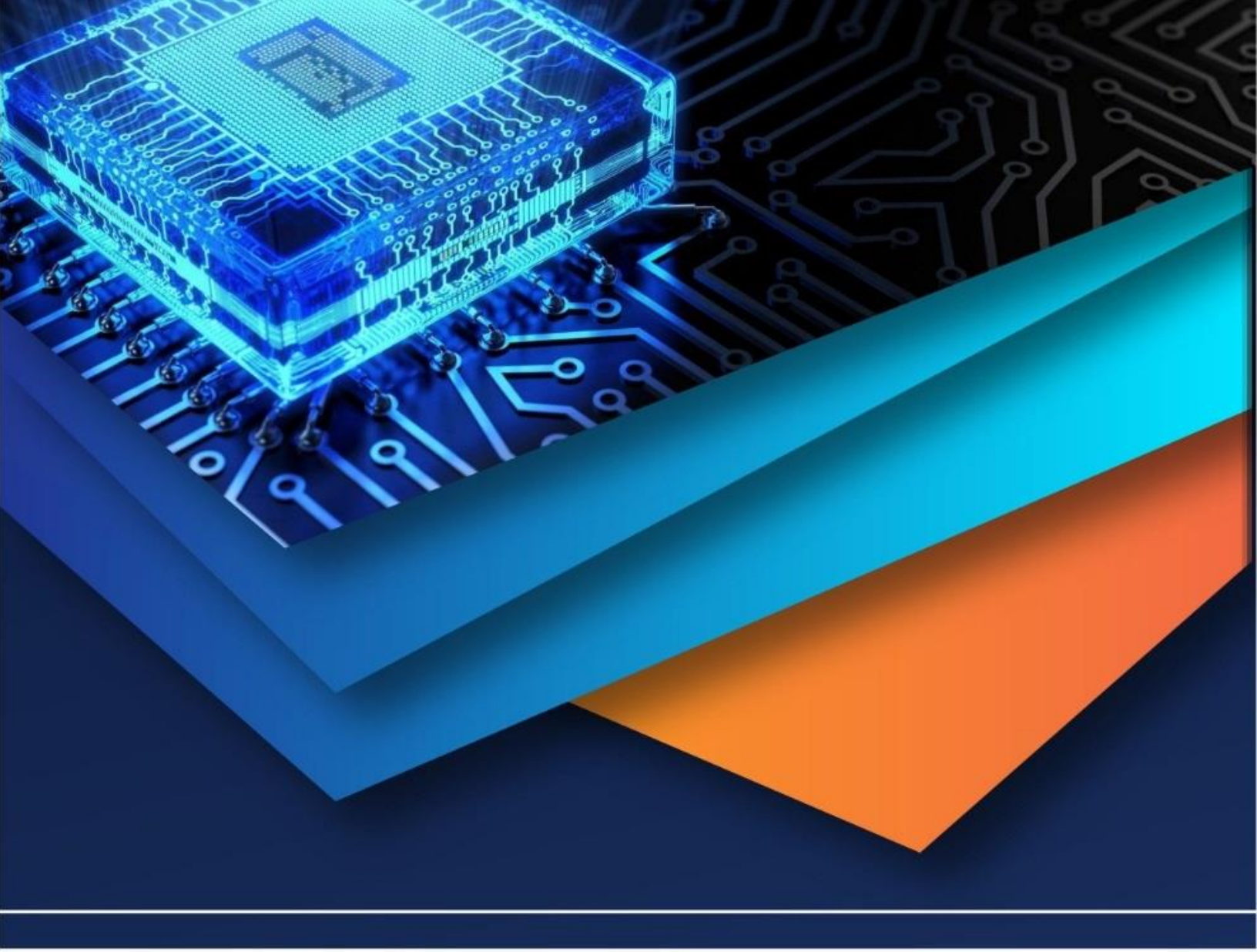

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