Prevalence of Oppositional Defiant Disorder among Pupils in Gumel Local Education Area: An Exploration of the Child Safeguarding and Action Research in Jigawa State

Sanusi Ibrahim, PhD

Department of Education, Sule Lamido University Kafin Hausa, Jigawa State
Email: sanusi@slu.ng.edu

ABSTRACT

This study was explored the findings of the UKAid-funded Teacher Development Program to find out whether the discovered unwanted behaviors by the non-governmental organization are related with Oppositional Defiant Disorder. The study adopted Cross-sectional research design to estimate the prevalence of ODD among primary school in Gumel Local Education Area. The populations of the study constituted of one thousand seven hundred and sixty eight (1,768) pupils' from Nasoro Special Primary School, Galagamma Primary School, JSCOE Demonstration Primary School, and Sani Isiya Primary School in Gumel LEA. The sample size consists of nine hundred and ninety three (993) from Nasoro and Sani Isiya Primary Schools, where 30 pupils were identified with ODD using purposive sampling technique. A checklist for the identification of pupils with ODD was adopted and used to assess ODD symptoms among pupils. The checklist was validated by five experts in the Department of Special Education Bayero University Kano, and a reliability coefficient of 0.80 was established using Cronbach Alpha reliability index. In answering the research questions descriptive statistics frequency and percentage, graphs, were used to analyze the data collected. The findings of the study indicated that the prevalence of ODD among the pupils in the four schools is approximately 3.02%. This suggest that ODD is a significant issue affecting a notable proportion of pupils in these schools. The study conclude it was recommended that policymakers, schools, and NGOs should work together to support pupils with ODD and promote their academic and social success,

Key words: prevalence, unwanted behaviors, Oppositional Defiant Disorder.

INTRODUCTION

Oppositional Defiant Disorder (ODD) is a behavioral disorder typically diagnosed in childhood, it is characterized by a consistent pattern of angry, irritable mood, argumentative or defiant behavior, and vindictiveness. ODD affects children's social functioning by impairing interpersonal relationships, classroom adjustment, emotional regulation, and compliance with authority figures. Pupils with ODD often exhibit a defiant attitude toward adults and authority figures, which can lead to conflicts in school, at home, and in other structured environments. The argumentative and hostile behavior associated with ODD can strain relationship with peers, family members and teachers, thereby limiting positive social interactions and emotional development.This may lead to social isolation or rejection. Pupils with ODD may engage in verbal or physical confrontations which can escalate conflicts with peers and result in further social difficulties. Persistent irritability and frustration associated with ODD may hinder effective communication, make it difficult for pupils to express their feelings or understand others perspectives. A lower tolerance for frustration can lead to outburst or tantrums in social situations, further alienating peers and adults. ODD can lead to negative feedback from peers and adults, reinforcing a cycle of negative social experiences and potentially leading to the

development of other mental health issues, such as anxiety or depression. Defiant behaviors in school can affect a pupil's academic performance, leading to additional stress and further complicating social relationships with classmates and teachers (APA, 2009).

There is a range of estimates for how many children and adolescents have ODD. Evidence suggests that between 1 and 16 percent of children and adolescents have ODD (Loeber, 2011). However, there is not very much information on the prevalence of ODD in preschool children, and estimates cannot be made. ODD usually appears in late preschool or early school-aged children. In younger children, ODD is more common in boys than girls. However, in school-age children and adolescents the condition occurs about equally in boys and girls (Connor, 2002). Although the disorder seems to occur more often in lower socioeconomic groups, ODD affects families of all backgrounds (AACAP, 2009).

ODD is a global phenomenon, affecting children and adults worldwide. ODD is a valid mental health disorder characterized by negativistic defiant behavior, angry or irritable mood, and vindictiveness, studies have reported prevalence rate across different countries including global estimates: 3.3, in children between 5-18 years old, in specific countries like China the prevalence rate is 3.6%, Iran 3.9%, and Europe and North America the prevalence rates ranging from 3-4%. ODD behavior as a disorder in African countries seems to be growing, particularly among organizations working in mental health and education. A Child Safeguarding Action (Eliminating Corporal Punishment: A case study of Jigawa State Action Research) carried out by UKaid-Funded Teacher Development Programme (2019), identified and came up with different unwanted behaviors like; truancy, late coming, stealing, noise making and bullying from four (4) selected primary schools in Gumel Education Zone namely; Galagamma primary school, Sani Isiya primary school, JSCOE Demonstration primary school, and Nasoro primary school. The prevalence rate of unwanted behaviors was 8 pupils in every 10 participants of the study (8:10). Based on this, this research was prompted to finding out whether the identified unwanted behaviors by Child Safeguarding Action Research are related with ODD or not.

Statement of the Problem

The Child Safeguarding Action Research, conducted by the UKAid-funded Teacher Development Programme, TDP across 4 pilot schools in Gumel Local Education Area Jigawa State Nigeria (2019), discovered truancy, late, coming, bullying, stealing, aggressiveness, classroom homework refusal behavior, teasing, coming to school without working materials, crying in the class, and poor academic performance among pupils in selected schools in Gumel Local Education Area, it did not determine whether these behaviors represented clinically significant Oppositional Defiant Disorder. Therefore, the frequency of ODD among pupils in these schools remain unknown, making it difficult for teachers, counselors, and policymakers to develop appropriate intervention strategies. Also, the pilot study revealed that, most of the teachers from 4 pilot schools don't have the skills of handling pupils with unwanted behaviors, instead they inflict corporal punishments like flogging, fatigue in form of wall climbing and whipping as a means of correcting such maladaptive behaviors. It is against this background, the present study was undertaken in order to find out the prevalence of Oppositional defiant disorders among pupils within the four schools identified with aberrant behavior by UKAid-funded progrmme to differentiate between

behavior disorders and normative behavior among the pupils. The researcher, therefore, set the following objectives;

Objective of the Study

1. To determine the prevalence of pupils with ODD in Gumel LEA of Jigawa State
2. To examine the demographic characteristics of pupils with ODD in Gumel LEA of Jigawa State

Research Questions

1. What is the prevalence of pupils with of ODD in Gumel L.E.A?
2. What are demographic characteristics of pupils with ODD in Gumel LEA?

METHODOLOGY

Research Design

This study adopted a cross-sectional study. A cross-sectional study design was used estimated the prevalence of ODD among primary pupils in Gumel Local Education Area. A cross-sectional study design is a research method that involves observing defined population at a single point in time or over short period. The populations of the study constitute of one thousand seven hundred and sixty eight (1,768) pupils' from Nasoro Special Primary School, Galagamma Primary School, JSCOE Demonstration Primary School, and Sani Isiya Primary School in Gumel LEA. The sample size consists of nine hundred and ninety three (993) from Nasoro and Sani Isiya Primary Schools, where 30 pupils were identified with ODD using purposive sampling technique. A checklist for the identification of pupils with ODD was adopted and used to assess ODD symptoms among pupils. The checklist was validated by five experts in the Department of Special Education Bayero University Kano, and a reliability coefficient of 0.80 was established using Cronbach Alpha reliability index. In answering the research questions descriptive statistics frequency and percentage, bar- graphs, were used to analyze the data collected.

RESULTS

Research Question One: What is the prevalence of pupils with ODD in Gumel LEA?

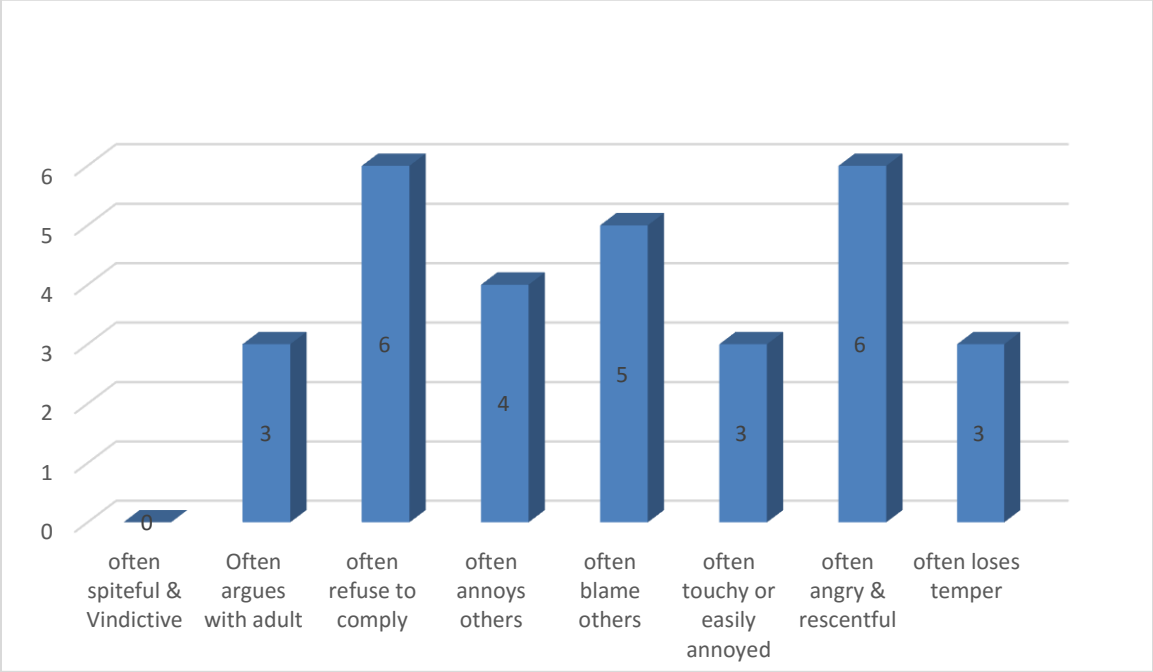
Table 1: Pupils Identified with ODD from Nasoro Special Primary School and Sani Isiya Primary SchoolSpecial Primary School

Symptoms	Frequency	Percentage %
Often spiteful & vindictive	0	0.0%
Often argues with adult	3	10.0%
Often actively refuses to comply	6	20.0%
Often deliberately annoys others	4	13.4%
Often blame others for his/her mistakes	5	16.6%
Is often touchy or easily annoyed	3	10.0%
Often angry & resentful	6	20.0%
Often loses temper	3	10.0%
Total	**30**	**100%**

Source: (Field work 2022/2023 Academic Session)

The above table presents the distribution of the prevalence of the ODD symptoms with highest frequency and percentage among the 30 pupils with ODD from Nasoro Special Primary School and Sani Isiya Primary School using Checklist for the identification of ODD. The results showed that, the prevalence of the symptoms with highest frequencies were; often actively refuses to comply, and often blame others for his/her mistakes, with highest frequencies of 6 responses representing 20.0% followed by often angry and resentful with frequency of 5 responses representing 16.6%, often deliberately annoys others with frequency of 4 responses representing, 13.4%, often argues with adult, often touchy or easily annoyed, and often loses temper with the frequencies of 3 responses each representing 10.0%%, often spiteful or vindictive with 0 frequency responses representing 0.0%.

Bar Chart: Graphical representation of the symptoms of pupils with ODD from Nasoro and Sani Isya Primary Schools.



The above Bar chart indicated seven (7) symptoms of ODD with the highest frequencies out of the eight symptoms of ODD from Nasoro and Sani Isiya Primary Schools. According to DSM 5, pupils or students must exhibit at least not less than four (4) symptoms out of the eight (8) prescribed symptoms of ODD before diagnose with ODD (APA, 2013). This confirms that pupils have ODD in these schools.

Research Question 2: What are demographic characteristics of pupils with ODD in Gumel LEA?

Table 2: Demographic Characteristic of Pupils with ODD from Nasoro and Sani Isiya Primary Schools

Variables	Characteristic	Frequency	Percentage
Age	6-10	18	60%
	11-15	12	40%
Sex	Male	23	76%
	Female	7	24%
Socioeconomic Status	Low	26	86%
	Middle	4	14%
	High	0	0%
Academic performance	Below average	21	70%
	Average	9	30%
	Above average	0	0%
Family History of Mental Health	Yes	7	14%
	No	23	76%
Social relationships	Poor peer relationships	17	56%
	Average peer relationships	10	34%
	Good peer relationships	0	0%
Family structure	Nuclear family	4	14%
	Single parent house hold	2	6%
	Blended family	24	80%
Parental education level	Primary Education	12	40%
	Secondary Education	16	53%
	Higher education	2	7%

Source: (Field work Academic Session)

Table 2 shows that majority of pupils with ODD (60%) are between 6-10 years old, while 40% are between 11-15 years old. This suggests that ODD may be more prevalent among younger children in these primary schools. The findings with regard with sex characteristics indicate a significant gender disparity, with males (76%), being more likely to exhibit ODD symptoms than females (24%). This is consistent with existing research that suggests male are more prone to externalizing behaviors. The vast majority of pupils with ODD (86%) come from low socioeconomic backgrounds, while 14% come from middle socioeconomic backgrounds. No pupils with ODD come from high socioeconomic backgrounds. This suggests that socioeconomic disadvantage may be a contributing factor to the development of ODD. A significant proportion of pupils with ODD (70%) perform below average academically, while 30% perform at an average level. No pupils with ODD perform above average. This suggests that ODD may be associated with academic difficulties. A relatively small proportion of pupils with ODD (14%) have a family history of mental health issues, while the majority the majority (76%) do not/. However, this finding may be influenced by underreporting or lack of awareness about mental health issues in families. More than half of the pupils with ODD (56%) have poor peer

relationships, while 34% have average relationships. No pupils with ODD have good peer relationships. This suggests that social relationship difficulties are a common feature of ODD. The majority of pupils with ODD (80%) come from blended families, while 14% come from nuclear families, and 6% come from single-parent families. This suggests that family structure may play a role in the development of ODD, particularly in blended families. The findings indicate that the majority of parents of pupils with ODD have secondary education (53%), or primary education (40%), while only 6% have higher education. This suggests that lower parental education levels may be associated with ODD. These finding have implications for the development of interventions and support services for pupils with ODD.

RESULTS

Based on the percentages output of the ODD symptoms and demographic characteristic of this study, the result indicated that the prevalence of ODD among the pupils in the two schools was approximately to 3.02%. This suggest that ODD is a significant issue affecting a notable proportion of pupils in these schools, the high proportion of pupils with ODD were from blended families and with poor academic performance, and this indicated that family dynamics and academic support may be important factors to consider in addressing ODD.

DISCUSSION

The findings of this study with regard to table 1 highlighted seven (7) out of the eight (8) symptoms the most commonly among 30 pupils with ODD behavior from Nasoro and Sani Isiya Special Primary Schools. These finding correspond with many findings that identify the most common symptoms among children and adolescents with ODD behavior. Oshodi & Aina (2017), conducted a study on Oppositional Defiant Disorder in Nigerian Children and Adolescents and the study examined the symptoms of ODD in 100 Nigerian children and adolescents and the most common and frequent symptoms were: argumentativeness (90%), defiance (85%), deliberate annoyance of others (80%), blaming others (75%), touchiness (70%), and anger (65%). Similarly, in the study of Robertson & Nortje (2015). They investigated the symptoms of ODD in 150 South African children and found the common and persistent as: argumentativeness (92%), defiance (88%), deliberate annoyance of others (85%), blaming others (80%), often touchy (75%), often angry and resentful (70%). Muriungi & Ndetei (2019), examined the most common symptoms among Kenyan children and adolescents and found argumentativeness (95%), often defiance (90%), often deliberately annoys others (85%), often touchy (75%), and often angry and resentful (70

The findings of this study on table 2 with the regard to demographic characteristics of pupils with ODD in Nasoro and Sani Isiya primary schools corresponds with the findings of Mishra & Samir (2014), who conducted a study on the prevalence of Oppositional Defiant Disorder and Conduct Disorder in Primary school Children suggests that socioeconomic factor, such as parental education, family income, are inversely related to ODD symptoms in children. This is consistent with this finding that the majority of pupils with ODD (86%) come from low socioeconomic backgrounds. The study found that higher parental education and family monthly income were associated with lower ODD symptoms in children. a meta-analysis of community samples worldwide estimated that the prevalence of ODD is significantly higher in boys than girls, with male to female prevalence ratio of 1.59:1, this ratio is

consistent with this findings that males (76%) are more likely to exhibit ODD symptoms than females (24%). However, some studies suggest that sex differences in prevalence may be significant in Western cultures (Johnstone, Derella, & Burke, 2018). Another study conducted by Maumba, Wairungu, and Multhee (2022), in Kenya found that pupils with ODD had poor academic performance, with 80% of teachers indicating that pupils with ODD attain below average grades.

CONCLUSION

This study investigated the prevalence and demographic characteristics of pupils with Oppositional Defiant Disorder (ODD) among pupils in Nasoro and Sani Isiya primary schools as an exploration of the Child Safeguarding and Action Research in Jigawa State. The findings revealed a prevalence rate of approximately 3.02% with males, younger children, and those from low socioeconomic backgrounds being more likely to exhibit ODD symptoms such as spiteful and vindictive, argues with adult, refuse to comply with school rules and regulations, annoys others, blame others for their mistakes, touchy and easily annoyed, angry and resentful and easily losses temper. The study also found that pupils with ODD were more likely to perform below average academically, come from blended families, and have poor peer relationships. This finding is in conformity with the findings of Child Safeguarding and Action Research in Jigawa State (2019), who found that pupils from four pilot schools exhibited unwanted behaviors like; truancy, late, coming, stealing, bullying, aggressiveness, classroom homework refusal behavior, teasing, coming to school without working materials, crying in the class, and poor academic performance, and the unwanted behavior found by the NGO are related with ODD behavior. The findings of this study have implication for the development of targeted interventions and support services for pupils with ODD. Schools, non-governmental organizations, policymakers can use these findings to inform the development of policies and programs aimed at supporting pupils with ODD and promoting their academic and social well-being.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations can be made:

1. School should provide targeted support and interventions for pupils with ODD, including behavioral therapy and academic support.
2. Policymakers should consider developing policies and programs aimed at supporting pupils with ODD and promoting their academic and social well-being.
3. Further research is needed to explore the causes and consequences of ODD in primary school settings to evaluate the effectiveness of interventions and support services.

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