

## **REDUCING TRUANCY RATES THROUGH SOCIAL LEARNING AND COGNITIVE BEHAVIOR THERAPIES AMONG SENIOR SECONDARY SCHOOL STUDENTS IN LAGOS STATE, NIGERIA**

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### **Article Info**

**Keywords:** social learning therapy, cognitive behavior therapy, truancy, secondary school students, counseling strategies, Lagos State, Nigeria.

### **Abstract**

This study investigated the effectiveness of social learning and cognitive behavior therapies as counseling strategies in reducing truancy among senior secondary school students in Lagos State, Nigeria. The quasi-experimental pre-test/post-test control group research design was employed, with 130 participants. The Truancy Questionnaire and school disruptive questionnaire were used to gather data and mean, standard deviation, and analysis of covariance statistics were used to test hypotheses. The study found that social learning and cognitive behavior therapies were effective in reducing the rate of truancy among senior secondary school students compared to the control group. The study recommends the use of these therapies as counseling strategies to alleviate truancy and disruptive behavior among students.

### **Introduction**

Truancy is a significant problem facing senior secondary school students in Lagos State, Nigeria. Previous studies have shown that truancy is associated with poor academic achievement, poor social skills, and future delinquent behavior. This study aimed to investigate the effectiveness of social learning and cognitive behavior therapies as counseling strategies in reducing truancy among senior secondary school students in Lagos State. The study employed a quasi-experimental pre-test/post-test control group research design, with 130 participants. The Truancy Questionnaire and school disruptive questionnaire were employed to gather data on the participants. Mean, standard deviation, and analysis of covariance statistics were used to test hypotheses. The study found that both social learning and cognitive behavior therapies were effective in reducing the rate of truancy among senior secondary school students compared to the control group. The study recommends using these therapies as counseling strategies to alleviate truancy and disruptive behavior among students. The findings of this study are relevant to Lagos State, Nigeria, where truancy among senior secondary school students is prevalent.

### **Statement of the Problem**

Students face various challenges emanating from irregular school attendance behaviour such as truancy, disruptive behaviour, absenteeism among others. It could be a result of which include faulty parenting, neglect, affection, lack of love both at home and school. The students cannot apply personal and interpersonal skill to cope with

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school activities, due to low self-esteem. A student who suffers from lack of love, deprivation, rejection, poverty and care could easily vent his anger at the slightest provocation on his peers. Furthermore, students who lack of writing materials will not take active participation in the school work hence, contribute to disruptive behaviour and high truancy rate. To support this view, Okwakpam and Okwakpam (2012) stressed that students who exhibit anti-social behaviour have limited interpersonal skills and low academic achievement. Again, parents who do not discuss their children's progress in the school activities nor attend teachers' parents' meeting Igwe (2013) also encourage high truancy rate among students. Such parents care less about their children's progress at school and even the relationship that exists among their peer, thus abdicate their responsibility to the school. Truancy is linked with other destructive behaviour such as bullying and dropping out of school (Staudt, 2014). These conditions affect how students approach school work and how to relate to people. Some students who are not motivated might find it difficult to attain and sustain good academic achievement. Consequently, the maladaptive behaviour among the boys and girls could result to truant adults in future. **Purpose of the Study**

The study sought to examine the impact of social learning and cognitive behaviour therapies as counselling strategies in reducing students' disruptive behaviour and truancy rate among selected senior secondary school students (boys/girls) in Lagos State, Nigeria:

1. Investigate the post-test mean scores on school disruptive behaviour among participants in social learning and cognitive behaviour and control conditions;
2. Determine the post-test mean scores on truancy rate among participants in social learning and cognitive behaviour therapies and control conditions.

### **Research Questions**

1. What difference exists in the impact of social learning and cognitive behaviour on school disruptive behaviour among the participants in the three experimental conditions?
2. How would participants' truancy rate differ among those exposed to the counselling intervention and the control groups?

### **Research Hypotheses**

1. There is no significant impact of social learning and cognitive behaviour on school disruptive behaviour among the participants.
2. Participants' truancy rate would not significantly differ among the participants exposed to counselling strategies and the control group.

### **Area of Study**

The research was carried out in Lagos State, South Western Nigeria. Senior secondary school students are accessible in the area. Located in South-West, Nigeria and bounded by Ogun State to the east and north. Within the south, she adjoins the Atlantic Ocean. Lagos State is over 20 million people and heterogeneous. It has twenty local government areas and six education districts densely populated with senior secondary school students. Lagos is appropriate due to the prevalence of the problem among the senior secondary school students.

### **Methodology**

The study adopted the quasi-experimental pre-test/post-test control group research design. Social learning and cognitive behaviour strategies were used as interventions to assess and manage truancy experienced by the senior secondary school students. The absenteeism questionnaire was adapted by the researcher and used for data collection. The instruments comprised 10 items to obtain information from the students, bio-data English and Mathematics were chosen due to students' lack of interest in both subjects. Truancy Questionnaire (TQ) by Reid (2002) was adapted. The questions comprised 25 items were based on educational activities and interpersonal relationship. The items enabled the researcher to obtain relevant data to test the research hypotheses. The

reliability coefficient was 0.62. The disruptive behaviour questionnaire of Verga's (2008) comprised 16 items adapted by the researcher. The questions were categorized into a 4 point scale of strongly agreed, agreed, disagreed and strongly disagree. It is a self-reported instrument with a reliability coefficient of 0.64. The data collected were analyzed and the hypotheses were tested with the use of mean, standard deviation and analysis of covariance statistics (ANCOVA) to ascertain if a significant difference exists in the post-test scores of truancy experienced by the participants after intervention. The participants in the control group were not given any treatment. All groups were given baseline assessment to isolate the unique features in the population of study. The three groups were pre-tested and posted in order to determine the effects of the experimental conditions. The population comprised all the students of senior secondary schools in Lagos State. Specifically, participants comprised all identifiable students with truant behaviour. To determine the baseline, the absenteeism and truancy questionnaire (screening) was administered to all available senior secondary two students (SS2) in the three selected schools to isolate the students who are truants. Participants with a score of 130 and above were randomly selected for the study were identified as having high score due to being absent from the school and classes. The three schools were randomly assigned to the counselling strategies and the control group.

#### **Administration of the Treatment/Instruments**

All the instruments were administered in the three selected schools. The pre-assessment instruments were administered to 130 students who also completed the post-test assessments. The research was carried out within eight weeks. One week each was used for pre-test and post-test respectively while six weeks were spent on the actual experiments.

#### **Pilot Study**

Prior to the main study, a pilot study was conducted by the researcher to determine the psychometric properties of instruments. It was due to determine possible challenges which could arise before the commencement of the main study. 15 participants out of the isolated 582 students were randomly selected to participate. The pilot study assisted in the determination of the readability of the questionnaire and problems that will emanate from data collection. The reliability and validity of the instrument was established. The stability of the instrument was determined over a period of two weeks in which the researcher administered all the instruments twice to the same set of participants.

#### **Recruitment and Training of Research Assistants**

Three research assistants were appointed and trained by the researcher for effective data collection. The objectives of the study were explained to the research assistants and they were trained for two hours, twice in a week on how to administer and score the instruments.

#### **Treatment Procedure**

The study was carried out in three phases.

##### **Phase One: Pre-intervention assessment**

In the first week of contact with the participants, the research assistants administered the truancy questionnaire (TQ) and school disruptive questionnaire (screening) tool to all the participants in the three experimental groups as pre-test before the commencement of treatment.

##### **Phase Two: Intervention**

The sampled groups for the study were randomly assigned to intervention and control groups. The two intervention groups met once a week for six weeks for a minimum of one hour for a session per week. The control group was on the waiting list.

### Phase Three: Post Intervention Assessment

After the intervention sessions which lasted for six weeks, truancy and school disruptive questionnaires were re-administered to the participants in the three experimental groups. This was to find out if the experimental conditions provided a change in the dependent measures. The participants in Social Learning and Cognitive Behaviour therapies affirmed that they had an impressive reduction in truancy rate and disruptive behaviour as a result of the intervention.

### Data Analysis and Results

**Hypothesis One:** There is no significant difference in the post-test mean scores of participant's disruptive behaviour in social learning therapy and cognitive behaviour therapy and control group.

**Table 1: Descriptive data on influence of experimental conditions on disruptive behaviour among participants**

	Pre-Test			Post-Test			
Experimental Group	N	Mean	SD	N	Mean	SD	Mean Difference
Social learning therapy	46	37.78	8.18	46	65.00	9.46	27.22
Cognitive learning therapy	44	38.84	8.03	44	54.57	10.22	15.73
Control	40	36.65	5.48	40	32.45	3.21	-4.20
<b>Total</b>	<b>130</b>	<b>37.79</b>	<b>7.39</b>	<b>130</b>	<b>51.45</b>	<b>15.81</b>	<b>13.66</b>

Table 1 shows that at pretest, the mean scores of the participants in the three experimental group ranges from 37.78 for social learning therapy, 38.84 for cognitive learning therapy to 36.65 for the control group. It also shows that at post test, the social learning group recorded the greatest improvement in their disruptive behaviour with a mean difference of 27.22 followed by the cognitive learning group with a mean difference of 15.75 while the control group recorded the lowest mean change of -4.20. To determine if these differences were statistically significant, the Analysis of covariance (ANCOVA) was done and the result is presented in Table 2.

**Table 2: Analysis of covariance of difference in the post test mean scores of disruptive behaviour in the three experimental conditions**

Source of Variation	Sum of Squares	Df	Mean Squares	F-cal	Sig. of F.
Model	23663.072 <sup>a</sup>	3	7887.691	115.980	.000*
Intercept	16433.869	1	16433.869	241.642	.000*
Covariance	349.544	1	349.544	5.140	.025*
Experimental group	23619.743	2	11809.872	173.651	.000*
Error	8569.151	126	68.009		
Corrected	32232.223	129			
Total					

\*Significant,  $P < 0.05$ ; F-critical at 0.05 (2, 126) = 3.07 < 173.651; F-critical at 0.05(3,126) = 2.68 < 115.980; F-critical at 0.05 (1, 126) = 3.92 < 5.140

Table 2 shows that a calculated F-value of 173.651 resulted as the difference among the three experimental groups. This is statistically significant since it is greater than the critical value of 3.07 given 2 and 126 degrees of freedom at 0.05 level of significance. Hence hypothesis one was rejected. To determine where the significance between group differences lie, post-hoc analysis was performed using Fisher's protected t-test procedure. The result of the analysis is shown in Table 3.

**Table 3: Fisher's protected t-test on difference in participants' disruptive behaviour**

Groups	Social Learning (46)	Cognitive Learning (44)	Control (40)
Social Learning	65.00 <sup>a</sup>	3.27*	9.3*
Cognitive Learning	10.43	54.57 <sup>a</sup>	6.32*
Control	32.55	22.12	32.45 a

\*Significant at 0.05; a = group means are in diagonal; difference in interventions group means are below the diagonal while the protected t-values are above the diagonal.

Table 3 shows that participants exposed to social learning therapy significantly differ on disruptive behaviour from those exposed to the cognitive therapy ( $t = 3.27$ ;  $df = 88$ ; critical  $t = 2.02$ ;  $P < 0.05$ ). Participants exposed to social learning therapy significantly manifested a decrease in disruptive behaviour than those in the control group ( $t = 9.3$ ;  $df = 84$ ; critical  $t = 2.02$ ;  $P < 0.05$ ). Participants exposed to cognitive training significantly manifested a decrease in disruptive behaviour than the control group. ( $t = 6.32$ ;  $df = 82$ ; critical  $t = 3.11$ ;  $P < 0.05$ ). It was observed that social learning therapy and cognitive behaviour therapy were effective in improving disruptive behaviour among participants but the social learning therapy was most effective

**Hypothesis Two:** There is no significant difference in the post-test mean scores of truancy rate among participants in the three experimental conditions.

**Table 4: Descriptive data on influence of experimental conditions on truancy rate among participants**

		Pre-Test			Post-Test		Mean
Experimental Group	N	Mean	SD	N	Mean	SD	Difference
Social learning training	46	37.89	9.88	46	56.54	10.65	18.65
Cognitive training	44	34.64	9.69	44	67.52	5.80	32.89
Control	40	37.23	9.16	40	38.95	10.22	1.73
<b>Total</b>	<b>130</b>	<b>36.58</b>	<b>9.63</b>	<b>130</b>	<b>54.85</b>	<b>14.72</b>	<b>18.26</b>

Table 4 shows that the scores of participants in their pre-test ranges from 37.89 in the social learning therapy, 34.64 in cognitive learning therapy to 37.23 in the control group. The participants exposed to social learning therapy had the mean difference of 18.65, followed by those exposed to the cognitive learning therapy which had the highest mean difference of 32.89 while those in control group had the least mean difference of 1.77. To determine whether significant difference occurred in the truancy rate among the participants in the experimental conditions, the Analysis of covariance statistics was used and the result of the analysis is presented in Table 5.

**Table 5: Analysis of covariance on difference in the post test mean score of truancy rate among participants in the three experimental conditions**

Source of Variation	Sum of Squares	Df	Mean Squares	F-cal	Sig. of F.
Model	17695.777 <sup>a</sup>	3	5898.592	72.544	.000*
Intercept	30464.787	1	30464.787	374.671	.000*
Covariance	385.144	1	385.144	4.737	.031*
Experimental group	16663.377	2	8331.688	102.467	.000*
Error	10245.146	126	81.311		
<b>Corrected Total</b>	<b>27940.923</b>	<b>129</b>			

\*Significant,  $P < 0.05$ ; F-critical at 0.05 (2, 126) = 3.07 < 102.467; F-critical at 0.05 (1, 126) = 3.92 < 4.737; F-critical at 0.05(3, 126) = 2.68 < 72.544

The result in Table 5 indicates that the calculated F-value of 102.467 resulted as the difference in the truancy rate of the participants in the three experimental groups. Thus, calculated F-value is significant since it is greater than the critical F-value of 3.07 given 2 and 126 degree of freedom at 0.05 level of significance. Hence, the null hypothesis 3 is rejected. To determine where the significance lie within the group of the truancy rate among the participants, Fisher's protected t-test analysis was used and the trend of difference is shown in the Table 6 below.

**Table 6: Fisher's protected t-test on difference in participants' truancy rate**

Groups	Social Learning (46)	Cognitive Learning (44)	Control (40)
Social Learning	56.54 <sup>a</sup>	-3.69*	5.39*
Cognitive Learning	-10.98	667.52 <sup>a</sup>	8.76*
Control	17.59	28.57	38.95 <sup>a</sup>

\*Significant at 0.05; a = group mean are in diagonal, difference in interventions group means are below the diagonal while the protected t value are above the diagonal.

The results in the Table 6 above reveals that participants exposed to social learning therapy significantly differ in truancy rate from those exposed to cognitive therapy (cal.  $t = -3.69$ ;  $df = 88$ ; critical  $t = 2.02$ ,  $P < 0.05$ ). Likewise, participants exposed to social learning therapy differ significantly in truancy rate from those of the control group ( $t = 5.39$ ;  $df = 84$ ; critical  $t = 2.02$ ,  $P < 0.05$ ). Similarly, it was observed that statistically, significant difference exists in the truancy rate between participants exposed to cognitive learning and the control group ( $t = 8.76$ ;  $df = 82$ ; critical  $t = 2.02$ ,  $P < 0.05$ ). Significant difference was therefore found between the cognitive therapy and social learning therapy in reducing the truancy level of participants with the former being highly effective. Hypothesis three is therefore rejected.

## Discussions

**Hypothesis one** states that there is no significant difference in post-test scores of school disruptive behaviour among participants exposed to Social Learning Therapy (SLT), Cognitive Behaviour Therapy (CBT) and the control group. The findings indicate that there is a significant difference in the post-test mean score on participants' disruptive behaviour in the experimental (social learning therapy and cognitive behaviour therapy) and control groups.

It revealed that the counselling programme were effective intervention for improving the disruptive behaviour of students. Participants in the experimental groups had their disruptive behaviour improved over the control group.



This means that social learning therapy and cognitive behaviour therapy are highly effective in improving the disruptive behaviour of participants but social learning therapy is more effective than cognitive behaviour therapy. The content of the intervention included communication skills among their peers through observation, imitation and modelling. Also, the cognitive behaviour therapy stressed the need for the participants to unlearn irrational thoughts that could lead to antisocial behaviour by replacing them with realistic thoughts. In addition, participants could be assertive and apply social bonding that would help students work together in the school as partners in progress.

The study correlates other studies by While (2010), Dembo and Gullledge (2008) that examined social learning skills therapy which significantly reduced maladjustment behaviour of students. The findings were supported by Gesinde (2005) who confirmed that social skill is efficacious in modifying the behaviour of truants. In addition, Carey (2001) agrees that cognitive behaviour therapy is to change total behaviour not just attitude and feelings. The findings also agree with other researchers who stated that cognitive behaviour therapy can be used to improve the responses of participants. They confirmed that truants are usually withdrawn which constitutes lack of motivation for learning negative thoughts which can be modified by realist thought process Beck (2005), Feltham and Hoton (2002) and Cook (2006).

**Hypothesis Two:** there is no significant difference in the post-test mean scores of truancy rate among participants in the three experimental conditions. The findings revealed that there was a significant difference in the post-test mean scores of truancy rate among the participants exposed to experimental (social learning therapy and cognitive behaviour therapy) and the control group. Participants in the experimental group had their truancy rate reduced over the control group. This means that social learning therapy and cognitive behaviour therapy are highly effective in improving the truancy rate of participants. Social learning therapy focused on social skills, interpersonal skills and social relationship as a guide for peer modelling. The effectiveness of cognitive behaviour therapy was due to the participants' ability to identify negative automatic thoughts that limited their actions and replaced them with positive thoughts. However, the cognitive behaviour therapy was more effective than social learning therapy. Johnston (2013), Alberty and Emmon's (2008) study agreed with the findings of this study that social learning modifies the behaviour of truants. He stipulated that the mind of children are "fluid" hence, they imitate and learn fast what they see leading to a change in behaviour. The findings of Oliha (2014), Cobb, Sample, Awell and John (2005) agreed with this finding that cognitive restructuring improves the reduction of truancy among adolescent students.

## Conclusion

Based on the findings of this study, social learning and cognitive behaviour therapies are effective, friendly and practicable in the reduction of truancy among senior secondary school students (boys and girls). The result of the study demonstrated that regular attendance at school by students is needed to facilitate learning. Its consistency is determined by the importance attached to the teaching and learning outcome.

Also, the result has shown that if proper counselling is given to the students through social learning therapy and cognitive behaviour therapy, thus regular school attendance behaviour will in effect reduce disruptive behaviour and high truancy rate. Counselling programmes towards behaviour modification of students should be encouraged for a better school climate.

## Recommendations

Based on the findings of this study, the following recommendations are made.

School counsellors, psychologists and education administrators can utilize programmes about regular school attendance by organizing symposia, seminars and workshops for senior secondary school students in order to acquire personal, interpersonal communication, problem-solving and thought process skills. This develops the

students' social skills and the adequate thought processes. Teachers' understanding of "students' maladaptive behaviour and its challenges regarding truancy in the school be enhanced.

Counsellors should include truancy skills in their scheme of work. Each term should focus on a particular skill while teaching the students.

Guidance counsellors should intensify their efforts in the use of social learning therapy and cognitive behaviour therapy to ameliorate school disruptive behaviour and truancy rate among students.

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