

**PERCEPTION REGARDING CHALLENGING BEHAVIOR
AMONG CHILDREN WITH DOWN SYNDROME**

By

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**SPECIAL EDUCATION TEACHERS' PERCEPTION
REGARDING CHALLENGING BEHAVIOR AMONG CHILDREN
WITH DOWN SYNDROME**

A research presented to the
Bangladesh Health Professions Institute
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APPROVAL

We the under signed certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled-

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Declaration

I am **Hazera Khatun Mim**; declare that the work presented here is my own. All sources used have been cited correctly. Any mistakes or inaccuracies are my own. I also want to make sure that any single discussion of the study will not be harmful to participants.

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Dedication

Dedicated to my.....

Beloved Parents & Sister

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ABBREVIATIONS

BHPI: Bangladesh Health Professions Institute

CB: Challenging Behavior

CRP: Centre for the Rehabilitation of the Paralysed

DS: Down Syndrome

SLT: Speech & Language Therapy

ABSTRACT

Title: “SPECIAL EDUCATION TEACHERS’ PERCEPTION REGARDING CHALLENGING BEHAVIOR AMONG CHILDREN WITH DOWN SYNDROME”.

The main objective of the study is to find out special education teacher’s perception regarding challenging behavior of children with Down syndrome.

The study is based on a phenomenological qualitative research design paradigm. More than 2 years experienced teachers’ were the participants in this study. In this study 10 samples were selected using a purposive (non-probability) sampling technique in accordance with the inclusion and exclusion criteria. Face-to-face, semi structured open-ended interviews were conducted with transcripts and electronic voice recordings taken for further analysis. Content analysis specifically focused on keywords and themes was used to initially summary the data for later analysis.

The results indicated that a significant majority of teachers’ did not have an understanding of challenging behavior’s although they mentioned some initiative which they have taken for handling the children with down syndrome with challenging behavior. No teachers in the study were able to describe and provide names of more complex and long-term initiatives commonly used to manage challenging behaviors. All participant believe that behavior is a form of communication and those children were often trying to communicate a message through their behaviors. 8 out of 10 participants had taken part in training. The training was on communication basically. Some short term training they have done on SLT also. 2 participant didn’t take part in the training. But very few people had concept about Speech and Language Therapy but not so clear.

The results indicate that further training of teachers’ is necessary in the areas understanding challenging behaviors. The study also highlights the need for Speech and Language Therapy to promote their services and develop an understanding on SLT. SLT can help them by enriching their knowledge on initiatives taken for CB and also gather more specific knowledge about DS

Keywords: *Challenging Behavior, Initiatives, Down syndrome, SLT*

1.1 Introduction

In whole world disability is most common issue and in Bangladesh the child disability rate is 18% (Multiple Indicator Cluster Survey, Bangladesh 2006). Down syndrome is one of the area of child disability. According to Anneren and Edman (1993) it is the most common postnatally viable human autosomal chromosomal abnormality, the reason of these syndrome is trisomy for Chromosome 21, the long arm of chromosome 21 of the distal segment is required in the pathogenesis of DS. To find out the “DS responsible” genes the distal segment of long arm made today it is declare that 10 to 20 genes might be responsible for DS phenotype. Several evidence proves that DS is a gene dosage disease. So that it can be said that DS is overproduction of certain proteins, which is encoded by normal genes on the extra chromosome, distorts the delicate balance of some biochemical pathways essential for proper functioning and development of the organs affected in DS. Palo and savolainen (1973) states that in DS there is a deficiency of specific myelin basic protein. According to Cichon, Crawford & Grimm, (1998) due to alteration of the sub gingival flora were major cause of periodontal disease in persons with DS these changes happen in the immunological response. Approximately 1 in 650 to 1 in 700 is affected with Down syndrome. (Gates, 2003). Challenging behavior is one of the most common area in Children with DS they have some behavioral problem Anxiety, socialization, attention deficit/ hyperactive disorder, self-injurious behavior, stereotype behavior etc. And this problems hamper their day to day life (Batshaw, 1997). Children with DS faces congenital heart disease, mental retardation, behavior problems, respiratory problems (Bleile, 2004). Mondol et al, (2016) reported that according to the estimate in Bangladesh Protibondhi foundation and society for the welfare of the Intellectual disability from august 2014 to march 2015 the age range of disabled children’s mother were between 30 and 39 and most of the time they were their first baby from 155 participant 27% had autism and 72.9% had other disability like Down syndrome, cerebral palsy and intellectual disability. Down syndrome is one of the most common birth defects in the US with approximately 6000 births annually, resulting in an estimated birth prevalence of 14 per 10 000 live births. Very little is known about the actual prevalence of Down syndrome, National population based prevalence reported that estimate is based on collected data from birth

defect surveillance in the US and they first published it in 2006 and currently are based on approximately one third of US births. The National Down syndrome society and right diagnosis.com report that the prevalence of Down syndrome person are 400,000 and 340,000, and the estimate is based on birth prevalence. In 2002 shin et al estimate prevalence of Down syndrome of 10.3 per 10,000 person. Age range is 0-19 aged. In 2003 Atlana's birth defect surveillance system also estimate a prevalence of 8.3 per 10,000, age range is 0-19 aged. (Presson et al., 2013). A study done in UK reported that 1188 pregnancies was affected by DS, 389 termination was occur for Down syndrome, 51 still birth babies with DS. And 748 live birth with DS. In 1985-1994 a live birth prevalence was decreased and it started to increase within 1995- 2004 with overall no change. This proportion had increased over 20 years from 1.3 to 2.5 per 1000 total births. (Irving, Basu, Richmond, Burn, & Wren, 2008). According to prevalence of Netherland and upward trend throughout 11 per 10000 births in the early 1990 to 14 per 10000 birth with DS nowadays (Graff et al, 2011). Morris & Alberman (2009) cited in Graff et al, (2011) from 1989- 2008 in England and Wales the NDSCR ascertained that at least 93% of all diagnosis with DS. Without screening test for DS live prevalence would have increased from around 14 per 10000 live births to around 20 per 10000 live birth. Collins et al, (2008) cited in Graff et al, (2011) in Victoria (Australia) in combining the prenatal Diagnoses Database(PDD) and the Victorian Birth Defects Register(VBDR) DS and live birth prevalence from 1986 to 2004, in the first decade of 1986 live birth was 15 per 10000, in 1996 8 per 10000. Bittles et al, (2007) cited in Graff et al, (2011) overall Down syndrome prevalence (live births, stillbirths and termination of pregnancy) in 1980 11 per 10000 live birth, 29 per 10000 live births in 1980, in 2004 22 per 10000 these prevalence data was taken from West Australian Birth Defects data. Tui et al, (2007) cited in Graff et al, (2011) state that according to national perinatal Information system of Slovenia from 1992 to 2005 in the absence of prenatal service there is an increased number of prevalence of live birth DS. (13 per 10 000 live births and after increasing 15 per 10 000 live births.) Though according to the European Registration of Congenital Anomalies (EUROCAT) in reality live birth prevalence fell throughout 12 per 10000 live births to around 8 per 10000. Shin et al, (2009) cited in Graff et al, (2011) in USA live birth with down syndrome increased 1979 9 per 10000 to around 12 per 10000 in 2003.

This research study investigates what teachers understand within regards to challenging behavior and for children with Down syndrome. The research examines the perceptions

of teachers toward challenging behaviors, strategies teachers use to manage these behaviors and the support that they may need in order to improve and increase their knowledge of challenging behaviors.

1.2 Literature review

Down syndrome is a sort of mental hindrance brought about by additional hereditary material in chromosome 21. This can be because of a procedure called nondisjunction, in which hereditary materials neglect to isolate amid an urgent part of the development of gametes, bringing about an additional chromosome (called trisomy 21). The reason for nondisjunction isn't known, in spite of the fact that it connects with a women's age reference. The extra material present impacts improvement and results in the state known as Down syndrome. Each year approximately 3000 to 5000 children born with this chromosome disorder and the estimated incidence of Down syndrome is between 1 in 1,000 to 1 in 1,100 live births worldwide, it's also believed that there are about 250,000 families in the United States of America who are affected by Down syndrome (World Health Organization, 2018). There are some medical complication which are congenital such as heart disease, sensory impairment, endocrine abnormalities, dental problem, gastrointestinal malformations, and neurodevelopmental and behavior impairments behavior problems which are present in DS child is ADHD(6%), conduct/oppositional disorder (5%), aggressive behavior (2%), eating disorders (1%), elimination difficulties (2%), stereotypic behavior(3%), self-injurious behavior(1%) (Batshaw, 1997).Some Investigators found that 31% of the children with Down's syndrome and 29% of controls were judged to be well adjusted where a percentage found that 38% of the down syndrome children and 49% of the controls had significant behavior disorders, the deviant behaviors markedly more often in both sets of mentally retarded children than in their siblings next in age. The conducted disorders were more frequent in children with Down syndrome they noted that. (Pueschel, Bernier & Pezzullo, 1991). In accordance to the United Nations Human Rights, Convention on the Rights of Persons With Disabilities (2014) an optional protocol persons with disabilities should have Access to an inclusive, quality and free primary education and secondary education on An equal basis with others in the communities in which they live. According to the Millennium Development Goals Report (2013), every child has a right to education. Regardless of the behavioral problems to have equal access to education. (Cook, 2001; Cook et al, 2007; Hastings& Oakford, 2003; Shapiro et al, 1999) cited in (MacFarlane & Woolfson, 2013) that the consideration of kids with social, emotional and challenging behavior has reliably been accounted for as an especially risky for instructors, and is joined with negative educating perspective, (Simpson, 2005) cited in

in (MacFarlane & Woolfson, 2013) also state that These are children whose learning in the classroom is imperiled by complicated and long period challenges in dealing with their behavior, feelings and relationship Walker and Whitaker (2004) cited in Dhaliwal (2013) suggest that teachers should be prepared, think, and change their Perceptions according to better understand the cause of challenging Behaviors. This study focuses on the understanding teachers have of challenging behavior and its managing strategies. Walker et al, (2004) cited in Dhaliwal (2013) refer to challenging behaviour as 'antisocial behaviour' which may go from antagonistic vibe or animosity to minor irritating disobedience. Research embraced in Australia about expert frames of mind toward mix instruction has given a scope of data here. Studies embraced somewhere in the range of 1985 and 1989 secured the mentalities of head teachers (Center,Ward, Parmenter and Nash,1985),teachers (Focus and Ward, 1987), psychologist (Center and Ward, 1989) and pre-school overseers (Bochner and Pieterse, 1989) and showed that proficient gatherings change extensively in their perceptions of which sorts of kids are in all probability to be effectively incorporated. (Summery information from these thinks about were exhibited by Ward, Center& Bochner, 1994) These investigations recommended that frames of mind towards mix were firmly affected by the idea of the inabilities as well as instructive issues being exhibited and, to a lesser degree, by the expert foundation of the respondents. The most eager gathering were those in charge of pre-school arrangement and the most wary gathering were the classroom educators, with heads, asset instructors and psychologists in the middle. The analysts presumed that there was no proof of an agreement for an absolute a consideration or 'zero reject a way to deal with unique instructive arrangement. (Avramidis, Bayliss, & Burden, 2000). Weinstein (2002) cited in Dhaliwal (2013) that most students react positively to an efficient classroom driven by an eager instructor who will comprehend their students and be adaptable in their methodology. (MacFarlane & Woolfson, 2013) has conducted a research with General classroom teachers in standard schools from a convenience sample. 283 were distributed and 92 were filled up. After overall study the present investigation utilized TPB to look at educators' dispositions and conduct toward kids with SEBD. It was discovered that instructors who held increasingly positive convictions and more elevated amounts of apparent conduct control (showing self-adequacy) had a more elevated amount of social expectation to take part in comprehensive practices in working with kids with SEBD. Dhaliwal (2013) also state that Instructors who demonstrate a genuine enthusiasm for students and what they

realize and do are bound to build strong positive associations with their students and therefore are better ready to oversee testing practices in their classrooms. So far the examination is appearing that educators who have solid positive associations with their students are better ready to oversee Challenging behavior. Wilczenski's study (1991) indicated that when all is said in done, instruction understudies support the possibility of combination and will educate in customary classes those students whose handicaps don't restrain their own learning or the learning of others. According to (Engelbrecht, Swart, & Eloff, 2001). So as to distinguish and investigate the pressure and adapting techniques of the educator's qualitative research was picked. In the attention on DS five educators in the Western Cape region and five educators in the Gauteng territory of South Africa who each have a student with DS in their standard classes were distinguished. The 10 educators were all female with ages extending from 26 to 56 besides. They had between 12 to 38 years of showing knowledge however for seven of them it was a first involvement with a student with DS in a comprehensive classroom. Just three of the instructors had any formal preparing in managing students with special needs. The instructors showed lacking pre-benefit and in-benefit preparing seeing DS as a fundamental stressor. This came about that in pretty much every occasion educators detailed that they were most certainly not continuously ready to meet the instructive and social needs of the student with Down's disorder and that they thought that it was hard to deal with their classroom as a rule. Many instructors demonstrated the student's willfulness as a stressor. According to Knott, Lewis, & Williams, (1995) the example was made out of 15 kin dyads in which one had autism and the other was formatively ordinary, and 15 dyads in which one had DS and the other was developmentally typical. IQ data were accessible for 60% of the example. The mean scores were 53.5 for the kids with autism (extend 28.4-88.7) and 62.7 for those with Down's syndrome (run 40.5-81). Ten kids with autism and six with DS were from two kid families. Where there were multiple kids in the family. The mean age of the kids with autism was 6 years (extend 3; 10-9; 0), their kin 6.6' (territory 1; 11-12; 5). The mean age of kids with DS was 5;2 (territory 1;7-9;11) and that of their kin was 5;7 (territory 1;2-11;2). The measure of time the kids spend together at home, as recorded by the mothers in the time spending outlines, was communicated as a level of the time accessible. A restricted ANOVA was led after such relative information were changed utilizing the arcsine formula. Children with DS spent more time (58%) than children with Autism (28%).

children with Autism reacted less every now and again to one another's introductions and imitated each other less regularly than children with DS.

1.3 Significance of the study

Challenging behavior, speech and communication difficulties. Challenging behavior is a term of behavior which means abnormal behavior like anxiety, aggressive out bursts, self-injury including ingesting or inhaling foreign bodies , property destruction and socially inappropriate behavior it hamper physical and the daily life of a person.

Speech and language therapist works to maintain challenging behavior and other speech and communication problem of Down syndrome. Special school teachers' are not very conscious about special education system. In Bangladesh there are many special need school where teachers work directly with children with DS and thus they manage behavior problems on a daily basis. The purpose of this research is to investigate the perception of some teachers within regards to challenging behavior and management initiatives what they take. It is important to find out the proficiency, experiences about challenging behavior and managing way of those teachers who are working with the child with DS because if the study identifies that teachers are not properly skilled or trained, it identifies a significant issue in the "special education" sector and indicates that there would be need for proper training in the area of identifying and managing challenging behaviors. Only teachers, who shows real concern for their students and understand the cause of their behaviors, and able to build a strong positive relationship with their students and subsequently allowing them to better manage their classrooms. It need to determine what areas and roles SLTs have in educate and train the teachers in understanding the underlying communicative intent behind challenging behaviors. This will be done through the analysis of response from the questionnaire.

SLT profession as a whole on how schools firstly perceive the profession and finally recognize whether they are informed enough to recognize that SLTs play a role in managing challenging behaviors and also working with children with DS. This will also for better future planning of health promotion activities but also more generally promote and inform the greater community on the role of SLT profession.

1.4 Operational Definition

1.4.1 Children with Down syndrome

DS is a congenital condition characterized especially by developmental delays, usually mild to moderate impairment in cognitive functioning, short stature, upward slanting eyes, and a flattened nasal bridge, broad hands with short fingers, decreased muscle tone, and by trisomy of the human chromosome numbered 21 — called also trisomy 21 (World Health Organization, 2018). In these study investigator noted that who have different types of communication difficulties as well as challenging behaviors such as: shouting, biting etc and those who were studied at Ramna Buddhi Protibondhi Biddalay, Tauri Foundation and SWID Laboratory School

1.4.2 Challenging Behavior

Emerson (2001) defined the challenging behavior as “behavior of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behavior which is likely to seriously limit and the use of ordinary facilities”. These behaviors typically manifest due to the child’s inability to effectively communicate their concerns, feelings and needs. In this research challenging behavior is an abnormal behavior like – hitting, biting, and shouting, throwing, and pinching which is unacceptable in society and harmful for others. And children with Down syndrome with challenging behavior are focused in this research.

1.4.3 Perception

According to Dev (2003), perception is a process by which individual interpret and organize their sensory thought so that they can give meaning to their experience of word around us and involves both the acceptance of ecological stimulus and action in response to these stimulus. In this research investigator used the word “perception” as interpretation of teachers understanding about challenging behavior

1.4.6 Special Education teachers’

In this research Special education refers to a range of educational and social services provided by the public school system and other educational institutions to individuals with disabilities who are between three and 21 years of age. (Gargiulo. 2010).Special Education teachers’ means who teaches special child (children with Down syndrome)

at from Ramna Buddhi Protibondhi biddalay. SWID Laboratory School, and Tauri foundation. All of the teachers are up to 30 years and they have educational qualification on special education and they also have training on special education.

1.5 Aim and objectives of the Study

Aim

The main objective of the study is to find out special education teacher's perception regarding challenging behavior of children with Down syndrome.

Objectives

- To find out teachers understanding about challenging behavior
- To find out what initiative they take for managing challenging behavior
- To determine what kind of training SLT should provide to train them.

This section outlines the methodological process of the study designed by the investigator to meet the study aim and objectives. The aim was to investigate special education teacher's perception regarding challenging behavior of children with Down syndrome. This chapter discusses the methodology behind this study.

2.1 Study Design

This study was conducted to evaluate special education teachers' perception regarding challenging behavior of children with Down syndrome. To do this, a qualitative design was selected, because it is exploratory by nature and allows the researcher the opportunity to gain insights into another person's view, opinions, feelings and beliefs on the topic at hand (Depoy & Gitlin, 1998). Qualitative research was utilized for this research as it allow for more naturalistic responses (Hicks, 1999) and phenomenological design was selected as it is the best approach that explores people's experiences (Depoy & Gitlin, 1998). This design was used to find out in-depth information. After looking into a variety of different methods (such as- ethnography, grounded theory, historical, case study) researches, decided that the use of phenomenological design to be most appropriate for this study to find out special education teacher's perception regarding challenging behavior of children with down syndrome. So this design was best for the study.

2.2 Study Place

This study was conducted from 'Ramna Buddhi Protibondhi Biddalay', 'SWID Laboratory School' in Iskaton road, and 'Tauri Foundation' in Lalmatia, Mohammadpur all schools are situated in Dhaka. It was easy to take sample from these school. So the investigator selected these place.

2.3 Sampling

2.3.1 Study Population and Participants

According to Depoy & Gitlin (1998) Population can be defined as a type of persons, elements or both which share common characteristics that are defined by the investigator. In this study population was teachers of children with Down syndrome in Dhaka city. Three special school were selected.

2.3.2 Sample Size

Sample can be defined as subgroup of population which take parts in or is included in the study (Depoy & Gitlin (1998).

Sample size can suggest even if the experiment or survey is likely to be worthwhile. Sample size helps to decide how many people will be included as a participant in the study (Goyal, 2013).

There is no standard formula that was used to select the number of participants in a sample. It depends only on the characteristics of the study (Hicks, 1999). According to Depoy & Gitlin (1998) 10 participants is sufficient in propelling a representative sample for such a study. The researcher however interviewed 10 participants for this study. These participants were selected due to availability of participants.

2.3.3 Sampling Procedure

According to Frankel & Wallen (2000) qualitative research most often uses purposive sampling rather than random sampling strategies. Purposive sampling was used for this study because it is based on a pre-defined criterion. As a result samples were selected by considering a pre-defined inclusion criterion. Purposive sampling strategies were designed to enhance understanding of selected individual's or group's experiences or for developing theories and concepts. By using this method the investigator was able to conduct the research more efficiently as the researcher was able to access a smaller and more accessible number of participants (Bowling, 1998).

2.4 Sample Selection

- According to the inclusion and exclusion criteria sample was selected.

2.4.1 Inclusion Criteria

- Teachers who worked directly with children with DS in Dhaka city.

2.4.2 Exclusion Criteria

- Teacher's with less than 2 years of experience working with children with DS.
- Unwilling, unmotivated participants.

2.5 Data Collection tools

A semi structured open-ended questionnaire was used to collect data for this study, to determine special education teachers' perception regarding challenging behavior of children with Down syndrome, The interview was conducted in Bangla to make it easier for all participants to understand but also allowed them to respond more freely as English was not their first language. Answers was conducted through papers, recorder, pen, clip board, questionnaires and consent forms.

2.6 Data Collection Procedure

Interviews were conducted in calm and quite places where participants were comfortable and felt relaxed enough to give honest answer and consent forms were signed prior to the survey starting. According to Bailey (1997) interviews conducted face-to-face are more intimate, allowing the interviewer to interact directly and develop rapport with the interviewee which helped to put them at ease, face-to-face may encourage more candid responses. The disadvantage however face- to-face interview has the requirement of certain amount of effort to set up the interview and the logistics of time and locations. Semi structured questionnaires were used because it allowed the researcher to stay on topic and ensure consistency in understanding of questionnaires by participants. Interview was conducted in Bangla so that participants could express their opinion easily and it took 30-45 minutes for each interview. Participant's answer and responses were written on paper.

2.7 Data Analysis

Content analysis was used to uncover themes for the study and is a common data analysis procedure most often used in qualitative research and is based on searching for repeated words, phrases or concepts (Bailey, 1997). Before content analysis took place English translations were made from the Bangla transcriptions and checked. Further checked for reliability and any bias data was organized according to interview questions by two external reviewers. The next stage involved identifying information units. Information units were categorized into themes in relation to the participant's perception about challenging behavior and their knowledge of behavior management strategies. In the second stage of data analysis, data was coded into broad categories as dictated by the research question. Then each categories separately coded into a themes and each commence of the participants were included in categories. Finally analyzing of the interview data by categorizing and themes researcher completed the data analysis.

2.8 Ethical Consideration

The research proposal was submitted to the ethics committee at BHPI which was returned with no concerns. Written approval was sought and given by the research supervisors, course-coordinator from the Department of Speech and Language Therapy at the Bangladesh Health Professions Institute (BHPI). Prior to the interview consent forms were used. Participants were also verbally informed in Bangla about the title, aim purpose, significance and procedure of the study. Participants were also informed that their information will be published but their name and address would remain anonymous. The participants were also informed that they are not bound to complete the interview if they feel uncomfortable to answer the question were in any way causing distress or harm.

3.1 Definition and understanding about challenging behavior from the teachers

From the results of the study it appears that the majority of the participants in these study were able to provide definition of challenging behavior but none were able to clearly state what is considered to be challenging behavior. Above all result shows that participants (1, 3, 4, 5, 6, 7, 9 and 10) had the similar kind of experience they stated that “when a child does not behave according to the age generally we call it challenging behavior”

Above mentioned participants, P2 and P8 answered quite different. Both of them had similar answer. Participant 2 stated that *“if a child behavior is dangerous for his/ her own or others, these type of behavior is challenging behavior* and P8 stated that challenging behavior means *“Biting, scratching, being uncomfortable at the time of studying, looking outside of the window, during tiffin and music suddenly cry with no reason”*.

Theme 1 The definition and understanding about challenging behavior from the teachers were when a child’s inappropriate behave according to age, and shouting, biting, scratching, unnecessarily crying, splitting, self-injure is challenging behavior.

3.2 Teachers’ opinion Regarding the reason and time of showing challenging behavior of children with DS

This category would concern with teachers opinion regarding the reason and time of showing behavior of children with DS. For these question some participants had given multiple answer. Among them participants (1, 2, 8, and 10) had given multiple answer. Participants (3, 4, 6, 7, 8, 9, 10) had similar answer their statement was “The intelligence or understanding is poor than normal child so that they show challenging behavior”.

Participant (1, 2, and 5) had similar answer. They stated that *“Birth defect, convulsion, caused by high fever, typhoid, and lack of iodine which affect the brain and these*

may be the fact for showing challenging behavior after growing up of a children with DS”

P1 had one different answer than all participants and the statement was *“When they don’t get anything according to their desire they show Challenging behavior”*

P2 and P10 stated that *“when they can’t express their need they show challenging behaviors”*

There is also a statement given by P2 and P8 that *“when they can’t cope up with new environment they show challenging behavior”*

Theme 2 The opinion of teachers’ Regarding reason and time behind showing challenging behavior of children with DS because their understanding does not develop according to their age, when they can’t cope up with new environment, can’t express their need, can’t get anything according to their desire, and because of Birth defect, convulsion, caused by high fever, typhoid, lack of iodine which affect the brain.

3.3 Teachers’ opinion on the basis of parents- teachers’ discussion

In these table we can see that for the mentioned question participants has given multiple answer. Among them P2 and P8 had given multiple answer. Participant (1, 2, 8 and 10) give different answer than others they stated that *“In home children don’t want to follow parents command”*. Participant (5, 8 and 9) commented that *“During parents meeting some parent’s say that their child like to stay alone, like to stay their own world”*. According to P2 and P7 children also shows aggressive behavior at home. Their statement was *“sometime child started to throw objects, being stubborn, hurt others, shout and started to cry”*

P3, P4 and P6 had given totally different answer than others they stated that *“Some parents say that their child behave differently at home and outside, they remain normal when they are in home or in any conversant ambiances”*.

Theme 3 Teachers’ opinion on the basis of ‘parents- teachers’ discussion’ is children like to stay their own world, don’t want to follow any command, shows aggressive behavior and behave different at home or any conversant environment and outside.

3.4 Problems faced by teachers' during dealing with children with DS with CB

From the results of the study it appears that participant (1, 2, 3, 4, 5, 6, 7 and 9) had given similar answer they stated that *“we can't complete the activities according to routine because of uncontrolled behavior. There are some child who are shy, behave abnormally and working with them according to routine is too tough”*. P2 and P3 gave multiple answers. P2, P3 and P8 stated that *“sometime physical wound had to be gotten by them like biting, hitting, scratching and more”*. P10 had different answer than others she stated that *“when I have to teach them I have to discuss a topic repeatedly”*.

Theme 4 teachers' have to be physically hurt by them, need to discuss a topic repeatedly and they also can't complete daily task and activities according to daily routine.

3.5 Initiatives taken by teachers' to handle the children with DS during challenging behavior.

Most of the participant accept P2 and P3 stated that as *“an initiative to handle those children we encourage them by giving their favorite task to do”*. P2, P3 and P8 stated that *“In spite of their mistake and CB we give them sticker, good mark, draw star, sing song as a reinforcement and these initiative helps to lessen uncontrolled behavior”*

Theme 5 By encouraging them and reinforcing them teachers handle the children with DS during challenging behavior.

3.6 Teachers' confidence level on dealing with challenging behaviors of children with Down syndrome

From the result of the study we can see that all the participants have similar answer they stated that *“we work with them more than 9 years so we are 90% to 100% confident to work with them”*.

Theme 6 Teachers' has 90% to 100% confidence level on dealing with challenging behaviors of children with Down syndrome.

3.7 Effectiveness of an initiative on children with DS for handling CB

In these study most of the participants find out the effectiveness outcome by observing, Participant (2, 4, 5, 6, 7 and 9) commented that *“if I see any changes in their behavior like they become calm, friendly than before, talk to others and also they become attentive than before on their work”*. P10 stated that *“ by pictures, flashcards etc. which they like, we give them flash cards while playing and tell them to find out this or that and this trick work on them they learn at least 5 out of 10 item, alphabet or number it's a very effective trick ”*.

Participant (1, 3 and 8) claim that *“after implementing an initiative we can understand the effectiveness when we see they are completing their home task”*

Theme 7 By observing and seeing any changes in behavior, speaking and working; finding alphabets, numbers etc. accurately and when they complete their home task properly.

3.8 Professionals who may be able to assist those (teachers) in understanding challenging behaviors better and does anyone work in their organization?

From the result of the study it appears that only P2 had different answer than other participants P2 stated that *“In our institute there have OT and SLT they can assist me in understanding challenging behavior better”*. Participant (1, 2, 3, 5, 8, 9, and 10) had given multiple answer. Participant (1, 3, 4, 5, 7, 8, 9 and 10) stated that that *“In our institute there is a psychologist can assist me in understanding challenging behavior better”*.

Participant (1, 3, 5, 6, 8, 9 and 10) stated that that *“Doctors can assist me in understanding challenging behavior better”*.

Participant (1, 2, 8 and 9) stated that that *“trainer, director of institute also can assist me in understanding challenging behavior better”*.

Theme 8 Doctors, OT, SLT psychologist, trainer and others can assist teachers in understanding challenging behavior better.

3.9 If communication is affected by behavior problem or not

According to this table we can see that all participant stated that “Communication is obviously affected by behavior problem”

Theme 9 Behavior problem affect communication.

3.10 Teachers’ understanding about Speech and Language Therapy

From the result of the study it appears that most of the participants in the study were able to provide examples of Speech and Language therapy but none were able to clearly state what is considered to be Speech and Language therapy. 5 out of 10 noted that *“it’s a treatment for them who have problem in speaking, communication, voice and swallowing difficulty”*.

P1 had no idea about SLT his statement was *“I don’t know, unfortunately I’ve no knowledge about SLT”*. P4 and P5 had different answer than all of the participants they noted that *Speech and Language therapy is a kind of technique by which child’s communication and language is improved by some exercise and in these technique medicines are not provided*. “P3 stated that *“SLT is a treatment for dumbs and stutter patients, aged and child anyone can get the treatment according to individuals need”*.

P2 and P10 commented that *“SLT is a training for speaking, produce meaningful sound”*

Theme 10 according to teachers understanding Speech and Language Therapy technique and Treatment for Communication, Speaking, voice, swallowing, stammering, and dumbs. It’s also a training for speaking, produce meaningful sound.

3.11 Teachers took training on speech & language therapy/communication or not

And time duration of training

8 out of 10 participant had stated that *“I have attended training on speech & language therapy/communication for 7 days where foreigner trained them regarding these”* P3 and P10 had taken another training on communication P3 had taken for 1year and P10 had taken 15 days.

P1 and P2 stated that *“because of some personal issue I didn’t attend the training.”*

Theme 11 Teachers had taken training on SLT and Communication for few days.

3.12 SLT can help teachers or not regarding handling challenging behavior

According to All participant SLT can obviously help them. They stated that *“Child shows CB when we don’t understand their needs. If it is possible to improve their communication using Speech and language therapy, then I think the solution would be easy. Therapist can help us in this procedure”.*

Theme 12 SLT can help teachers by improve child’s communication which can reduce challenging behavior

The findings of the study have been discussed in this chapter. The aim of the study is to find out special education teachers' perception regarding challenging behavior of children with Down syndrome. The objective were to investigate teachers' understanding about challenging behavior. To investigate what initiatives they take for managing challenging behavior and to investigate what kind of training SLT should provide to train them. In this research the numbers of participants were 10 and to the 13 questions were asked. And most of the teachers are almost 9 to 12 year experienced. 7 participants were female and 3 participant were male. From the answers given by the teachers were categorized in 12 categories. Answer of Questions no 2 and 3 are quite similar so that it analyzed together.

In the first theme most of the teachers stated that when a child behave inappropriate according to age. It's called challenging behavior. 8 out of 10 teachers stated that when a child behave inappropriate according to age. Then it's called challenging behavior. Only 2 participant tried to define challenging behavior. 1st participant stating that challenging behavior is behavior that hurts either the child or others surrounding the child and the 2nd participant continue to explain that it is also behavior that is unacceptable in society and behaviors that make other feel afraid shouting, biting, scratching, unnecessarily crying, splitting, self-injure is also challenging behavior. It is clear from the responses that the majority teachers are not able to define challenging behavior and that between the participants there is not a general consensus of what is considered to be challenging behavior. In (Westling, 2010) study some teachers stated that Intense behaviors that present physical, instructional, or social worries to the instructor. These (general definition) behaviors disturb learning, are unsafe to the understudy or others, because physical pain, cause property harm, or truly upset the teaching– learning process. Challenging behaviors are shown much of the time by a student and are hard to oversee. The list of examples that the participants provided were definitely examples of unacceptable behavior, however only 1 participant managed to attempt to define “challenging behavior” and the fact that is considered to be behavior that threatens the quality of life and/or physical safety of an individual or others” (Emerson, 1995).

In the second theme investigator found teachers' opinion regarding reason and time behind showing challenging behavior of children with DS accept some participants all had given different and multiple answer. Most of the participants claim that as their understanding level is low so that they show challenging behavior. Some of them said diseases are responsible like birth defect, convulsion, typhoid, high fever etc. Besides when they does not get anything according to desire, can't express their need and unable to cope up with new environment they show challenging behavior. In a study (Chitiyo, 2014) found that participants think dis ability as a cause of behavior problem. Besides they also claim that school, classroom, home related factors are also cause of behavior problem.

In the third theme investigator had taken teachers' opinion on parents- teachers' discussion and it found that they do meeting but not frequently they also do home visit sometime. During discussion they found that at home child don't want to follow command of parents, shows aggressive behavior, prefer to stay their own world. They have change in their behavior at ho and outside.

In the fourth theme investigator had shown a table on teachers' face problem or not during handling children with DS with CB. And investigator found that they face. Many kind of problem they have to face like get hurt by them, daily activities remain incomplete, and teachers' need to discuss a topic repeatedly which is stressful.

Fifth theme showed result on the initiatives taken by teachers to handle the children with Down syndrome during CB. And it had been found that by applying two initiatives they try to handle them. By encouraging and reinforcing them they handle they handle children with DS during CB. As a encouragement they prefer to give them space, give them to do their favorite task and as a reinforcement teachers' give good mark, draw star etc. In (Westling, 2010) study investigator found that as an initiative they watch the students and take notes about the behavior to figure out what causes the behavior

To happen; they change their educational modules or instructing approach with a few students to attempt to progress their behavior.

In this study sixth theme is based on teachers' confidence level on dealing with challenging behavior and investigator found that as they are working with DS children since many years. They are 90% to 100% confident to deal them. In (Westling, 2010) study he found that they had satisfactory pre-service proficient preparing to manage

most challenging behavior. Since they have been teaching, they have expanded their capacity to manage most difficult challenging behavior.

Investigator showed in theme seven about their effectiveness of an initiative on children with DS for handling CB, it had been shown that by finding alphabets, numbers etc. accurately, if they (children with DS) show any positive changes in their behavior, speaking, working and started to complete their task. These are the effectiveness of their (teachers') initiatives.

In this study theme no 8 represent professionals who may be able to assist teachers in understanding CB. And according to participant Doctors, OT, SLT, Psychologist, trainer, and others can help them (teachers')

In ninth theme investigator represent if communication is affected by behavior problem or not and participants agreed that communication is affected by behavior problem. According to their statement when they can't communicate, they can't express their need they show challenging behavior so it can be said that communication is definitely affected by behavior problem.

Speech and Language Therapy is a very young profession in Bangladesh and very few people are aware of the different roles of SLT. According to American Speech-Language-Hearing Association. (2016) Speech and language therapy is a professional practice in the regions of communication and swallowing across the life span. Communication and swallowing are broad terms enveloping numerous aspects of capacity. Communication incorporates speech production and fluency, language, cognition, voice, resonance, and hearing. Swallowing incorporates all aspects of swallowing, including related feeding behaviors. Tenth theme is based on teachers understanding about Speech and Language Therapy and participants had very less idea about these profession. And they had never tried to know about these profession. One participant had no idea about SLT. And who had given opinion according to their statement Speech and Language Therapy is a Treatment or Training for Communication, Speaking, voice, swallowing, stammering, dumb. For speaking, produce meaningful. It's clear that they have no clear understanding about SLT

Eleventh theme represent if teachers had taken training or not on SLT and Communication. Almost all teachers' had taken training on SLT and Communication for 15 or 7 days. Only 2 teachers didn't participate in training. In these training they had known about SLT a little bit, most of the training was on communication where

they learnt how to manage special child. In a study investigator found participants had taken an area of training segment presents six topics, for example, principles of applied behavior analysis With Challenging Behaviors and functional behavior and one section titled other. Evaluations are made for each subject under Pre-service Preparation and In-Service Preparation sections (Westling, 2010).

In this study twelfth theme represents if SLT can help teachers' or not regarding handling challenging behavior. According to their statement SLT can help teachers regarding this as they give treatment patient with communication problem so that they can help. In question no 3.9 they answered that communication is affected by challenging behavior so their thinking is correct from their perspective.

5.1 Limitation

These is the first study on challenging behavior of children with DS. So there were some limitations and barriers during conducting the study. The researcher tried to use new resources for this study. However due to limited resources investigator face difficulty. The research was by teachers' of children with Down syndrome and it would first research project for her. There were some mistakes that unseen by the supervisor and teacher. The researcher may face some boundaries while conducting the study. During the study the researcher will try to reduce these restrictions with the help of supervisor. Time was limited that has a huge compact of shock on the study. Sufficient source and time could provide better knowledge and work. The sample size was very small because of time limitation. The interview schedule and interviewing skills were not enough to get in depth information from the participants, because it was the initial effort for the researcher. But overall try to recover by the help of supervisors.

5.2 Recommendation

Through conducting this research the researcher found the perception of special education teachers' regarding challenging behavior among children with Down syndrome. But following things should be done in future:

Teachers' need training regarding DS and challenging behavior prior to commencement of work at a special need schools. Workshops, seminars, conferences and health networks in order to help maintain and further develop the skills of teachers. Special need schools and schools who accept children with DS should be provide the necessary resources that allow for successful behavior management. If possible special need schools should employ therapists in an interdisciplinary team working together with teachers'. Teachers' need training about others compensatory knowledge to improve child's communication and behavior. Teachers should gather their successful records and share about initiatives through face to face meeting with child's parents. They should know properly Speech and Language Therapy and the role of SLT. SLT should promote their role among different special schools through working in that schools and aware of teachers' about DS.

The research gathered information about 10 teachers opinion who work children with Down syndrome, and their opinion conducted through semi structured questioner regarding the special education teachers' perception about challenging behavior among Children with DS. From the questioner some theme had come in the result which was discuss in the discussion. And the results indicate that further training of teachers' is needed in the areas understanding challenging behaviors. The study also highlights the need for Speech and Language Therapy to promote their services and develop an understanding on SLT. SLT can help them by enriching their knowledge on initiatives taken for CB and also gather more specific knowledge about DS.

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List of Annexure

Annexure- I

DEMOGRAPHIC INFORMATION

Teacher's Name:

Age:

Sex: Male/ Female

Educational Status:

Name of the School:

1. What do you know about challenging behavior?

.....

2. Why does the child show these challenging behavior? Give me your opinion please

.....

3. When does the child show these challenging behavior? What do you think? Please explain

.....

4. Have you ever discussed with child's parents how the child behaves at home? If yes, please explain your opinion according to parent's opinion.

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5. What problems do you face when dealing with these problems?

.....

6. What are the initiatives that you take to handle them during challenging behavior? Please explain your answer.

.....

7. How confident are you in dealing with challenging behaviors of child with Down syndrome? Please explain your answer

.....

8. How do you identify that it worked or the outcome is effective, after implementing an initiative? Explain your answer please.

.....

9. Do you know any other professionals who may be able to assist you in understanding challenging behaviors better? (Please list professionals if you know who may be able to help) and does anyone work in your organization? Tell me if anyone is there.

.....

10. Do you think behavior problem affects communication? Yes/no. please explain your answer

.....

11. What do you know about Speech and Language Therapy? Please explain your answer.

.....

12. Do you have any training problems related to speech and language therapy? If you have done it on the topic and how long it has been to tell the details of the training.

.....

13. Do you think Speech and Language Therapists can help you with managing challenging behaviors? (Yes/no) (Please explain your answer and describe how Speech and Language Therapists can help)

.....

Annexure- II

DEMOGRAPHIC INFORMATION

শিক্ষকের নামঃ

বয়সঃ

লিঙ্গঃ মহিলা/ পুরুষ

শিক্ষাগত যোগ্যতাঃ

স্কুলের নামঃ

১। অস্বাভাবিক আচরণ বলতে আপনি কী বোঝেন?

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.....

২। কেন এই অস্বাভাবিক আচরণ শিশু দেখায় বলে আপনি মনে করেন ?

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৩। শিশুরা কখন এই অস্বাভাবিক আচরণ করে বলে আপনি মনে করেন ?

.....
.....

৪। বাড়িতে শিশু কেমন আচরণ করে এ সম্পর্কে আপনি কি শিশুর পিতামাতার সাথে কখনো আলোচনা করেছেন?

যদি হ্যাঁ হয়, পিতামাতার বক্তব্য অনুযায়ী আপনার মতামত ব্যাখ্যা করুন ?

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.....

৫। এই সমস্যা জনিত বাচ্চাদের সামলানোর সময় আপনি কি কি সমস্যার সম্মুখীন হয়ে থাকেন?

.....
.....

৬। অস্বাভাবিক আচরন নিয়ন্ত্রনে আপনি কি কি করে থাকেন? আপনার উত্তর ব্যাখ্যা করুন।

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.....

৭। ডাউন সিঙ্ক্রাম বাচ্চার অস্বাভাবিক আচরনের সাথে মানিয়ে নেয়ার ব্যাপারে আপনি কতটুকু আস্থাশীল ?

.....
.....

৮। একটা কৌশল প্রয়োগের পর আপনি কিভাবে বুঝতে পারেন যে কৌশলটির ফলাফল ভাল / কৌশলটি কাজে দিয়েছে? আপনার উত্তর ব্যাখ্যা করুন।

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৯। আপনি কি অন্যান্য কোন পেশাজীবীদের সম্পর্কে জানেন যারা আপনাকে অস্বাভাবিক আচরণ সম্পর্কে আরও ভালভাবে জানতে সাহায্য করতে পারবে, কি কি পেশা? এবং আপনার প্রতিষ্ঠানে কি কেউ কর্মরত আছে? থাকলে বলুন।

.....
.....

১০। যোগাযোগের ক্ষেত্রে আচরন গত সময়ের কোন প্রভাব আছে বলে কি আপনি মনে করেন?

হ্যাঁ/ না। আপনার মতামত ব্যাখ্যা করুন।

.....
.....

১১। স্পীচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপি সম্পর্কে আপনি কি জানেন? আপনার উত্তরটি ব্যাখ্যা করুন।

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১২। আপনি কি স্পীচ ও ল্যাঙ্গুয়েজ থেরাপি সম্পর্কিত/যোগাযোগে সমস্যা সম্পর্কিত কোন প্রশিক্ষণ করেছেন? করে থাকলে তা কি বিষয়ের উপর করেছেন ও কতদিন করেছেন প্রশিক্ষণ টি সম্পর্কে বিস্তারিত বলুন।

.....
.....

১৩। আপনি কি মনে করেন স্পীচ অ্যান্ড ল্যাঙ্গুয়েজ থেরাপিস্ট অস্বাভাবিক আচরন নিয়ন্ত্রণে আপনাকে সাহায্য করতে পারবে? কিভাবে? উত্তরটি ব্যাখ্যা করুন

.....
.....

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Behavior is not age appropriate	✓		✓	✓	✓	✓	✓		✓	✓
	✓		✓	✓	✓	✓	✓		✓	✓
Aggressive behavior		✓						✓		

Annexure III

3.1 Definition and understanding about challenging behavior from the teachers

Table 1- Definition and understanding about challenging behavior from the teachers

3.2 Teachers' opinion Regarding the reason and time of showing challenging behavior of children with DS

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Understanding level is low			✓	✓		✓	✓	✓	✓	✓
Disease	✓	✓			✓					
Does not get anything according to desire	✓									
Can't express their need to other		✓								✓
Can't cope up with new environment		✓						✓		

Table 2- Teachers' opinion Regarding the reason and time of showing challenging behavior of children with DS

3.3 Teachers' opinion on the basis of parents- teachers' discussion

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Like to Stay their own world					✓			✓	✓	
Don't follow command	✓	✓						✓		✓
Shows aggressive behavior		✓					✓			
Shows different behavior			✓	✓		✓				

Table 3- Teachers' opinion on the basis of 'parents- teachers' discussion'

3.4 Problems faced by teachers' during dealing with children with DS with CB

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Get hurt by them		✓	✓					✓		
Cant complete daily activities	✓	✓	✓	✓	✓	✓	✓		✓	
Need to discuss a topic repeatedly										✓

Table 4- Problems faced by teachers' during dealing with children with DS with CB

3.5 Initiatives taken by teachers' to handle the children with DS during challenging behavior.

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
-------	----	----	----	----	----	----	----	----	----	-----

By encouraging	✓			✓	✓	✓	✓	✓	✓	✓
Give reinforcement		✓	✓					✓		

Table 5- Initiatives taken by teachers' to handle the children with DS during challenging behavior.

3.6 Teachers' confidence level on dealing with challenging behaviors of children with Down syndrome

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
90%- 100%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 6- Teachers' confidence level on dealing with challenging behaviors of children with Down syndrome.

3.7 Effectiveness of an initiative on children with DS for handling CB

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Finding alphabets, numbers etc. accurately										✓
if see any changes in behavior, speaking and working		✓		✓	✓	✓	✓		✓	
Complete their task	✓		✓					✓		

Table 7- Effectiveness of an initiative on children with DS for handling CB.

3.8.1 Professionals who may be able to assist those (teachers) in understanding challenging behaviors better

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
OT & SLT		✓								
Psychologist	✓		✓	✓	✓		✓	✓	✓	✓
Doctors	✓		✓		✓	✓		✓	✓	✓
Trainer & others	✓	✓	✓					✓	✓	

Table 8.1- Professionals who may be able to assist those (teachers) in understanding challenging behaviors better

3.8.2 Does anyone work in their organization?

Code	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Yes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 8.1- Does anyone work in their organization

3.9 If communication is affected by behavior problem or not

Code	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Affected	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 9- If communication is affected by behavior problem or not

3.10 Teachers' understanding about Speech and Language Therapy

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Treatment for Communication, Speaking, voice, swallowing						✓	✓	✓	✓	
I don't know	✓									
Treatment for stammering, dumbs			✓							
Technique				✓	✓					
Training For speaking, produce meaningful sound		✓								✓

Table 10- Shows teachers understanding about Speech and Language Therapy.

3.11.1 Teachers took training on speech & language therapy/communication or not

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Yes			✓	✓	✓	✓	✓	✓	✓	✓
No	✓	✓								

Table11.1- Teachers' took training on speech & language therapy/communication or not

3.11.2 Time duration of training

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
7 days			✓	✓	✓	✓	✓	✓	✓	✓
15 days										✓
1 year			✓							
Not attend	✓	✓								

Table 11.2- Time duration of training

3.12 SLT can help teachers or not regarding handling challenging behavior

Codes	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Yes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 12- SLT can help teachers or not regarding handling challenging behavior.

Annexure – IV



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)
(The Academic Institute of CRP)

CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069
BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178, 8053662-3, Fax: 8053661

সিআরপি-বিএইচপিআই/০১/১৯/৬৯

তারিখ : ০৯.০১.২০১৯

প্রতি
অধ্যক্ষ
সুইড বাংলাদেশ
৪/এ ইস্কাটন গার্ডেন, ঢাকা, বাংলাদেশ- ১২১৬।

বিষয় : রিসার্চ প্রজেক্ট এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জনাব,

আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী হাজেরা খাতুন মিম তার রিসার্চ সংক্রান্ত কাজের তথ্য সংগ্রহের জন্য আগামী ০৯.০১.২০১৯ তারিখ থেকে ১৫.০১.২০১৯ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর ও তথ্য সংগ্রহ করতে আশ্রয়ী। তার রিসার্চ শিরোনাম

“ Special education teachers' perception regarding challenging behavior of children with Downsyndrome.”

তাই তাকে আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ এবং প্রয়োজনীয় তথ্য প্রদান সহ সার্বিক সহযোগিতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

মোঃ সাজ্জাদ হোসেন
বিভাগীয় প্রধান
এসএলটি, বিএইচপিআই।



Annexure – V



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI) (The Academic Institute of CRP)

CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069
BHPI-Mirpur Campus, Plot-A/5, Block-A, Section-14, Mirpur, Dhaka-1206. Tel: 8020178, 8053662-3, Fax: 8053661

সিআরপি-বিএইচপিআই/১০/১৮/৬৯

তারিখ : ১০.১০.২০১৮

প্রতি
অধ্যক্ষ
রমনা বুদ্ধি প্রতিবন্ধী ও অটিস্টিক বিদ্যালয় বাংলাদেশ
৪/এ ইফটন গার্ডেন, ১০০০
ঢাকা, বাংলাদেশ।

শি: ১০১৮/৬
সং: ১০/১৮/৬৯
১০.১০.১৮
নেহালা আক্তার হুলবুল
সদস্য সচিব ও প্রধান শিক্ষক
রমনা বুদ্ধি প্রতিবন্ধী বিদ্যালয় রসুলপুর কলকাতা

বিষয় : রিসার্চ প্রজেক্ট এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

জনাব,
আপনার সদয় অবগতির জন্য জানাচ্ছি যে, পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রে-সিআরপি'র শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) ঢাকা বিশ্ববিদ্যালয় অনুমোদিত বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্স পরিচালনা করে আসছে।

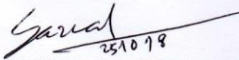
উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী হাজেরা খাতুন মিম তার রিসার্চ সংক্রান্ত কাজের তথ্য সংগ্রহের জন্য আগামী ১০.১০.২০১৮ তারিখ থেকে ২০.১২.২০১৮ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী। তার রিসার্চ শিরোনাম

“ Special education teachers' perception regarding challenging behavior of children with Down syndrome.”

তাই তাকে আপনার প্রতিষ্ঠান সফর এবং প্রয়োজনীয় তথ্য প্রদান সহ সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে



মোঃ সাজ্জাদ হোসেন
বিভাগীয় প্রধান
এসএলটি, বিএইচপিআই।



Annexure- VI



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

(The Academic Institute of CRP)

CRP-Chapain, Savar, Dhaka, Tel: 7745464-5, 7741404, Fax: 7745069
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সিআরপি-বিএইচপিআই/০১/১৯/৬৯

তারিখ : ০৭.০১.২০১৯

প্রতি
পরিচালক
তরী ফাউন্ডেশন
লালমাটিয়া, মোহাম্মদপুর,
ঢাকা, বাংলাদেশ।

বিষয় : রিসার্চ প্রজেক্ট এর জন্য আপনার প্রতিষ্ঠান সফর ও তথ্য সংগ্রহ প্রসঙ্গে।

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উক্ত কোর্সের ছাত্রছাত্রীদের কোর্স কারিকুলামের অংশ হিসাবে বিভিন্ন বিষয়ের উপর রিসার্চ ও কোর্সওয়ার্ক করা বাধ্যতামূলক।

বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন স্পীচ এন্ড ল্যাঙ্গুয়েজ থেরাপি কোর্সের ছাত্রী হাজেরা খাতুন মিম তার রিসার্চ সংক্রান্ত কাজের তথ্য সংগ্রহের জন্য আগামী ০৮.০১.২০১৯ তারিখ থেকে ১৩.০১.২০১৯ তারিখ পর্যন্ত আপনার প্রতিষ্ঠানে সফর করতে আগ্রহী। তার রিসার্চ শিরোনাম

“ Special education teachers' perception regarding challenging behavior of children with Downsyndrome.”

তাই তাকে আপনার প্রতিষ্ঠান সফর এবং প্রয়োজনীয় তথ্য প্রদান সহ সার্বিক সহযোগীতা প্রদানের জন্য অনুরোধ করছি।

ধন্যবাদান্তে

মোঃ সাজ্জাদ হোসেন
বিভাগীয় প্রধান
এসএলটি, বিএইচপিআই।



May be allowed
Murphy
09-01-2019

Annexure- VII
Consent Form (English)

Researcher Hazera Khatun Mim is a 4th year student of Speech and Language Therapy Department in Bangladesh Health Professions Institute. This research is a part of her academic curriculum. The research topic is- Special education teachers' perception regarding challenging behavior of children with Down syndrome in Bangladesh.

In this research I Am a participant. I have known the aim of this research. I can withdraw anytime, and for this I am not bound to answer any question to anyone.

The information will be very confidential, only the investigator has the right to use it. Name of the participant will not be disclosed to anyone.

I have been informed about the above mentioned facts and I am willingly participating in this investigation.

Signature of Participant:	Date:
Signature of Witness:	Date:
Signature of Investigator:	Date:

Annexure – VIII
Consent Form (Bangla)

গবেষক হাজেরা খাতুন মিম বাংলাদেশ হেলথ প্রফেশন ইন্সটিটিউট এর স্পিচ এন্ড ল্যাঙ্গুয়েজ থেরাপি বিভাগের চতুর্থ বর্ষের একজন ছাত্রী। এই গবেষণা তার অধ্যয়নের একটি অংশ। গবেষণার বিষয়- ‘বাংলাদেশের প্রেক্ষাপটে ডাউন সিন্ড্রোমে আক্রান্ত শিশুদের আচরণ সম্পর্কে শিক্ষকের ধারণা।

এই গবেষণায় আমি একজন অংশগ্রহণকারী। গবেষণার উদ্দেশ্য সম্পর্কে আমি অবগত। যেকোন সময়ে আমি আমার অংশগ্রহন প্রত্যাহার করতে পারি, এজন্যে আমি কারো কাছে জবাবদিহি করতে বাধ্য নই।

যে সকল তথ্য গবেষণার কাজে ব্যবহৃত হবে, সেগুলো গোপন থাকবে। শুধুমাত্র গবেষকের এগুলো ব্যবহারের অধিকার আছে। অংশগ্রহনকারির নাম প্রকাশিত হবে না।

উপরোক্ত সকল বিষয় সম্পর্কে আমি অবগত এবং এই গবেষণায় অংশগ্রহন করতে সম্মতি জানাচ্ছি।

অংশগ্রহনকারীর এর স্বাক্ষরঃ	তারিখঃ
সাক্ষীর স্বাক্ষরঃ	তারিখঃ
গবেষকের স্বাক্ষরঃ	তারিখঃ