

EFFICACY OF PLAY THERAPY TECHNIQUE IN OVERCOMING SCHOOL REFUSAL BEHAVIOUR AMONG PRIMARY SCHOOL PUPILS IN ZARIA METROPOLIS KADUNA STATE, NIGERIA

¹Dauda, Amina, Ph.D, and ²Aminu Sambo, Ph.D.

^{1,2}Institute of Education, Ahmadu Bello University, Zaria
e-mail aminadauda99@gmail.com

Abstract

The study investigated the efficacy of play therapy on school refusal behaviour among primary school pupils in Zaria metropolis Kaduna state Nigeria. The study employed quasi- experimental pre-test post – test group design, in which selected participants were assigned to experimental groups. The population of the study consisted of two hundred and eighty (280), male and female between the ages of (10-11) years, primary four (4) pupils. Stratified sampling technique was used to select one school from two local government education authority (LGEA); Purposive sampling technique was used for selecting the participants for the study. Eighty 80 pupils identified with the characteristics of school refusal behaviour from their class registers were selected to participate in the study. Two research questions and two hypotheses were formulated to guide the study and were tested at 0.05 alpha level of significance. Independent t- test statistics was used for testing the hypotheses. Results from data analysis revealed that there is significance effect in the mean difference of 31.87 between the pre-test and post –test score for the treatment group showed hence that there is positive gain in the treatment ($t=1.109$, $P=0.002$). Hypothesis two was rejected because of a result of; ($t=0.515$, $P=0.020$). Hence there is significant efficacy of male and female among primary school pupils expose to treatment on school refusal behaviour using mean score obtain in post-test. It was recommended that school psychologists, counsellors and teachers should be encouraged to use Play Therapy Technique in re-addressing School Refusal Behaviour among primary school pupils. Male and female pupils should be given equal opportunity and exposure to the techniques in re-addressing school refusal behaviour in schools, this in a bid to improving the attendance and enhanced learning.

Keywords: Play therapy technique, school refusal behaviour, Primary school, Zaria

Introduction

School refusal behavior encompasses all subsets of problematic absenteeism, such as truancy, school phobia, and separation anxiety. Children and adolescents of all ages, boys and girls alike, can exhibit school refusal behavior. The most common age of onset is 10 to 13 years. These absences often emanate in the form of tardiness, skipping classes, and full-day absences.

Play therapy can be described as a method of helping children, thus, there is the need for the teachers to change their styles of instruction delivery through the use of play therapy to modify the undesirable behaviours and school refusal behaviour. Moreover, Seifert (2009) opined that effects of large class size can lead to learning problems among the learners. He also observed that changes do not count as learning if they are temporary. Bernardo (1997) stated that mind also has a network of symbolic knowledge stored in memory.

Play therapy technique enhances learning in different perspectives, thus, parents and teachers should be apt to use it as guide and to increase the desired behaviour. It will help the parents to nurture and love their younger children, teach respect, shape behavior for learning and to adjust to any type of environments by way of inculcating the degree of independence and build resiliency for learning.

According to Bala (2010), play therapy an impact to the wellbeing of the children in terms of emotional, physical, social and psychological development of the children. Hug-Hellmuth (1921) formulized the play therapy process by providing children with play materials to express themselves and emphasizes the use of play to analyze the child. Bandura (2011) and McLeod (2011) state behaviour is learned from the environment through the process of observational learning. Psychologists emphasize the use of play therapy or social learning based on observing, model and imitating the behaviour. This techniques module shape, correct and inspire appropriate behaviour. Bernardo (1997) stated that mind also has a network of symbolic knowledge stored in memory.

Statement of the Problem

School refusal is an educational social and law enforcement problems. School refusal among pupils has become a growing problem. Non- attendance to classes is a problem that grossly affects the pupils, the family and the society on very high levels. Globally, school refusal has been identified as the powerful predictor of absenteeism, indiscipline and other vices among pupils. Absenteeism is detrimental to pupils' academic performance. Similarly, those who miss school as a result of school refusal fall behind their peers in class as this may eventually leads to low self-esteem and increase poor academic performance that will cause pupils drop out of school. School refusal behavior if left unaddressed, can lead to serious short-term problems, such as distress, academic decline, alienation from peers, family conflict, and financial and legal consequences.

Therefore, if the matter is left unaddressed school refusal will contribute to a myriad of problems for young people in their school year and into adult hood. Parent are being faced with a serious challenge when it comes to bringing up their children, and as it was observed by Skinner (1969) that most human behavior is learned through operant conditioning. Therefore, this study focused primarily on efficacy of play therapy technique in overcoming school refusal behaviour among primary school pupils in Zaria metropolis Kaduna state, Nigeria.

Objectives of the Study

1. Find out the efficacy of play therapy on school refusal behaviour among primary school pupils
2. To determine the efficacy of play therapy on school refusal behaviour of male and female primary school pupils exposed to treatment on play therapy technique

Research Questions

The study seeks to answer the following questions:

1. What is the efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment?
-

2. Is there any efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment?

Research Hypotheses

The following hypotheses have been formulated to guide the study:

1. There is no significant efficacy of play therapy technique on school refusal behaviour between primary school pupils exposed to treatment and those that were not exposed to treatment.
2. There is no significant efficacy of play therapy technique on school refusal behaviour among primary school pupils exposed to treatment

Population of the Study

The population of the study was made up of two hundred and eighty (280) pupils who show tendency for school refusal behaviour drawn from primary four between the ages of 10-11 years and from two (2) primary schools in two (2) Education Zones in Kaduna State. Primary four pupils were chosen in the study based on the researcher's experience. Thus, it was observed that primary 4 pupils were fond of escaping school towards school closing hours or running errand after break period. Pupils' class registers were used to identify pupils with school refusal behaviour based on the scoring guide. Those who obtained absent scores 4-5 were considered habitual and those who obtained score 3-4 were considered constant on school refusal behaviour, thus, they constituted the sample of the study. Pupils who obtained 1-2 scores were regarded as casual absentees and they were not part of the study because they absconded twice or once in a week.

Research Design

Quasi-experimental of pre-test and post-test was used for this study. The Quasi-experimental design involves the manipulation of one or more dependent variables, but there was no random assignment of subject to conditions. The selection of quasi-experimental design for this study was based on the fact that the design provide advantage of testing the results obtained from post-test in order to analyze the effectiveness or otherwise of the treatment when compared with the pretest score. The procedure o pre-test and post-test group (Gay, 2009). design is diagrammatically represented below;

Pre-Test	Treatment	Post-Test
O ₁	X ₁	O ₂
O ₁	X ₂	O ₂

Research Design Illustration

X ₁	=	Treatment Group (for Play Therapy Technique)
O ₁	=	Pre – Treatment (for Play Therapy Technique)
O ₂	=	Post – Treatment (for Play Therapy Technique)

The sample size for the study was eighty (80) pupils with school refusal behaviour from LGEA Primary School Kofar Kona and LGEA GRA, - Zaria, purposefully selected from

the total number of 280 school pupils with school refusal behaviour. Forty participants (40) from each school and for each of the two groups 20 participants that were found with school refusal behaviour among both males and females were selected. According to Okobiah cited in Dauda (2017) the number for counselling treatment group ranged from 15 to 20. Furthermore, Ohlsen and Gazda cited in Dauda (2017) viewed that better results were achieved in smaller groups and there was effective concentration and understanding of the treatment procedures to the clients. The method was stratified because the following were considered in the selection. The standard of the schools was equal. This was in order to get the participants who were able to respond and communicate effectively.

Scoring guide for the truants that enable them participate as follow;

Truants	No of times absent in a week (5 - 4)	No of times absent in a week (,3-4) times	No of times Absent in a week. (1 or 2)
Habitual	5-4	-----	-----
Constant	-----	3-4	-----
Casual	-----	-----	1 or 2

Source: Researchers

Table 1: Sample size of the Respondents

S/No.	School	Class	Group	Sample
1.	LEA Primary School Sabon Gari GRA	4A	Ea	20
		4B	Ca	20
2.	LEA Primary School Zaria	4C	Ea	20
		4D	Ca	20
Total				80

Source: Head Teachers of each of the Primary Schools (2018)

Instrumentation

The research instrument for the study was adapted from originals and developed and modified by the researcher and used for data collection based from the record identified from their school records of not attending as a result of school refusal behaviour.

1. Kearney (2002) School Refusal Assessment Scale Revised-C (SRASR-C) consisted of 24 items, only items 1-8 were adapted.
2. Heather Malcolm, Valerie Wilson, Julia Davidson and Susan Kirk (2003) School Refusal Behaviour Scale (SRBS). Consisted of 35 items, only items 9-14 were adapted.

Primary four Class registers were used to identify the participants for the study. The questionnaire on school refusal behaviour (SRBEH) was divided into two sections. Section A, contains the participants' bio-data while Section B is 4 Likert-Type Scale containing 20 items which ask the participants to give their opinion on school refusal behaviour. Expert in Educational Psychology and Counselling in the Faculty of Education

ABU Zaria validated the instruments after effecting necessary corrections as the instrument to have both face and content validity.

In order to test the reliability of the instrument, it was administered to a class of 30 pupils with characteristics of school refusal behaviour at LEA Primary school, Saidu, Samaru-Zaria twice with an interval of four weeks between the first and second administration using test-retest method with reliability index of 0.72 obtained, this had shown that the instrument was reliable.

Treatment Procedure

After permission was given from the local government Education authorities, the researcher met the treatment group, 2 times in a week and lasted for six (6) weeks every Wednesday and Thursday for 45 minutes. The treatment was divided into 4 main phases and the treatment was for the experimental group. The researcher was assisted by the class teachers.

Method of Data Analysis

Mean scores and standard deviation were used to analyze the two research questions while t-test was used to test the two hypotheses in the study.

Results

Research Question 1 -What is the efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment.

Table 2: Pretest and post-test mean scores on the efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment.

Table 2: Pretest and post-test mean score Pretest mean scores post-test mean differences scores

Group	N	X	SD	N	X	SD	X	SD
Experimental	40	31.87	9.46	40	68.60	12.24	31.87	2.78
Control	40	25.68	8.48	40	32.95	9.55	7.27	1.07

Table 2 showed that the pre-test mean score and standard deviation for the experimental group is 31.87 and 9.46 while the post-test mean scores was 68.60 and 12.24 respectively likewise the post-test mean scores and standard deviation for the control group is 25.68 and 8.48 while the post-Test meanscoreswas32,95 and 9.55 respectively. The difference of31.87 between the pre-test and post –test in the mean score for the treatment group showed that there is positive gain in the treatment.

Research Question 2:-Is there any efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment.

Table 3: Post-test mean scores on efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment.

Variable	N	Post-test mean score	
		X	SD
Male	20	66.95	14.32
Female	20	52.20	11.30

Table 3 showed that post-test mean scores and standard deviation for male and female primary school pupils exposed to treatment at 66.95, 52.20 and 14.321, 11.303 respectively. This showed that the treatment had effects on both male and female pupils exposed to treatment. Though, the treatment showed it to be more effective and significant to the male pupils than female.

Hypothesis 1: There is no significant efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment using mean score obtain in pretest and post-test.

Table 4: Efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment.

Variable	N	X	Std Dev	T	P-Value	Remark
Experimental Group	40	59.58	14.763	0.109	0.002	Significant
Control Group	40	31.85	8.399			

Table 4 gives the mean and standard deviation for experimental Group as 59.58 and 14.763 while the mean and standard deviation for control Group stood at 31.85 and 8.399 respectively. Also, table 4 above presents the result of t-test on the efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment. The t-value was 0.109 while the p-value stood at (0.002). Since the p-Value (0.002) is less than 0.05 level of significance, the hypothesis is therefore rejected. Hence, there is a significant effect of efficacy play therapy on school refusal behaviour among pupils exposed to treatment and those that were not exposed to treatment.

Hypothesis 2: There is no significant efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment.

Table 5: Efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment using mean scores obtain in post-test.

Gender	N	X	SD	T	P
Male	20	66.95	14.32	0.515	0.020
Female	20	52.20	11.303		Significant

Table 5 present the mean scores and standard deviation of male pupils exposed to treatment as 66.95 and a standard deviation of 14.321 while the mean of female pupils

exposed to treatment was 52.20 and a standard deviation of 11.303 respectively. However, the table showed the result of t-test on the efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment. The t-value was 0.515 while the p-value was 0.020. Since the p-value (0.020) is less than 0.05 level of significance, the hypothesis is therefore rejected. Hence, there is significant efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment using mean scores obtained in post-test.

Discussion

The findings of the study are discussed based on the results obtained from the hypotheses analyzed on the study. Hypothesis one found significant efficacy of play therapy on school refusal behaviour among primary school pupils exposed to treatment and those that were not exposed to treatment. This study is in line with Omoni and Ijeh (2012) who found that poor physical home conditions had a relationship between parents and children. Therefore, use of corporal punishment in the home and lack of interest in the child's welfare are closely associated with school refusal behaviour.

Many researchers have conducted studies on the menace of school refusal among primary school pupils. Ovink (2011) stated that learners skip lessons but only give answers to the following questions, when I'm at school I go to first lesson but don't go to second or third lesson, and if it is boring friends that arrange our movement. Based on the study, behaviour is learnt in life individually, by watching others, by training or conditioning.

The outcome of most of these studies revealed that parenting and school environment relationship between pupils and their peers among others, are the main cause of school refusal behaviour among primary school pupils.

The study emphasizes that with the use of play therapy to treat the 40 participants that have the problem of school refusal behaviour, the number of pupils with school refusal behaviour has reduced from 21.85 in the control group to 7.35 in the treatment group, indicating that play therapy is effective in improving the pupils' school attendance. Play therapy is generally effective in helping pupils and is used to treat many problems among pupils including shyness, phobias, anxiety, etc.

Hypothesis 2 also revealed that a significant effect exists on the efficacy of play therapy on school refusal behaviour among male and female primary school pupils exposed to treatment using mean scores obtained in post-test. However, males engaged in school refusal behaviour more than females. In a study conducted by Maynard, McCrea, Pigott and Kelly (2013) that found risk factors at the individual, family and community levels to be narrowly linked to truancy. Similarly, Henry (2010) added that pupils with school refusal behaviour do not go to school and make plans to do something else. Ward (2012) added that such is a delinquent and anti-social behaviour. Pupils who engage in school refusal commit deviant acts at a higher rate than pupils who stay in school.

Based on the findings, boys were more likely to develop school refusal behaviour than girls and as such may increase the development of juvenile behaviour which contributes to the onset of anti-social behaviour among school pupils.

Conclusion

Findings from the study indicated that efficacy of play therapy on school refusal behaviour on those exposed to treatment was very effective in reducing school refusal behaviour than those who do not among primary school pupils.

Recommendation

The study recommends that:

1. School teachers should employ the use of play therapy
2. The government should employ school psychologists, teachers and counsellors to schools and encourage them to use new skills in curtailing school refusal behaviour among primary school pupils.
3. Workshop and seminars should be organized to train teachers and if possible, parent as well as care givers on the use of play therapy in reducing school refusal behaviour among primary school pupils

Reference

- Alberta Teachers' Association (2016). Retrieved August/ 05/2016 . at www.AT.Ass.
- APA (2014). American Psychological Association for society of clinical psychology retrieved on 13 /4/15 www.dwiz.org.
- Bandura, A. (2011). The Social and Policy Impact of Social Cognitive Theory. In M. Mark,S. Donaldson, & B. Campbell (Eds.), *Social Psychology and Evaluation*. (pp. 33-70). New York, NY:Guilford Press.
- Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press, Retrieved 1st- 4, 2015
- Bandura, A. (1977). *Social Learning Theory*. New York: General Learning Press, Retrieved 1st- 4, 2015
- Bandura,A. (1997). *Self -Efficacy the Exercise of Control*. New York: W. H. Freeman and Co.
- Bernardo, A. (1997). *Creating powerful learning environment*. De La Salle University, Cutting Edge Seminar.
- Calcium, A. M. (2012) A dictionary of psychology. 3rd ed. Oxford university.
- Dauda, A. (2017) Effect of Modelling Technique and Token Economy Techniques on Truancy Behaviour among primary school pupils in Zaria Metropolis,Kaduna State, Nigeria. Ph.D Dissertation unpublished
- Gay, L.R. (2009). Educational Research; Competencies for Analysis and Applications (9th Ed.). New Jersey; Pearson Education.
- Glew GM, Fan M-Y, Katon W, Rivara, F. P., Kernic, M. A. (2005). Bullying, psychosocial adjustment, and academic performance in elementary school. *Arch Pediatr Adolesc Med*; **159**: 1026-31.
- Henry, K. L. (2010). Skipping School and using drugs: A brief report. *Drugs: Education, Prevention and Policy*. **17** (5): 650-657.
- Hug-Hellmuth H.V. (1921). On the Technique of Child Analysis, *International Journal of Psychoanalysis*. **2**: 287-305
- Kearney, C.A. (2002). Identifying the function of school refusal behaviour; A revision of the SchoolRefusal Assessment Scale, *Journal of psychopathology and Behavioural Assessment*, **24**: 235-245
-

- Kearney, C. A. (2002). School Refusal Assessment Scale.Reprinted on 29 /12/14 at www.springer.com/articles/10.1023
- Kearney, C. A. and Albano A M. (2000)*When children refuse school: A cognitivebehavioral therapy approach/Therapist's guide*. San Antonio, Text: Psychological Corporation,
- McLeod, S. A. (2011). Bandura Social Learning Theory .<http://www.simplypsychology.org/bandura.html>. Retrieved March, 2015
- Maynard, B. R., McCrea, K. T., Pigott, T. D. and Kelly, M. S. (2013). Indicated Truancy Intervention for Chronic Truant Students: A Campbell Systematic Review. *Research in Social Work Practice*. **23** (1): 5-21.
- Ovink, S. M. (2011). “This Aint My School!”Criminality, Control and Contradictions in Institutional Responses. *Qualitative Sociology*, 34: 79-99.
- Omoni, G. E. & Ijeh,U. S. (2012). Counselling strategies for challenges of development in 21stCentury in Nigeria” a paper presented at Songhai Centre, Porto-Novo7th-8th March 2012.
- Seifert, K. & Sutton, R. (2009). Educational Psychology, Zurich- Switzerland, The Global Text Project Funded by the Jacob Foundation
- Skinner, B. F. (1969). *Science and Human Behaviour*.New York: Macmillan. . Retrieved from <http://www.psychologytoday.com/28/1/2016>
- Ward, C. (2012). South African street children: A survey and recommendations for service. <http://panos.org.uk.journalists/tania-gosh>.