

Peer Acceptance towards the Inclusion of Students with Behavioral Disorders in Inclusive Classrooms in Kwara State

Adedayo adesokan¹ and Tope Emmanuel Ishola²

Special Education Department, Faculty of Education, Kwara State University Malete Nigeria

Email: adedayo.adesokan@kwasu.edu.ng, ayodeleishola007@gmail.com

Abstract: *Students who display undesired actions in the classroom are those who have behavioral issues. This student struggles with self-control, inappropriate actions, and poor social skills. All of these accusations against children with behavioral problems result in inappropriate or maladaptive actions in the classroom, which makes peers reluctant to accept them in the same setting. Based on this, the study this study, examined of peer acceptance of students with behavioral disorders in inclusive classroom in kwara state. Descriptive survey type was used. The respondents were 100 students purposefully. Peer-acceptance questionnaire ($r = 0.75$) was used for data collection. One research question and one hypothesis tested at 0.5 significant level was raised. Frequency, percentage, mean and t-test were used for data analysis. The level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State is high (Mean=3.5). The result also revealed that there is no significant difference between level of peer acceptance among male and female students with behavioral disorders in inclusive classrooms ($P > 0.05$). The study revealed also that there is no significant difference in the peer acceptance among students with behavioral disorders based on gender. It was recommended based on the findings that Parents can be educated about the importance of, and means of achieving, peer acceptance among their children throughout childhood, adolescence and into young adulthood. Also the government should increase the numbers of inclusive schools built in the society, in order for both regular students and students with disabilities to be included and learn in the same classroom environment, because this will help in increasing the level of peer acceptance among students with behavioral disorders and the conventional students.*

Keywords: peer acceptance, inclusion, students with behavior and inclusive classrooms.

Introduction

Regardless of their inherent characteristics as people, inclusion education refers to the placing of students or persons with or without disabilities in the same learning environment that is in a general classroom. In order to improve effective teaching and learning, it also entails placing and educating both children or students with special needs and typically developing pupils in the same classroom. According to Calinsky (2021), inclusion is the full and active participation of children with disabilities or developmental delays in community services, programs, and activities intended for children who are typically developing, including child care.

To ensure that no child is excluded from friendship and participation in the school, an inclusive school must provide options and opportunities for a variety of working methods and individual treatment. This suggests the creation of kid-friendly, rights-based schools. Children who receive a rights-based education learn about their rights. Along with being gender-responsive, inclusive, healthy, and protective of all children, it also promotes engagement from the students themselves as well as from their families and communities. Support from the staff, especially the head teachers, is crucial, but so is support from the neighborhoods around the school. No matter their differences, everyone must be able and willing to ensure that all students are included in the classroom and learning (UNESCO, 2009).

According to Pamela Li (2022), internalizing behavior is activity that is focused on oneself and is typically brought on by negative emotions, whereas externalizing behavior is behavior that is focused on others or the environment. Adolescent problem behaviors like aggression, defiance, and conduct disorder are examples of externalizing behavior, which is an uncontrolled and outwardly focused form of child behavior. It is obvious and typically annoying to other people. When they cause trouble for others or for themselves, children exhibit externalizing behavior. While guys should be powerful and composed, expressing rage when necessary. Should show happiness or grief. Behavioral disorders, as defined by the U.S. Department of Health & Human Services (2017), entail a pattern of disruptive conduct in kids that persists for at least six months and causes issues at home, at school, and in social interactions. According to Ogundele (2018), a behavioral disorder is characterized by culturally abnormal behavior that is so severe, persistent, or long-lasting that it puts the physical safety of the person or others in serious danger, or by behavior that is likely to restrict or prevent access to and use of common community facilities. Because the majority of students in schools exhibit one or more behaviors that are inappropriate in the classroom, it is important to stress the need of include students with behavioral disorders in inclusive classrooms. Peer acceptability is one of the aspects that must be taken into account for the inclusion of kids with behavioral disorders in a classroom that is inclusive.

Children's social and emotional development depends on relationships with peers, and friendships among peers offer a variety of chances for learning and growth. Companionship, leisure, social skill development, taking part in group problem solving,

and handling competition and conflict are a few of these. They also permit self-discovery, emotional development, and moral and ethical progress. A helpful source of social support is parents, teachers, and other adults. for children, but it is among other children that kids learn how to interact with each other. Researchers typically focus on two aspects that are connected to a child's psychological and social development when studying peer acceptance among children. The child's degree of social acceptance by other group members, typically classmates, serves as a proxy for the child's social standing within the peer group as a whole. The child's unique friendships, which are determined by their quantity and quality, make up the second sector (Schneider, Barry H. 2001).

Statement of the problem

One of the challenges associated with particular attention in recent years has been the inclusion of pupils with special needs, including those with behavioral disorders. The Salamanca statement's definition of inclusive education includes the ideas of equal access for all pupils to the general classroom. Additionally, there is a demand for all types of accommodations and services to fulfill the diverse needs of students with disabilities. However different studies have shown that students with behavioral disorders have not been fully benefiting from the concept of inclusive education. because peers didn't accept them. To increase the level of peer acceptance and participation of students with behavioral disorders, several programs have been developed by teachers, school administration, and other educational stakeholders. However, these students continue to experience rejection or lack of acceptance, which may be due to some unobserved circumstances. Because of this, the purpose of this study is based on the fact that most studies on the inclusion of students with behavioral disorders and peer acceptance have used a descriptive survey research approach. To the best knowledge of the researcher there is no empirical evidence documented on peer acceptance towards the inclusion of students with behavioral disorders in inclusive classrooms in kwara state. This leaves a gap in knowledge which this study intends to fill up.

Research Question

The following research question was answered:

1. What is the level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State?

Research Hypothesis

The following research hypothesis was formulated and tested at 0.05 level of significance.

H01: There is no significant difference in the level of peer acceptance among students with behavioral disorders based on gender.

Methodology

Descriptive survey design was adopted for the study. The total of one hundred students in an inclusive school were purposively selected from three inclusive schools in kwara state. Questionnaire on Peer acceptance towards the Inclusion of Persons with Behavioral Disorders in Inclusive Classrooms (QPATISBDIC). Was the instrument used for the study. (QPATISBDIC) was constructed by the researcher and it contain section A and section B. section A measures the demographic data of the respondents while section B contain ten items with response choice of 4 point likert scale: Strongly Agree (SA), Agree (A), Strongly Disagree (SD), Disagree(D). it was validated using cronbatch alpha and a reliability co-efficient of 0.81 was obtained. The researcher then administer the questionnaire and collected them at the spot. The data gathered where analyzed using frequency, percentage, mean and standard deviation for the research question while the hypothesis was analyzed using T-test.

Results

Research Question 1: What is the level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State?

Table 1: Table showing the percentage and mean distribution of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State

S/N	OITEM	SA	A	D	SD	MEAN
1	I am doing fine among my age and my peers seem to like me	50(50.0)	40(40.0)	9(9.0)	1(1.0)	3.4
2	I am been accepted by my peers when learning in the same classroom	33(33.0)	51(51.0)	15(15.0)	1(1.0)	3.2
3	My classmates involve me in peer group discussions	19(19.0)	65(65.0)	12(12.0)	4(4.0)	3.0

4	Each time I start up a conversation with my peers in class, they respond positively	26(26.0)	53(53.0)	19(19.0)	2(2.0)	3.0
5	My peers often show acceptance each time I walk up to them	28(28.0)	57(57.0)	15(15.0)		3.1
6	I feel loved and accepted each time I'm with my peers in the classroom	28(28.0)	56(56.0)	10(10.0)	6(6.0)	3.1
7	My contributions are often welcomed by my peers in the classroom	21(21.0)	55(55.0)	20(20.0)	4(4.0)	3.0
8	My peers participate in extra-curricular activities with me (sport)	37(37.0)	54(54.0)	6(6.0)	3(3.0)	3.3
9	I feel safe among my friends and peers in the classroom	23(23.0)	57(57.0)	16(16.0)	4(4.0)	3.0
10	I believe I fit into the inclusive classroom with my peers	47(47.0)	35(35.0)	7(7.0)	11(11.0)	3.2
WEIGHTED MEAN 3.13						

Note: The figures in parentheses are in percentages

Table 1 showed the level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State. The following shows the level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State as follows: I am doing fine among my age and my peers seem to like me (3.4), I am been accepted by my peers when learning in the same classroom (3.2), My classmates involve me in peer group discussions (3.0), Each time I start up a conversation with my peers in class, they respond positively (3.0), My peers often show acceptance each time I walk up to them (3.1), I feel loved and accepted each time I'm with my peers in the classroom (3.1), My contributions are often welcomed by my peers in the classroom (3.0), My peers participate in extra-curricular activities with me (sport) (3.3), I feel safe among my friends and peers in the classroom (3.0) and I believe I fit into the inclusive classroom with my peers (3.2). The weighted mean was 3.13, which mean that calculated mean was greater than fixed mean (2.5). This implies that the level of peer acceptance among students with behavioral disorder in an inclusive classroom in Kwara State is high.

Ho1: there is no significant difference in the level of peer acceptance among students with behavioral disorders based on gender.

Table 2: Summary of t test result showing the peer acceptance among students with behavioral disorders based on gender.

	Gender	N	Mean	Std. Deviation	T	F	Df	Sig	Decision
Peer Acceptance	Male	28	32.12	3.77	1.34	1.63	98	0.21	Not Sig
	Female	72	30.68	5.13					

From table 2 showed the summary of t-test result showing the peer acceptance among students with behavioral disorders based on gender. It was revealed that male students had mean score 32.12 and standard deviation 3.77 while female students had mean score 30.68 and standard deviation 5.13, the t was 1.34, degree of freedom 98, F was 1.63 and significant level of 0.21 ($P > 0.05$). This implies that there was no significant difference in the peer acceptance among students with behavioral disorders based on gender. Therefore, the null hypothesis that states that there was no significant difference in the peer acceptance among students with behavioral disorders based on gender was not rejected.

Discussion of findings

The first finding of the study revealed that the level of peer acceptance of students with behavioral disorders in an inclusive classroom was high. This is because they were exposed to the benefits inclusion and how to accept themselves in the classroom. This is in line with the study conducted by Nikolaraizi et.al (2002) on children's attitudes towards individuals with special needs indicated that students in Greece and united state where more accepting of individuals with special needs. Also children attending inclusive

kindergartens held more positive attitudes when compared with children attending non-inclusive kindergartens. Also Yu, zhang and yau's study indicated that students with disabilities reported high degree of loneliness but lower degree of peer acceptance. The significant correlation existed between peer acceptance and loneliness and peer acceptance and family function. A study conducted by Cambra (2002) on acceptance of hearing impaired students by the regular classmates in inclusive classrooms indicated that socially these students were well accepted by their peers.

The second findings of the study revealed that there was no significant difference in the peer acceptance among students with behavioral disorders based on gender, this is because students interact, play together and accept themselves in the classroom. A study by Greene et al (2001) reported that among 267 clinically diagnosed children with ADHD (127 girls), no difference between boys and girls were found in parent report of peer problems. Also in meta-analysis summarized by Gershon (2002) Reported that no mean differences in peer problem exist between girls and boys with ADHD.

Conclusion

In Conclusion the level of peer acceptance among students with behavioral disorders in an inclusive classroom in kwara state is high.

Recommendation

Based on the findings of the study, it was recommended that Parents can be educated about the importance of, and means of achieving, peer acceptance among their children throughout childhood, adolescence and into young adulthood.

REFERENCES

- Alghazo, E., & Gaad, E. (2004). *General education teachers in the UAE and their acceptance of the inclusion of students with disabilities*. British Journal of Special Education, 31 (2), 94-99.
- American Psychiatric Association. (2017, July). What Is ADHD? Retrieved June 24, 2019, from <https://www.psychiatry.org/patients-families/adhd/what-is-adhd>
- American Psychiatric Association. (2018, January). What Are Disruptive, Impulse-Control, and Conduct Disorders? Retrieved June 24, 2019, from <https://www.psychiatry.org/patients-families/disruptive-impulse-control-and-conduct-disorders/what-are-disruptive-impulse-control-and-conduct-disorder>
- Austerman, J. (2015). ADHD and behavioral disorders: Assessment, management, and an update from DSM5. *Cleveland Clinic Journal of Medicine*, 82(Suppl1).doi:10.3949/ccjm.82.s1.01
- Berry CA, Shaywitz SE, Shaywitz BA. Girls with attention deficit disorder: A silent majority? Are there behavioral and cognitive characteristics. *Pediatrics*. 1985;76:801-809. [PubMed] [Google Scholar]
- Bronfenbrenner, U., & Morris, P.A. (2006). Ecological theory. Transmission of aggression through the imitating of aggressive models, *Journal of Abnormal and Social Psychology*, 63, 575-582.
- Cambra, C. 2002. Acceptance of deaf students by hearing students in regular classrooms. *American Annals of the Deaf* 147: 38-
- Coccaro, E. F. (2018). DSM-5 intermittent explosive disorder: Relationship with Disruptive Mood Dysregulation Disorder. *Comprehensive Psychiatry*, 84, 118121. doi:10.1016/j.comppsy.2018.04.011
- Definition of Peer Acceptance in D. Carlos Jones in *Encyclopedia of Body Image and Human Appearance*, (2012).
- Definition of Peer Acceptance in J.P. Mac Evoy, SR. Asher in *Encyclopedia of Adolescence* (2011)
- DeHaas P. Attention styles and peer relationships of hyperactive and normal boys and girls. *Journal of Abnormal Child Psychology*. 1986;14:457-467. [PubMed] [Google Scholar]
- Diamantopoulou S, Henricsson L, Rydell AM. ADHD symptoms and peer relations of children in a community sample: Examining associated problems, self-perceptions, and gender differences. *International Journal of Behavioral Development*. 2005;29:388-398. [Google Scholar]
- Gale Encyclopedia of Children's Health: Infancy through Adolescence Wells, Ken. May 21 (2018)
- Gershon J. A meta-analytic review of gender differences in ADHD. *Journal of Attention Disorders*. 2002;5:143-154. [PubMed] [Google Scholar]
- Gleason, T. "Imaginary Companions and Peer Acceptance." *International Journal of Behavioral Development* (May 2004): 204-09.
- Greene RW, Biederman J, Faraone SV, Monuteaux M, Mick E, DuPre EP, et al. Social impairment in girls with ADHD: Patterns, gender comparisons, and correlates. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2001;40:704-710. [PubMed] [Google Scholar]

Greensprings School. Reasons Inclusive Education Is Important for Nigerian Schools
http://www.ibe.unesco.org/fileadmin/user_upload/Policy_Dialogue/48th_ICE/Press_Kit/Interview_Clementina_Eng13Nov.pdf

Hoza B, Mrug S, Gerdes AC, Bukowski WM, Kraemer HC, Wigal T, et al. What aspects of peer relationships are impaired in children with Attention-deficit/Hyperactivity Disorder? *Journal of Consulting and Clinical Psychology*. 2005;73:411–423. [PubMed] [Google Scholar]

Type of behavioral disorders <https://www.betterhelp.com/advice/behavior/a-list-of-behavioral-disorders/>

Reasons for inclusive education <https://www.greenspringsschool.com/reasons-inclusive-education/>

<https://www.medicalnewstoday.com/articles/320386#in-adults>. Jayne Leonard (April 15, 2021) common behavioral disorder in children

John Hopkins Medicine. (n.d.). Oppositional Defiant Disorder (ODD) in Children. Retrieved June 24, 2019, from

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/oppositional-defiant-disorder>

Kamene, A. (2009). School based factors influencing the implementation of inclusive education in regular primary schools in Yatta district. Nairobi: University of Nairobi.

Kauffman, J. (2005). *Characteristics of children with emotional and behavioral disorders, 8th edition*. Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Kombo, D. (2006). Proposal and thesis writing: An introduction. Nairobi: Pauline publications Africa.

Mona Awana (2017) Type of inclusive education in schools.

<https://classroom.synonym.com/types-inclusion-schools-20175.html>

Mugenda, O. & Mugenda A, G. (2003). *Research methods: Quantitative and qualitative approaches*, . Nairobi: Act press.

National Institute of Mental Health. (2017, January). Disruptive Mood Dysregulation Disorder. Retrieved June 24, 2019, from <https://www.nimh.nih.gov/health/topics/disruptive-mood-dysregulation-disorder-dmdd/disruptive-mood-dysregulation-disorder.shtml>

Nikolarazi, M., and Reybekiel, N. 2001. A comparative study of childrens' attitudes towards deaf children, children in wheelchairs and blind children in Greece and in the UK *European journal of special education 16: 167*.

Nyaijoti, A. (2013). Institutional factors influencing implementation of inclusive education in public primary schools in Rigoma division Nyamira County, Kenya. Nairobi: un published M.ed project, University of Nairobi.

Rydell AM, Diamantopoulou S, Thorell LB, Bohlin G. Hyperactivity, shyness, and sex: Development and socio-emotional functioning. *British Journal of Developmental Psychology*. 2009;27:625–648. [PubMed] [Google Scholar]

Schneider, Barry H. *Friends and Enemies: Peer Relations in Childhood*. Oxford, UK: Oxford University Press, 2001.

The Salamanca Statement emerged from the 1994 the Salamanca World Conference on Special Needs Education and is available at: <http://unesdoc.unesco.org/images/0009/000984/098427eo.pdf>.

Thorell LB, Rydell AM. Behavior problems and social competence deficits associated with symptoms of attention-deficit/hyperactivity disorder: Effects of age and gender. *Child Care, Health, and Development*. 2008;34:584–595. [PubMed] [Google Scholar]

Wolters, N., Knoors, H., Cillessen, A., and Verhoeven, L. 2011. Predicting acceptance popularity in early adolescence as a function of hearing status, gender, and educational settings. *Research in Developmental Disabilities*, 32: 2553

Yu, G., Zhang, Y., and Yan, R. 2005. Loneliness, peer acceptance, and family functioning of Chinese children with learning disabilities: Characteristics and relationships. *Psychology in school 42: 235-31*