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# **The Prevalence of Oppositional Defiant Disorder and its Impact on the Academic Performance of Secondary School Students: A Case of Selected Public Schools in Kibwezi Sub-County, Makueni County, Kenya**

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## **Abstract**

There is a rise in the cases of defiance among adolescents in secondary schools in Kenya. This has an impact on the child and the families since a lot of time and money are needed to take care of such a child. This study sought to find out the prevalence of oppositional defiant disorder and its impact on the academic performance among students in sampled secondary schools in Kibwezi Sub-County, Makueni County, Kenya. The study used a descriptive survey design. The study findings showed that the prevalence of ODD among secondary school students stood at 11.34%. Regarding the correlation between ODD and academic performance, this study found a positive and significant correlation between the level of ODD and academic performance. The study also revealed that the academic performance of students who met the criteria for ODD was low compared to those who did not meet the criteria for ODD. The study recommended that the Ministry of Education and other Stakeholders of education as well as religion need to promote counseling programme in the secondary schools within the region to curb the rising cases of psychological disorders among the secondary school students.

**Keywords:** *Oppositional Defiant Disorder, Academic Performance, Secondary School Students*

## **1.0 Introduction**

Oppositional Defiant Disorder (ODD) is a pattern of angry, ill-tempered mood, confrontational/ deviant behavior, or nastiness lasting at least 6 months as evidenced by at least four symptoms exhibited during interactions with at least one individual who is not a relative (American Psychological Association, 2013). VandenBos (2007) defines ODD as a childhood behavior disorder characterized by repeated defiance, negativity, or hostile behavior directed towards authority figures unlike children of similar age.

ODD is usually manifested through loss of temper, disobedience of rules, dawdling, stubbornness, highly argumentative, resentful, easily annoyed; are unruly and disturbing. They usually shelf their behaviors and have been spiteful or vindictive at least twice within 6 months. Such individuals are often older than 5 years and the behavior shown to occur at least once a week. Major (2013) asserts that children with ODD regularly cause trouble. These children usually oppose authority in a manner considered absurd for children of their age. A good example is where a child with ODD would usually throw temper tantrums more often and with less provocation than children who do not have the disorder (Major, 2013).

In Brazil and specifically Rio de Janeiro, Schmitz, Mattosc, and Souzad (2004) conducted a research which established that ODD is a risk factor for the development of conduct disorder (CD) especially in boys with occurrence ranging from 2.7% to about 40% and demonstrated in longitudinal researches. This study however did not find ODD as a risk factor to conduct disorder in girls.

Another study conducted suggested that ADHD was found to be a risk factor for the development of ODD. These studies show that the prevalence of ODD especially in HIV-infected South African children as the results found out that 12% of the results based on parent questionnaire and 9.5% prevalence was based on the teacher's questionnaires. In a study carried out in Uganda of the 2434 participants screened for disruptive behaviors: 1) 6% ( $n = 136$ ) scored positive on ODD.

In Kenya, the prevalence of the rate of ODD was established to be 12.1% (Kamau, Kuria, Mathai, Atwoli, & Kangethe, 2012). This study further showed that Kenya had challenges of proper diagnosis for ODD. This was attributed to a lack of awareness from the population, proper intervention, and inability of parents to afford treatment of children. Muthoni and Karume (2014) established that in Kenya, ODD has not received much attention as most therapists are not able to handle cases of children with ODD.

Many school aged students portraying ODD may experience distinct behavioral disorders which may negatively affect their academic success and poor interaction with their peers and majorly teachers. Alothman (2018) advocates that dealing with these disorders and controlling them in a secondary school environment is often the duty of teachers to help in achieving education development goals. This study established the prevalence of ODD and its impact on the academic performance of secondary school students in Kibwezi Sub-County.

### **1.1 Research Problem**

A child with ODD has problems following rules and meeting expectations of authority figures and, therefore, home and in school can both become war grounds (Lehmann, 2009). Such children may be labeled as being rude and problematic and in most cases; they receive punishment from home and school. Often, money and time are spent to take care of the child and family members are often susceptible to blame each other as a result of a misunderstanding. Consequently, the family may become desperate as they may not be able to understand what ODD means and whether the condition can be treated due to lack of awareness. As Lehmann recommends, more research needs to be done to remove obstacles and establish ways in which a child with ODD can be helped and live a normal life.

Children presenting OOD may later develop conduct disorder (Kelsberg & Leilani, 2006) which has severe symptoms as such children would have problems abiding by the law. A lot of research has been done but how it affects academic performance is an element yet to be researched. Society lacks awareness on how to manage children with this disorder and more so academically, as they are in dire need of help. This study, therefore, hoped to bring to the fore front the prevalence of ODD and its impact on the academic performance of secondary school students.

### **2.0 Theoretical Framework**

The study was anchored on the Ecological Systems Theory founded by Urie Bronfenbrenner, as cited in Bronfenbrenner (1986). Bronfenbrenner claimed that a child's development is shaped by its ecosystem where both influence each other. Bronfenbrenner proposed that human beings must grow and develop in an ecosystem/society however small. Hence, the conceptualization of children's development holistically is important. Bronfenbrenner's explains that the social-ecological theory framework, which is multi-dimensional, seem to explain conduct problems most adequately. Seclusion posited at school, work, peers, and the community stems from various causes. Considering that all this are assumed to be interconnected, dynamic and reciprocal, conduct problems are perceived to be problematic transactions between these systems. Krishnan (2010) seems to agree with Bronfenbrenner's theory as he states that the main thrust of social-ecological theory is that development cannot be explored or described by any one single concept, like biology, but rather by a more multidimensional and complex system.

The social-ecological theory helps by stressing the fact that interaction between the child and the environment is a transactional process (Rappleyea, 2009). In this theory, the child is perceived at the center of the internal environment that is, the immediate surrounding that includes family, school neighborhood and peers while the ecosystem/external environment includes extended family, economic conditions, and the macro-system (cultures and laws)

Furthermore, Rappleyea indicated that all these factors influence and are in turn influenced by the child's genetic potential, intelligence, heredity, variation and vulnerability. As result, the interaction between the child and his/her internal and external environment shapes the child's developmental course as he/she acquires the essential skills for interaction and adaptation. Conduct problems usually classified as (ODD) can be comprehended as the consequence of inconsistency between the child and the environment, or what can be denoted as child environment incompatibility (Greene, 2010). This can be related to ODD as the children develop unusual behavior as they interact with the system within their context.

## 2.1 Empirical Review

### 2.1.1 Prevalence of ODD secondary school students

Prevalence refers to the total number of cases example, of a disease or a disorder in a given population at a given time (point prevalence) or during a special period (period prevalence) (VandenBos, 2007). Xiaoli *et al.* (2014) reported that psychiatric disorders adversely impact children, their parents and families, particularly concerning the quality of life.

The prevalence of ODD in children and adolescents has been studied. In Norway, the effects of indications and prevalence of ODD was higher in boys than in girls (Munkvold, Lundervold & Manger, 2011). On the other hand, Fraser, and Wray (2008) revealed that girls were more likely to show symptoms immediately after they start puberty while boys were more likely to show in their childhood stage. ODD also tends to differ in how it manifests in boys and girls where for boys, they are more likely to be physically aggressive as they bully others while in girls, the manifestation is shown by harming and disrupting relationships, a condition also known as relational aggression (Loeber *et al.*, 2009).

In another study conducted in the US by Egger and Angold (2006), the study recognized that the frequency of ODD in various USA populations was about 4 to 16.8%. A similar study done in Spain stated that the prevalence figures are between 4.7 and 5.6% (Ezpeleta, de la Osa, Granero, Domènech, & Reich, 2011). Behavioral problems among adolescents are of great importance in many countries. Ogden and Halliday-Boykins (2004) report that similar challenges are faced in Norway with behavior hitches taking place in about 10% of the adolescents with the prevalence of serious problems ranging between 1-2%. These and many more results seem to suggest that ODD is a global challenge which needs to be given much attention. In a similar regard, Ogden and Halliday-Boykins suggest that interventions that have been put in place to address these problems are quite inadequate. While other studies report a decrease in rates of prevalence (Wichstrom *et al.* 2012 & Heiervang *et al.* 2007) of 1.8% and 2.5% in Norway, APA, (2013) indicated that average prevalence of ODD is 3.3%; ranging between 1% and 11%. These revelations seem to suggest that the magnitude is quite high, and interventions are needed.

Mishra *et al.* (2014) conducted a cross-sectional study in India among school-aged children from Indore District schools. The prevalence of ODD among secondary school children was found to be 7.73% and this was the same for both male and female. Another longitudinal research was done in turkey by Ercan *et al.* (2013) and showed a mean prevalence of 3.87% with rates of 3.77%, 0.96%, 5.41% and 5.35% in the first, second, third and fourth waves, respectively. In the same regard, a nationwide identical study by Kerekes *et al.* (2014) found out wide variations of prevalence estimates for these behavioral disorders. This revealed that though reports tend to be consistent in findings on an increased prevalence of these disorders in boys, the prevalence of ODD was higher in boys than in girls by 3.5%. On the other hand, Loeber, Burk, and Pardini (2009) described that even though boys and girls had been found to show equivalent levels of externalizing behaviors of verbal aggression, boys showed greater levels of hitting and destruction. The difference could be because both male and female are socialized differently. In Kenya, some communities allow boys to be more aggressive to involve themselves in manly activities. Girls on the other hand are not allowed to get into fights or be involved in activities that may pose physical danger to them.

Loeber *et al.* (2009) articulated that most research examines only boys with ODD and excludes girls. They further expressed that current research may not sufficiently address the development of ODD in girls, as many research studies do not investigate data on girls separately or do not examine girls at all. Further research that has examined gender differences has suggested that boys are influenced more by temperamental factors whereas

girls are influenced more by familiar factors, although the same diagnostic criteria are used to diagnose boys and girls (Loeber et al., 2009).

The literature review on the prevalence of ODD has shown that boys present more with ODD symptoms than girls. However, there seems to be a major exception to this trend from the mainland of China in Hong Kong, with boys presenting with ODD at 6.9%, while girls are at 10.4%. Other results from Asia came from the more Westernized Taiwan, and culturally different Bangkok in Thailand (Trepāt & Ezpeleta, 2011).

### 2.1.2 The impact of ODD on the Academic Performance

Social cognition may play a role in the development of behavioral problems. When students are faced with behavioral problems, they find it difficult to concentrate on their studies. Social information is processed in a linear order, including encoding a social stimulus, storing interpretations of the stimulus, accessing behavioral and affective responses, evaluating the response in terms of expectations, norms, and anticipated consequences, and enacting the response (Alvarez & Ollendick, 2003; Kempes, Matthys, de Vries, & van Engeland, 2005).

Children with behavioral problems, especially those with aggressive symptoms, tend to perceive a higher amount of threat in their environment than other children, even in ambiguous or benign situations (Kempes et al., 2005). When this happens, these children feel threatened and find it difficult to connect with their studies.

Due to this distortion, such children may maintain or increase their behavioral problems. Also, children with behavioral problems may minimize harmful aspects and overemphasize positive aspects of their behavior, suggestive of a reward-dominant behavioral pattern. Again, considering the role of other factors is important, as children without problem-solving skills or frustration tolerance may not be able to achieve their academic goals (Alvarez & Ollendick, 2003).

## 3.0 Research Methodology

The study used a descriptive survey design. This study targeted all secondary school students aged 13-18 years. Kibwezi Sub-County has a total of 24 public secondary schools. Eight of the 24 public secondary schools in Kibwezi Sub County were sampled. A representative random selection of 432 students out of the 2000 form 4 and 3 in Kolwezi-Sub County was done. Simple random sampling was highly representative for all subjects to participate. Among the tools that were used in this study included the Child and Adolescent Disruptive behavior Inventory (CADBI) and a researcher's developed questionnaire.

## 4.0 Results and Discussion

### 4.1 Prevalence of oppositional defiant disorder among secondary school students in selected public secondary schools in Kibwezi Sub County

The study sought to find out the prevalence of oppositional defiant disorder among secondary school students in selected public secondary schools. The respondents were subjected to (CADBI) and their results analyzed. A total of 49 respondents out of the 432 were found to have ODD level of above 20. The results were analyzed as

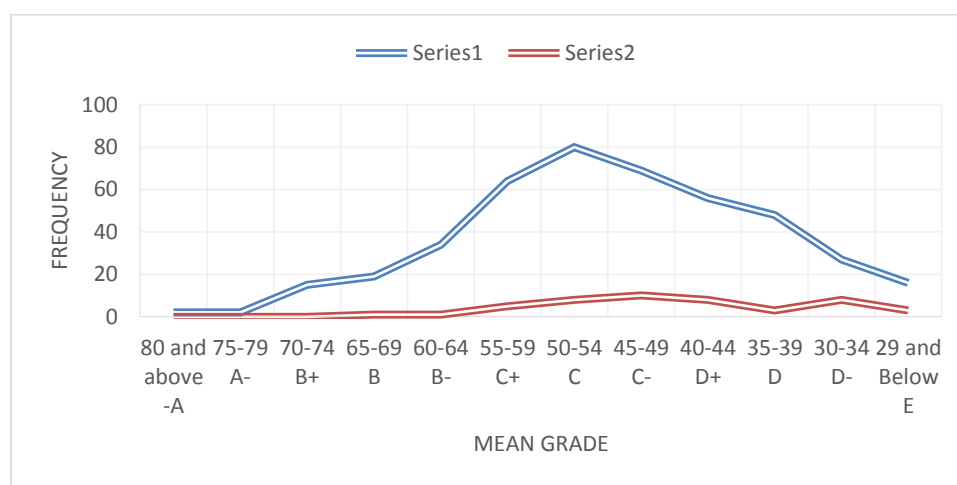
$$\text{Prevalence} = \frac{\text{No. of respondents}}{\text{Total number of respondents}} \times 100$$

$$\text{Prevalence} = \frac{49}{432} \times 100 = 11.34\%$$

The findings of prevalence on this study are quite high considering that this is a rural area population. This finding also points to the school's role in modeling the children and adolescents are declining. Though there are many known causes to the high prevalence, the finding seems to point to a failure in the system within the schools. There also seem to be a problem in the creation of awareness among the younger population or lack of adequate counseling programs within the school. From the findings of the study, 25 respondents indicated that they did not have a guidance and counseling teacher in their school.

#### 4.2 Impact of oppositional defiant disorder on the academic performance of secondary school students in selected public schools in Kibwezi Sub-County

The study sought to establish the impact of the oppositional defiant disorder on the academic performance of secondary school students in selected public schools in Kibwezi Sub County. To achieve this objective, a comparison of the academic performance between the students who met the criteria for ODD and those who didn't meet the criteria was done and results presented in Figure 1.



**Figure 1: A Comparison of Academic Performance of Respondents**

Figure 1 presents a comparison of the academic performance between respondents who met the criteria for ODD (series 2) against those who did not meet the criteria for ODD (series 1). From the figure, it is easy to deduce that those students who didn't meet the criteria for ODD had a better academic performance than those who did not. The finding shows that ODD impairs the academic performance of students. Students with ODD present with social and behavioral deficits which in the long run impact on their academic performance.

A follow-up interview with some principals from some of the sampled schools revealed that most students with ODD have aggressive behaviors. These behaviors in turn affect the academic achievement of these students. Besides these, the students keep on disrupting others, they break from classroom activities when they feel overwhelmed, and they do not complete assignments in good time. To find the relationship between the level of ODD and academic performance, a Spearman's correlation was run. Results are shown in Table 1.

**Table 1: Correlation between Level of ODD and Academic Performance**

		Respondent's level of ODD	Respondent's general Mean grade and mean mark
Respondent's level of ODD	Pearson Correlation	1	.356*
	Sig. (2-tailed)		.012
	N	49	49
Respondent's general Meangrade and mean mark	Pearson Correlation	.356*	1
	Sig. (2-tailed)	.012	
	N	49	49

\*. Correlation is significant at the 0.05 level (2-tailed).

The results showed that there was a positive correlation ( $r = 0.356$ ,  $p = 0.012$ ) and the correlation was statistically significant. This finding shows that elevated levels of PTSD are associated with worse academic outcomes.

### 4.3 Discussion

The study sought to find out the prevalence of oppositional defiant disorder among secondary school students in selected public secondary schools in Kibwezi Sub-County. This study found out that the prevalence of ODD among secondary school students in Kibwezi west Sub-County stood at 11.34%. This finding on prevalence was higher than those of a study by Mishra et al. (2014) done in India among school-aged children from Indore District schools. The study by Mishra et al. found a prevalence of ODD of 7.73%. The current study's prevalence was even much higher when compared to that of Ercan et al. (2013) whose prevalence was about 4.5%. This shows that ODD is a common disorder, especially among adolescents. When ODD symptoms continue increasing, there is a possibility of the students engaging in school absences, poor school achievement, engaging in substance use, aggression and anxiety in and outside school. The findings of this study contradict with those of Ogden and Halliday-Boykins (2004) which reported that behavior hitches take place in about 10% of the adolescents with the prevalence of serious problems ranging between 1-2%.

The study also sought to establish the impact of oppositional defiant disorder on the academic performance of secondary school students in selected public schools in Kibwezi Sub County. The study found out that those students who did not meet the criteria for ODD had a better academic performance than those who did not. This can be attributed to the fact that ODD impairs the academic performance of students. Students with ODD are most likely to present with social and behavioral deficits which in the long run impact on their academic performance.

A follow-up interview with some principals from some of the sampled schools revealed that most students with ODD had aggressive behaviors. These behaviors in turn affected their academic achievement. This agrees with the findings of Kempes et al., (2005) that found out that children with behavioral problems, especially those with aggressive symptoms, tend to perceive a higher amount of threat in their environment than other children, even in ambiguous or benign situations. When this happens, these children feel threatened and find it difficult to connect with their studies.

## 5.0 Conclusion

The study shed more light on the state of ODD among secondary school students and its impact on the academic achievement of secondary school students. It is a worrying trend that even students in the rural areas in Kibwezi are challenged by ODD to some significant levels. Since ODD may lead to conduct disorder, early interventions must be done. To achieve good results in academics, the stakeholders need to help the students to deal with ODD symptoms, the different behavioral and emotional issues.

## 6.0 Recommendations

The Ministry of Education and other Stakeholders of education should promote counseling programmes in the secondary schools within the region to curb the rising cases of psychological disorders among secondary school students. Religious institutions need to enhance new psychological interventions to help adolescents and youth in general in dealing with cases of psychological disorders. Every church needs to have a working counseling/psychotherapy unit. All secondary schools in Kenya should have trained counseling psychologists who are not assigned teaching roles in schools. This will give them enough time to deal with the emerging psychological issues among staff and students. The mental health professionals need to embrace the new evidence-based psychological interventions in educational institutions. The academic performance of students in Kibwezi is low regardless of the prevalence of psychological disorders. Proper sensitization should be done in the community.

## References

- Allothman, I. (2018). Oppositional Defiant Disorder And Its Management Strategies Among General And Special Education Teachers.
- Alvarez, H. K., & Ollendick, T. H. (2003). Individual and psychosocial risk factors. In *Conduct and Oppositional Defiant Disorders* (pp. 105-124). Routledge.
- American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: Author.
- Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental psychology*, 22(6), 723-731.
- Egger, H. L., & Angold, A. (2006). Common emotional and behavioral disorders in preschool children: Presentation, nosology, and epidemiology. *Journal of child psychology and psychiatry*, 47(3), 313-337.
- Ercan, E. S., Kandulu, R., Uslu, E., Ardic, U. A., Yazici, K. U., Basay, B. K.,...Rohde, L. A. (2013). Prevalence and diagnostic stability of ADHD and ODD in Turkish children: A 4- year longitudinal study. *Child and Adolescent Psychiatry and Mental Health*, 7(1), 1-10. doi: 10.1186/1753-2000-7-30.
- Ezpeleta, L., de la Osa, N., Granero, R., Domènech, J. M., & Reich, W. (2011). The diagnostic interview of children and adolescents for parents of preschool and young children: Psychometric properties in the general population. *Psychiatry Research*, 190(1), 137-144.
- Heiervang, E., Stormark, K. M., Lundervold, A. J., Heimann, M., Goodman, R., Posserud, M. B., ... & Gillberg, C. (2007). Psychiatric disorders in Norwegian 8-to 10-year-olds: an epidemiological survey of prevalence, risk factors, and service use. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(4), 438-447.

- Kamau, J., Kuria, W., Mathai, L., Atwoli, L., & Kangethe, R. K. (2012). Psychiatric comorbidity among HIV-infected children and adolescents in a resource-poor Kenyan urban community AIDS care. *Epub PMID*, 24(7), 836-842.
- Kelsberg, G., & Leilani, A. (2006). What are effective treatments for oppositional defiant behaviors in adolescents?. *Clinical Inquiries*, 2006 (MU).
- Kempes, M., Matthys, W., De Vries, H., & Van Engeland, H. (2005). Reactive and proactive aggression in children A review of theory, findings and the relevance for child and adolescent psychiatry. *European child & adolescent psychiatry*, 14(1), 11-19.
- Kerekes, N., Lundström, S., Chang, Z., Tajnia, A., Jern, P., Lichtenstein, P., ...&Anckarsäter, H. (2014). Oppositional defiant-and conduct disorder-like problems: Neurodevelopmental predictors and genetic background in boys and girls, in a nationwide twin study. Peer reviewed journal, 2, e359. doi: 10.7717/peerj.359.
- Loeber, R., Burke, J. & Pardini, D. A. (2009). Perspectives on oppositional defiant disorder, conduct disorder, and psychopathic features. *Journal of child psychology and psychiatry*, 50(1-2), 133-142.
- Mishra, A., Garg, S. P., & Desai, S. N. (2014). Prevalence of oppositional defiant disorder and conduct disorder in primary school children. *Journal of Indian academy of forensic medicine*, 36(3), 246-250.
- Munkvold, L. H., Lundervold, A. J., & Manger, T. (2011). Oppositional defiant disorder: Gender differences in co-occurring symptoms of mental health problems in a general population of children. *Journal of abnormal child psychology*, 39(4), 577-587.
- Muthoni, G. F., & Karume, M. (2014). Oppositional defiant disorder. *Journal of research in humanities and social science*, 2(5), 57-60.
- Ogden, T., & Halliday- Boykins, C. A. (2004). Multisystemic treatment of antisocial adolescents in Norway: Replication of clinical outcomes outside of the US. *Child and adolescent mental health*, 9(2), 77-83.
- Rappleyea, D. L. (2009). Termination: Legal and ethical considerations for marriage and family therapists. *The American Journal of Family Therapy*, 37(1), 12-27.
- Trepat, E., & Ezpeleta, L. (2011). Parenting practices as mediating variables between parents' psychopathology and oppositional defiant disorder in preschoolers. *Psicothema*, 26(4), 497-504.
- VandenBos, G. R. (2007). *APA dictionary of psychology*. American Psychological Association.
- Wichstrøm, L., Berg-Nielsen, T. S., Angold, A., Egger, H. L., Solheim, E., & Sveen, T. H. (2012). Prevalence of psychiatric disorders in preschoolers. *Journal of child psychology and psychiatry*, 53(6), 695-705.
- Xiaoli, Y., Chao, J., Wen, P., Wenming, X., Fang, L., Ning, L., ... & Guowei, P. (2014). Prevalence of psychiatric disorders among children and adolescents in Northeast China. *PloS one*, 9(10), e111223.