

The effect of physical activity in reducing aggressive behaviors in children with mild intellectual disability.11-17 years.

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ARTICLE INFORMATION

Original Research Paper

Received : 15/07/2020

Accepted : 04/10/2020

Published :01/12 /2020

Keywords:

physical activity, aggressive behavior, intellectual disability.

Abstract

The Object of the study aims to identify the feasibility and effect of physical activity in reducing aggressive behaviors. in children with mild intellectual disability in -pedagogical centers -in The M'sila state., for this purpose, we used the method descriptive approach On a sample composed of. 18 children of both sexes (male 12 children and female 06 children), in age (11-17 years) divided equally into two groups 09 children for each group, one for exercise and the other non-exercise Chosen randomly, and for data collection, we used a tool the scale of aggressive behavior in children After collecting the results and having treated them statistically, we conclude Sports physical activity has had an impact on reducing aggressive behaviors in children with mild intellectual disabilities.

On this basis, the study recommended to providing opportunity for children with mental retardation to engage in physical and sports activities of all kinds.

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I. Introduction

Aggression is among the most common behavioral problems and disorders in our societies are common among children with mental disabilities, as it manifests itself in family, school or public places and many types. Tord Hirlok said: Aggression is a threatening hostile act, usually directed at a person or group of persons. (Roman 1995,05) This was proved by the Study (Aschenbach and al 1991) which proved that one of the most common behavioral problems among children is the problem of aggressive behavior. (Johnny L and al 2008) stated that behavioral problems including aggression, self-injurious behavior, and disturbing behavior are most common among individuals with intellectual disabilities. And according to (Dekker et al. 2002)) that the most prominent behavioral problems among mentally retarded children according to what was mentioned by parents and teachers were social problems, problems of attention, and aggressive behavior. (Peggy.2016.01) Aggression is generally one of the most common forms of stress, confusion, and stress that the difficult behavior exhibits for people with intellectual disabilities. (David Allen:2000,01)

Its prevalence among mentally retarded individuals ranges from (8.9 to 24 percent) due to the procedures used when selecting the sample on the one hand and the criteria used in the diagnosis of aggressive behavior on the other. (Saeed Bin 1999.06). It can be considered normal during the period of growth if it occurs from time to time, but if it occurs repeatedly, it becomes a problem that must be addressed because it poses a threat to the aggressive individual and other individuals who are the subject of aggression. There is no doubt that the center of conflict for persons with disabilities is in most cases its disability and its complications. (amar and all.2012.04)

Furthermore, aggressive behavior is a major obstacle to individuals with intellectual's disabilities when considering the possibilities of being integrated into society. The latter also wastes much of the time that mentally handicapped individuals should devote to training and rehabilitation because of the time they spend in monitoring the aggressive behavior of these individuals. (Saeed Bin 1999.03)

The results of the researchers varied in distinguishing the types and forms of aggression, and both of (N. H. Tenneij H. M. Koot 2008) show that aggression is divided into three types of externally directed aggressive behavior, self-aggression, in addition to undirected aggression. While (Eglantina Dervishi, Silva Ibrahimi 2019) included aggressive behavior in four forms of direct aggression, indirect aggression, physical aggression,

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and verbal aggression. As (Moyer1987) describes four types of aggressive behavior consisting of effective aggression (targeted, motivated driving, usually associated with low arousal). Irritable aggression (arising from frustration and associated with anger). Aggression (which is associated with sexual arousal). aggression caused by fear. (DA VID ALLEN 2000.03). The main reason for these actions is the fact that children with mental disabilities have practically failed to reconcile personally and socially.

Aggression can be interpreted as an innate thing in man that cannot be eradicated and puts the individual under the inevitability of aggressive behavior, and some interpret it as acquired behavior subject to environmental factors and emphasize the role of learning and previous experiences and the possibility of modification and control and therefore the possibility of the emergence of aggression or not Appear. (Fatiha 2009.03)

Some studies on the efficacy of the drug have concluded that there is insufficient evidence to recommend a single drug. Psychiatrists agreed that the drug should not be the first therapeutic option, and in one study a class of drugs was found to reduce aggression but not self-harm aggression. (Betsey A 2008,01) Many of these individuals are also likely to receive psychotropic drugs with questionable efficacy and possible side effects. (SJ. GAFOOS and all 1994,01)

Hence, the extent to which the rate of aggressive behavior increases and the depth of its impact on the security and stability of members of this group, hence the beginning of researchers and specialists in the field of physical and sports activity to partially reduce or stop this phenomenon altogether. In addition, Human rights charters recognize equality and reward opportunities and the right to education within the limits of its capabilities and potentials. (Kadour bey2016) Considering that exercise is a natural and alternative treatment. Many researchers have found that exercises have a positive effect in improving health fitness and that mentally disabled individuals acclimate to the increase in levels of physical activity almost by the same normal individuals, (WHO) also promotes intense or moderate physical activity for 30 minutes on all or most days of the week, thereby increasing the need of researchers to develop and test activities that encourage individuals with intellectual disabilities and to begin maintaining levels of physical activity. Once effective behavioral change strategies have been developed for this segment, they will inevitably lead to positive health outcomes. (Heidi 2008.02). While developed countries such as the United States have begun

to address the problem of physical inactivity and try to increase physical activity by persons with mental disabilities and give it a greater priority because of its positive impact on the healthy and behavioral life of this group. (Heidi 2008.06). (Vesna and all 2011,04) stressed the need for persons with disabilities to include recreational and high-level activities as soon as possible and to be enrolled in regular physical activity. (Silarbi and Hadji 2016) has pointed out that sports activity is a more successful and purposeful way of treatment than a waste of time and leisure. It goes beyond that to develop self-confidence and self-reliance, to enjoy sportsmanship, to make new friends and gain experiences that make the individual emerge from isolation and integrate well into society and thus stay away from all violent or immoral behaviors. (Özer et al., 2012) Concluded, that the Special Olympics Unified Sports soccer program was effective in decreasing the problem behaviors of youth with ID and increasing their social competence. (Fortnum, & all 2018) indicate children with Mental Health Disorders (MHDs) display poor motor proficiency. (Nazarpour & Badami, 2017) Result that the indigenous games and rhythmic yoga movements can result in reducing aggression and improving adaptive behavior among girls with intellectual disability. The (Baumeister and MacLean 1984) study of adults with severe disabilities showed that an hour-long jogging distance of 01 to 03 miles reduced self-directed aggressive behavior such as hitting the face and head. (Giulio E 1998.06). And in a recent study conducted by both (Esentürk & Güngör, 2020) on Turkey that peer mediated adaptive physical activity program had positive effects on the problem behaviors of mentally handicapped students. **In light of the above, the question may be asked is: does sports physical activity affect reducing aggressive behaviors in children with simple mental retardation?**

1. Are there statistically significant differences between practitioners and non-practitioners of physical activity in the dimension of physical aggression in children with mild mental retardation?
2. Are there statistically significant differences between practitioners and non-practitioners of physical activity in the verbal aggression of children with mild mental retardation?
3. Are there statistically significant differences between practitioners and non-practitioners of physical activity in the post-aggression in children with mild intellectual disability?
4. What is the most common type of aggressive behaviors among these individuals?

II. Method and Materials

Definitions of the variables used in the study.

physical activity sports: in the fields of education in general, and physical education in particular, and is an effective element in the preparation of the individual by providing him with motor experiences and skills that guide his physical, psychological, social and moral development to the positive direction. (Qassim Hassan 1990, 65).

Physical Activity an activity that includes more than 1 type of physical activity, such as aerobic, muscle strengthening, and balance training. Examples include some dancing or sports. (Piercy et al., 2018)

procedural definition: A set of preventive and promotional physical and sports programs for each category according to the percentage and degree of disability, and these programs are organized and planned scientifically. And aims to improve or maintain one or more components.

Aggressive behavior: An attack or a specific act can take any form of physical and physical attack at one party and verbal attack at another, and this behavior can be taken against anything or the property of the self and others or individuals including the same person, and sometimes it is a clear and specific direct apparent behavior Sometimes the expression is idiocy either in a projective manner on others or the environment around him. (Amal 2003, 19).

A procedural definition intellectual disability is a marked decrease in IQ, i.e. those with an IQ of fewer than 80 degrees.[^]

2.1. Participants

The indigenous community of the study sample is the total of mentally disabled children from the state of M'sila and distributed to the pedagogical centers. The sample of the study included 18 children aged (11-17 years) of both sexes (12 males and 06 females) who were randomly selected and it was emphasized that the sample represents the whole indigenous community as much as possible. They were divided into two groups, the first group is practicing sports (Recreational sports physical activity, for the purpose of recreation). Tow 02 session per week for 60-90 minutes of each session, and they are affiliated to the Pedagogical Center No. 01, and they numbered 09 children, while the second group is non-practitioners and they are affiliated with the Pedagogical Center No. 02 and they were 09 children.

Table No. (01) shows the distribution of the study sample according to the variable of physical exercise and the gender variable.

Sex	Sports Practice		Total
	Non-Practitioner	Practitioner	
Male	6	6	12
Female	3	3	6
Total	9	9	18

Source: from the researcher preparation by relying on the outputs of spss

2.2. Materials

based on the measure of aggressive behavior in children prepared by (Magda al-Shahri, Nof Al-Shariem) was constructed a questionnaire to be answered by the educators of each group in the form of a four-Likert scale consisting of three axes each axis consisting of 10 paragraphs.

5-Psychometric properties of the tool:

Table (03) shows the Psychometric characteristics of the study tool

Psychometric characteristics	Self-honesty coefficient	Stability of tool
Questionnaire	0.91	0.83

Source: from the researcher preparation by relying on the outputs of spss

2.3. Design and Procedure

As with any study, it is necessary to go through certain procedures to control and become more familiar with its aspects, thus achieving a sound way to the desired goal of this study.

- Learn about the study community and how to select it in light of the relevance of the subject of the study.
- Collect the information necessary for the study.
- Ensure that the search tool is valid.
- Some items could be modified and reformulated.
- Detecting difficulties that we may encounter, and thus trying to control and overcome them during implementation,

2-Study Approach: In conducting the study, the researchers relied on the descriptive approach because it was appropriate to the nature of the study. Descriptive research includes collecting data to examine theories or answer questions related to the current state of the groups studied. (Monther: 133,2007)

2.4. Statistical Analysis

test Alpha Cronbach, The Arithmetic mean, Standard deviation, Test Smirnov Kolmogorov, Man, Whitney test, Pearson's correlation coefficient, Pearson's correlation coefficient, Simple regression, ETA Squared.

III. Results :

To test the validity of the current study hypotheses, we conducted a natural distribution test 'test de normalité-Kolmogorov-Smirnov' to see if the data follow the normal distribution or not intending to determine the type of statistical methods, whether parametric or non-parametric. The following table makes this clear.

Table (02) shows the normal distribution test 'K-S' data.

Axes of the scale	Number individuals of the sample	Practice of sport	Degree of freedom	Test K-S	Significance level	SIG value
All axes of the scale	9	Practice	16	1.88	0.05	0.02
	9	not practice				

Source: Prepared by the researcher based on spss output significant at 5% level.

Based on the results obtained from the previous table, we note that the value of Smirnov Kolmogorov 'KS' was estimated at (1.88) at the significance level (0.05), and the value of 'SIG' (0.02), which is lower than the level Indication 0.05 Therefore, the data do not follow the normal distribution so the tests to be used in the study are non-parametric tests.

To test the validity of the general hypothesis that 'sports physical activity has the effect of reducing the aggressive behaviors in children with mild mental retardation.' We have applied the following statistical methods:

A- Pearson correlation coefficient test to see the relationship between the independent variable 'sports physical activity' and the dependent variable 'aggressive behaviors' and the following table illustrates it:

Table (03) shows the relationship between the independent variable and the dependent variable of the study.

Variable	Aggressive Behavior
Sports Physical Activity	0.83
SIG value	0.000

Source: Prepared by the researcher based on spss output significant at 5% level. From table 03, we note that the value of $R = 0.83$ and the value of sig is 0.00, which is less than 0.05, that means. we indicate that there is a statistically significant correlation between physical activity sport and reducing the level of aggressive behavior at a significant level of 5%, with a strength of 0.83, which is a strong correlation.

After verifying the validity of the relationship between the independent variable, physical activity sport and the dependent variable of aggressive behaviors, we used a simple regression to detect the impact and direction of the relationship between the two variables, and Table 03 illustrates this.

Table (4) illustrates the simple regression model between physical sports activity and aggressive behaviors.

Variable	regression coefficient	Static significance level
Constant (c)	2.31	0.000
Physical sports activity (X1)	0.045	0.000
Value 0.69 R2 for model / statistical significance value for F 0.000		

Source: Prepared by the researcher based on spss output significant at 5% level. As shown in table (04), we note that the coefficient of determination ($0.69 = R^2$) shows that the independent variable (physical activity) explains the dependent variable (aggressive behavior) by 69%, the remaining percentage is attributed to other variables, and that the statistical significance of (F is 0.00) less than 0.05 explains the validity of the simple regression model. The statistically significant value of the independent variable sports physical activity (X1) is 0.045 and is less than 0.05.

The data of Table 03 can then be translated into a simple regression equation as shown below:

$$Y_1 = 2.31 + 0.045X_1$$

Y1: represents the dependent variable (aggressive behaviors).

X1: represents the independent variable (athletic physical activity).

2.31: represent the constant number.

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0.045: represents the regression coefficient of the first independent variable. From the equation, we note that the regression coefficient for the first independent variable (physical activity and sport) is 0.045 and has a statistical significance level of 0.00 which is less than 0.05, that means. if the first independent variable changes in one unit it will change the first dependent variable by 0.045 units, this shows that the more physical activity is exercised, the less aggressive behaviors in children with mild mental retardation, and therefore there is a positive effect between exercise and the reduction of aggressive behaviors in children with mild mental retardation. To determine the size of the effect, the researchers used the Eta Squared test. The results and the results of statistical analysis spss showed that the value of the squared ETA was estimated at 0.68 and therefore we can say that the physical activity of sports a significant impact in reducing aggressive behaviors in children with mild mental retardation. The following table illustrates this:

table (05) shows the test ETA Squared.

The question naire axes	practice of sport	number individuals the sample	mean	standard deviation	level of signific a tion	eta coefficient	eta squared	size effect	sig value
all axes of the question naire	practice	9	76.55	7.23	0.05	0.83	0.69	large effect	0.00
	not practice	9	92	2.34					

Source: Prepared by the researcher based on spss output significant at 5% level.

Testing the validity of partial hypotheses:

To test the validity of the first partial hypothesis that 'there are statistically significant differences between practitioners and non-practitioners of sports physical activity in the axis of physical aggression in children with simple mental retardation. The researchers relied on the Man Whitney test 'Test of Mann-Whitney' and the following table illustrates this:

Table (06) shows the test of Man Whitney to testing the validity of the first hypothesis.

The questionnaire axes	practice of sport	number individuals the sample	Mean rank	Man Whitney value	level of signification	sig value
The first axis of the questionnaire physical aggression	practice	9	5.44	4.00	0.05	0.001
	not practice	9	13.55			

Source: Prepared by the researcher based on spss output significant at 5% level.

From the results obtained and the results recorded in the previous table, we note that the average rank of the study sample practicing sports activity in the physical aggression axis was '5.44' while the average rank of the study sample who did not practice sports activity in the same axis was 13.55. While the value of Man and Whitney was estimated at 4.00 at the significance level 0.05 and the value of sig was 0.001. Since the value of sig is less than the level of significance 0.05 from here, the null hypothesis is rejected and the alternative hypothesis is accepted. That means. there are statistically significant differences between practitioners and non-practitioners of physical activity in the axis of physical aggression of children with simple mental retardation in favor of the lowest orderly average rank and this consists of the sample study practitioners of sports activity.

To test the validity of the second partial hypothesis that 'there are statistically significant differences between practitioners and non-practitioners of sports physical activity in the axis of verbal aggression in children with simple mental retardation. The researchers relied on the Man Whitney test 'Test of Mann-Whitney' and the following table illustrates this:

Table (07) shows the test of Man Whitney to testing the validity of the second hypothesis.

The questionnaire axes	practice of sport	number individuals the sample	Mean rank	Man Whitney value	level of signification	sig value
The second axes of the questionnaire verbal aggression	practice	9	6.22	11.00	0.05	0.008
	not practice	9	12.78			

Source: Prepared by the researcher based on spss output significant at 5% level.

From the results obtained and the results recorded in the previous table, we note that the average rank of the study sample practicing sports activity in

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the verbal aggression axis was 6,22 while the average rank of the study sample who did not practice sports activity in the same axis was 12,78. While the value of Man and Whitney was estimated at 11 at the significance level 0.05 and the value of sig was 0.008. Since the value of sig is less than the level of significance 0.05 from here, the null hypothesis is rejected and the alternative hypothesis is accepted. That means. there are statistically significant differences between practitioners and non-practitioners of physical activity in the axis of verbal aggression of children with simple mental retardation in favor of the lowest orderly average rank and this consists of the sample study practitioners of sports activity.

To test the validity of the third partial hypothesis that 'there are statistically significant differences between practitioners and non-practitioners of sports physical activity in the axis of hostility in children with simple mental retardation. The researchers relied on the Man Whitney test 'Test of Mann-Whitney' and the following table illustrates this:

Table (08) shows the test of Man Whitney to testing the validity of the third hypothesis.

The questionnaire axes	practice of sport	number individuals the sample	Mean rank	Man Whitney value	level of signification	sig value
The third axes of the questionnaire the hostility	practice	9	6.22	11.00	0.05	0.009
	not practice	9	12.78			

Source: Prepared by the researcher based on spss output significant at 5% level.

From the results obtained and the results recorded in the previous table, we note that the average rank of the study sample practicing sports activity in the physical aggression axis was 6.22 while the average rank of the study sample who did not practice sports activity in the same axis was 12.78. While the value of Man Whitney was estimated at 11.00 at the significance level 0.05 and the value of sig was 0.009. Since the value of sig is less than the level of significance 0.05, from here, the null hypothesis is rejected and the alternative hypothesis is accepted. That means. there are statistically significant differences between practitioners and non-practitioners of physical activity in the axis of hostility in children with simple mental retardation in favor of the lowest orderly average rank and this consists of the sample study practitioners of sports activity.

To test the validity of the fourth partial hypothesis that 'physical aggression is most common among children with mild mental retardation. The researchers relied on the test of arithmetic averages for the total answers of the study sample in both axis of physical aggression, verbal aggression, as well as the axis of hostility. The following table illustrates this.

Table (9) shows the arithmetic averages of the total answers of the study sample for each axis of the questionnaire

Axe of the questionnaire	Physical aggression	Verbal aggression	hostility
mean	28.61	27.55	28.11

Source: Prepared by the researcher based on spss output.

Through the results obtained and recorded in the previous table, we note that the mean of the total responses of the study sample members in the axis of physical aggression was estimated at 28.61. The arithmetic mean for the total sample responses of the study in axis verbal aggression was 27.55. As for the last axis of hostility, the average arithmetic value of the total responses of the sample study was 28.11. From this, we conclude that physical aggression is the most common type of aggression among the members of the study sample and followed by hostility in the second place and the last place comes verbal aggression as the least common type of aggressive behavior compared to physical aggression and hostility in the members of the sample study children with simple mental retardation.

IV. Discussion

this study aimed to gain more insight into the importance of exercise and aggressive behavior in practice and what is the case in pedagogical centers that care for mentally disabled children. It is clear from previous tables that there is a difference between the average scores of tests applied to the study sample in favor of the sports-practicing group in all areas of the questionnaire as a whole, which indicates positive factors for exercise in modifying the behavior of the mentally disabled child and reducing behaviors. Aggressiveness.

The results of the study were in line with previous studies that showed the importance of exercise in the lack of aggressive behavior in children with mental disabilities and this was confirmed by the study (Sgiri Rabah 2013) that through the adapted physical exercise consists of people with mental retardation acceptable behaviors the direction of himself and his community and their aggressive behaviors are diminished. He noted that sports physical

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activity and the type of teaching style played a role in reducing aggressive behavior. The results of the study of (Hafsaou and Belghoul 2014. Zawi and all. Djamal 2012) found that individual , collective sports activities and Adaptive competitive sporting activity also Recreational sports embodied in targeted group games coupled with psychological counselling methods have a positive effect in reducing aggressive behaviors of all kinds, whether verbal, physical or hostile and even modifying these violent behaviors into positive behaviors, The evidence available so far cannot rule out that frequent periods of light exercise coupled with positive promotion and commitment to the task may also be effective for reducing deviant behavior, we do not need to refuse to use strong physical exercise to develop fitness and modify and improve behavior and changing health life style (Giulio E and Mark F 1998. Yeves 2001). This study also agrees with the findings of (Marloes Ogg and all 2014) that mentally disabled individuals showed a significant decrease in the level of aggressive behavior in the exercise, moreover, there was no significant difference between exercises of high intensity and low intensity. (Silarbi Charef and Benguenab Hadj 2016) confirmed that recreational sports activity plays a major role in reducing the phenomenon of aggressive behavior among students and the great role that this activity plays to help students overcome psychological problems and thus stay away from the disorder that may occur for their behaviors, and it also keeps them away from all violent and unacceptable behavior within the middle of the school. Also (Kaladi and all 2020) funded an inverse correlation between students' attitudes towards athletic physical activity and aggressive behavior. The study of (Peggy Hiu Nam Choi and Siu Yin Cheung 2016) recognized the positive relationship between 8-week organized physical activity and self-control during training periods and in-classroom for children with minor mental disabilities.

The results of the current study, which showed that physical aggression is the most common type of aggression among children with intellectual disabilities, contradicted with a study of Physical aggression was more common among individuals with severe or deep intellectual disabilities. Less than 6% of the sample was involved in severe aggression. (Kay SR, and all 1998) in which the results indicated that just over half of individuals with intellectual thought and that just over half of the individuals with intellectual disabilities engage in aggressive behavior most of them engage in more than one type. The most common type of aggression was verbal,

which was more common in individuals working in a moderate to moderate range of intellectual disability. It also contradicted with what (Betsey A2008) mentioned in his study that the prevalence of some types of aggressive behavior among individuals with intellectual disabilities is high; it appears that more than 50% is the dominant outcome. Some individuals only engage in verbal aggression, while others exhibit multiple types of aggression. A relatively small percentage of individuals engage in aggression at a high rate. From the above, it became clear that sports practice has become necessary and essential for the care of mentally disabled children, as it has contributed to achieving normal behavior and modifying deviations and negative behaviors resulting from this disability.

V. Conclusion :

The mentally handicapped child is provided with limited capabilities and potential energies that determine their future growth pattern, but the surrounding environment can detonate these capabilities to compensate for the deficiencies in the child's development. (Fatma Zahra, 2004)

The current study, through data from the presentation, analysis, and discussion of the results on the validation of hypotheses, aims that sports physical activity affects reducing aggressive behavior in children with simple mental retardation. The results obtained were useful and encouraging that gave a deeper dimension to research and a more reliable view of possible interventions of exercise in reducing aggressive behavior sought by people with simple intellectual disability, and they work to modify these negative deviant behaviors and enable them to learn new forms of behaviors Positivity that allows them to acquire the skills necessary to interact with others and enable them to establish social and professional relationships.

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