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## Assessment of Oppositional Defiant Disorder (ODD) among Preschool-aged Children in Ilorin West Local Government Area of Kwara State, Nigeria

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### Abstract:

**Background:** Street children are not naturally born into street life; rather, their behavioural development is often influenced by family and environmental conditions. Early childhood experiences may contribute to behavioural disorders such as Oppositional Defiant Disorder (ODD), which is characterized by persistent defiant, disobedient, and hostile behaviours toward authority figures. Understanding the prevalence and symptoms of ODD among preschool-aged children is important for developing effective early intervention strategies.

**Objective:** This study assessed the frequency and behavioural symptoms of Oppositional Defiant Disorder among preschool-aged children in Ilorin West Local Government Area, Kwara State, Nigeria. It also examined whether differences existed in ODD based on gender and socioeconomic status.

**Methods:** A descriptive survey research design was adopted. The population consisted of 21,139 preschool-aged children, while 374 respondents were selected through multistage sampling techniques. Data were collected using a researcher-developed instrument titled *Assessment of Oppositional Defiant Disorder among Preschool-Aged Children (AODDAPAC)*, which was face-validated by experts and yielded a reliability coefficient of 0.86. Mean and standard deviation were used to answer research questions, while t-test and ANOVA were used to test the hypotheses.

**Result:** Findings showed that the most common behavioural symptom of ODD was deliberately annoying others or engaging in provocative behaviour (Mean = 2.60). The overall prevalence of ODD among preschoolers was moderate (86.9%). No significant differences were found based on gender or socioeconomic status.

**Conclusion:** The study concluded that ODD exists moderately among preschool-aged children regardless of gender or socioeconomic background, suggesting the need for universal early intervention and behavioural support programmes.

**Keywords:** Behavioural disorders, Oppositional Defiant Disorder (ODD), Preschool-aged children

### 1. INTRODUCTION

Early childhood, which is often defined as the period from birth to age five, is a critical phase for the cognitive, emotional, and social development of a child (Cuartas et al., 2022). It is during this formative period that children acquire foundational behavioural patterns,

language skills, emotional regulation, and interpersonal competencies that significantly shape their future adjustment and learning (Hosokawa et al., 2024). As a result, any disruption in behavioural development during this sensitive phase warrants thorough scholarly attention, particularly when it manifests in persistent patterns of defiant or disruptive conduct that interfere with the child's functioning across home, school, and social settings (Olhaverly & Sieverson, 2022).

One such behavioural condition of concern is Oppositional Defiant Disorder (ODD), a disruptive behaviour disorder characterised by a consistent pattern of angry or irritable mood, argumentative or defiant behaviour, and vindictiveness lasting for at least six months (Association, 2022). While occasional oppositional behaviour is developmentally appropriate in young children, ODD is distinguished by the frequency, intensity, and impact of these behaviours, which are disproportionate to the child's developmental level and are pervasive across settings (Racz et al., 2023). The presence of ODD in early childhood poses considerable challenges to caregivers, educators, and

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health professionals, as it can lead to negative academic outcomes, strained relationships, and an elevated risk for future psychiatric disorders (Shafi et al., 2019).

Globally, studies have shown that early-onset ODD is associated with long-term psychosocial maladjustment, including poor academic achievement, conduct disorder, substance abuse, and antisocial behaviour in adolescence and adulthood (Ljungström et al., 2020). For instance, the work of highlighted that oppositional behaviours in preschoolers predicted significant mental health risks by middle childhood, especially when left unaddressed (Foo et al., 2022). Consequently, early identification and assessment of ODD in young children have become critical priorities in child psychology and education literature (Pikus et al., 2025).

Despite its global relevance, empirical research on ODD remains significantly underdeveloped in many Sub-Saharan African contexts, including Nigeria (Vostanis et al., 2021). This paucity of local data creates a knowledge gap in understanding how ODD manifests across diverse sociocultural settings (Schoeman & Voges, 2022). Child behavioural issues are often underreported or misinterpreted due to prevailing socio-cultural beliefs, lack of awareness, and limited access to child mental health services (Saade et al., 2023). In many communities, defiant behaviour is attributed to poor discipline or spiritual causes rather than recognised as a clinical concern requiring intervention (Gautam et al., 2025).

Furthermore, the current educational climate in Nigeria, particularly at the early childhood level, is characterised by a lack of trained personnel, inadequate behavioural screening tools, and limited integration of mental health services in schools (Arinde et al., 2024). These systemic shortcomings hinder the timely detection and management of behavioural disorders such as ODD (Er et al., 2025). Furthermore, the lack of culturally relevant assessment instruments complicates efforts to evaluate the frequency and correlates of ODD in Nigerian preschool populations (Kaiser et al., 2019). These gaps highlight the need for localised studies that investigate the occurrence, patterns, and implications of ODD among Nigerian children (Oginni et al., 2025).

Preschool-aged children constitute a particularly vulnerable group, as their behavioural expressions are frequently interpreted as manifestations of developmental immaturity rather than indicators of underlying clinical conditions (Vergunst et al., 2023). This tendency to normalise disruptive behaviours at an early age often leads to under-recognition and delayed intervention (Girard, 2021). However, scholars such as have maintained that the early identification of disruptive behavioural patterns, when assessed within culturally appropriate and developmentally sensitive frameworks, is not only feasible but critically necessary (Johnstone et al., 2022). They emphasise that systematic observation across multiple contexts, such as home and

school environments, can aid in distinguishing transient developmental behaviours from persistent oppositional tendencies (Devine & Apperly, 2021). Furthermore, failure to identify and address such patterns in early childhood has been linked to a range of adverse developmental outcomes, including poor academic achievement, difficulties in peer relationships, and the progression to more severe and entrenched conduct-related disorders in later years (Trott et al., 2022).

Multiple risk factors have been identified in the aetiology of ODD (Morales et al., 2022). These include biological vulnerabilities (e.g., difficult temperament), environmental factors (e.g., harsh or inconsistent parenting), and contextual stressors (e.g., poverty, family instability, or exposure to violence) (Peverill et al., 2020). In low and middle income contexts like Nigeria, socioeconomic adversity is a particularly salient determinant of childhood behavioural problems (Ren et al., 2025). Children raised in impoverished conditions are more likely to experience chaotic home environments, limited stimulation, and inconsistent caregiver responses, all of which contribute to the development of oppositional behaviours (Veldman et al., 2023).

Gender has also emerged as a significant variable in the expression of ODD, with several studies reporting higher frequency rates among boys than girls during early childhood (Ghorbani et al., 2023). Biological and social factors have been posited to explain this gender disparity (Guy et al., 2022). For example, boys are generally more likely to exhibit externalising behaviours such as aggression, defiance, and irritability, while girls may express distress through internalising symptoms like anxiety or withdrawal (Openneer et al., 2021). The interaction between these gender norms and behavioural expectations from parents and teachers may lead to differential identification and reporting of ODD symptoms (Lereya et al., 2024).

Additionally, the school environment may play a crucial role in either mitigating or exacerbating behavioural challenges in young children (Zhang et al., 2023). Research has shown that school settings that are overcrowded, under-resourced, or lacking in psychosocial support structures are more likely to witness higher incidences of disruptive behaviour (VB, 2025). Public schools often operate under constrained infrastructural and human resource conditions compared to private schools (Liu et al., 2021). These disparities may significantly influence both the expression and management of ODD symptoms among pupils (Guanoluisa et al., 2024). Though this research does not look into the school type in order to get around details from those who are not in school (Isaac, 2024).

In the context of Ilorin West Local Government Area, Kwara State, a diverse population comprising children from various ethnic, religious, and socioeconomic backgrounds offer a unique opportunity to investigate

the manifestation of ODD among preschoolers. However, the scarcity of local data on behavioural disorders among children in this region has created a vacuum in evidence-based policy and practice. Teachers and caregivers often rely on anecdotal experiences rather than diagnostic criteria when dealing with defiant children, leading to inappropriate disciplinary practices and missed opportunities for early intervention. The study was prompted by the lack of sufficient research and early detection systems for Oppositional Defiant Disorder in Nigeria, despite its serious long-term consequences and the limited awareness and intervention capacity within early childhood education and mental health services. Hence, this study investigated the frequency and characteristics of ODD among preschool-aged children in Ilorin West Local Government Area of Kwara State.

Oppositional Defiant Disorder (ODD) is a behavioural condition that, when left untreated, may cause consequences that will be long-term, such as academic failure, strained social relationships, juvenile delinquency and the development of more severe psychological disorders (Bishop et al., 2020). The early identification and management of ODD remain underdeveloped due to significant gaps in early childhood education systems and the limited integration of child mental health services. These challenges are further compounded by a lack of awareness among educators and caregivers, delayed diagnosis, and insufficient intervention strategies. Despite growing recognition of behavioural problems among preschool-aged children, leading them to juvenile delinquency in adulthood, empirical research on the frequency and correlates of ODD within Nigeria remains scarce. There is a pressing need to understand how factors such as gender and socioeconomic status contribute to the manifestation of ODD symptoms. This study, therefore, seeks to fill this critical gap by assessing the frequency characteristics of ODD among preschool-aged children in Ilorin West Local Government Area of Kwara State.

## 2. MATERIAL AND METHOD

A descriptive research design was adopted to assess the frequency and behavioural patterns of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area of Kwara State, Nigeria. The population for the study comprised 21,139 preschool-aged children enrolled in Ilorin West Local Government Area, according to the 2018–2019 census. Given the challenge of reaching a comprehensive registry of preschoolers in both formal

and informal settings, a total of 374 preschool-aged children were sampled for the study. A sample size of 374 was determined using an appropriate sample size determination table (Hadi et al., 2022). At the second stage, a multistage sampling technique was employed to select respondents. Specifically, simple random sampling was used to select schools in Ilorin West Local Government Area to ensure representativeness. Thereafter, purposive sampling was used to select caregivers of preschool-aged children, as they were considered the most appropriate respondents to provide reliable information on the children's behavioural characteristics. Each caregiver completed instruments based on the observed behaviour of a specific preschool child.

A researcher-designed questionnaire titled *Assessment of Oppositional Defiant Disorder among Preschool-Aged Children (AODDAPAC)* was used to elicit information from 374 respondents (San et al., 2021). AODDAPAC has two sections: Section A comprises demographic information of gender and socioeconomic status. Section B contained 12 behavioural items rated on a four-point Likert scale (Always, Sometimes, Rarely, and Never). AODDAPAC underwent face and content validation by experts in the Department of Early Childhood Education and Measurement and Evaluation, Faculty of Education, Kwara State University, Malete, Nigeria, to ensure its relevance, clarity, and appropriateness. Internal consistency reliability was conducted using Cronbach's Alpha, yielding 0.86 coefficient. Descriptive statistics such as frequency, percentage, mean, and SD were used to answer the research questions, while hypotheses were tested using inferential statistics of the t-test and Analysis of Variance. The categorisation was based on the total obtainable score from the 12-item Likert-scale instrument where each item was rated from 1 to 4, yielding a minimum score of 12 and a maximum of 48. The score range of 36 (48 – 12) was divided into three equal intervals of 12 points each to ensure an objective and balanced classification of ODD levels. This equal-interval approach allowed for systematic grouping of respondents into low (12–24), moderate (25–36), and high (37–48) frequency categories based on the severity of exhibited behavioural symptoms.

## 3. RESULTS AND DISCUSSION

### 3.1 Result

The data gathered from the respondents on the items on normative peer pressure influence risk-taking behaviours were analysed using descriptive statistics. The result of the analysis is presented in the table below:

**Table 1.** Commonly exhibited behaviour symptoms of ODD among preschool-aged children

| S/N | Items                                                                       | N   | Mean | SD   | Ranks            | Remarks |
|-----|-----------------------------------------------------------------------------|-----|------|------|------------------|---------|
| 1.  | The child frequently argues with adults or caregivers.                      | 374 | 2.48 | 1.07 | 7 <sup>th</sup>  | Never   |
| 2.  | The child deliberately refuses to follow instructions or comply with rules. | 374 | 2.44 | 1.13 | 10 <sup>th</sup> | Never   |
| 3.  | The child often loses their temper or becomes easily irritated.             | 374 | 2.47 | 1.14 | 9 <sup>th</sup>  | Never   |

|     |                                                                               |     |      |      |                  |        |
|-----|-------------------------------------------------------------------------------|-----|------|------|------------------|--------|
| 4.  | The child deliberately annoys others or engages in provocative behaviour.     | 374 | 2.60 | 1.09 | 1 <sup>st</sup>  | Always |
| 5.  | The child blames others for his/her own mistakes or misbehaviour.             | 374 | 2.55 | 1.13 | 2 <sup>nd</sup>  | Always |
| 6.  | The child is easily annoyed or angered by others.                             | 374 | 2.52 | 1.13 | 4 <sup>th</sup>  | Always |
| 7.  | The child shows persistent resentment or appears spiteful and vindictive.     | 374 | 2.36 | 1.11 | 12 <sup>th</sup> | Always |
| 8.  | The child actively defies requests from adults, even when clearly understood. | 374 | 2.48 | 1.14 | 7 <sup>th</sup>  | Never  |
| 9.  | The child frequently engages in quarrels with peers or siblings.              | 374 | 2.52 | 1.11 | 4 <sup>th</sup>  | Always |
| 10. | The child holds grudges and seeks revenge when upset.                         | 374 | 2.42 | 1.12 | 11 <sup>th</sup> | Never  |
| 11. | The child demonstrates resistance to correction or redirection.               | 374 | 2.50 | 1.14 | 6 <sup>th</sup>  | Always |
| 12. | The child becomes angry when corrected or disciplined.                        | 374 | 2.53 | 1.09 | 3 <sup>rd</sup>  | Always |

Weighted mean = 2.57

Table 1 above shows the responses from 374 participants, which showed a weighted mean of 2.57, indicating a general tendency towards moderate exhibition of ODD-related behaviours. The behaviour most commonly exhibited was deliberately annoying others or engaging in provocative behaviour (mean = 2.60), followed closely by blaming others for one's own mistakes (mean = 2.55), and becoming angry when corrected or disciplined (mean = 2.53). Other frequently observed behaviours included being easily annoyed, engaging in quarrels with peers or siblings, and resisting correction, all of which were rated with a mean above 2.50 and were remarked as "Always" occurring. In contrast, behaviours such as refusing to follow instructions, losing temper, and holding grudges received lower mean scores, with remarks indicating they were "Never" or less frequently observed. Hence, it

was revealed that the most exhibited behavioural symptoms of ODD among preschool-aged children are when a child deliberately annoys others or engages in provocative behaviour.

The frequency of ODD, the total response of each respondent in continuous data was converted to discrete data and summed up, having a minimum of 12, a maximum of 48 and a range of 36. This was sectioned into three categories: low frequency, moderate frequency and high frequency of ODD among preschool-aged children in Ilorin West Local Government Area of Kwara state. Therefore, the scores were arranged in the following categories to determine a low frequency (12 – 24), moderate frequency (25 – 36) and high frequency (37 – 48). The result is presented in the table below:

**Table 2.** Frequency of ODD among preschool-aged children

| Frequency    | Frequency  | Percentage (%) | Valid Percent |
|--------------|------------|----------------|---------------|
| Low          | 30         | 8.0%           | 8.0           |
| Moderate     | 325        | 86.9%          | 86.9          |
| High         | 19         | 5.1%           | 5.1           |
| <b>Total</b> | <b>374</b> | <b>100%</b>    | <b>100.0</b>  |

Table 2 above reveals that the frequency of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area is predominantly moderate. Out of 374 respondents, 86.9% reported moderate levels of ODD behaviours in children, while 8.0% showed low frequency and only 5.1% exhibited high frequency. It was then revealed that there is a moderate level of ODD among preschool-aged

children in Ilorin West Local Government Area of Kwara State.

Which states that there is no significant difference in Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area based on gender, an independent samples t-test was conducted. The table is shown below:

Table 3. t-test table showing the difference in ODD based on gender

|           | Gender | N   | Mean  | SD   | df  | t     | Sig. | Remarks  |
|-----------|--------|-----|-------|------|-----|-------|------|----------|
| ODD Total | Male   | 181 | 29.78 | 3.74 | 372 | -0.42 | 0.14 | Not Sig. |
|           | Female | 193 | 29.96 | 4.16 |     |       |      |          |

The mean ODD score for males was 29.78, while that of females was 29.96. The calculated t-value was -0.42 with a significance level of 0.14, which is greater than the 0.05 threshold. Therefore, the null hypothesis is retained. Therefore, it was discovered that there is no significant difference in Oppositional Defiant Disorder

among preschool-aged children in Ilorin West Local Government Area based on gender.

Which states that there is no significant difference in Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area based on socioeconomic status, a one way Analysis of Variance (ANOVA) was conducted.

Table 4. ANOVA table showing the difference in ODD based on socioeconomic status.

|                | Sum of Squares | df  | Mean Square | F    | Sig. | Remarks  |
|----------------|----------------|-----|-------------|------|------|----------|
| Between Groups | 30.333         | 2   | 15.17       | 0.97 | 0.38 | Not Sig. |
| Within Groups  | 5814.76        | 371 | 15.67       |      |      |          |
| Total          | 5845.09        | 373 |             |      |      |          |

Table 4 above shows no significant difference. The analysis yielded an F-value of 0.97 with a p-value of 0.38, which is greater than the 0.05 level of significance. Hence, it was revealed that there is no significant difference in Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area based on socioeconomic status.

### 3.2 Discussion

The first finding from this study revealed that the most exhibited behavioural symptom of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area is that the child deliberately annoys others or engages in provocative behaviour. This aligns with the core diagnostic criteria for ODD, which include a pattern of defiant, argumentative, and deliberately provocative conduct that is disruptive to social and educational functioning (Oloko & Oshilaja, 2024). A possible reason for the predominance of this symptom could be the influence of environmental stressors such as overcrowded classrooms, lack of psychosocial support, and inconsistent disciplinary approaches, especially within under-resourced educational settings, which are prevalent in many Nigerian public schools (Nwakanma et al., 2024). These conditions may lead children to adopt provocative behaviours as a form of seeking attention, asserting control, or expressing frustration in the absence of structured emotional regulation mechanisms (Obijemba et al., 2023).

The study further revealed that there is a moderate level of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area of Kwara State. This suggests that while ODD symptoms are present within the population, they may not have reached clinically severe levels for the majority of children. A plausible explanation for this moderate frequency could be the influence of socioeconomic and cultural factors that shape

behavioural expectations and parenting practices. In contexts where behavioural challenges are often attributed to spiritual or disciplinary lapses rather than psychological conditions, many symptoms may go unrecognised or underreported (Wells et al., 2023). Additionally, limited access to mental health services and behavioural assessment tools, particularly at the early childhood level, may contribute to an underestimation or misinterpretation of ODD symptoms (Hojen et al., 2022).

The study also revealed that there is no significant difference in Oppositional Defiant Disorder (ODD) among preschool-aged children based on gender in Ilorin West Local Government Area. This implies that both male and female children in the study area exhibit similar levels of ODD-related behaviours, contrary to widely held assumptions that boys are more prone to oppositional and defiant conduct in early childhood. A possible explanation for this finding may lie in the socio-cultural context where both genders are often subject to similar environmental stressors, parenting styles, and school conditions that shape behavioural responses uniformly. Additionally, limited awareness of gender-specific behavioural expressions may lead to equal identification of ODD symptoms across boys and girls by caregivers and teachers. Studies have reported higher rates of externalising behaviours like ODD among boys. This finding contrasts with the existing evidence and supports the position, who noted that gender differences may become less pronounced when contextual and reporting factors are taken into account.

The study further revealed that there is no significant difference in Oppositional Defiant Disorder (ODD) among preschool-aged children based on socioeconomic status in Ilorin West Local Government Area. This indicates that children from low, middle, and high socioeconomic backgrounds exhibit similar levels of oppositional and defiant behaviours. One possible

explanation for this outcome is that, regardless of socioeconomic class, many families in the area may face common parenting challenges, limited awareness of childhood behavioural disorders, and restricted access to early childhood mental health resources. Moreover, cultural interpretations of defiant behaviour and reliance on non-clinical explanations may cut across socioeconomic boundaries, resulting in uniform under-identification and response to ODD symptoms.

### 3.2.1 Implications

The study emphasises that mental health practice and policy formulation in early childhood education. The moderate frequency of Oppositional Defiant Disorder (ODD) among preschool-aged children advocates that while the condition is not overwhelmingly severe, it is sufficiently widespread to demand efficient attention to ODD. The prominence of behaviours such as deliberate provocation and blaming others indicates the need for caregivers to be equipped with behaviour management strategies and early intervention to modify disruptive behaviours before escalating to severe conduct problems. Furthermore, the absence of significant differences based on gender and socioeconomic status implies that ODD-related behaviours cut across demographic boundaries, which also highlights the necessity for universal screening and intervention programmes rather than targeted approaches.

### 3.2.2 Research Contribution

This study contributes to the existing body of knowledge, offering empirical evidence on the frequency of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West, revealing that ODD exists at a moderate level and is characterised mainly by provocative and defiant behaviours rather than severe aggression. It further advances understanding by demonstrating that ODD manifestations are consistent across gender and socioeconomic groups, thereby challenging assumptions of demographic differences and supporting the need for universal early screening and intervention strategies within early childhood education and caregiving systems.

### 3.2.3 Limitations

The study limitation lies in the reliance on caregivers' reports of children's behaviours, which may be subject to subjective interpretation, and the use of a descriptive research design, which restricts causal inferences; additionally, findings are confined to Ilorin West Local Government Area and may not be fully generalisable to other regions with different socio-cultural contexts.

### 3.2.4 Suggestions

Based on the findings of the study, several recommendations were made. School administrators should organise regular training programmes for teachers and caregivers on effective ways of managing provocative and disruptive behaviours among preschool children. In addition, the Ministry of Education should

implement behavioural screening and early intervention programmes in all early childhood education centres to ensure that behavioural challenges are identified and addressed at an early stage. Furthermore, curriculum developers and policymakers should ensure that behavioural support initiatives are inclusive and gender-sensitive in both their design and implementation. Lastly, community health workers and local government authorities should provide widespread mental health education and support services that are accessible to children and families across all socioeconomic groups.

## 4. CONCLUSION

The research concluded that Oppositional Defiant Disorder among preschool-aged children in Ilorin West Local Government Area exists at a moderate level, is mainly expressed through deliberate, provocative behaviours, and is not significantly influenced by gender or socioeconomic status, thereby requiring universal early intervention strategies rather than selective approaches. Acknowledgement is given to all authors whose works were cited in the study, as their scholarly contributions provided the theoretical and empirical foundation that supported the analysis and interpretation of findings, and appreciation is extended to all participants whose cooperation contributed to the successful completion of the research.

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understanding, and moral support throughout the period of conducting and writing this study.

#### 6. AUTHOR CONTRIBUTION STATEMENT

The author solely conceived and designed the study on the assessment of Oppositional Defiant Disorder (ODD) among preschool-aged children in Ilorin West Local Government Area of Kwara State, Nigeria. The author was responsible for identifying the research problem, developing the study objectives, reviewing relevant literature, and formulating the research questions and hypotheses that guided the investigation.

The author independently developed the research methodology, including the selection of the descriptive survey research design, sampling procedures, and the development of the research instrument titled Assessment of Oppositional Defiant Disorder among Preschool-Aged Children (AODDAPAC). The author also coordinated the validation and reliability testing of the instrument to ensure its suitability for data collection.

Furthermore, the author personally supervised and participated in the data collection process, ensuring that ethical considerations, accuracy, and confidentiality were maintained throughout the study. The author conducted the statistical analysis of the data using appropriate descriptive and inferential statistical methods, interpreted the findings, and discussed the results in relation to existing literature and theoretical perspectives.

In addition, the author prepared, drafted, revised, and edited all sections of the manuscript, including the introduction, methodology, results, discussion, implications, limitations, recommendations, and conclusion. The author also carried out the final proofreading, formatting, and approval of the manuscript for submission and publication. Therefore, the author accepts full responsibility for the content, originality, and integrity of the work presented in this study.

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