

Elementary School Teachers' Knowledge, Attitudes, and Challenges in Dealing with Conduct Disorders Children within their Regular Classrooms

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Abstract--- **Background:** Conduct disorders are a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. The prevalence of conduct disorder is high in Saudi Arabia and worldwide. The aim of the current study was to assess the knowledge and attitude of general education elementary school teachers toward inclusion of children with conduct disorders in their regular classes. **Methods:** a quantitative descriptive cross-sectional study design was used with 100 elementary teachers recruited conveniently from four schools located in south Jeddah, Saudi Arabia. Three tools were used to achieve the current study objectives, which are conduct knowledge, and attitude scale. Data were collected after receiving officials' approvals and ensuring validity and reliability of the tools. **Results:** the findings revealed that majority 85% of studied teachers had poor knowledge and negative attitudes toward inclusion of conduct disorders in their regular classes, there is no correlation between the demographic and knowledge and attitude, and between the challenges and knowledge and attitude. Nevertheless, there are positive correlation between the knowledge and attitude at $p \geq 0, 05$. **Conclusion:** the findings of the current study revealed that teachers had poor knowledge and negative attitude. Additionally, there was no significant correlation between the demographic background of the respondents, knowledge and attitude, and between their challenges, knowledge and attitude. However, the more the knowledge and teaching experiences teachers had the more the favorable attitudes toward the inclusion of conduct disorders children in the mainstream school will be. Therefore, a furtherance of this study could also explore the impact of a training program.

Keywords--- Conduct, Children, Teachers, Attitudes, Knowledge, and Challenge.

I. BACKGROUND

Mental disorders among children are handicapping them to follow their normal life like other children. Among these mental disorders affecting them is conduct disorders. Accordingly, every country should have schools to be educated, and centers to manage and treat these disorders. Based on searching literatures in Saudi Arabia, we can say that very limited number of researches conducted in this area as well no centers for children having mental disorders including conduct disorder. In addition, there is no specialized teachers in governmental schools who can early discovered those children and refer them to the mental centers for management and rehabilitation.

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Conduct disorder (CD) is a critical disorder which considers one of the most common psychiatric disorder among children particularly boys than girls (Rikinkumar et al., 2018). According to DSM-5, conduct disorder is “a repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated” (Lillig, 2018). Children or adolescents who suffering from conduct disorder will exhibit aggressive behavior. On the other hand, it was reported that the symptoms of aggression are more apparent in boys than girls in form of physical aggression and criminal behaviors while, girls appear bullying emotionally, engaging in sexual activity, and substance abuse (Zaderenko, 2018). The persistence of these symptoms until the child be an adult can lead to antisocial personality disorder (ASPD) and having a higher risk to substance abuse (Knopf, 2017) (Rajesh et al., 2019). Conduct disorder is widespread among school especially elementary schools. The prevalence of conduct disorder in male estimated that 12 %, while in female equivalent 7.1% in the United States (Rikinkumar et al., 2018). The worldwide prevalence of conduct disorder among children and adolescent which aged 6-18 years is 3.2% (Noèlia et al., 2019). The prevalence of conduct disorder in Saudi Arabia occurs between ages 2 - 17 years and the estimated rate is 20%. On the other hand, the prevalence rate in the Middle East is estimated by 32.9% among Iranian and 25.3% among Egyptian children between ages 6-12 -year-old. (Al Hariri, 2017) (Salmanian et al., 2017).

The level of the conduct disorder is mild, moderate, and severe (DSM-5, 2013), (Legg, 2016). Children with mild level they suffer from little to no behavior problems that will cause minor harm to other (DSM-5, 2013), (Legg, 2016). For example, role breaking, lying, and escape from the school (SDM-5, 2013), (Legg, 2016). Children with moderate level they presented several behavior problems which cause mild to severe effect on others (DSM-5, 2013), (Legg, 2016). For example, stealing and vandalism (DSM-5, 2013), (Legg, 2016). Severe level has severe behavior problems that affect harm to other. (DSM-5, 2013), (Legg, 2016). For example, rape, weapon use, physical abuse, and attacking and breaking other property (DSM-5, 2013), (Legg, 2016).

There are many factors that can lead to CD which are neuropsychological and neurobiological deficits. Neuropsychological deficits factors such as poor verbal skills, impairment in executive functioning, low IQ, and low socioeconomic status. The family plays an important role in children psychologically. When parents have been aggressive or harsh with their child or even, they not supervise adequately, also when the child goes through parental separation it may lead to develop CD. However, the other factor is the neurobiological deficit, which is the damage of the frontal lobe in the brain. This damage can be either genetic or inherited due to injury (Legg, 2016), (Karen, 2016).

CD is a disorder that is difficult to treat, especially when the patient became older (Karen, 2016). The management to treat children with CD has two important interventions the pharmacological interventions and psychological interventions. The pharmacological interventions are usually suggested for patients who do not respond to the other interventions or who have severe levels of violent behaviors and aggression. The psychological interventions are the most interventions that minimize conduct disorder symptoms in patients (Salmanian et al., 2015). These interventions consider parent-focused, child-focused interventions, and multisystem therapy (Sidorenko, 2018). All these interventions should be done with collaboration with teachers in the school.

Caring of conduct disorder child need education and health care, which cause an overall cost to their family and society. This cost will be higher when the child became older. Thus, programs can help to reduce this cost. Teacher program should involve classroom activities, problem solving strategies, and understanding how to deal with difficult behavior (Sampaio et al., 2018).

As it was reported by Maryam, Mohammed, and Fatimah, (2017) that, the prevalence of conduct disorders is higher in Middle East than European world. Therefore, early intervention is one of the solutions for conduct disorder in children which is achieved by the teachers. Teachers play an important role to improving child's social and emotional competence. Also, they are responsible to discover and managing the behavioral disorder in children. Previous study provides training packages for school teachers to promoting good behavior for conduct disorder children. These studies had shown that training packages have an adequate impact on knowledge for school teachers and improving positive attitudes on conduct disorder children. They play an important role in changing the knowledge and attitude of teacher which make them able to recognize the behavioral problems of children. Additionally, they play an important role in changing the knowledge and attitude of teacher which make them able to recognize the behavioral problems of children (Kavitha et al., 2016). Therefore, the current study will look at assessing the knowledge and attitude of general education elementary school teachers toward inclusion of children with conduct disorders in their regular classes.

Significance of the Study

Although the above studies indicated that teachers are generally familiar with symptoms and diagnosis of conduct disorder, these surveys didn't provide insight into how teachers' knowledge effects their attitudes and behavior in the classroom. Taking into consideration the possible effects of the studies which had conducted for teachers' training, and the implied logical hypothesis that, knowledge impacts behavior and attitudes (e.g., Barkley, 2006). Surprisingly, little research has been conducted on this topic, and what has been done has yielded mixed results. In the current study settings, the general education teachers' knowledge about conduct disorders clearly has the potential to impact students with conduct disorders. Therefore, the assessment of their knowledge and attitudes will be reflected on their perception of children challenging behaviors in numerous ways, such as through this assessment, the likelihood that a teacher need for professional consultation, and supportive of behavioral treatments in the classroom will appear and strongly recommend training by their administrative authority in their school . However, research both on teachers' knowledge, attitudes challenges and its impact on students is relatively scarce, and sample sizes have often been modest, thus making generalizations about these issues difficult. To address these issues, the present study has a dual purpose of contributing to the international research on teachers' knowledge, and attitudes of conduct disorders, as well as addressing the question of how this knowledge is related to teachers' reported challenging behaviors toward and expectations of students with conduct disorders when they been included in their regular classes.

Aim of the Study

Assessing the knowledge, attitude and challenges of general education elementary school teachers toward inclusion of children with conduct disorders in their regular classes. More specifically, this study was conducted to

- Assess the knowledge and attitudes of teachers
- Identify the challenges facing teachers in inclusion of CD children in their classes.
- Evaluate the association between teacher demographic background and their knowledge, attitudes, and challenges.

Research Questions

- What are the teachers' knowledge, and attitudes of integrating CD children?
- What are the challenges of teachers when they have CD students in their classes?
- What are the effects of participants' demographic data on teachers' knowledge, attitudes and challenges?
- What are the correlation between outcomes in relation knowledge, attitudes and challenges among study participants?

II. RESEARCH METHODOLOGY

2.1 Research Design

A Quantitative cross-sectional survey design was used to achieve the objectives of this study.

2.2 Study Population

The current study data were collected from 4 Elementary general education female schools, south Jeddah, KSA. The schools that data were collected from them are as following: The 194 School which located in Iskan, Prince Abdul Majeed district. This school has 33 general education teachers and one in special education. This school serving more than 840 students in elementary level. The second setting will be consisted of 2 schools, 44school (25 teachers) and 68 schools (29 teachers) which located at In Al-Nuzlah Al-Yamania district. The last school name is 206 located in Snabil district. This school has 32 teachers, only one of these teachers has special education qualifications.

2.3. Sampling and Sampling Techniques

The total number of teachers in the four target schools was (120). Margin error of 5 %, confidence interval of 95 %, hence minimum sample size is 96 teachers with consideration of vacations, sick leaves, and other teachers who will refuse to participate. Therefore, a convenient sampling technique was used to recruit minimum of 96 to maximum 120 teachers from the identifiable 4 schools located at Jeddah city in kingdom of Saudi Arabia.

2.4. Data Collection Tool

Four tools were used to achieve the aim of the current study as the followings:

Section A: Assessment of Demographic Variables: it was consisted of age, gender, religion, marital status, education status, family monthly income, type of family, years of experience and classes handling level.

Section B: Structured Knowledge Questionnaire which was developed by kavitha. (2016). This tool was used assess the level of knowledge regarding conduct disorder of children. It comprised of 25 closed ended multiple

choice questions with a maximum score of 25 and minimum score of 0 with the following components. Six items questions covered by only one question including :Types, Co-morbid mental illness Complications , Differentiating boys and girls , Screening tool, and prevention of conduct disorders. In addition, 2 questions were asked about Diagnosis, Etiology, Risk factors. While 6 questions were asked about symptoms, 4 questions covered the treatment modalities and 3 questions asked about Conduct disorder.

Scoring and Interpretation

Score	Percentage	interpretation
≥19	≥75	Adequate knowledge
13 – 18	50 -75	Moderately adequate
≥12	50	Need to improve knowledge

Answer Keys for Structured Knowledge Questionnaire

1. B	6. D	11. A	16. A	21. B
2. D	7. C	12. A	17. C	22. B
3. C	8. A	13. B	18. C	23. B
4. B	9. A	14. A	19. A	24. C
5. B	10. A	15. A	20. C	25. B

Section C: Attitudes of Teachers

The scale is adopted from master thesis of KAVITHA. S (2016) . The scale comprised of 15 items (7 positive statements and 8 negative statements) devised by the investigator. The score for positive items were strongly agree – 5, agree – 4, uncertain – 3, disagree – 2 and strongly disagree – 1. The negative items were scored reversely. Positive statements are number 1, 3, 11, 12, 13, 14, and 15 while, negative statements were 2, 4, 5, 6, 7, 8, 9, and 10

Scoring and Interpretation

Score	Percentage	Interpretation
38	<50	Unfavorable attitude
39 – 55	50 – 75	Moderately favorable attitude
56	>75	Favorable attitude

Section D: Challenges Faced by Teachers

This questionnaire was developed by the researchers of the current study based on literature review to assess the challenges faced by teachers when dealing with CD children within their regular classes. The tool was consisted of 10 challenges which might face the teachers when they include the conduct children in their classes. For instance, limited facilities, Increase students’ number, Limited time for classes’ session, and Shortage of teachers’ number in the school. Additionally, teachers had No special qualification, or insufficient knowledge they had as regard to the disorders, and Compatibility students. Besides other challenges such as, attitude toward accepting the child within the class and difficulties of children behavior (aggression) as well Intervention complexity in dealing with their bullying behaviors toward their colleagues and teachers themselves.

2.5. Reliability and Validity

The structural validity of the English version of the scales are confirmed by original authors in their studies. The instruments were translated into Arabic language and back translated into English language.

Back translation aimed at verifying whether the translation covers all aspects of the original English version of the questionnaires or not. Then to ensure the face validity and reliability of the final translated Arabic version of the questionnaire was evaluated by a panel of experts who were selected based on their qualifications and experience in nursing research and education.

The validity of the questionnaires were calculated and reported 0.97 for knowledge questionnaire and 0.94 for attitude scale which indicate very high validity of the translated questionnaires.

2.6. Pilot Study

After the validity was confirmed for the Arabic version of questionnaires, the tools were piloted and tested by 10 of elementary school teachers to identify any ambiguities in questions, time required for completing the questionnaire, and any difficulties that might be encountered by the participants in reading or understanding the questionnaires.

Those 10 teachers were included within the actual sample due to the small size number of population. In the present study, the Cronbach's alpha coefficient for the knowledge scale total scale was 0.79, and 0.81 for attitudes scale which represents good acceptable reliability of the translated questionnaires.

Data Collection Process

Once the proposed study approved from KAIMRC and IRB, a letter was submitted to the principals of the four selected schools for arrangement and permission to start data collection the data were collected during the academic year fall 2019/2020.

The participants were asked to fill the questionnaires of cross-sectional survey after they signed the informed consent of the survey questionnaires.

2.7. Data Analysis

The data were coded and analyzed using SPSS version 20.0. Data were presented using descriptive statistics for discrete variables in the form of frequencies and percentages, and for interval and ratio variables in the form of means and standard deviations.

Participants' socio-demographic and knowledge, and attitudes differences were analyzed using Pearson correlation test and the significance level was tested at $p < 0.05$.

2.8 Ethical Considerations

The study was submitted for official approval from the research unit at the College of Nursing, Jeddah, KAIMRC, and IRB. Then the approval letter was submitted to the principal of each school for their approval. All data both hard and soft copies were stored within MNGHA premises and access by the research team only .After

that, study subjects were approached for explaining the purposes and the procedure for the study. Subjects were informed that participation in the study is voluntary and they can withdraw without any penalty at any time. They were assured that their answers kept anonymous during the study and that their data kept confidential.

III. FINDINGS

Table (1) showed the distribution of the studied group according to their demographic background. The studied group was 100 teachers' majority (87%) were married, 88% had Bachelor degree of education, and 55% have more than 10 years in teaching elementary level.

More than two third (61%) of the teachers were learn about C.D during their educational training while, an equal (48%) number of them handling 1-2 conduct children and have no action toward their discovery in their classes. Additionally, 57% indicated that they have knowledge about conduct disorders.

Table 1: Distribution of Studied Subjects According to their Demographic Characteristics (N=100)

Variable	Categories	N=100	%
Age		Mean \pm SD 41.9 \pm 7.1	
Marital status	Married	87	87
	Unmarried	2	2
	Divorced	8	8
	Widow	3	3
Education	B.Ed.	88	88
	M.Ed.	3	3
	M.Phil.	9	9
Experience	< 1 year	2	2
	1-5	11	11
	5-10	32	32
	10 +	55	55
Did you Learn about CD	Yes	61	61
	No	39	39
How many conduct students do you have?	0	23	23
	1-2	48	48
	3-5	18	18
	6+	11	11
What your action?	Not applicable	20	20
	No	48	48
	Yes, once	27	27
	Yes, many	5	5
Knowledge CD	Yes	57	57
	No	43	43

Figure (1) displayed studied groups' source of CD knowledge. (N=100). The highest source of information indicated by the teachers was internet (85%) followed by an equal (78%) numbers for books and attending workshops presentation.

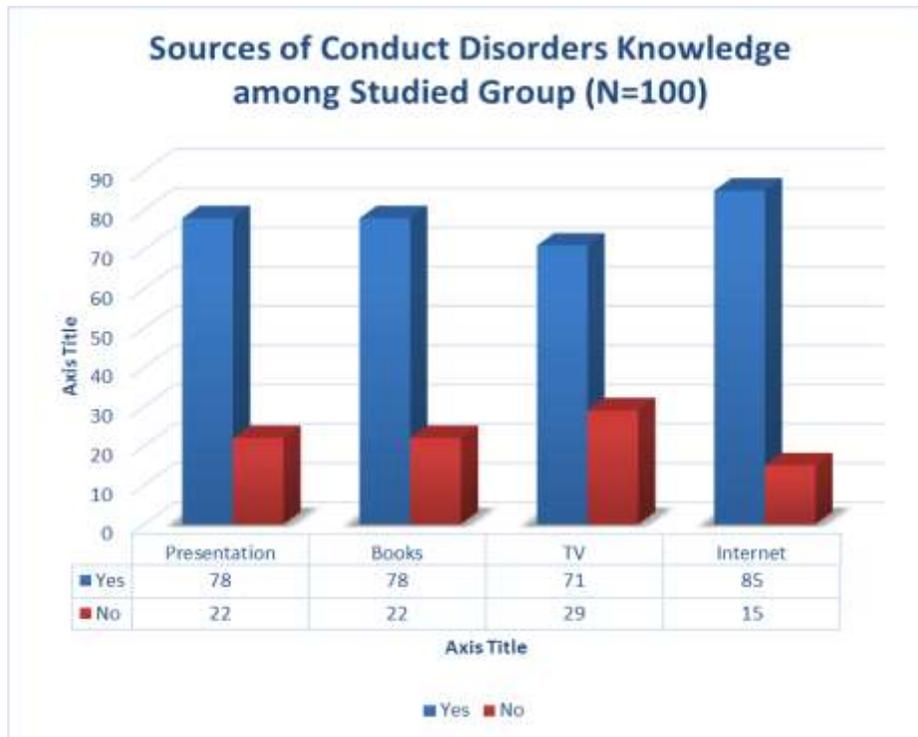


Figure 1

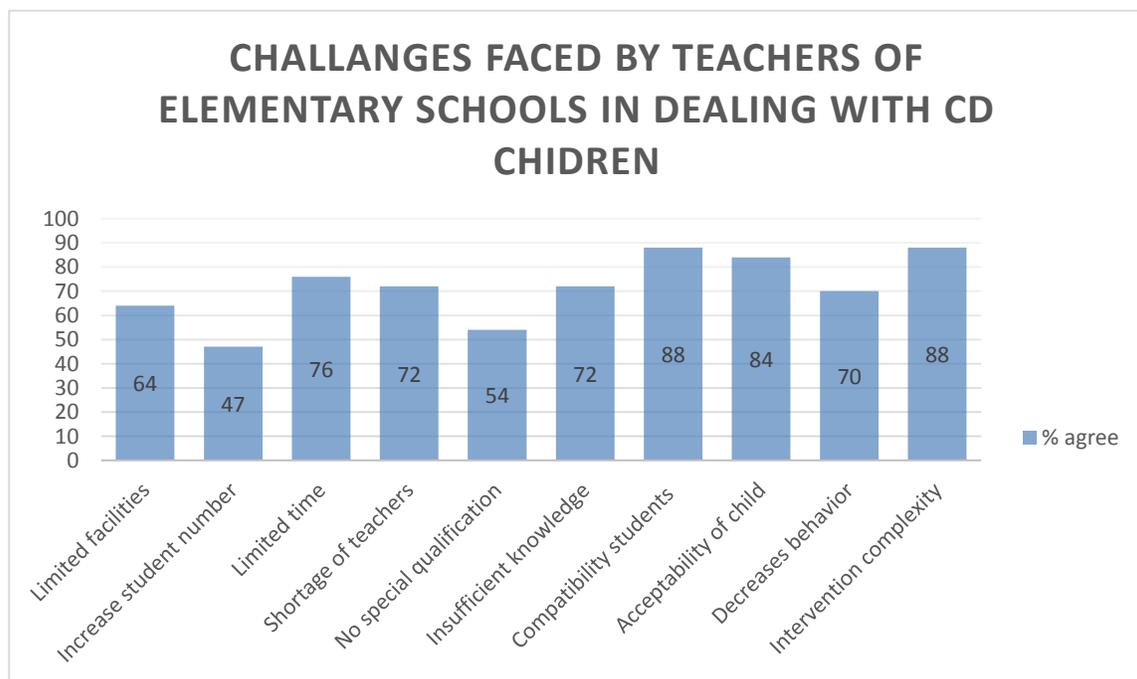


Figure 2

Figure (2) exhibited the challenges faced by teachers when dealing with conduct children in their classes. As,88% indicated that their challenges were distributed equally between students' compatible behaviors and

intervention complexity followed by, accepting children (84%) with conduct disorder within regular classes and 76% indicated the limited time of educational session during the teaching day. Additionally, 72% indicated that they don't have sufficient knowledge as well as shortage of teachers' number. While, 70% indicated decrease the conduct behavior change rate and limited facilities and resources (64%) were among the challenges faced by studied teachers' groups.

Figure 3 showed that the level of participant's knowledge is majority (53%) has moderate inadequate knowledge while 47% were to improve their knowledge.

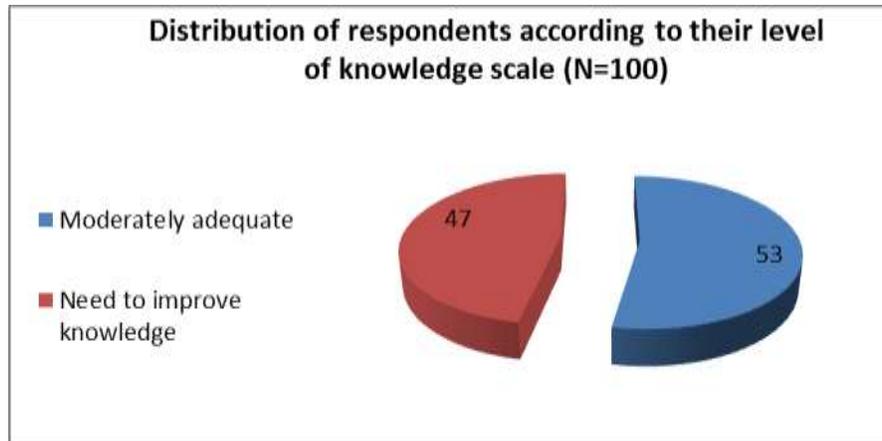


Figure 4 presented the distribution of studied participants on their attitudes toward integrating conduct disorder children in their regular class, Majority (75%) holding the unfavorable attitudes compared with only 25% moderately favorable attitude for integration.

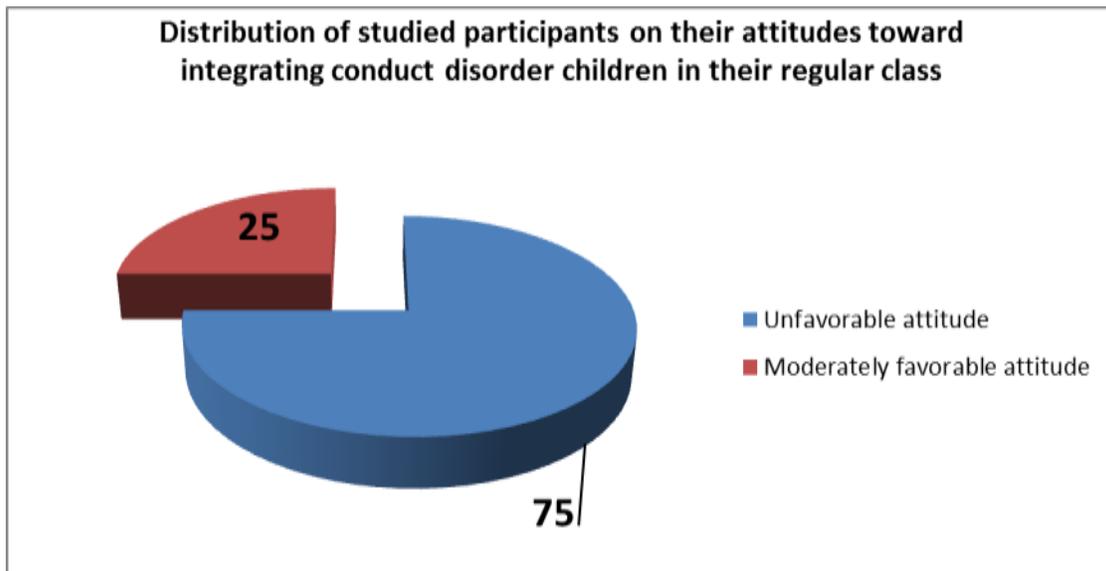


Figure 4

Table 2 presented that there is no significant correlation between respondents' demographic background and their knowledge and attitude scale of conduct disorders at $P = \geq$ except for learning experience of teachers with

their attitudes 0.032 at $P \geq 0.05$.

Table 2: Correlation between Knowledge and Attitudes Scale of CD by Demographic Characteristics of the Respondents

Variable	Knowledge scale P value	Attitudes scale P value
Age	0.161	0.435
Marital status	0.858	0.652
Education level	0.647	0.690
Experience	0.240	0.032*
Handling	0.931	0.409
Learn	0.338	0.905
Taught	0.179	0.243
Spoken	0.786	0.540
Knowledge	0.624	0.726

*significant at 5%

Table 3: Distribution of Studied Participants According to their Knowledge Scale Measurements. (N=100)

Item	SD	No %	Scale Mean
1-CD meaning	0.84	37.8	1.89
2-characteristics of CD	1.30	45.8	2.29
3-CD is a group of behaviors	1.25	55.8	2.79
4-CD causes	1.00	46.6	2.33
5-Parental factor which influence CD	0.42	40.6	2.03
6-Onset of CD	1.17	40.2	2.01
7-Resistant periods for diagnosis	1.59	59.6	2.98
8-Major risk factor in relation to parents	1.11	31.2	1.56
9-Common risk factor in CD	0.68	25.4	1.27
10-CD comorbid situations	1.32	52.6	2.63
11-In CD, the child behaviors	0.66	24.8	1.24
12-Destructive CD definition	0.84	39.4	1.97
13-Bullying others definition	0.75	50.0	2.5
14-CD effect	1.20	50.2	2.51
15-Internalized symptoms	0.71	27.8	1.39
16-Aggressive CD results	0.57	34.2	1.71
17-Total number of symptoms confirm the presence of CD	1.17	50.4	2.52
18-The complication	0.93	33.0	1.65
19-Different symptoms between boy and girls	1.05	45.2	2.26
20-The behavior of a child stealing valuable items falls under category	1.00	52.8	2.64
21-Intervention has (+) effect on academic and management progress	1.17	53.4	2.67
22- Parents management.	0.95	50.4	2.52
23-Play therapy effect	0.82	46.6	2.33
24-The additional treatment to address CD	1.08	59.4	2.97
25-The preventive measures	0.71	38.6	1.93

Table 3 exhibited the distribution of studied respondents in relation to their knowledge of conduct disorders. The results revealed the very low mean for knowledge scale related to conduct disorders definition (1.89), causes (2.33), characteristics (2.29) and risk factors in relation to genetic (1.56) as well environmental situations. Meanwhile, an equal mean 2.64 was given for behavior of the children and intervention management process.

Table 4 exhibited the distribution of studied respondents in relation to their Attitude toward conduct disorders. The results revealed the very low mean for attitude scale related to early intervention prevent CD (1.51), awareness of the change in the behavior of child among parents necessary to control CD (1.57), parent with substances use have an impact on CD child (1.64), and they may act impulsively without considering the consequences of their actions (1.88).

Table 4: Distribution of Studied Participants According to their Attitude Scale Measurements. (N=100)

Item	SD	Scale mean	% of knowledge
1-CD child not have exposure to traumatic life experience	1.41	3.23	64.6
2-CD child purposefully harm others	1.30	2.68	53.6
3-Early intervention of behavior problem may prevent CD	0.77	1.51	30.2
4-Difficult to control CD child	1.30	2.84	56.8
5-Violating other right will be seen in CD	1.05	2.16	43.2
6-Type of antisocial behavior will always be displayed with CD children	0.99	1.9	38.0
7-They may act impulsively without considering the consequences of their actions	1.07	1.88	37.6
8-Parent with substances use have an impact on CD child	1.01	1.64	32.8
9-They are often hard to control when they are unwilling to follow rules	1.15	2.03	40.6
10They have significant impairment in social, academic, or occupational functioning	1.13	2.01	40.2
11-Teachers play important role in identifying the behavior to elicit the risk of CD	1.12	1.95	39.0
12-Awareness of the change in the behavior of child among parents necessary to control CD	0.89	1.57	31.4
13-Bulling others, committing rape, harming others are the behavior of CD children	1.19	2.13	42.6
14-They must be isolated from another peer group	1.39	3.37	67.4
15-Not essential for parents of CD children to spend quality time with them	1.41	3.8	76.0

Table 5 showed that there was no significant association between teachers' challenges 'as they faced in the management of CD children and their knowledge and attitudes scale at $P \geq 0.05$.

Table 5: Association between Challenges Faced by Respondents with their Knowledge and Attitudes

Item	Knowledge p value	Attitude P value
Limited facilities	0.198	0.634
Increase student number	0.401	0.563
Limited time	0.895	0.588
Shortage of teachers	0.707	0.607
No special qualification	0.514	0.104
Insufficient knowledge	0.604	0.122
Compatibility students	0.824	0.653
Acceptability of child	0.776	0.528
Decreases behavior	0.693	0.449
Intervention complexity	0.737	0.084

Table (6) presents that there was significant correlation between knowledge and attitudes scale as total mean of both knowledge and attitudes was 2.61 ± 1.3 , $\chi^2 = 4.381$ at $P 0.028$.

Table 6: Correlation between Respondents' Knowledge and Attitudes Scales. (N=100)

Variables	M±SD	χ^2	P value
Knowledge scale	2.64±1.32	4.381	0.028
Attitude scale	2.73±1.62		

IV. DISCUSSION

The current cross-sectional study was conducted to assess the knowledge and attitude of general education elementary school teachers toward inclusion of children with conduct disorders in their regular classes. The results

revealed that level of knowledge of conduct disorder among elementary school teachers was poor except for the information related to the necessities of persistent periods for diagnosis of conduct disorders which was indicated by nearly two third (59.6%) of studied respondents. Meanwhile, the lowest level of knowledge was related to the behavior presented by conduct disorder children. Similarly, Naganandini (2019) reported in his cross-sectional study the lower level of knowledge about conduct disorder among the majority 78.3% of school teachers, 21.7% moderate knowledge, and none of them get adequate knowledge. Alike, with Kavitha (2015) in his A quasi experimental non – equivalent control group study who reported low level of knowledge with majority while, (33.33%) had moderately adequate knowledge regarding conduct disorder of children. In fact, special training and supportive workshops are reported to be among teaching methods that help teachers with their knowledge surprisingly, the current study results were reported that 61% of teachers was attending teacher training compared with 39% did not have training about CD but with no significant correlation with their knowledge of Conduct disorders.

In Saudi society, people with disabilities specially conduct disorders children are often marginalized for various reasons, including lack of education about disabilities in communities and shame for having disability and the poverty that often accompanies disability(Bhandari,2018] .Parents of children with disabilities such as conduct disorders , often get information about their children's condition from non-medical sources, believing in the evil eye caused their children disorders [Al Hariri, 2017). Some parents turn to religion to help their children improve. [Al Hariri, (2017). On the other hand, among health care professionals, there is an overall positive attitude towards people with disabilities, but negative attitudes was reported toward children with conduct disorders behaviors (Salmanian et al 2017) and (Bhandari, 2018]. Additionally, it was reported that, doctors often did not give adequate health information to patients and their families, the fact that made the parents had inadequate knowledge about their beloved child disorder (Al-Qahtani (2015).

Despite the law supported that people with disabilities in Saudi Arabia, only three non-governmental organizations operating in Saudi Arabia to help people with disabilities are entitled to 50% off airfare for themselves and a companion which considered very little number when it was compared with the prevalence of conduct disorders. Moreover, the general education schools in KSA did not have qualified teachers who are able to discover any children having behavioral disorders so; they can do the appropriate referral to the right place where the child can receive the appropriate treatment and early interventions. In addition to, what was reported by the studied teachers in the current study that, parents didn't show any response when the school contacted them regarding their doubt on their child's behavior. This is due to either shame or stigma to have disabled child or fear because there are no schools in KSA could handle their children behaviors or accept their child within their classes. Therefore, they do not have no choices except the governmental schools, which are not qualified for management of their children behaviors disorders. Other type of parents are denial that their child has CD and no early intervention of this disorder which lead to delay the treatment of this child and progress to antisocial personality disorder when the child become an adult, so the schools need psychologist or special educator for early discovering.

The current study results revealed that, the attitude of the teachers toward integrating conduct disorder children is negative related to integration in their regular class as (75%) holding the unfavorable attitudes and only 25% moderately favorable attitude. Similarly, Kavitha (2015) in her quasi-experimental study (30%) had unfavorable

attitude, (63.33%) had moderately favorable attitude, and only (6.67%) had favorable attitude. The current study showed that, the negative attitude hold by the teachers because of their poor knowledge, which is the biggest challenges for them when they deal with the child as aggressive, stubborn or impolite behavior. Consequently, they think that the child is against them with no reason, so they attend to punishing instead of trying to understand what is wrong with them.

Additionally, the current study shown that a lot of challenges facing studied respondents which are students' compatible behaviors, intervention complexity, accepting children, limited time of educational sessions during the teaching day, they don't have sufficient knowledge as well as shortage of teachers' number, decrease the conduct behavior change rate, limited facilities and resources. The higher challenge facing teachers was students' compatible behaviors and intervention complexity with equal distribute. The lower challenge facing teachers was increase student number. (Kazdin, 1990; McMahon and Wells, 1999)

Challenges that facing teachers from conduct disorder children are they ignore instruction from teacher, disrupt school activities, and destroyed school property, which will effect on teachers and their peers. On the other hand, parents facing different challenges when they have conduct disorder child. As those children put their parents in adversarial position with social agencies such as social welfare, schools, and mental health.

As regard to the correlation between respondents' demographic background and their knowledge and attitude, there was no significant correlation except with the teaching experience variables as it has a positive correlation with attitude so, the more the teaching experiences the more the favorable attitudes of the teachers toward integrating students in their regular classes. In the same vein, Naganandini (2019) in his cross-sectional study reported that, there is no significant association between their knowledge and socio demographic variables. While, Kavitha (2015) in her study reported the significant association between demographic data, knowledge and attitude in experimental group posttest compared with the significant association with classes handling level in their pretest. Nonetheless, in control group there is no significant association between demographic background and their knowledge and attitude. Educational program was proved its effectiveness to increase knowledge which affecting the attitudes of the respondents. In the same line, the current study reported the significant association between knowledgeable participants and their favorable attitudes so, the more the knowledge the more the favorable attitudes of the respondents. Likewise, Kavitha, et al (2016) reported that, there was a high correlation between knowledge and attitude in experimental group in post assessment.

As regard to the demographic background and challenges faced by teachers, the results showed that there was no significant association between teachers' challenges they faced with CD children and their knowledge and attitudes scale at $P \geq 0.05$. To the best of our knowledge a very little research number was conducted in this area therefore, this study added these challenges and highlighted it to be discussed and solved as an important and prior action plan to improve teachers' knowledge and attitudes toward integrating conduct disorders children within their classless.

Limitations

This study was limited by two different factors. First, the study sample size was little bit small as it wasn't

covering all schools in Jeddah due to limitation of the time of data collection, no finance for the study and the participation of schools and teachers was optional. This rendered many schools and teachers not taking part in the study.

V. CONCLUSION

The educational policy in Saudi Arabia has taken serious actions toward the inclusion of disabled students in mainstream schools. Nonetheless, the readiness of the educational system for inclusion has been in question. The aim of the current study was to assess the knowledge and attitude of general education elementary school teachers toward inclusion of children with conduct disorders in their regular classes. The findings of this study concluded that the teachers had poor knowledge and negative attitude regarding conduct disorders children inclusion in general educational school. In addition to, there are different challenges, which was reported by the teachers in dealing with conduct disorders children in their regular classrooms.

These challenges are students' compatible behaviors and intervention complexity, accepting children, limited time of educational session during the teaching day; inadequate knowledge, shortage of teachers' number, decrease the conduct behavior change rate and limited facilities and resources.

However, there is no correlation between the demographic and knowledge and attitude, and between the challenges and knowledge and attitude. Nevertheless, there are positive correlation between the knowledge and attitude. Therefore, the more the knowledge the teachers have the more the positive attitudes toward the idea of inclusion of conduct disordered children. While demographic background of the participants did not affect their knowledge or attitudes, except for teaching experiences and attitudes at $p \geq 0.05$. Therefore, the more the teachers' experiences the more the favorable teachers' attitudes toward the inclusion of conduct disorders in their regular classes.

RECOMMENDATIONS

Based on the findings of the current study the following recommendations will be as following:

- Integrating conduct disorders training programs into educational curricula either in special or general education, with regular reinforcement through in-service training.
- Ministry of Art and education needs to take a more proactive approach by designing and conducting Specialized In-service training courses for primary school teachers in order to increase recognition and awareness of these very risky disorders.
- Future research should be directed toward conducting similar study with large sample size with including families to provide more information about these important parities that influence the successfulness of inclusion.
- A furtherance of this study could also explore the impact of a training program in the area of inclusion on the knowledge and attitudes of teachers toward inclusion. Such study could invite teachers to enroll in an in-service program that provides teachers with skills they need to work with conduct disorders students in

mainstream schools.

- Ministry of art and education should support the idea of presence of physician or psychologist at every school for easily discovering for children with any psychiatric or mental problem.

Conflict of Interest Notification Page

'The author(s) declare that they have no competing interests or conflict '. And study has no sponsor(s), either financially or in supporting the writing of study design; the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the report for publication.

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