

Journal of Education

Vol. 1, No. 2,

January, 1992

Published by the Faculty of Education,
University of Uyo, P. M. B. 1017, Uyo.

JOURNAL OF EDUCATION

Volume 1, No. 2. January, 1992

5

SCHOOL PHOBIA AMONG PRE-PRIMARY CHILDREN IN AKWA IBOM STATE

Queen I. Obinaju (Mrs.)
University of Uyo

ABSTRACT

School phobia, an intense fear exhibited in somatic symptoms by pre-school children as they gain entry into school, poses a great problem for teachers, parents and the government. Some people do not even believe that such traits exist. In this paper, the results of a survey of pre-primary school children's behaviours as they relate to the exhibition of school phobia are reported. Investigations into the symptoms, circumstances surrounding the occurrence, length of time such symptoms last and how teachers handle these occurrences revealed that symptoms include tension, incessant crying, aggression, pant wetting and absconding from school and school activities among others. These symptoms are more exhibited in circumstances of strangeness. Most children dropped symptoms specific to them within the first term of schooling. Teachers also report the use of both appropriate and inappropriate methods in an attempt to reduce symptoms observed in the children. Based on the findings, recommendations are made to ensure effective transition from home to school.

Phobia as generally used refers to an intense fear which leads to a rather exaggerated reaction towards the feared object. In school phobia, the fear is directed towards school, schooling and the school programme. This leads to some abnormal behaviours often somatic (behaviours which are exhibited bodily) in nature on the part of the scholar. As schooling has become an indispensable programme for some children, from the age of three (3) in many privileged Nigerian homes, it becomes necessary to look at the factors affecting the child's school attainment.

In Akwa Ibom State in particular, parents do everything to see that their children have pre-primary education offered by the few private nursery/primary schools available. Those who can afford it send their children even earlier than age 3 to the day care classes before starting pre-primary education. Parents who send their children to day care classes before starting school intend to make them used to schooling before they actually start school. Is it really necessary for the child to be used to schooling before school age?

Starting school is a very traumatic experience for the child. This can be a source of permanent or temporary school phobia. In recognition of this, the National Policy on Education (1981) provides as one of the aims of pre-primary education "effecting a smooth transition from the home to the school". In this paper, a survey of children's behaviour on entry into the pre-primary and primary school is carried out. The continuity of such behaviour and reports by teachers on the remedial treatment given to these children are also examined.

From literature available, school phobia in its early stages presents itself in the form of habitual tardiness. In later stages, it is characterised by outburst of crying, exhibition of temper tantrums, nausea, blind running, diarrhea, loss of bladder control as well as actual school refusal like escapes, biting and kicking to free self when force is applied (Hurlock, 1981). Occasionally, it can get to the extent of the child holding his breath and fainting so as to avoid school (Papalia and Olds 1979). Causes of this type of occurrence are often traced to anxiety of separation from home and the home conditions. Sperling (1982) includes anxiety of separation from the mother and her petting as one of the causes of school phobia. This dependent relationship between mother and child may conspire to increase phobia. Thus, the child continually avoids school and the mother allows him to stay at home. Papalia and Olds (1979) see school phobia as an internal and psychological illness. This implies that phobia is a persistent and irrational fear of an external stimulus. Barker (1981) attempting to separate school phobia from school refusal, views school refusal as the situation whereby the child is reluctant and exhibits aggressive tendencies towards the idea of schooling and school phobia as a more embracing and a more intense happening which must include an element of ill-health. Both however, he observed, are based on fear of either the unknown or the already experienced. Both are found to have common roots in the inability to adjust to school life.

Among the causes identified by Papalia and Olds (1979) are difficulty with teachers and information given to the pre-school children by older siblings who are already in school. Such information involves receiving and serving punishment from teachers and senior in school, shouting, smacking, favouritism, reprimands perceived as unfair, failure to make work interesting and failure to explain lessons clearly.

Kahn (1979) commenting on the academic performance of school phobics, notes that they experience some educational difficulties. From observation and interview conducted on twenty-four (24) children, Kahn concluded that four (4) out of these were slightly backward, and thirteen (13) very backward. This brings the average I.Q to about 98.7 which he termed low. He has however, not explained whether it is the absenteeism from school which is characteristic of school phobics which has caused the backwardness or it is natural that children who are below average in IQ are more prone to school phobia than children high in IQ.

As reviewed above, it is common that most children exhibit a form of school refusal tendency on entry into a school. When not properly handled, this tendency could culminate into a more serious and damaging fear – school phobia. Attempts made to avoid schooling which is the option to a school phobic leads into truancy and a low academic performance. Moreover, arguments continually mount as to whether children actually exhibit these various forms of behaviour. It is necessary to examine children's behaviours on entry into the pre-primary school in Akwa Ibom State to ascertain whether there are traits of phobia or not. Furthermore, to examine the continuity and remedial treatment given to these behaviours by teachers in pre-primary institutions. To be able to do these, the study will seek answers to the following questions:-

1. Do pre-primary children actually exhibit school phobia on entry into school in Akwa Ibom State?
2. What are the common symptoms of school phobia in Akwa Ibom State?
3. Which are the common circumstances eliciting the exhibition of these symptoms?
4. What is the trend in school phobia development after starting school?
5. What are the efforts made by their teachers to ensure an adequate treatment of symptoms of phobia?

DATA COLLECTION

(a) Instrument:

The main instrument used was a questionnaire designed for the teacher to report on each of the samples as to the nature of phobia exhibited, the environment eliciting the exhibition, the length of time the behaviour lasted if it has now stopped and the efforts made to stop the behaviour by the teacher (see appendix). The questionnaire validated by experts and found reliable when the same group of pupils reported on by two different observers were distributed to the teachers during the first school week of the session. These teachers were instructed on interval selection of students (1:5) and were asked to observe these samples closely noting down occurrences and dates, and during the last week of the term complete the questionnaire for each sample. During the last week of the first term duly completed questionnaire were collected for processing.

(b) Population:

A stratified random selection of pre-primary institutions was carried out. Based on the ten former local government areas of Akwa Ibom State, a random selection of one (1) school out of every ten schools was carried out. Where the total number of schools present in the Local Government Area is less than ten, one was still randomly selected to represent the local government area in question. In all, a total of twelve (12) out of one hundred and twenty-two (122) pre-primary institutions were sampled.

(c) Sample:

Sampling was carried out by the interval method which allows for 1:5 (that is, the fifth child on roll is always selected in the class as sample). Samples comprised 265 pre-school children of both sexes drawn from both Nursery I and II classes. As a control group, two classes of beginners in two public primary schools were block sampled. Two other classes at the transition level were also block sampled as control.

FINDINGS AND DISCUSSION

Data obtained in this study are analysed using frequencies and percentages. The tendency for the child to exhibit some level of school phobia on entry into the school is common although symptoms vary. 225 out of 265 children representing 86.8% of children sampled exhibited school phobia.

From the above observation, the first question posed as to whether children actually present some level of school phobia has received an adequate answer.

TABLE I

Symptoms of School Phobia in Pre-School Children

S/No.	Types of Behaviour	Frequency of Occurrence	Percentage of Occurrence
1.	Tension	179	67.17
2.	Incessant Crying	133	50.19
3.	Agression	81	30.57
4.	Pant Wetting	47	17.74
5.	Rejection of Snacks	42	15.85
6.	Absconding	28	10.57
7.	Pant Soiling	17	6.42
8.	Stomach Upset	14	5.28
9.	Undiagnosed Illness	9	2.64
10.	Obstinacy and non-respons	7	2.64
11.	Rigour	4	1.51
12.	Fever	1	0.38
13.	Sucking of Hand	1	0.38
14.	Vomitting	—	0
15.	Fainting Attacks	—	0

The commonest symptom as shown above is tension which represents 67.17% of the total occurrence. Incessant crying in the form of shouts to the mother or the care giver ranks second with 50.19%. Physical aggression in order to be set free from going to school ranks third (30.57%). About 17.74% of pre-primary children wet their pants, 15.85% refuse taking snacks offered to them and 10.57% actually absconded from school and school activities. The least occurring symptoms among those observed are finger sucking and a rise in temperature. Other symptoms such as vomiting, fainting attacks and withholding of breath as observed in other

parts of the world (Papalia et al 1979) are completely absent. Table I summarises the common symptoms of school phobia in Akwa Ibom State and presents them as an answer to research question two (2). In comparison to the first entrants of the public primary school with an average age of 5.4 years, symptoms of tension, incessant crying, aggression, pant wetting and others are also reported. This completely disagrees with any allusion of these symptoms to the age of the child. It rather agrees with the characteristics of a first experience in and fear of school.

Common circumstances which led to the exhibition or exaggeration of the symptoms of school phobia (Research Question 3) are shown on Table II.

TABLE II
Circumstances Eliciting School Phobia Symptoms

S/NO.	CIRCUMSTANCES	FREQUENCY	PERCENTAGE OF OCCURENCE
1.	The presence of other pupils	168	63.40
2.	The presence of the teacher	147	55.47
3.	When faced with school activity	116	43.77
4.	When in an open space	105	39.62
5.	When hushed or frightened	81	30.57
6.	When neglected	67	25.28
7.	When reprimanded	47	17.74

Ranking top on the list are the presence of other pupils and the presence of the teacher. This is to be expected as the teacher is an adult, unknown to the child and the other children are also strange. The strangeness of the environment may also elicit intense fear in a child. Even the open space with its high frequency of occurrence is also associated with the strangeness. School activities like the recitation of nursery rhymes,

answering of questions posed to individual pupils are other circumstances which elicit school phobia symptoms in most of the children tested. Hushing, negligence and reprimand rank least in the list of circumstances leading to the occurrence of school phobia symptoms.

To offer an answer to research question four (4), the frequency of occurrence of each symptom is separated between the two different levels tested (Nursery I and II). The trend observed is further compared with the frequency of a control group (the transition class).

TABLE III
Frequency in Occurrence Between Nursery I and II

S/N	SYMPTOMS	NURSERY I	NURSERY II	TOTAL FREQUENCY
1.	Tension	75	103	178
2.	Incessant Crying	98	35	133
3.	Aggression	39	43	81
4.	Pant Wetting	28	19	47
5.	Rejection of Snacks	31	11	42
6.	Absconding	19	9	28
7.	Soiling of Pant	11	6	17
8.	Stomach Upset	8	6	14
9.	Undiagnosed Illness	6	3	9
10.	Obstinacy and Non-response	4	3	7
11.	Rigour	3	1	4
12.	Fever	1	—	1
13.	Sucking of Hand	—	1	1
14.	Vomitting	—	—	—
15.	Fainting Attack	—	—	—

From Table III, it is observed that the frequency in occurrence of school phobia in Nursery one is generally higher than that of Nursery two except in aggression and tension. This suggest that there is a general reduction of school phobia as the child progresses in school. Two classes of the tran-

sition class tested with the same questionnaire presented only one case of school phobia with frequent crying, three with aggression, one with absconding from school activities and non with any of the other symptoms.

It is obvious that the relative frequency in occurrence of school phobia in the transition class is lower than that of the other two classes presented in Table III. From the foregoing, one deduces that school phobia reduces with progress in and continuous schooling.

Investigating into how long severe symptoms of school phobia last before disappearing, responses obtained indicate that only four (4) representing 1.78% of the total occurrence got over their fear during the first two weeks of schooling. During the first one month, symptoms stopped in 116 others among the number sampled representing 51.56%. By the end of the first term (approximately 12 weeks) 49 others (21.78%) stopped showing symptoms of school phobia originally exhibited by them. This leaves us with 56 representing 24.89% still exhibiting their specific symptoms of school phobia to start the second term. It is also worth noting that among the 56 (24.89%), only 14 (6.22%) belong to Nursery II class. Thus, a greater percentage (75.12%) of pre-school children shake off their phobia for school within the first term of schooling.

Desensitization, a process by which one stops exhibiting fear symptoms towards an object previously feared, may have occurred naturally as a result of the observation of the opposite of what was earlier conceived in most of the above cases. But in other cases, the teacher, parents and the school authority had to take practical steps in the desensitization process. Table IV shows the efforts made by teachers to help pre-school children overcome their specific phobia symptoms and the frequency of the cases needing these efforts. (Research question 5)

Efforts freely stated by teachers as used on school phobics include the ones stated in Table IV. In most cases more than a method is used. Ranking highest among the methods used is petting the child. Most teachers state this in the form of "drawing the child closer" to them. Next on the hierarchy are the use of token economies – the use of non-material rewards like praise – and modelling. Modelling here, refers to rewarding another child with the desirable behaviour and eliciting in the child with an undesirable behaviour the desire to imitate the child with the desirable behaviour. As shown on Table IV, warnings and punishments are also used. Warning, as defined by Hornby (1974), is notice of possible danger or unpleasant consequences which constitute a threat. Threats heighten the

TABLE IV
Efforts Made by Teachers to Stop School Phobia

S/N	Efforts Made by Teachers	Frequency	Percentage of all efforts used	Percentage of recipient children
1.	Petting	165	31.31	62.26
2.	Token Economies	91	17.27	34.34
3.	Modelling	84	15.94	31.70
4.	Socialisation with Peers	42	7.97	15.85
5.	By Giving Responsibility	39	7.40	14.71
6.	More Relaxed Discipline	35	6.64	13.21
7.	By Warning	28	5.31	10.57
8.	By Punishment	18	3.42	6.79
9.	Unspecified Effort but Combined Between Teacher and Parents	14	—	—

individual and renders him nervous (Bee, 1981). Biehler and Snowman (1982) while recommending methods of behaviour modification warns against the use of negative reinforcers such as punishments and threats because of the adverse effects they may have on the personality of the behaviour incumbent.

Parents are also brought in to work hand in hand with the teacher so as to reduce school phobia in their children. Among these methods used by teachers, helping the child to associate himself with peers and the use of relaxed discipline are highlighted. Socialisation of the school phobic with peers may have an all round desired effect depending, of course, on the characteristics of the peers to which he affiliates. But using more relaxed discipline may only offer momentary result of relaxing the child for him to be back into tension when the standard is raised to meet the normal.

In conclusion, school phobia is common in pre-school children arising from the fear of the unknown. The strangeness of the school environment increases and tends to exaggerate the symptoms exhibited by these pre-

school children. Symptoms observed among pre-schoolers in Akwa Ibom State include tension, incessant crying, aggression, pant wetting, rejection of snacks, absconding, pant soiling and stomach upset. Others include undiagnosed illness, rigour and fever. Age as a factor to the exhibition of the symptoms has been rejected. Rather clues as to a reduction in symptoms as the child progresses through school are observed. Symptoms are seen to be more exhibited in circumstances of strangeness which pose threats to the child such as the presence of other children and the presence of the teacher. Among the efforts used by teachers to desensitise school phobics, both appropriate and inappropriate methods are observed.

Based on the above conclusions, the following recommendations are made:

Parents should not be alarmed when any of their children exhibits any symptom of school phobia on starting school. This is common. Rather, they should join their efforts with those of the teachers to ensure quick disappearance of the symptom as prolonged occurrence may become a habit. They should not lose sight of the fact that most of the methods used by the teachers may be inappropriate, so they should assist.

In view of the fact that mishandling of the pre-school child may lead to a permanent dent in the personality of the child, it is advised that only teachers who have undergone pre-primary education be made to handle the pre-primary class as they would be better equipped with the appropriate methods of handling school phobics.

Threats, punishment and relaxed discipline currently in use with school phobics should be stopped. Avenues for this awareness through seminars and workshops should be created for pre-primary and primary school teachers.

Lastly, more work is recommended especially in the area of effective methods of coping with school phobics, school phobia development after starting school and the effect of school phobia on the academic performance of children in Akwa Ibom State.

APPENDIX

QUESTIONNAIRE ON SCHOOL PHOBIA AMONG PRE-SCHOOL CHILDREN

Instruction:

Please give a full report of each child in your class using one form for each pupil.

Sex: _____

Pupil's Register No.: _____

1. This child expresses some amount of fear (phobia) during his first week in school. (Yes/No)
2. He/She exhibited some abnormal behaviour during his first few days in school. (Yes/No)
3. What type of behaviour? Please state:
 - (a) _____
 - (b) _____
 - (c) _____
 - (d) _____
4. These symptoms were exhibited more –
 - (a) When in an open space
 - (b) When in the presence of teacher
 - (c) When in the presence of other pupils
 - (d) When hushed by either a teacher or pupil
 - (e) When rejected by his playmates
 - (f) When called to recite a nursery rhyme or song
 - (g) When reprimanded by the teacher.

(You can tick more than one as the case may be)
5. Has this child stopped this abnormal behaviour? (Yes/No)
6. How long did the abnormal behaviour last?
 - (a) 2 weeks
 - (b) 1 month
 - (c) It stopped before the end of the term
 - (d) Up till date.

7. What efforts were used for him/her to stop these abnormal behaviours?

- (a) _____
- (b) _____
- (c) _____
- (d) _____
- (e) _____

REFERENCES

- Angrilli, A. & Helfat, L. (1981) **Child Psychology**. New York: Harber & Row.
- Barker, P. (1981) **Basic Child Psychiatry**. London: Granda.
- Bee, H. (1981) **The Developing Child**. New York: Harper.
- Biehler, R. F. & Snowman, J. (1982) **Psychology Applied to Teaching**. Boston: Houghton Mifflin.
- Hornby, A. S. (1974) **Oxford Advanced Learners' Dictionary of Current English**. London: Oxford University Press.
- Hurlock, E. B. (1981) **Child Development**, 6th edition. London: McGraw Hill.
- Kahn, J. H. (1979) **School Phobia**. Oxford: Pergamon.
- National Policy on Education 1981 (Revised).
- Papalia, D. E. & Olds, S. W. (1979) **A Child's World: Infancy Through Adolescence**, 2nd edition. London: McGraw-Hill.
- Sperling, A. P. (1982) **Psychology Made Simple**. London: Heinemann.