

SELF-ESTEEM AND SOCIAL COMPETENCE AS CORRELATES OF BEHAVIOUR PROBLEMS AMONG PRIMARY SCHOOL PUPILS

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Abstract

The study determined the relationship between self-esteem, social competence and behaviour problems among primary school pupils in Nsukka education authority. Correlation survey research design was adopted for the study. The instruments for data collection were researcher-made questionnaires titled Pupils Behaviour Problem Observation Checklist (PBPOC) (teachers version), Pupils Behaviour Problems Measuring Scale (PBPMS), Pupils Self-Esteem Measuring Scale (PSEMS), and Pupils Social Competence Measuring Scale (PSCMS). A sample of 125 pupils identified as those who met the criteria for Oppositional Defiant Disorder (ODD) kind of behaviour problems were used for the study. Mean, standard deviation and analysis of variance were used for data analysis. The results of the study indicated that there was a significant but moderate negative significant relationship between self esteem and ODD among pupils in primary school. There was also significant but moderate negative relationship between social competence and ODD among pupils in primary school. Among the recommendations was that Teachers should adopt an approach that will strengthen the bond of friendship, care, tolerance and sympathy among peers in a collaborative learning environment.

Key Words: Self esteem, Social Competence, Pupils and Behaviour Problems

Introduction

A child, who decides to shout repeatedly at the middle of a teacher's lesson in the classroom, without any physical assault from anybody, could have been driven by some kind of psychological deficiency inherent in the mind. Such act is not geared towards accomplishment of a desirable goal. This is part of the challenges teachers' sometime face in the school environment that hinders their effective teaching and learning processes. In any case, a child's psychological frame of the mind could determine the kind of behaviour the child manifests.

Behaviour is the outward or external expression of the internal or inward processes of the individual (Nnachi, 2007). Behaviour could be perceived as an action that can be observed and measured in an objective way. Therefore, behaviour is a measurable and observable act, a response to a stimulus, Such as aggression, gentleness, kindness, temperament; the way one talks, laughs, smiles, jokes, eats, looks, reasons, and how one interacts with others. When a particular behavior begins to result in undue stress for a child in school and elicits negative reactions from

others, such behavior represents a distress signal (Southern Regional Education Service Center, 2014). Such distress signal, could spur children to display disruptive behaviour in the classroom which can result in difficulty for teachers to teach effectively; the children to learn effectively; cause harm to themselves or others and isolate the child from other peers (Eze, 2009). When such behaviour occurs in the classroom settings often from a child it could be termed behaviour problem.

Behaviour problem is that behaviour that is considered disruptive or annoying to one's self or others in the classroom environment (Bahago and Adoga 2013). It is behaviour that digresses from what the majority approves of, or a variation of a normal behaviour (Clinnard, and Meirer, 2010). Behaviour problem is any form of behaviour that is consistently different from what is expected of a child's academic and social areas of life (Gardner, 1988). In this study, behaviour problem is any form of behaviour that disrupts or inhibits the teacher, peers, and the child who exhibits such behaviour, from effective teaching and learning in the general classroom settings.

According to Quay and Peterson (1987) behaviour problems fall into the following categories; *Conduct disorder*: which involves hyper aggressive and highly disruptive children who display behaviour that is disruptive, distressing, and some time not age-appropriate. They may be aggressive, disobedient, destructive, deviant, assaultive, impertinent and jealous. Their behaviour is resistant to change through the usual forms of disciplining. *Oppositional Defiant Disorder*: are conditions in which children argue repeatedly with authority figures, show resentment, and often throw temper tantrums, although physical aggression is limited. *Socialized aggression*: this involves children and youth who are hostile, disobedient, and destructive, they often display both physical and verbal aggression, while similar in many ways to students with conduct disorders; they are also active in delinquent gangs and loyal to delinquent friends.

Anxiety or withdrawal disorders: anxious and withdrawn children internalize their behaviour. They may display nausea, pains, headaches, fears, obsessions, shyness, nightmares, crying, depression, and self-consciousness, some children suffer phobias: intense fears that have no rational basis. Such individuals are unsure of themselves.

Childhood psychosis: this involves the presence of disruption in thinking, accompanied by delusions or hallucinations, along with an alteration in thought processes. Such individual has more unusual behaviour than the other disorders. *Motor excess*: this involves hyperactivity that keeps children from sitting still, focusing or listening which may result to attention deficit hyperactivity disorder. However, in the course of this study pupil with Oppositional Defiant Disorder (ODD) were used. ODD that can be found in classroom involves bullying, verbal abuse, truancy, quarrelsomeness, spitting on the floor, rudeness, mimicking other pupils, interfering with the work of other children, creating excessive noise, eating during lesson, disregarding the right of other children, breaking of rules, talking out of turn, inattentiveness, idleness and hitting other pupils. Such behaviour problems may be overt involving aggressive actions against siblings, peers, parents, teachers, and

authority figures (Jessor, 2013). The covert behaviour involves aggressive actions towards properties, such as theft, vandalism, drug and alcohol abuse, fire arson and high risk activities involving self and others, depression, withdrawal, and anxiety (Eskay, Onu, Obiyo and Obidoa, 2012). From these assertions, inferiority complex, shyness, self consciousness and somatic complaints could be associated with covert behaviours. All in all, these behaviour problems exhibited by these primary school children could have relationship with their self- esteem.

Self-esteem is the acceptance, or respect for, as well as the confidence and satisfaction, which one has in self as a person. It refers to the value that individuals place on their own characteristics, qualities, abilities and actions (Griffin-Shirley and Nes, 2005). It is based on an internal image of an individual that one carries around consistently and subconsciously (Carla, 2006). Carla further asserted that one begins to create an internal image in early childhood based on interactions with others and the environment, especially the signals and messages one receives, first, from parents. People also receive signals and messages from other areas such as performance in school, sports and how likeable childhood peers and friends make one feel. During this formative time, if one receives negative signals and messages, one may later develop low or unhealthy self-esteem. In this study self-esteem describes the way pupils with ODD think and feel about themselves in relation to how they do things in the general classroom setting and at home. An individual may either have high or low self-esteem.

High self-esteem may refer to accurate, justified perceptions of one's worth as a person and one's success and accomplishments, but it can also refer to an arrogant grandiose and unwarranted sense of superiority over others. In the same manner low self-esteem may reflect either an accurate perception of one's shortcomings or a distorted even pathological insecurity and inferiority (Baumeister, Jennifer; Joachim, and Vohs, 2003). In general, low self-esteem is a negative view of oneself. In any case, what Baumeister et al asserted is that self esteem could reflect perceptions that do not always match reality. A child's self-esteem might reflect an evaluation about whether one is intelligent and attractive for example, but that evaluation is not necessarily accurate. The inability of an individual being balanced or not having a realistic image of oneself through self understanding and not developing healthy interpersonal relationships with others is a sign of low self esteem (Seligman, 2007).

Regrettably, when one begins to perceive self as not being worthy to engage in an activity where one can interact, share responsibility, and solve problem together, such an individual could be suffering from low self-esteem. This could confound children to evaluate themselves negatively in an interactive forum and plays a negative role in their behaviour as they interact in school. Such evaluations of negative self perception as children interact socially and emotionally may adversely determine their behaviour being problematic. If a child evaluation of self is low it could lead to exhibiting behaviours characterized as Oppositional Defiant Disorder. From the founding's of Donnellam, Trzesniewski, Robins, Moffitt and Caspi (2005) that low self-esteem has a robust relation with externalizing behaviour problems in

children. From the light of these assertions, it implies that when a child's evaluation of self is high, it could also lead to exhibition of pro-social behaviour.

However, an individual's self esteem is very important for its functioning; for instance, in all life endeavours children make self evaluation in many specific domains of their lives: academic, athletic, appearance and social relationships. The manner in which these evaluations are made if not properly guided might affect a child's social relationships in life. This is because the ability to establish and maintain positive social relationship factors such as being able to interpret social situations, care about others, regulate anger and aggression, and being able to resolve conflicts in a constructive way are good quality of social relationship skills, and if such skills are not in place, a child's social competence might be in danger (Knut, 2010).

Social competence refers to a person's ability to get along with other people; a child's social competence is affected by how well the child communicates with other children and adults (Illinois State Board of Education, 2014). Children who are generally disliked, who are aggressive and disruptive, who are unable to sustain close relationships with other children and who cannot establish a place for themselves in the peer culture are seriously at risk (Walker, Ramsey, and Gresham, 2004). Social competence as a multidimensional phenomenon has been defined as a construct involving variety of qualities and traits such as positive self-image, social cognitive skills, and popularity with peers (Shahrums., Farahman , Fathemah, 2013). Shahrums, Farahman and Fathemah (2013) further asserted that, it is worthy to note that a child's ability to get along with other children contributes much to all aspects of life development and how well a child builds its relationships with others may be the single best childhood predictor of adult adaptations. This assertion gives credence to what Parker and Asher (1998) opined after their findings that children who do not have a basic level of social competence by the age of six (6) may have trouble with relationships when they are adults. Also, the findings of Chen, Wei, Guan, Yuan, Ning, Ding and Yang (2011) indicate that children with ODD have poor social competence and low self concept.

The long-range risks for a child who is socially incompetent may include poor mental health, low academic achievement, low self-esteem and other forms of school difficulties (Walker and Severson, 2002). It is also important to keep in mind that children of the same age may not have the same ability rate of acquiring social competence. Research by McClellan and Kinsey (1999) shows that children have distinct personalities and temperaments from birth as some may face special challenges when they interact with peers and adults, while most children's social competence increase rapidly during the primary school years. There exist two types of social competence: the pro-social and anti-social competence. Pro-social are those behaviours carried out to benefit others and such behaviours are socially acceptable to the norms of a particular society. Such behaviours include helping others, showing empathy, seeking others attention and other forms of assistance.

Anti-social behaviours are those undesirable behaviours exhibited to disrupt others and self. Such behaviours are bullying, stealing, vandalizing/ destruction of

property, truancy, noise making and being aggressive to people (Sprague and Walker, 2000). Sprague and Walker further asserted that children are more likely to exhibit pro-social behaviours, successfully in school work if given many channels to strengthen their social competence by playing, talking, working out disagreement with peers and adults. From the light of these assertions, social competence could be seen as the bedrock of any form of social development. In this study, social competence is the ability of pupils with ODD to possess and demonstrate appropriate behaviours that will make them sensitive and permits them to establish responsive behaviour with other pupils to interact socially, emotionally and academically in the classroom.

Many factors, including social awareness, self-confidence, and social skills contribute to one's attainment of social competence. Also, learners who understand the social connectivity of their home, school, and community environment are considered to be socially competent (Nwafor, 2014). Nwafor further asserts that learners who lack a wide repertoire of social skills and who are socially unaware and unobservant are socially incompetent. Suffice it to say that pupils' level of interactions with other people in the society, be it those in their status or those higher than them is very critical in building the level of confidence and acquisition of basic social competences needed for good interpersonal relationships. The contemporary classroom environment is an interactive as well as active place where constant and symbiotic teacher-learner and learner-learner relationships co-exist in order to actualize the objective of education for all (EFA).

This implies that teachers guide learners to learn and learners equally help one another to learn based on their capabilities. Perhaps, in the absence of a formally planned and intense interactive forum to be initiated by teachers who are seen as the bedrock of all knowledge, pupils with ODD in the classroom will not be able to acquire some intricacies involved in obtaining and maintaining social and emotional order with peers and acquaintances. If this happens such pupils will be cut off from the psychological and social needs which are part of the objectives Education for All (EFA) engender to foster in the education sector. Today in Nigerian classrooms, especially, Nsukka local government education authority, some pupils with ODD are found to make the classroom un-conducive for teacher-learner relationship, to the extent of disrupting the teacher from actualizing the objective of the day. The brain behind such disruptive tendencies is what the researchers do not know. It is to address this gap that the researchers want to investigate the relationship among self-esteem, social competence of pupils with ODD kind of behaviour problems in the study area.

Two research and two hypotheses guided the study and they include:

1. What is the relationship between self-esteem and pupils with Oppositional Defiant Disorder (ODD) in primary schools?
2. What is the relationship between social competence and pupils with ODD in primary schools?

The two null hypotheses were tested at 0.05 level of significance.

- Ho1.** There is no statistically significant relationship between self-esteem and pupils with ODD in primary school.
- Ho2.** There is no statistically significant relationship between social competence and pupils with ODD in primary school

Method

Correlational survey research design was adopted for the study. The population of the study consisted of 125 pupils identified as those who met the criteria for Oppositional Defiant Disorder (ODD) in Nsukka education authority. Multi-stage sampling technique was used to select 125 pupils with ODD out of 3,199 that make up the population of primary five pupils (public schools) in Nsukka education authority. Four instruments which are questionnaire titled Pupils Behaviour Problems Checklist (PBPC) teachers' version, of 25 items was adapted from Emotional and Behaviour Problem Scale-Second Edition (EBPS-2) by Stephen and Tamara (2001). It was only used to identify pupils with ODD in the classroom. Pupils Behaviour Problems Measuring Scale (PBPMS) has twenty five items as well, but the statements were personalize thus: Never (N)=1; Sometimes(ST)= 2; Often=3; and Very Often(VO)=4. For each respondent, an overall mean score of 2.5 and above indicated that the pupil meets the criteria of manifesting ODD in the classroom. Pupils Self-Esteem Measuring Scale (PSEMS), and Pupils Social Competence Measuring Scale (PSCMS) developed by the researchers were used in collecting data for the study.

A mean score of below 2.5 indicates low self-esteem, while a mean score of 2.5 and above indicates high self-esteem. Crobach Alpha method was adopted, and an internal consistency coefficient of 0.85 was obtained for PBPMS. Also, an internal coefficient of 0.91 and 0.87 were obtained for PSEMS and PSCMS respectively. The data collected were analyzed using mean, standard deviation and analysis of variance (ANOVA).

Results:

Table 1: Regression Analysis of the Relationship between Self-Esteem and pupils with ODD in Primary Schools

Variables	Mean	SD	r	r ²
Oppositional Defiant Disorder	65.35	5.40	-0.342	0.117
Self Esteem	27.22	6.84		

Table 1 show that the correlation coefficient between self-esteem of primary school pupils and their ODD is -0.342 with a coefficient of determination of 0.117. This implies that there is a negative moderate relationship between pupils' self-esteem and their ODD. Thus, 0.117 variations in pupils' ODD have a relationship with their self esteem.

Table 2: Analysis of Variance of the Relationship between Self Esteem and pupils with ODD in Primary School

Model	Sum of Squares	df	Mean Square	F	Sig
Regression	133.566	1	133.566	5.038	.031
Residual	1007.534	38	26.514		
Total	1141.100	39			

Table 2 shows that the calculated value of F (5.038) for the relationship between pupils' self esteem and their ODD is 0.031. Since the probability value of 0.031 is less than 0.05 level of significance, the null hypothesis was rejected. Thus, there is a significant negative relationship between pupils' self-esteem and their ODD.

Table 3: Regression Analysis of the Relationship between Social Competence and pupils with ODD in Primary Schools

Variables	Mean	SD	r	r ²
Oppositional Defiant Disorder	65.35	5.40	-0.275	0.075
Social competence	26.30	6.99		

Table 3 shows that the correlation coefficient between the social competence of primary school pupils and their ODD is -0.075 with a coefficient of determination of 0.075. This implies that there is a negative moderate relationship between pupils' social competence and their ODD exhibited in schools. Thus 0.75 variations in pupils' ODD manifested in the classroom can be traceable to be related to their social competence.

Table 4: Analysis of Variance of the Relationship between Social Competence and pupils with ODD in Primary Schools

Model	sum of squares	df	mean square	F	Sig
Regression	86.034	1	86.034	4.099	.005
Residual	1055.066	38	27.765		
Total	1141.100	39			

Table 4 shows that the calculated value of F (4.099) for the relationship between pupils' social competence and their ODD is 0.005. Since the probability value of 0.005 is less than 0.05 level of significance, the null hypothesis was rejected. Thus, there is a significant negative relationship between pupils' social competence and their ODD.

Discussion

Self- esteem as ones overall sense of self-worth and social competence as one's ability to work along with other people or carry other people along could have a

tremendous relationship with pupils behaviour problems especially, Oppositional Defiant Disorder (ODD).

It was found that self-esteem had a negative moderate relationship with primary school pupils with ODD. The analysis of Variance between the pupils' self-esteem and their ODD in Table 2 shows that the relationship between self-esteem and pupils' Oppositional Defiant Disorder (ODD) was negatively significant at 0.05 level. This is shown from the probability value of F 0.031 which is less than 0.05 level. The null hypothesis was therefore rejected. This finding is consistent with previous research findings of Donnellim et al (2005) that low self-esteem has a robust relationship with externalizing behaviour problems in children. This is evident that children behaviour problems do not just manifest ordinarily without other associative factors. What this implies is that, these pupils with behaviour Problems especially ODD have relationship with the negative perception the children have about themselves.

It was revealed that social competence had a negative moderate relationship with the pupils ODD in primary school. This was further proved by the analysis of variance between the pupils' social competence and their ODD in Table 4. The analysis of variance (ANOVA) presented in Table 4 revealed that the relationship between social competence and the pupils' ODD in primary school was negatively significant at 0.05 level. This was indicated by the probability value of F-0.005 which is less than 0.05 level of significance. The null hypothesis was therefore rejected. This finding is consistent with the finding of Chen, Wei, Guan, Yuan, Ning, Ding and Yang (2011) that children with ODD have poor social competence and lower-self concept. This implies that children with ODD were negatively significantly correlated with their social competence scores. It therefore, indicate that pupils behavioral problems especially, ODD have negatively significant relationship with their social competence in school environment as well as in their general life endeavours.

Conclusion

The trends in the classroom settings not only capture the interest of teaching alone but of knowing and assisting individuals who do not benefit from the objectives of Education For All agenda enacted by the Nigeria government a decade ago. For instance, pupils with behaviour problems especially, ODD are undergoing learning crisis psychologically and socially which have a serious relationship with their behaviour in the school system. Teachers are enjoined to adopt constructivist approach to teaching that will bring into play various social skills that will enhance the self-esteem and social competence of such pupils as well as reduce the manifestation of behaviour problems especially ODD in the learning environment.

Recommendations

Teachers should establish a positive working relationship with pupils by regular communication and exchange of information about their social life styles.

Teachers should adopt an approach that will strengthen the bond of friendship, care, tolerance and sympathy among peers in a collaborative manner. For

instance, by creating an enabling environment where academic task will be done together.

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