Full Length Research

A Review on the Effects of Socially Maladjusted Behaviour on Academic Performance of Learners in Public Schools

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This paper attempts to review the effects of socially maladjusted behaviour on the academic performance of learners in public primary schools. The paper critically reviewed some of the causes of socially maladjusted behaviour, characteristics exhibited by learners with socially maladjusted behaviour, the effects of socially maladjusted behaviour, and specific intervention measures to be used by teachers in managing learners with socially maladjusted behaviour. From the studies examined for this paper, it is concluded that socially maladjusted behaviour exists in the schools the researchers visited and had to be curbed for better academic performance. The evidence appeared clearly that many universal prevention programs and early intervention programs, which include guidance and counseling and family component, offer statistically significant success to decreasing the rate of behaviour indicated of socially maladjusted behaviour. The paper recommends among other things that teachers should seek assistance from the special education assessment centers to ascertain the behaviour, identify the specifics of the problem behaviour and the conditions that prompt it and reinforce it, so that the learners can be placed in the right institutions or even be taken to hospital for medication.

Keywords: Socially maladjusted behaviour, academic performance, public schools, specific intervention measures

INTRODUCTION

Socially Maladjusted Behaviour is a conceptualized conduct problem where learners with maladjusted behaviour choose not to conform to socially acceptable rules and norms (Marlene, 2004). Such learners would ordinarily demonstrate knowledge of school or social norms and expectations and consistently demonstrate a pattern of intentionally choosing to break rules and violate norms of acceptable behaviour. Learners with maladjusted behaviour perceive themselves as “normal”, and even though they are capable of behaving appropriately, they choose to break rules and violate norms of acceptable behaviour. They consider rule breaking as normal and acceptable. Thus, intentionality is the distinguishing feature for socially maladjustment.

A study done by Forness (1992), states that learners with Emotional Disorder (ED) and those with Socially Maladjusted Behaviour (SMB) could be defined in the same way, in that if not treated, tended to persist into adulthood with their inappropriate interpersonal social deviant behaviour often resulting into criminal activity, poor marital adjustment and social relationship as well as work-related problems. Hong Kong (1995) also states that a maladjusted child is one whose behavioural and emotional difficulties however caused, have prevented the child from benefiting from the ordinary social and educational experiences of home and school and whose difficulties will persist unless help was given by those with appropriate skills. Gresham and Gansle (1992) contend that the argument to include
Social Maladjustment (SM) in the definition of Emotional Disorder (ED) was supported by the apparent lack of the need for and effectiveness of differential diagnosis and treatment.

Schwartz (1999), in a study done in the United States of America of victims and aggressors in Learner’s peer groups, reports an investigation of the behavioural profiles and psychosocial adjustment of the subgroups of victims and aggressors in elementary school peer groups. Peer nomination scores for aggression and victimization was used to classify 354 children of ages ranging between 3-10 years into one of four sub-groups, namely: aggressive victims, non-aggressive victims, non-victimized aggressors and normative contrasts. After the examination, it was observed that children in each of the victim aggressor sub-groups were characterized by a degree of social and behavioural maladjustment. However, impairments in behavioural and emotional regulation were most evident for the aggressive sub-group victims. Aggressive victims were also characterized by academic failure, peer rejection and emotional distress.

Edmore and Constance (2013), in a study conducted in South Africa, state that not all maladjusted learners create disciplinary problems for the teachers. Some of the learners who were maladjusted do not necessarily attract much attention in the school and classroom although mental hygienists maintain that such learners need as much, if not more, sympathetic help from teachers as do maladjusted troublemakers. The causes of personal unhappiness, inferiority feeling, shyness and other anti-social behaviour can be traced to the same sources of conflict that create more aggressive types of maladjustments. Both the shy and the aggressive learner have thwarted needs, but each adopts quite a different method of resolving the problem. There were conditions in the environment which create frustrations and lead to personal inadequacies such as feeling inferior and rejection by teachers, parents or peers. Some of these conditions include over protection or rejection by parents.

Blair (2010) observes that information from the White House Conference on Child Health and protection indicate that one out of every three school learners was maladjusted in one way or another. He estimates that 12% of the world’s primary school going children was emotionally upset as to require the services of educational psychology, sociologists or guidance and counseling specialists. Kombo (2012) in a study on the situation in Kenya investigates learners with deviant behaviour which was a kind of socially maladjusted behaviour in selected secondary schools in Nairobi County.

Characteristics Exhibited by Learners with Socially Maladjusted Behaviour

Gaglo (2010) explains that children can display socially inappropriate behaviour which they learn to gain attention or escape demands placed on them. These difficulties have the potential to affect learning and the ability to maintain positive social relationships. Many of these children show features of an educational concept called social maladjustment. She further categorizes the different types of characteristics exhibited by learners in the classroom and outside the classroom as follows: unwillingness to commonly with teachers’ request, truancy, rejecting help, dislike for school except as a social outlet, rebelling against rules and structures and missing school by choice. Furthermore, there were perceptions of peers as cool, tough and charismatic. Social skills and interpersonal relationships were well-developed and well-attuned to social cues. Furthermore, many relations within select groups were manipulative and there is lack of honesty in the relationship.

Huesmann(1987) argues that some learners may first exhibit academic problems with aggressive acts followed by poor academic instruction, ineffective and negative feedback from teachers and poor academic self-competence. McEvoy and Welker (2000) argue that academic failure may result in learners receiving little positive reinforcement and as such, school may take on aversive qualities.

Green (2001) describes truancy as an act of indiscipline and this had been causing misunderstanding among administrators, teachers in school and in the society. Abayomi (2002) also states that truancy increased risk of dropping out of school and high rates of school dropouts resulting to unemployed or becoming a criminal who could end up in prison than learners who graduate to high schools and colleges. Truancy or the habitual act of being absent from school without permission is a major issue affecting the overall success of the school in which the researcher sampled. Baker et al. (2001) report that hundreds of thousands of American learners were absent from school without permissible excuses each day, and this issue is ranked among the top ten problems facing schools across the country.

Carl (2009) says teenage rebellion plays on important part in adolescent growth. It is the poster characteristic of the teenager year’s adolescent rebellion and it is one that causes many conflicts with parents. Two common types of rebellion are against socially fitting (rebellion of non-conformity) and against adult authority (rebellion of non-compliance). In both types, rebellion attracts adult’s attention by offending them. The young person proudly asserts individuality from what parents like or independence of what parents want and in each case succeeds in provoking their disapproval.
Ladd and Burgess (1999) observe that aggressive behaviour patterns increase the likelihood that children would develop negative relationships with their teachers and also problematic relationships between teachers and learners with SMB in Kindergarten were associated with academic and behavioural problems through eighth grade. Carl (2009) is of the opinion that teachers provide less academic instruction to learners who exhibit problem behaviour because such learners were always out of school due to their own reasons or expulsion due to behaviour-related problems.

**Causes of Socially Maladjusted Behaviour**

The most common behaviours that were considered maladjusted include: stealing, fighting, drug abuse, truancy, homosexuality, lesbianism, bullying, hooliganism, verbal violence as well as use of dangerous objects such as knives and sharp broken bottles to threaten others. Antisocial behaviour in children and youth is usually examined in relation to the biosocial personality theory of Eysenck (2008). The theory is based on three independent personality traits that reflect hypothesized temperament as well as source traits that affect behavioural predisposition. The theory holds that the interaction of the three temperament traits of Psychoticism (P), Extroversion (E) and Neuroticism (N) with socialization experiences produce personality.

In Hong Kong (1995), Maladjustment is regarded as something that is induced by a number of interactive factors. In a nutshell, it originated from unsatisfied basic needs. They include the physiological needs such as love, peers, status, recognition, sense of achievement and security. The unsatisfied basic needs would drive children to seek for them via inappropriate means. Maladjustment of pupils directly related to the family, include ineffective parents, deceased parents, divorced parents, and some parents who take long hours at work living children unattended to. This leads to long-term negligence. Maladjustment could also be seen in respect of; School: under an academic oriented and competitive education system, the central curriculum may not be relevant and appropriate to each and every pupil. Those children who for a long time fail to obtain success in school and are left without sufficient support may give up their schoolwork. Hence, their school life impedes their personal and social development. Society: when learners are not satisfied at home or school and lack effective guidance from teachers and parents they may easily drift into undesirable sub-cultures, and this may lead to anti-social behaviour, avoidance or withdrawal and apathy in life.

Aristotle (1929) identified four causes of behaviour where he focused on a phenomenon that involves identifying its origin, structure, substrate and function and representing these factors in some formal system. He provided a clear specification of this kind of explanation which he called efficient causes (triggers), drugs triggers (behaviour), formal causes (models), material causes (substrates or mechanism), and final causes (functions). Aristotle’s framework is applied to conditioning and the computation-versus-association debate. The critical empirical issue is early versus late reduction of information to disposition. Automata theory provides a grammar for models of conditioning and information processing in which that constraint can be represented.

Gibbon (2011) describes the socially maladjusted behaviour of a learner as one motivated by self-gain and strong survival skills. The five main causes of socially maladjusted behaviour of adolescents include: the family’s socio-economic status, psychological needs, personal needs, school related causes as well as teacher and peer related causes.

Ching (2011) reveals from the existing literature that there is evidence of school effects on young people’s drug use. It was found that disengagement from school, poor teacher-student relations and negative labelling from teachers were factors associated with subsequent drug use and other risky behaviours such as socially maladjusted behaviour. Peer relationships where learners influence one another in drug abuse affects academic excellence. Low school connectedness during early secondary school also predicts substance use 2-4 years later. There is also evidence that truancy, suspension from school and frequent school changes were associated with school failure and drug abuse, indicating that what young people experience at school influences their drug use to project the socially maladjusted behaviours.

Muchemi (2001) highlights cases of deviant behaviour emanating from conduct disorders, substance abuse and personal conflicts. He cites instances such as devil worshipping, homosexuality, and rampant drug abuse in schools in Central Province of Kenya. Several learners had succumbed to devil worshipping thereby negatively affecting their academic performance. He explains that homosexuality was particularly common in Kiambu and Thika Districts, a fact attributed to their proximity to Nairobi, a County going through socio-cultural turbulence. Muchemi (2001) further maintains that in most cases the behaviour is triggered by drug abuse. Kambo (2012), in a study conducted in the Kenyan context, argues that deviance is a type of behaviour that occurs when a society does not give all its members equal opportunity to achieve socially acceptable goals. Some bullying behaviour occurs in some Kenyan boarding boys’ secondary schools and a few boarding girls’ schools.
Effects of Socially Maladjusted Behaviour

Aluja (2004), working on depressive mood and social maladjustment's differential effect on the academic achievement by the use of children depression inventory (CDI), reveals that maladjustment is a multidimensional instrument that includes items of social withdrawal, anhedonia, asthenia, low self-esteem (internalized) and behavioural problems (externalized) which has been attributed to low academic achievement's neurotic and introverted personality traits, which were usually defined by aggressiveness. In the study, it is hypothesized that in non-clinical populations, the relationship between Children Depression Inventory (CDI) scores and a low academic achievement might be basically due to social maladjustment assessed by the behavioural items of this instrument which do not necessarily tap depressive mood. The effects of both depressive mood and SM on academic achievement were analyzed in an adolescent sample of 315 boys and 368 girls through structural equation modeling procedures. Results corroborate the hypothesis that SM measured by the children depressive inventory (CDI) behavioural items and Psychoticism explains the low academic achievement over the above depressive mood measured by the rest of the CDI items, extraversion and neuroticism.

Schwatz (1999) makes a study in the United States of America of victims and aggressors in children's peer groups. He reports an investigation of the behavioural profiles and psychosocial adjustment of the subgroups of Victims and Aggressors in elementary school peer groups. Peer nomination scored for aggression was used to classify 354 children of age's 10-13 years in to sub-groups. Aggressive victims, non-victimized aggressors and normative contrasts. After the examination, it was observed that children in each of the aggressor sub-groups were characterized by a degree of social and behavioural maladjustment. However, impairments in behavioural and emotional regulation were most evident for the aggressive sub-group victims. Aggressive victims were also characterized by academic failure peer, rejection and emotional distress. However, that research did not mention the learners with SMB, which is a gap that has far-reaching effects, and which should be examined and understood so as to control them in society in general and primary schools in particular.

Giller (1983) notes that anti-social behaviour in childhood is followed by a substantially increased risk, such as school dropout, which leads to adult criminality, early marriages that lead to marital problems and breakdown and difficulties in parenting, a poor job record and unemployment, of financial dependency, of social isolation, of alcoholic problems and of mental disorder. Giller (1983) too argues that socially maladjusted behaviour leads to children having low commitment to scholastic achievement. People who live with children maladjusted behaviour find them a liability or a curse.

On his part, Erikson (1950) asserts that people experience eight psychosocial crisis stages which affect every person's development and personality. Each stage involves a crisis of two opposing emotional forces, which he refers to as 'contrary dispositions'. Each crisis stage relates to a corresponding life stage and its inherent challenges. He uses the words 'syntonic' for the first-listed 'positive' disposition in each crisis (such as Trust) and 'dystonic' for the second-listed 'negative' disposition (such as Mistrust). To successfully pass through each crisis, one needs to achieve a "healthy ration" or "balance" between the two opposing dispositions that represent each crisis. For example, a healthy balance at crisis stage one (Trust vs. Mistrust) might be described as experiencing and growing through the crisis 'Trust' (of people, life and one’s future development) and also experiencing and growing a suitable capacity for 'Mistrust' where appropriate, so as not to be hopelessly unrealistic or gullible, nor to be mistrustful of everything.

Socially maladjusted behaviour disturbs the harmonious view of the world for those who accept the norms. For this reason, the effects of people with maladjusted behaviour may be treated with resentment and hostility, ostracized, imprisoned or even shot dead. They may be unable to find jobs. Metcalf (2010) contends that drug addiction is like a curse, it changes your child from what you use to know to a devil that torments you throughout life. Their drug addiction has condemned them to a life of quandary, crime and turned them into liabilities. Hundreds of youths in the country were now being turned into zombies as drug barons get down to lucrative business aggressively.

Specific Intervention Measures used by Teachers in Managing Learners with Socially Maladjusted Behaviour

Walker (2004) states that the best approaches in the management of socially maladjusted behaviour include school-wide behaviour monitoring and behaviour management procedures that emphasize careful monitoring, clear excitements, and reward for desirable behaviour and non-violent negative consequences for behavioural infractions. Critics may claim that these represent consignment of learners to second-class citizenship or that they emphasize vocational skills when they should be focused on academic preparation for higher education. In fact, any schooling different from that of learners headed for college is vulnerable to changes that its expectations were too low.
Scott (2007) observes that childhood conduct disorders cast a long shadow over adulthood, often leading to antisocial personality, drug misuse, increased rates of psychosis and earlier death. Child therapy is the most common target of cognitive-behaviour and social skills therapy for children with aggressive behaviour, social interactions, self-evaluation and emotional dysregulation. The four common targets of cognitive behavioural and social skills therapies were: to reduce children’s aggressive behaviour such as shouting, pushing and arguing, increase prosocial interactions such as entering a group, then starting a conversation, participating in group activities, sharing, cooperating, asking questions politely, listening and negotiating, correcting the cognitive deficiencies distortions and inaccurate self-evaluation exhibited by many of these children, to ameliorate emotional dysregulation and self-evaluation exhibited by many of these children, to ameliorate emotional dysregulation and self-control problems so as to reduce emotional liability impulsivity and explosiveness, enabling the child to be more reflective and able to consider how best to respond in provoking situations.

Metcalfe (2010) emphasizes that social maladjustment in children needs parental intervention in addition to professional help to diminish disruption in school or at home. Social maladjustment is a serious disturbance that requires time and resources to ensure a child to be able to succeed in mainstream schooling or other social environments. Professional treatment for social maladjustment in children with innate or intro-psychic symptoms usually cannot control their emotional responses and generally do not manoeuver events to their advantage. It is usually recommended that the child engages in individual therapy in an ideal setting. The child should be able to establish a solid working relationship with a specific therapist. Many schools offer free or low cost counseling on-site; if that is not an option, parents can find a free local support group meeting that the family can attend. Positive social influences would be needed and the support group serves as a safe place for their child to unravel his/her feelings and anxieties.

According to Ndirangu (2000), counseling is one of the possible solutions to deviant behaviour where the work of a teacher counselor in the current education system needs to be enhanced. He emphasizes that counseling is urgently needed in the existing monumental ocean of problems. On his part, Jeffrey (2004) examines functional behavioural assessment procedures used to identify the reason for children’s misbehaviour. He suggests an approach known as multimodal functional behavioural assessment that provides a comprehensive examination of the children’s disruptive behaviour. The literature for the cause of behaviour identified in multimodal functional behaviour is reviewed with the purpose of information treatment selection in school settings.

**CONCLUSION**

From the studies examined for this paper, it is evident that SMB exists in the schools the researchers visited and it had to be curbed for better performance academically. The evidence appeared clearly that many universal prevention programs and early intervention programs which also include guidance and counseling and family component offer statistically significant success to decreasing the rates of behaviour indicate of SMB. In learners, the introduction of prevention programs and early intervention programs were implemented to a greater success in promoting good behaviour. Family involvement in intervention programs generate good results. Early intervention programs is of utmost importance in most of the schools the researcher visited, in that most of the learners whose behaviour was discovered early changed positively, compared to those which were discovered late. Once behaviour pattern in the children and families become established later in primary schools it appears to be more difficult to establish positive change. Those with most severe delinquent behaviour require the most intense, highly structured programs. Therefore, it only seems logical that the emphasis be placed on universal prevention and early intervention strategies. Aggression that begins in the earliest years of life is clearly linked to delinquent and criminal behaviour in later life. Preventative interventions, during the early years of life for at risk families reduce the prevalence and the seriousness of such behaviour problems. When the costs of failing to provide supportive contexts for developmental health, as measured by increased antisocial behaviour, are examined it is clear that they are substantial conversely, future savings from early interventions that prevent these problems are substantial.

**RECOMMENDATIONS**

The following recommendations were made to help mitigate the behaviour and boost the performance of the learner;
- Teachers should seek assistance from the special education assessment centers to ascertain the behaviour, identify the specifics of the problem behaviour and the conditions that prompt it and reinforce it, so that the learners can be placed in the right institutions or even be taken to hospital for medication or treatment.
- Teachers should go for in-service causes to be equipped with knowledge on how to identify the
behaviour and causes of the behaviour and how to handle learners with SMB.

- It is critical that teachers fully observe the conditions in which the behaviour problem is likely to occur and not occur. Teachers can then use the information to tailor effective and efficient intervention strategies that respond to the needs of the individual student with the classroom context. Teachers can reduce the occurrence of inappropriate behaviour by revisiting and reinforcing classroom behavioural expectations rearranging the classroom environment schedule of learning activities to meet learners’ needs and more specifically those with SMB problems. This should include adapting instruction that promotes high rates of student engagement.

- Teachers should actively teach learners socially and behaviourally appropriate skills to replace behaviour problem using strategies focused on both individual learners and the whole classroom.

- It is important to assess whether school-wide behaviour problems warrant adopting school-wide strategies or programs and if so implement them to reduce negative and foster positive interactions.

- Classroom teachers, in coordination with other school personnel, can benefit from adopting a school-wide approach to preventing behaviour problems and increasing positive social interactions among learners and with the school staff. This type of systemic approach requires a shared responsibility on the part of all school personnel, particularly the administrators who establish and support consistent school-wide practices and the teachers who implement these practices both in their individual classrooms and beyond.

REFERENCES


Metcalf, K. (2010). Social Maladjustment in Children needs Parental Interventions in addition to professional help to diminish disruption in school and at home.


