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RELATIONSHIP BETWEEN SOCIAL SKILLS AND PROBLEM BEHAVIOUR ON ACADEMIC PERFORMANCE OF THE CHILDREN WITH MILD INTELLECTUAL DISABILITY IN INCLUSIVE EDUCATION IN TRICHY DISTRICT

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ABSTRACT: Background: Children with mild intellectual disabilities demonstrate wide diversity in academic and behavioural performance. They develop adequate social, personal, and communication skills. As adults, they function in a variety of contexts. Persons with moderate intellectual disabilities have limited intellectual abilities, have problems in abstracting and generalizing, and are not ready for much academic work until their early teens. They show rather clear-cut deficits in adaptive behaviour. The children with mild intellectual disabled show underachievement in all academic areas, have difficulty in working with abstract ideas, and have problems generalizing their learning to new situations. The study aims to explore the effect of social skills on the problem behaviour and academic performance of children with mild intellectual disability in an inclusive setting. **Materials and Methods:** 400 Children with intellectual disability and their teachers in the inclusive set-up both in rural and urban areas of Trichy District were chosen for the study. The data was collected through the Social Skills Rating System (SSRS)-Gresham & Elliott, 1990). Obtained data were transcribed and analyzed using Descriptive and Differential analysis. **Findings:** The statistical procedure showed that there is a positive significant correlation between social skills, problem behaviour and academic competence and as significant relationship between them. **Conclusion:** Social skills are essential for children with intellectual disabilities to learn through schooling along with academic skills. Several researchers have reported a significant relationship between students' social behaviors and their problem behaviour and academic outcomes.

INTRODUCTION: Social Skills enable an individual to behave in diverse situations. Academic competence is of paramount importance, particularly in the present socio-economic and cultural contexts.

The school tends to emphasize the academic performance of the students. Academic competence has great importance in personal life ¹. It leads to better adjustment and success in school or college.

It motivates the students to set high goals for themselves. Academic performance also predicts the future of the student to a great extent. Some researchers conducted studies to see the effect of social skills on academic achievement and school adjustment ². Behaviour refers to how one acts or conducts oneself, especially towards others. It can

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be learned, voluntary, conscious, unconscious, inheritance, involuntary, overt, covert, skilled, and problematic. Problem behaviour is those that aren't considered acceptable and consistent in pattern. Problem behaviours can vary in terms of severity³. Another definition was given by Iowa's Public Schools (Knoff, 1995); behaviour problem is the inclusive term for patterns of situationally appropriate behaviour that deviate substantially from appropriate behaviour to one's age and significantly interfere with the learning process, interpersonal relationships, or personal adjustment of the student.

Classification of Problem Behaviour in Children with Intellectual Disability: The problem behaviour can be classified as.

Under Controlled/Externalized Disorders: Show Behaviour Excesses: Externalizing disorders are characterized by children's failure to control their behavior according to the expectations of parents, peers, teachers and/or legal authorities, for example, as a result of hyperactive behavior or conduct problems.

Over-Controlled/Internalized Disorders: Show Behaviour Deficits: Internalizing disorders are psychological problems that primarily affect the child's internal world, for example, excessive anxiety or sadness.

Symptoms of Externalizing Disorders: Many externalizing symptoms involve violations of age-appropriate social rules, including disobeying parents or teachers and violating social or peer group norms (e.g., annoying others). Children with externalizing problems often are negative, angry, and aggressive. Impulsive children act before they think. They struggle with executive functioning, the internal direction of behavior. Hyperactivity involves squirming, fidgeting, and restless behavior. Hyperactive children are in constant motion and often have trouble sitting still, even during leisure activities like watching television⁴.

Symptoms of Internalizing Disorders: Children's internalizing symptoms include sadness, fears, and somatic complaints, as well as other indicators of mood and anxiety disorders for example, feeling worthless or tense. Childhood fears include school phobia, which occurs at the beginning, and

sometimes the student refuses to attend school. But unlike students with internalized disorders, students with externalized disorders are judged negatively by others and require attention.

There are different views regarding the education of mild intellectually disabled children, such as segregated and inclusive settings. An inclusive setting is better for educating mild intellectually disabled children⁵. The inclusive classroom provides a setting for these children to interact with their peers at all ability levels, thus most accurately mirroring the real world outside school⁶. The inclusive setting allows these children to interact with normal children, where they can experience different ways of learning. Children with mild intellectually disabled have potential abilities that can be developed with appropriate education and training to make them self-sufficient and productive members of society⁷.

Behavior Problems of Intellectually Disabled Children: Behaviour problems are also known by other names like abnormal, aberrant, disordered, disturbed, dysfunctional, maladaptive, and challenging behaviour in intellectually disabled children. Intellectually disabled children display behaviour problems higher than non-disabled children. These children show problematic behaviors because of the harm or inconvenience they cause others or the child himself. The presence of behaviour problems in intellectually disabled children puts great strain on teachers. Besides, they may interfere with learning in the school/classroom settings. Behaviour problems may be viewed as learned patterns of behaviour or as a function of the contingencies or rewards received by the children in their respective environments. Behaviour problems of intellectually disabled children are associated with a number of factors, such as developmental factors, *i.e.*, age⁸.

Research Elaborations:

Aim of the Study: To study the relationship between social skills and behaviour problems and its effect on academic competence among children with mild intellectual disabilities. To study the academic competence of children with mild intellectual disability with regard to gender. A descriptive study was adopted. The purposive sampling method was used for the present study.

The sample included 400 children with mild intellectual disabled studying in 6th, 7th and 8th std in the age group of 11-14 years from different inclusive schools in Trichy district. Four hundred regular teachers were invited to give an opinion on the study. They are teaching 6th, 7th and 8th std in the formal curriculum, as some of them had the experience of teaching children with mild

intellectual disabilities in the formal curriculum. The reason for choosing these teachers is that they had the opportunity to have frequent contact with the students, and they are the ones who are handling children with mild intellectual disabilities. They have a better understanding of the performance of the children. The information given would be rich and fruitful.

RESULTS AND DISCUSSION:

TABLE 1: Z/F TEST BETWEEN CHILDREN WITH MID VARIABLE AND PROBLEM BEHAVIOUR (RATED BY TEACHERS) OF CHILDREN WITH MILD INTELLECTUAL DISABILITY

Dimension	Variables	Mean	SD	F/Z Value	Statistical inference
Locality	Urban	9.77	5.405	Z =0.324	P>0.05
	Rural	9.46	5.307		Not significant
Gender	Male	9.78	5.538	Z=0.625	P>0.05
	Female	9.45	5.167		Not significant
Age	11-12	9.18	6.00	Z= -0.544	P>0.05
	13-14	9.66	5.282		Not significant
Std	6 th	9.73	5.136	F =1.248	P>0.05
	7 th	9.03	5.595		Not significant
	8 th	10.03	5.304		
Years of Schooling	1-3	9.69	5.630	F =1.267	P>0.05
	4-6	9.28	5.449		Not Significant
	7-9	10.14	4.805		
	10-12	6.57	3.952		
Percentage of disability	50-55%	10.18	4.891	F =1.043	P>0.05
	55-60%	9.06	5.469		Not significant
	60-65%	10.01	5.411		
	65-70%	9.14	5.343		

Table 1 above revealed that the children with MID's variable locality, gender, age, standard, years of schooling, and percentage of disability have no significant difference in the problem behaviour rated by teachers. The study by Kala (2006) titled "Variables that affect teachers' attitudes towards disability and inclusive education in Mumbai, India" attempted to study the attitude of teachers as being one of the most important variables in the education of children with disabilities. This study focused on the attitudes of general teachers in the city of Mumbai towards disabilities and the inclusion of students with disabilities into regular schools. The study used two attitude scales to measure the teachers'

attitudes in Bombay schools. The study tried to see if variable background characteristics such as age, gender, income level, education levels, years of teaching experience, acquaintance with a person with a disability, having a family member with a disability, frequency of contact, and closeness to a person with a disability had any effect on the attitudes of teachers towards people with disabilities and towards the inclusion of students with disabilities into regular schools. The study concluded that while some variables affected teachers' attitudes toward disabilities, the only variable that affected teachers' attitudes the most toward inclusion was the prior acquaintance of the teacher with a person with a disability.

TABLE 2: Z/F TEST BETWEEN CHILDREN WITH MID VARIABLE AND PROBLEM BEHAVIOUR (RATED BY PARENTS) OF CHILDREN WITH MILD INTELLECTUAL DISABILITY

Dimension	Variables	Mean	SD	F/Z Value	Statistical inference
Locality	Urban	9.77	5.405	Z =0.324	P>0.05
	Rural	9.46	5.307		Not significant
Gender	Male	10.44	4.388	Z= - 0.978	P>0.05
	Female	10.86	4.195		Not significant
Age	11-12	10.93	3.990	Z=0.427	P>0.05

Std	13-14	10.62	4.329	F=0.829	Not significant
	6 th	10.25	4.547		P>0.05
	7 th	10.92	3.767		Not significant
	8 th	10.76	4.508		
Years of Schooling	1-3	11.08	4.074	F =2.133	P>0.05
	4-6	10.23	4.290		Not significant
	7-9	10.33	4.584		
	10-12	13.43	3.552		
Percentage of disability	50-55%	11.14	4.439	F =1.411	P>0.05
	55-60%	11.06	4.035		Not significant
	60-65%	10.76	4.277		
	65-70%	9.94	4.423		

Table 2 above revealed that the children with MID’s variable locality, gender, age, standard, years of schooling and percentage of disability have no significant difference in the problem behaviour rated by parents.

TABLE 3: KARL PEARSON’S CO-EFFICIENT OF CORRELATION BETWEEN THE AGE OF THE TEACHERS AND THEIR RATINGS ON BEHAVIOUR PROBLEMS OF CHILDREN WITH MILD INTELLECTUAL DISABILITY

Variable	Age	Externalizing	Internalizing	Overall behaviour
Age	1			
Externalizing	.023	1		
Internalizing	.044	.742**	1	
Overall behaviour	.036	.933**	.934**	1

** . Correlation is significant at the 0.01 level.

Table 3 indicates a significant (0.01) positive correlation between the independent variable, the age of the teachers, and the problem behaviour of children with mild intellectual disabilities. The Problem Behaviour scale is designed to reflect both internalizing and externalizing forms of problem behaviour Merrell, 1994. The Problem Behaviour domain is assessed through the Self-Centered / Explosive, Attention Problems/ Overactive, Antisocial / Aggressive, Social Withdrawal, and Anxiety/Somatic Problems subscales. The Problem Behaviour domain is assessed categorically through internalizing and externalizing problems. Other methods used to determine social problems and behaviour difficulties include peer nominations or sociometric ratings, observations by parents, teachers, or psychologists, and possible self-reports. Teachers are able to observe behaviors that are necessary for adequate adaptation to both classroom and peer-related situations. Typically, there is extensive contact between children and settings, especially at the preschool and kindergarten levels. Teachers are also often

uniquely qualified to make ratings due to their observation of a wide range of children. Daily interaction with positive and negative social and classroom behaviors Stuart *et al.*, 1991. Teacher ratings are seen as less time-consuming and more efficient than other forms of social skills assessment, such as direct observations and peer nominations Sabornie, 1993. This takes far less time than a practitioner going from class-to-class spending hours conducting observations. Teachers also take a more global view of the child's behavior and can often make ratings within 10 to 20 minutes. Research has also indicated moderate correlations between teacher ratings of a child's social skills and actual classroom observations Elliott, Gresham, Freeman, & McCloskey, 1988. Teachers typically have a strong image of what is accepted within peer groups and the classroom, enabling a psychologist to get a more accurate picture of how the child compares to the norm. Additionally, they may also be able to indicate how a child needs a social skills intervention⁹.

TABLE 4: KARL PEARSON’S CO-EFFICIENT OF CORRELATION BETWEEN THE AGE OF THE PARENTS AND THEIR RATINGS ON PROBLEM BEHAVIOR OF CHILDREN WITH MILD INTELLECTUAL DISABILITY

Variable	Age	Externalizing	Internalizing	Overall behaviour
Age	1			

Externalizing	.229**	1		
Internalizing	.122*	.635**	1	
Overall Behaviour	.197**	.914**	.893**	1

** . Correlation is significant at the 0.01 level, * . Correlation is significant at the 0.05 level

Table 4 above revealed a significant (0.05) positive correlation between the independent variable age of the parents and the problem behaviour of children with intellectual disabilities.

A family is a micro-unit of society. However, it is the school's function to ensure the child's social development. Still, family is also a miniature of society in which the child learns all the socially desirable values, namely – sympathy, love, cooperation, tolerance, responsibility and justice by living democratically with all the other members of the family.

Campbell, Shaw & Gilliom, 2000; Hinshaw, 1992 the emergence of problem behaviour during the early years may set children upon unfavourable development trajectories. This is particularly true in the case of early externalizing behaviour problem (hyperactivity, aggression) which may lead to continued problems and poor academic achievement. Boys and girls tend to exhibit problem behaviour differently, with higher rates of externalizing problems documented for boys and to some extent, more internalizing behaviour (withdrawal, depression) for girls¹⁰.

Past research has shown that disabled children are more likely than their non-disabled peers to present behaviour problems, including social and peer problems, conduct problems and oppositional behaviors, attention difficulties and hyperactivity, and internalizing problems, and that their problems are more likely to be within a clinical range relative to their peers.

Given the importance of the family and parents and the home environment for young children's behavioral development, supportive and enriching experiences in the home help mitigate the development of behaviour problems for young disabled children. Baker *et al.*, 2003, Eisenhower *et al.*, 2005, Hering *et al.*, 2006, neece *et al.*, 2012, Totsika, Hastings, Vagenas & Emerson, 2014 Parents of disabled children exhibit higher levels of stress, more coping difficulties, and more conflict than other parents, which may lead to increased child behaviour problems over time.

TABLE 5: KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN SOCIAL SKILLS AND PROBLEM BEHAVIOUR OF CHILDREN WITH INTELLECTUAL DISABILITY

Dimension	R-value	Statistical inference
Problem Behaviour	0.187	P<0.05 Significant

The results in **Table 5** indicate a Pearson r of 0.187 indicates a significant positive correlation between social skills and problem behaviours. If the child's social skills functioning decreased, their problem behaviours increased. The correlation coefficient of 0.187 is statistically significant at the 0.05 level. Social behaviour is a broad construct that includes both positive social behaviors (social skills) that may lead to desirable social outcomes and negative social behaviors (antisocial and aggressive behaviour) that may lead to negative outcomes Merrell, 1993. The quality of social behaviour developed during childhood has been strongly associated with several important outcomes later in life. For example, the development of good social skills during childhood appears to be correlated with personal, academic, and occupational adjustment and success Asher & Taylor, 1981. In contrast, inadequate development of social competence increases the risk for such negative outcomes as peer rejection, school dropout and mental health problems Cowen *et al.*, 1973. Children who early on display strong patterns of antisocial behavior, such as aggression toward and harassment of others, are much more likely to carry these negative patterns of behavior into adulthood, along with the increased risk of criminal behavior and incarceration (Loeber, 1985).

Disruptive behavior disorders such as attention-deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD) and conduct disorder (CD); although classified as separate entities with different types of acting-out behaviors, have similar associated secondary problems. Affected children often also suffer from impaired social functioning, depression, low self-esteem, and academic underachieve or failure Donnelly, 1989. This occurs because these children's behavior is highly disruptive to others, for example, through loudness, impulsivity, open defiance, or destruction

of property. As a result, they are at odds with their social environment in school, the family, and at play, leading others to react punitively or break contact. This largely negative social response often leads, over extended periods, to the development of a poor self-image as well as to depression (Gard & Berry, 1986). Due to their short attention span or lack of motivation in school, these children often fail to acquire certain skills or to integrate information necessary for later learning. In the long run, these children tend to lag behind their age mates academically. Fagan & Fantuzzo, 1999; Hinshaw, Han, Erhardt, & Hu-ber, 1992; PoyrazTüy, 1999; Winsler & Wallace; 2002. Social skills are associated with problem behaviours. They are also assessed, which reports that there is an adverse relationship between social skills and problem behaviour, children with mild mental retardation who have low social skills display more problem behaviours.

TABLE 6: KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN PROBLEM BEHAVIOUR AND ACADEMIC COMPETENCE OF TEACHER RATINGS

Dimension	R value	Statistical Inference
Problem Behaviour	0.211	P<0.01 Significant

TABLE 7: KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN RATINGS OF EXTERNALIZING /INTERNALIZING PROBLEM BEHAVIORS AND TEACHER RATINGS OF ACADEMIC COMPETENCE

Raters	Correlation between externalizing behavior and academic competence	Correlation between internalizing behavior and academic competence
Parents	0.075	0.004
Teachers	0.008	0.002

From above **Table 7**, it was revealed that there are significant correlations with teacher ratings of academic competence, including parent ratings of externalizing behaviors ($r = 0.075$) and teacher ratings of externalizing behaviors ($r = 0.008$). Correlations were run to examine the relationship between parent and teacher ratings of externalizing problem behaviour and the teacher ratings of academic competence (Gresham & Elliott, 2008). Mortimore (1983) found that behaviour problems interfere with the educational process of mentally disabled children. It was found that behaviour problems hinder the learning process of mentally disabled children, especially of small children, with maximum deviation in attention and concentration areas. Children with such problem behavior are also likely to show academic deficiencies as reflected in achievement levels, grades, being left

Table 6 indicate a Pearson r of 0.211, indicating a significant positive correlation between problem behaviour and academic competence. The correlation between these two variables yielded a Pearson r of 0.211. If the child's problem behaviour decreased, their academic competence also increased. The correlation coefficient is statistically significant at the 0.01 level.

From the significant correlations of this sample, it can be concluded that a child who exhibits higher social skills functioning will have less problem behaviors in the classroom and will therefore perform higher academically. These students with higher social functioning tend to be more focused and exhibit more self-control, thus performing more successfully on academics. Therefore social skill functioning plays a significant role in a student's scholastic achievement. Personal experience in the classroom appears to support these implications. Many socially inadequate students have more difficulty focusing their attention, and lack of social functioning overflows into disruptive behaviors. As the children grow and mature, their social skills functioning change.

behind in school, early termination from school, and deficiencies in specific skill areas such as reading Kazdin, 1997. Mentally disabled individuals are known to have behavior problems 4 to 5 times more than their normal counterparts. According to the behavioral part of view, these problems may occur in these children due to poor problem-solving skills, cognitive and communication deficits, or wrong handling by people in the environment. These problems must be managed as early as possible before they interfere in the learning process, produce harm to the child to the child or others and reduce the social acceptability of mentally disabled children. In Mentally Handicap children, the lack of biological structure or sensory mechanisms may inhibit them from acquiring various behaviors. Besides, they failed to learn because of non-stimulating

environments, few rewarding experiences for their efforts, ineffective teaching methods, or excessive punitive teaching methods. Problem behaviour in children does not occur in vacuum. All behaviors both skill behaviour and problem behaviour occur because they serve a purpose for the individual. This is true for every human being. Even when children show the same problem behaviour, the factors contributing to the problem behaviour may be different for each child. The management of problem behaviors for each child must then be individualized and based upon understanding the factors controlling the problem behaviour. If the problem behaviors are tried to be managed using ad-hoc methods without understanding the factors controlling the behaviour problems, there is a great risk of mismanagement. Such factors may only lead to an increase rather than a decrease in the problem behaviors. It is very important to have a better and clear understanding of the problem behaviors present in the child and also the suitable techniques to be used to manage the behaviour problem further. To manage the problem behaviors in mentally disabled children, there is a need to study

the reasons for problem behaviour, the selection of problem behaviors, the identification of rewards, and also direct punishment techniques.

Students may lack a specific social behaviour, apply inappropriate social behaviour to a particular situation, or not be aware that a particular situation calls for specific behaviour. Social skill deficits and problematic peer relations can lead to difficulties, including externalizing problems, such as maladaptive behaviour and antisocial behaviour, and internalizing problems, such as lack of confidence, anxiety, and depression. Deficits in social skills are the most important of the difficulties experienced by persons with mental retardation. Social skill deficits can lead to isolation from friendships and peer interactions and can limit further opportunities to improve social skills. This is problematic because deficits in social skills often lead to negative experiences and avoidance of social interactions as a whole, thus limiting opportunities for learning positive social skills and behaviors

TABLE 8: INTERCORRELATION MATRIX BETWEEN VARIOUS SUBSCALES OF SOCIAL SKILLS AND PROBLEM BEHAVIOUROF TEACHERS' DOMAIN

Teacher Subscale	cooperation	Assertion	Self-control	Overall social skills	externalizing	Intern alizing	Overall behaviour
Cooperation	1						
Assertion	.842**	1					
Self control	.832**	.851**	1				
Overall social skills	.942**	.949**	.947**	1			
Externalizing	.225**	.240**	.226**	.243**	1		
Internalizing	.135*	.153**	.139*	.151**	.742**	1	
Overall behaviour	.193**	.211**	.195**	.211**	.933**	.934**	1

** . Correlation is significant at the 0.01 level, * . Correlation is significant at the 0.05 level

From **Table 8**, it is inferred that there is a significant positive correlation between the parameters of various subscales of social skills and problem behaviour of the teacher domain. Social skills are socially acceptable learned behaviors that enable a person to interact effectively with others and to avoid socially unacceptable responses Gresham & Elliot, 1984. Problem behaviors tend to interfere with social skills and may involve verbal or physical aggression towards others, poor control of temper, or arguing. Both social skills and behaviour affect academic competence in children. Therefore, it is acceptable to believe a relationship exists between social skills, problem behaviors, and academic competence. By studying this

relationship, types of interventions may be developed to aid our elementary school children. Social skills are socially acceptable learned behaviors that enable a person to interact effectively with others and avoid socially unacceptable responses Gresham & Elliot, 1984. Sharing, helping, complimenting, and saying "please" and "thank you" are examples of social skills. Developing such skills to enable successful relationships is one of the most important accomplishments of childhood. Unfortunately, not all children acquire adequate social skills. Consequently, such children often experience negative relationships with adults and peers¹¹.

Social skills problems left untreated become relatively persistent and may result in later social adjustment problems. These problem behaviors may take on several forms, such as externalizing problems, which are inappropriate behaviors involving verbal or physical aggression toward others, poor control of temper, and arguing.

Internalizing problems are behaviors indicating anxiety, sadness, loneliness, and poor self-esteem¹². Hyperactivity behaviors are those involving excessive movement, fidgeting, and impulsive reactions. These problem behaviors may interfere with the acquisition or performance of socially skilled behaviors.

TABLE 9: INTERCORRELATION MATRIX BETWEEN VARIOUS SUBSCALES OF SOCIAL SKILLS AND PROBLEM BEHAVIOUROF PARENT DOMAIN

Parent Subscale	Cooperation	Assertion	Responsibility	Self Control	Overall Social skills	Externalizing	Internalizing	Overall Behavior
Cooperation	1							
Assertion	.788**	1						
Responsibility	.778**	.790**	1					
Self-Control	.765**	.740**	.760**	1				
Overall Socialskills	.918**	.911**	.914**	.896**	1			
Externalizing	.208**	.269**	.186**	.226**	.244**	1		
Internalizing	.189**	.223**	.116*	.232**	.208**	.635**	1	
Overall Behavior	.220**	.273**	.169**	.253**	.251**	.914**	.893**	1

** . Correlation is significant at the 0.01 level. * . Correlation is significant at the 0.05 level.

Table 9 reveals a significant positive correlation between the parameters of various subscales of social skills and problem behaviour of the parent domain. According to Parke (Eisenberg, Fabes, and Murphy, 1996), children are socialized by parents and others in three primary ways. These ways include indirectly influencing behaviors through interactions with others, directly teaching about the rules and regulations, and regulating opportunities to learn about emotions by controlling exposure. Many findings connect academic achievement with social skills, and many believe that social skills are to be nurtured and developed in schools Elliott & Gresham, 1987. Further, social skills have been found to influence functioning in society as an adult Elliott & Gresham, 1987. Socially competent children are accepted by their peers, judged well by their significant others, have academic competence, have an adequate self-concept or self-esteem, and have an adequate psychological adjustment (Elliott & Gresham, 1987). A review of the literature indicates that there are variations in the perceptions of teachers and parents with regard to social competence (Ruffalo & Elliott, 1997). There are a number of speculations as to why such variations may occur. Some of these include standards of judgment, Terman, 1926; as cited in Galloway & Porath, 1997, situation-specificity, Achenbach,

McConaughy, & Howell, 1987; Ruffalo & Elliott, 1997 measurement issues, social class differences, Cornell, Delcourt, Bland, Goldber, & Oram, 1994; Janos & Robinson, 1985, and frames of reference, Robinson & Noble, 1991; Galloway & Porath, 1997. According to Haager and Vaughn (as cited in Kolb & Hanley-Maxwell, 2003), little research has been conducted to examine parents' perceptions of the social skills needed for success in school. In a study by Kolb and Hanley-Maxwell 2003, parents defined social skills as getting along with others and demonstrating character traits such as respect, responsibility, caring, empathy, and motivation. Kolb and Hanley-Maxwell, 2003 placed these traits into the broad categories of interpersonal, intrapersonal, and moral development. Specifically, interpersonal and intrapersonal skills include the skills of self-awareness, self-control of emotions, empathy, and getting along with others. Moral development consists of character, motivation, and self-efficacy. The importance of social skill competence is evident in that social dysfunction can be a symptom of a number of emotional and behavioral disorders (Dodge, 1989). Children with poor peer relationships often report higher levels of conflict, betrayal and lower levels of caring and intimacy (Parker & Asher, 1993). Not all children adequately acquire socially acceptable learned

behaviors; therefore, these children may experience negative relationships with adults and peers (Gresham & Elliott, 1984). Untreated social skill deficits can lead to peer rejections, poor interactions with teachers and family, and emotional difficulties (Warnes, Sheridan, Geske & Warnes, 2003).

TABLE 10: KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN SOCIAL SKILLS AND ACADEMIC COMPETENCE OF CHILDREN WITH MILD INTELLECTUAL DISABILITY

Dimension	R-value	Statistical inference
Academic competence	0.085	P<0.05 Significant

Table 10 indicate a Pearson r of 0.085, indicating a significant positive correlation between social skills and academic competence. If the child's social skills functioning increased, their academic competence also increased. The correlation coefficient of 0.085 is statistically significant at the 0.05 level. Children's adjustment and achievement during early school grades affect their long-term educational progress. Entwisle, 1995 believed that

preschool experiences could enhance children's ability to think and reason, with subsequent implications for their ability to learn in the early grades. A study's early educational experience can lead to motivation and self-confidence with subsequent increases in children's academic achievement. Cole & Waldron investigated that students with intellectual and other developmental disabilities educated in General education classrooms demonstrate better performance in reading and math and significantly higher gains in adaptive behavior compared to students with intellectual and other developmental disabilities educated in separate settings. Several researchers have established a direct relationship between social skills and academic functioning. Thus, there is strong and consistent support for a relationship (as evidenced by moderate to high Correlations) between academic achievement and social skills functioning. However, until recently, there has been less published evidence that social skills directly affect academic achievement.

TABLE 11: ASSOCIATION BETWEEN GENDER OF MILD INTELLECTUAL DISABLED CHILDREN AND ACADEMIC COMPETENCE

Gender	Academic competence scale		Total	Statistical inference
	Below	Average		
Boys	163	37	200	$X^2=38.037$ Df=1 P<0.05 Significant
Girls	105	95	200	
Total	268	132	400	

Table 11 above clearly indicates a significant relationship between the gender of the mild intellectually disabled children and their academic competence. The total score showed that most students with mild intellectual disabilities in the inclusive settings were below in their academic performance. Regarding gender, boys were at the below level, and girls scored at the average level. In educational settings, boys lag behind girls in academic performance of educational success. Boys typically show lower competence in reading compared with girls but can perform better in subjects related to mathematics. A study found that gender has become a "category of analysis" and an expression of social identity in education research. Gender in education is the difference between the educational achievements of boys and girls, called the gender gap in education. The essential elements in the educative process are the creative mind, well self-integrated, socially competent, needs and

abilities of the individual as a participant in social living. Education of children with disabilities has seen a paradigm shift from a segregated education to inclusive education with non-disabled children in the past decades. Mental retardation has been considered as a deficiency in mental or feeble-mindedness means a marked limitation of intelligence due to retarded development, which results in social and economic incompetence.

CONCLUSION: Intellectually disabled children are characterized by low intelligence compared to normal children. The Educable mentally disabled child has been defined as "having potentialities for development in minimum educability in the academic subjects, social adjustment and able to get along independently in the community, and minimum occupational adequacy according to his/her level.

They can receive basic academic skills (reading, writing and arithmetic) and acquire self-help skills, which supports them to be socially and economically independent in the inclusive set-up. They learn social skills only in an inclusive system of education and enable to get social approval. Inclusive settings provide opportunities for intellectually disabled children to acquire their competencies, skills, knowledge, and understanding of them.

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Ethical Clearance: This study was undertaken with the consent of the participating children and their teacher's. The children with mild intellectual disabilities and their teachers were the main respondents for the study. The institutional research and review body explicitly approved the conduct of this research.

CONFLICTS OF INTEREST: Nil

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