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Psycho-Social Factors as Correlates of Conduct Disorders among Students with Learning Disabilities in Ibadan, Oyo State

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Abstract

This study examined the influence of two psycho-social variables namely: self-esteem and peer influence as correlates of conduct disorder among students with learning disabilities in Ibadan, Oyo State. The descriptive survey research design of the correlational type was adopted for the study. Two hundred secondary school students were selected through purposive sampling techniques from five public secondary schools in Akinyele Local Government Area of Ibadan, Oyo State. Three research questions were asked and answered. Screening Checklist for Suspected Learning Disability ($r = 0.72$), Adapted version of the Disruptive Behaviour Disorder (0.68), Rosenberg Self-Esteem ($r = 0.83$) scale and Peer Influence Questionnaire ($r = 0.89$) were used for data collection. The data collected were analyzed using Pearson Product Moment Correlation and Multiple Regression tools. The results showed that self-esteem has significant relationship with conduct disorder ($r = .162$, $p < 0.05$) while peer influence has no significant linear correlation with conduct disorder among students with learning disabilities. It was also revealed that when both predictor variables (self-esteem and peer influence) are taken together, they significantly predict respondents' conduct disorder ($F_{(3/196)} = 10.901$, $p < 0.05$); R^2 adj. = .130. Furthermore, the findings showed that the two independent variables contributed differently to the prediction of respondents' conduct disorder

with the most significantly potent contributor to conduct disorder being self-esteem ($t= 2.018, P< 0.05$) followed by peer influence ($t=-.497, P<0.05$). On the basis of the findings of the study it was recommended that teachers of students with LD and comorbid conduct disorder should endeavour to present activities that boost self-esteem to the students to avoid a lowered self-esteem and high display of CD in school. Students with LD should be encouraged to express their feelings without any form of fear or intimidation by their parents and teachers. They should also be trained on how to manage their emotions.

Key words: psycho-social, self-esteem, peer influence, conduct disorder, learning disabilities

Introduction

A learning disability (LD) is a life-long neurobiological disorder that affects the manner in which individuals with potentially normal or above average intelligence select, retain and express information. Incoming or outgoing information may become scrambled as it travels between the senses and the brain. In many cases, learning disabilities interfere with the development and use of language and the ability to speak, read, write, spell or perform mathematical calculations. Hence, the term "learning disabilities" is an umbrella term that describes an array of learning problems. Learning disabilities can impact an individual's self-esteem, education, vocation, socialization and daily living activities (Learning Disability Association of America, [LDA], 2009).

People with learning disabilities can have other physical and emotional conditions that co-exist with LD. Some of the comorbid conditions are: learning disability and attention deficit hyperactivity disorder (ADHD), learning disability and autism spectrum disorder (ASD), learning disability and epilepsy, learning disability and conduct disorder (CD). In the present study, secondary school students with learning disability and conduct disorder (CD) were of primary interest. Conduct disorder (CD) is a behavioural pattern characterized by aggression toward others and serious violations of rules, laws and social norms. Symptoms of CD include intimidating others, initiating fights, using weapons while confronting a victim, being physically

cruel to people or animals, forcing sexual activity, setting fires, destroying property, consistently telling lies, breaking into homes or cars, truancy, or even running away from home at least twice or once for a length of time (American Psychiatric Association [APA], 2013).

Conduct disorder is distinguished by a repetitive pattern of behaviour in which the basic rights of others and major age-appropriate societal norms are violated (APA, 2013). Individuals are identified as exhibiting conduct disorder only when, three or more of the aforementioned characteristics must have been manifested in the last 12 months, with at least one criterion present in the past six months (APA, 2013). Further, the Mental Health America (2017) pointed out that the behaviour characteristics of CD fall into four groups: aggressive behaviour that causes or threatens physical harm to other people or animals; non-aggressive behaviour that causes loss of property or damage, deceitfulness or theft and serious violations of rules.

Semrud-Clikeman, Walkowiak, Wilkinson, and Portman Minne (2010) carried out a research on social perception in children with non verbal learning disabilities (NLD), Asperger syndrome (AS) or attention deficit/hyperactivity disorder (ADHD) comparing them with typically developing (TD) children. The study showed that the NLD and AS groups had a lot of difficulty in understanding emotional and non-verbal cues than the TD group. Moreover, Rourke & Tsatsanis (2000) suggested that students' limited ability to interpret social feedback may cause unpleasant experiences with their peers, and this may lead to sadness and social withdrawal. Both sadness and social withdrawal are common behaviours of persons with CD.

Moreover, Lazarus and Ogunsola (2014) conducted a study on behavioural and social problems exhibited by students with learning disabilities using 104 junior secondary school students with LD in Ibadan, Nigeria. The result showed that students with LD indicated that emotional, conduct, hyperactivity/inattention, peer relationship and pro-social problems are among the behavioural and social problems exhibited by students with LD. Based on the findings, the researchers submitted that teachers should endeavour to address behavioural and social problems of students with LD

so that these problems do not exacerbate and lead to negative learning outcomes. From the foregoing, it can be deduced that the presence of CD among secondary school students with LD is being considered an important area of focus among researchers in the field of special education and related professions. Hence, the present study considers it equally necessary to probe further in order to ascertain whether there is a relationship between two psycho-social variables (self-esteem and peer pressure) and conduct disorder among secondary school students with learning disabilities.

Thus, two independent factors of importance in this study: self-esteem and peer influence. Self-esteem plays a vital role in personality development of individuals. According to the Faculty Washington, University of Washington (2013), sometimes self-esteem is used to refer to overall feelings of affection for oneself (that is, global self-esteem); or the way people evaluate themselves in specific domains (that is, domain specific self-esteem); and/or people's momentary feelings of self-worth (that is, state self-esteem). In the present study, self-esteem is used to refer to a personality variable that captures the way people generally feel about themselves.

Studies have also shown that self-esteem affects different aspects of children and adolescents' physical and psychological adjustment and development. Rosenberg, Schooler and Schoenbach (1989) found that low self-esteem fostered delinquency and that continuing engaging in delinquency could enhance self-esteem. Brendgen, Vitaro and Bukowski (1998) found that adolescents with low self-esteem tend to have positive disposition towards delinquent behaviours and also associate with deviant peers. Donnellan, Trzentsniewski, Robins, Moffitt and Caspi (2005) found a robust relation between low self-esteem and externalizing problems and delinquency. The linkage held for different age groups, different measurement methods of self-esteem, and after controlling for potential confounding variables. In a study by Shin and Yu (2012) it was noted that young people's self-esteem could be enhanced once their problem behaviours had received peer support, and their increasing self-esteem could further promote their engagement in problem behaviour.

Besides, Guerra, William and Sadek (2011) studied individual and contextual predictors of bullying and victimization and how they vary by age and gender using 2,678 elementary, middle and high school youth from 59 schools in California. The result revealed that lower self-esteem can lead to behaviour problems and being bullied can lead to lower self-esteem. In another study, Tsaousis (2016) investigated relationship between self-esteem and bullying behaviour (that is, perpetration and peer victimization) using metal analytic procedures. It was found that peer victimization is negatively associated with self-esteem with a mean effect size of $r = .27$. Also, a negative but trivial association was also found ($r = -.07$) between bullying behaviour and self-esteem.

Another significant independent factor in this study is peer influence. When people of one's own age encourage or urge the person to do something or to keep from doing something else, no matter if the person personally want to do it or not, peer pressure ensues (Ryan, 2000). Further, Burns and Darling (2002) maintained that the more subtle form of peer pressure is known as peer influence, and it involves changing one's behaviour to meet the perceived expectations of others. Oni (2010) identified the reason for experiencing pressure from a peer group as the fact that adolescents want to be accepted by their peers. According to Oni, peer pressure is the influence that people in one's age group exert on him bringing about changes in his attitudes, values, or behaviours.

Castrogiovanni (2002) in his study emphasised that educators and parents should be aware that peer groups provide a variety of positive experiences for students such as the opportunity to learn how to interact with others; support in defining identity, interests, abilities, and personality and opportunities for witnessing the strategies others use to cope with similar problems and for observing how effective they are. One hundred and fifty (150) in-school adolescents from four secondary schools in Ogun State, Nigeria were involved in a study carried out by Omotere (2011) on the influence of peer group on adolescents' academic performance. The findings revealed that peer group could positively influence the academic performance of in-school adolescents.

However, there have been reported cases of negative peer influence and the effects such negative influence could have on secondary school students generally. According to Hinshaw and Lee (2003) peer influence is related to the development of antisocial behaviour in children and adolescents. Hinshaw and Lee (2003) explained that association with deviant peers can influence CD in two ways; a selection process whereby the student with aggressive characteristics choose deviant friends and a facilitation process whereby deviant peer networks bolster patterns of antisocial behaviour. A review of literature on the positive and negative aspects of peer influence on adolescents' academic performance and socialization was conducted by Howard (2004). The review revealed that peers exert significant influence on one another and as such, educators and other professionals working with adolescents should pay considerable attention to issues of peer influence, especially, issues surrounding negative peer influence.

In addition, Lashbrook (2000) explained that it is vital for educators and other related professionals to understand the complex aspects of peer influence in order to stop these negative effects before they occur. It is assumed that peer groups may not allow students to be "themselves" in the truest sense of the word which may allow them to exhibit conduct disorders.

In all, although these literatures suggest some level of relationship among the variables of interest in the present study, the participants in these studies were mainly students without learning disabilities whereas it has been earlier stated that students with LD also exhibit conduct disorders. This implies that there is paucity of literature in this regard using students with LD. Hence, in order to manage conduct disorders among students with LD efficiently, there is a dire need to investigate the true nature of the relationship among two psycho-social variables (namely, self-esteem and peer influence) and conduct disorders among secondary school students with LD.

Purpose of the study

The study investigated the relationship between self-esteem, peer-influence and conduct disorders exhibited by students

with learning disabilities in Ibadan, Oyo State Nigeria. It also examined which of the two variables: (self-esteem or peer influence) would exert more influence on conduct disorder among students with learning disabilities.

Research Questions

Three research questions were raised and tested at 0.05 level of significance.

1. What is the relationship between the independent variables (self-esteem and peer influence) and the dependent variable (conduct disorder among students with learning disabilities)?
2. What is the joint contribution of the independent variables (self-esteem and peer influence) to the dependent variable (conduct disorder among students with learning disabilities)?
3. What is the relative contribution of the independent variables (self-esteem and peer influence) to the dependent variable (conduct disorder among students with learning disabilities)?

Methodology

A survey research design of the correlation type was adopted in the study. The researchers selected one local government area in Ibadan, that is, Akinyele Local government area. This choice was based on the fact that the area is densely populated and has considerably many big public secondary schools. Therefore, it was easy to conduct screening for learning disabilities among the large population of students in those schools. Next, five public secondary schools were selected using the hat method of random sampling.

The next stage in the selection of study participants involved screening for learning disabilities. The researchers screened approximately three thousand six hundred (3,600) junior and senior secondary school students (J.SS 1-SS2) in the five selected schools for learning disabilities. The reason for screening across the classes was because conduct disorder which is the dependent variable in this study is a behavioural disorder and its manifestation is not limited to students in either junior or senior secondary schools. The age range of participants was between 12 years and 16 years with an

average range of 14 years. The screening revealed that three hundred and twenty six (326) students out of 3,600 students that were screened possess characteristics of learning disabilities. The researchers however randomly selected through the ballot method only two hundred students (200) from the five schools. That is, forty students with learning disabilities were chosen from each school.

The following instruments were used for data collection in this study: Screening Checklist for Suspected Learning Disabilities (SCSLD)-(Adapted version); Parent/Teacher Disruptive Behaviour Rating Scale (DBD)-(Adapted version); Rosenberg Self-Esteem Scale (RSE); and Peer Influence Questionnaire (PIQ).

Screening Checklist for Suspected Learning Disabilities (SCSLD): The screening checklist for suspected learning disability was developed by Carol Herriot (2004), Ontario, for identification of students with learning disabilities. The researchers adapted this 15-point checklist for the purpose of this study by selecting question items from each section of the checklist. After a pilot-test, data was subjected to statistical analysis using the Cronbach's alpha and a reliability coefficient of 0.72 was obtained.

The Parent/Teacher Disruptive Behaviour Rating Scale (DBD) is a 45-question screening scale based on DSM-IV Item pool, made available by the Centre for Children and Families, University at Buffalo, New York (nd), via the internet. DBD was designed to differentiate among three disruptive behaviour disorders namely: Attention-Deficit/Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorders, through administration to teachers and parents. There are 15 questions in the DBD, which assess conduct disorder categories as follows: a. aggression to people and animals (items 6, 20, 31, 32, 36, 40, 45); b. destruction of property (items 16, 41); c. deceitfulness or theft (items 4, 8, 43); d. serious violation of rules (items 2, 11, 38). All 15 questions were used in this study. For the purpose of this study, the researchers adapted the DBD by asking individual's students to rate themselves instead of telling their teachers to rate them. After a pilot-test, data was subjected to statistical analysis using the Cronbach's alpha and a reliability coefficient of 0.68 was obtained.

Rosenberg Self-Esteem scale (RSE): This scale ten-item scale was developed by Morris Rosenberg (1965) to measure the self-esteem of individuals including students. It is a Guttman scale with high internal reliability (alpha .92). The researchers obtained the Cronbach's alpha of 0.83 after a pilot-test was carried out with a sample that did not participate in the main study.

Peer Influence Questionnaire (PIQ): This researcher-constructed questionnaire is a 10- item instrument to be answered on a 5-point scale ranging from "strongly agree to strongly disagree". The higher the score of respondent on the instrument, the higher the level of peer influence experienced by the respondent. To find the reliability of the instrument, the researchers subjected the questionnaire to a pilot-test after which they computed the Coefficient reliability with the Cronbach's alpha statistics and this yielded 0.89.

Data Analysis

The data were analysed using two statistical tools namely: multiple regression analysis and Pearson's Product Moment Correlation (PPMC). Multiple Regression was used to find out the joint and relative contributions of the two independent variables (self-esteem and peer influence) to the prediction of conduct disorder.

Results

Research Question 1

What is the relationship between the independent variables (self-esteem and peer influence) and the dependent variable (conduct disorder among students with learning disabilities)?

Table 1: Correlation Matrix of Dependent and Independent Variables

Variables	Mean	Standard deviation	Conduct Disorder	Self-esteem	Peer Influence
Conduct Disorder	49.4550	7.74843	1		
Self-esteem	28.9850	3.83776	.162*	1	
Peer Influence	35.3300	4.86822	.023	.280**	1

*Significant at $p < 0.05$, **significant at $p < 0.01$

The results on table 1, show that one of the independent variables (self-esteem) has significant relationship with conduct disorder, ($r = .162$, $p < 0.05$) while peer influence has no significant linear correlation with conduct disorder among students with learning disabilities. This implies that self-esteem is an important factor in the development of antisocial behaviour such as conduct disorder among students with learning disabilities.

Research Question 2

What is the joint contribution of the independent variables (self-esteem and peer influence) to the dependent variable (conduct disorder) among students with learning disabilities?

Table 2: Multiple Regression Analysis showing Joint Contribution of Predictor Variables on conduct disorder

Model	Sum of Squares	DF	Mean	F	Sig.
Regression	1708.461	3	569.487	10.901	.000
Residual	10239.134	196	52.240		
Total	11947.595	149			

$R^2 = .143$

Adjusted $R^2 = .130$

Table. 2 shows that when both predictor variables (self-esteem and peer influence) are taken together, they significantly predict respondents' conduct disorder ($F_{(3/196)} = 10.901$, $p < 0.05$); R^2 adj. = .130. Thus, the combination of the independent variables (self-esteem and peer influence) account for 13% of the variance in respondents' conduct disorder.

Research Question 3

What is the relative contribution of the independent variables (peer influence and self-esteem) on conduct disorder among students with learning disabilities?

Table 3: Relative Contribution of Independent Variables to the Prediction of Conduct Disorder

Model	Unstandardized Coefficients		Standardized Coefficient	t	Sig.
	β	Std Error	Beta		
(Constant	27.086	5.478		4.945	.000
Self-esteem	.282	.140	.139	2.018	.045
Peer influence	-.055	.110	-.034	-.497	.620

Table 3 shows that the two independent variables contributed differently to the prediction of respondents' conduct disorder. The most significantly potent contributor to the conduct disorder is self-esteem ($t= 2.018, p< 0.05$) followed by peer influence ($t=-.497, p<0.05$)

Discussion of Findings

The finding of this study from research question one revealed that one of the independent variables, that is self-esteem, has significant relationship with conduct disorder. This implies that low self-esteem is an important factor in the development of antisocial behaviour such as conduct disorder among students with learning disabilities. The present findings support that of Guerra, William and Sadek (2011) which report that low self-esteem can lead to behaviour problems and increased aggression in some students which may lead to conduct disorder.

The present findings also support the findings of researchers such as Brendgen, Vitaro and Bukowski (1998), Donnellan and colleagues (2005), and Tsaousis (2016) that submitted that there is a relationship between low self-esteem and behaviour problems like delinquency, bullying and other behaviours related to CD. The findings of this study however negate that of Shin and Yu (2012) that concluded that increasing self-esteem of young people could further promote their engagement in problem behaviour. In other words, the manifestation of conduct disorder among secondary school students with learning disabilities would likely increase when the self-esteem of these students gets lower.

The findings of research question two showed that when both predictor variables (self-esteem and peer influence) are taken together, they significantly predict participants' conduct disorder. This implies that both self-esteem and peer pressure are potent predictors to manifestations of CD among students with LD. That is, even peer influence plays some role in the display of CD among secondary school students with LD although its contribution is not as much as that of self-esteem. This finding agrees with that of Ryan (2000), Hinshaw and Lee (2003), and Howard (2004) on the potency of peer influence on adolescents' display of antisocial behaviour and CD.

The findings of research question three have revealed that the two independent variables contributed differently to conduct disorder. In the study, the significantly potent contributor to conduct disorder is self-esteem which is followed by peer influence. This finding was supported by Brendgen, Vitaro and Bukowski (1998), Donnellan and colleagues (2005), Guerra, William and Sadek (2011) and Tsaousis (2016) as reported earlier in the study. Of considerable importance however, are the implications of these findings to the study.

The symptoms of CD are apparent in several settings in the person's life, for example, at home, in the community and at school. The implication is that there is need for stakeholders that is, parents, teachers, counsellors and in policy makers to put up a right attitude towards identifying students with CD and recognizing the best ways of managing the menace of CD in society. No one should condone the manifestation of CD among youngsters. Everyone should show that CD is unacceptable and should insist that students with LD follow the rules. Since low self-esteem is a predictor of conduct disorder in this study, parents and teachers should develop a positive attitude towards students with learning disabilities in order to foster appropriate behaviour in such students. There is also the need for parents to adopt appropriate parenting style that will build the self-esteem of their children. Also, parents and teachers should work together so as to help build high self-esteem in learners with learning disabilities.

Conclusion

This study has revealed that self-esteem had significant relationship with conduct disorder while peer influence had no significant linear correlation with CD. It further showed that when self-esteem and peer influence are taken together, both significantly predicted conduct disorder among students with LD and that self-esteem is the only the most potent contributor to conduct disorder among students with learning disabilities.

Recommendations

Based on the findings of this study the following recommendations were made:

1. Students with learning disabilities should be trained on how to manage their emotions particularly, training in the management of anger and aggression.
2. Students with learning disabilities should be encouraged to express their feelings without any form of intimidation or fear to their parents and teachers.
3. Parents of students with LD who manifest CD should watch their youngsters closely and also ensure that they build the self-esteem of their wards through easy to do and exciting activities like use of praise, games and sports, good grooming skills and excursions. All these could lead to low display of CD at home, school and society.
4. Parents, regular teacher and special educators should try as much as possible to discourage every act of conduct disorder in the students through role plays and modeling.
5. Parents and teachers of students with learning disabilities should ensure that the students are not exposed to deviant peers who can influence them negatively to exhibit conduct disorders such as fighting, stealing, forcing another person into sexual activity and destroying property.
6. Teachers of students with LD who also manifest CD should endeavour to present activities that boost self-esteem to the students to avoid a lowered self-esteem and high display of CD in school.

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