
PREDICTIVE INFLUENCE OF CHILD-CENTRED FACTORS ON IRREGULAR SCHOOL ATTENDANCE BEHAVIOUR OF SECONDARY SCHOOL STUDENTS WITH DYSLEXIA IN OWERRI

BY

Okoie Ojaga Emmanuel PhD: Department of Educational Psychology/G&C, Alvan Ikoku Federal College of Education, Owerri; E-mail: okoieemmanuel@yahoo.com

Ukoha Callista, A. PhD: Department of Educational Psychology/G&C, Alvan Ikoku Federal College of Education, Owerri

&

Adebisi Funmilola Kehinde PhD: Omikunle Avenue, Gbekuba, Apata Ibadan

Abstract

This study investigated the predictive influence of child-centered factors on irregular school attendance behaviour among secondary school students with dyslexia in Owerri, Imo State. Using a descriptive survey design; the study adopted purposive sampling technique to select 200 chronic school absentees (boys 120 and girls 80) with dyslexia from 10 randomly selected secondary school in Owerri. A validated self-developed questionnaire was used to collect data from participants. Descriptive statistics of mean, standard deviation and t-test were used to analyze data collected. The result at $\bar{x}=3.00$ decision point indicated that the participants agreed that their irregular attendance in school was due to the fact that: their classmates make fun of me when they speak in the class ($\bar{x} =3.48$); they feel ashamed in their inability to pronounce words correctly($\bar{x} =3.43$); they feel frustrated in their inability to read in class when asked to read by their teacher($\bar{x} =3.23$); they are discouraged to attend school($\bar{x} =3.13$); they are afraid they will be called out to read($\bar{x} =3.08$); they do not feel happy attending school regularly($\bar{x} =3.19$) and they feel they cannot make it in school($\bar{x} =3.31$). Also, the result of the study revealed that there was no significant difference in the expressed irregular school attendance behaviour of male and female; young and old secondary school students with dyslexia due to child-centered factors. Therefore, special educators should utilize intervention programmes that will help secondary school students with dyslexia to overcome their challenges and develop the need confidence in their ability to succeed in school.

Keywords: Dyslexia, Attendance behaviour, Child-related factor, Reading and Students

Introduction

Children in school desire to succeed academically and acquire knowledge that would make them self-supporting and contribute positively to societal development and its sustainability. These suggest why children strive to attend school with zeal, courage, resilience and desire to achieve. However, some children are at times discouraged to attend school regularly due to some compounding challenges that has made them express dyslexia. Students with the problem of dyslexia often have challenges reading as they term to have difficulty understanding the relationship between sounds, letters and words. Thus, reading comprehension problems occur when there is an inability to grasp the meaning of words, phrases, and paragraphs. In the same vein, Gina-Kemp, Melinda-Smith and Segal (2016) affirmed that signs of reading difficulty that constitute dyslexia include problems with: letter and word recognition; understanding words and

ideas; reading speed and fluency and general vocabulary skills. The experience of learning disability such as dyslexia with its compounding challenges could influence the irregular school attendance behaviour of students

Reading disabilities affect roughly 80% of the learning disabled population (Hudson, High, & Otaiba, 2007). Of this population, dyslexia is the most common learning disability, more recently described as a phonological processing disorder that affects one's ability to decode and encode when reading and writing, often leading to difficulties in reading fluency, comprehension, and spelling (Torgesen, Wagner, Rashotte, Herron, & Lindamood, 2010; Wajuihian & Naidoo, 2012). Although dyslexia is estimated to affect somewhere between 5% and 17% of school-aged children in the United States (Wajuihian & Naidoo, 2012), many teachers are not trained to recognize the signs of dyslexia, let alone remedy its effects (Torgesen et al., 2010). This makes it imperative to investigate the predictive influence of child-centred factors on irregular school attendance behaviour of secondary school students with dyslexia in Owerri Imo State.

Dyslexia can be caused by known and unknown factors. To make matters more complex, people with dyslexia can struggle with more than one specific learning disability. For example, while some may struggle with reading, others may struggle with both reading and Mathematics due to their inability to comprehend words or meaning of words. Learning disabilities are not linked to intelligence. Indeed, very intelligent children and adults can struggle to learn. It is generally accepted that there are four stages of processing information used in learning: input, integration, storage, and output. Learning disability can occur if any of these four stages are compromised. The negative implication of this on such students' functional ability, academic, social, emotional and psychological wellbeing is enormous as they are at risk of not potentially benefiting from classroom teaching and learning experience and further not being able to attain academic success. Therefore, this implies that secondary school students with dyslexia would have to continually struggle to attain reading competence and negotiate social acceptance among peers in school. These highlight the fact that their educational and social development could be a stressful experience. Thus, it could be said that this developmental phenomenon is basically characterized by more extreme feelings of hopelessness, sadness, isolation, worry and withdrawal (Okoiye, Ohizu & Adediran, 2011).

Hamilton (2013) reported that in the published DSM-V (American Psychological Association, 2013), dyslexia is no longer represented as a discrete diagnostic category, but rather subsumed within a broader classification of 'specific learning disorders'. The manual notes that dyslexia is an alternate term used to refer to a pattern of learning difficulties characterized by problems with accurate or fluent word recognition, poor decoding and poor spelling abilities. Prevalence estimates for developmental dyslexia range from 3% to 10% (Hulme & Snowling, 2009). An obvious difficulty in obtaining accurate prevalence data is that no universally agreed threshold of impairment exists for diagnosis, and therefore studies employ different criteria to categorise individuals as having a reading disability. Since dyslexia is a complex, multifactorial disorder, whose biological underpinnings are not yet well understood, cut-offs for categorisation along cognitive or behavioural dimensions, such as 'reading accuracy', are inevitably somewhat arbitrary. As is the case with many developmental disorders, prevalence estimates are higher in males than females; gender ratios range from 4:1 (Hamilton, 2013).

Also, data from four independent epidemiological studies yielded higher prevalence of reading difficulties in boys in all samples, providing strong evidence that dyslexia is indeed more frequent in males than females (Rutter, Caspi, Fergusson, Horwwood, Goodman & Maughan, 2004). Evidence that dyslexia is characterised by a core cognitive deficit in the representation and processing of phonological forms abounds (Vellutino, Fletcher, Snowling, & Scanlon, 2004). Although it is likely that atypical reading development has a reciprocal effect on phonological skills, the well-replicated finding that children who go on to have reading difficulties show phonological deficits before beginning to learn to read suggests that impaired phonological processing is a proximal cause of dyslexia (Snowling, Gallaher & Frith, 2003; Hamilton, 2013). Attempts to demonstrate that the phonological deficit is a manifestation of a broader perceptual impairment, for example in speech perception, auditory processing or visual processing has generally identified such deficits only in sub-groups of dyslexic samples (Hamilton, 2013).

When compared with their normally achieving peers, individuals with dyslexia seem to have a lower academic self-concept than their general self-concept (Zelege, 2004). Because dyslexia affects self-esteem, students with reading and writing difficulties may develop social and emotional problems, more often than students without dyslexia (Wadlington & Wadlington, 2005). Rollins (2014) reported that students with dyslexia express the feelings of low self-concept and low self-esteem. However, he noted that the difference between self-concept and self-esteem, where self-concept is how an individual believes others feel about him/her and self-esteem is how an individual values himself/herself.

Lowered self-esteem and increased anxiety levels commonly occur in students with dyslexia experiencing learning difficulties (Price & Gale, 2006). As a result, they may suffer not only from social and emotional problems, but may also experience academic failure that might influence their non school attendance behaviour (Reis & Ruban, 2005). A Dutch study of dyslexic adults aged between 20 and 39 years found some less positive ways of coping, such as avoidance, tricks, camouflage, overcompensation and repression (Hellendoorn & Ruijssenaars, 2000). Many negative school experiences were reported, including humiliation, being bullied and feelings of not belonging. However, negative coping strategies could be avoided through remedial help. More than half of the participants had experienced problems with making social contacts. These relationships were characterised by fear and failure as well as by feelings of being different.

Glazzard (2010) described a nine-person study conducted in two mainstream secondary schools in England. Students with a diagnosis of dyslexia were interviewed. Their responses to each question were analyzed for the effects dyslexia has on their self-esteem. It was found that not only do students with dyslexia have impaired self-esteem, they experience teasing and bullying by their peers and equally receive unfair treatment from their teachers. Study participant responses revealed that teachers often assumed students were lazy or not listening when students expressed their need for additional help with course material. Rather than helping the students, the teachers naively assigned extra work, causing much more harm to the students' self-esteem than was most likely intended or considered (Glazzard, 2010). This makes the issue of dyslexia compounding, delicate; frustrating and quite a necessity for investigation.

Statement of the Problem

Children with dyslexia in their daily interaction with learning environment and their experience of difficulty in reading, comprehending, decoding or encoding words more often than not experience low self-concept, low self-esteem and low reading achievement. This development could make them express the feeling of learned helplessness as they realise their academic and intellectual deficiency and their inability to effectively adjust to teaching and learning situation. This dilemma could make children with dyslexia develop the syndrome of negative self-verbalisation and be ill-motivated to attend school regularly.

Theoretical Framework

Social Learning Theory

This study is anchored on Bandura (1977) social learning theory considering the fact that social learning theory posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. In addition to the observation of behaviour, learning also occurs through observation, rewards and punishments, a process known as vicarious reinforcement. Social learning theory integrated behavioural and cognitive theories of learning in order to provide a comprehensive model that could account for wide range of learning experiences that occur in the real world. The key tenets of social learning theory are as follows: Learning is not purely behavioural; rather, it is a cognitive process that takes place in a social context; Learning can occur by observing a behaviour and by observing the consequences of the behaviour (vicarious reinforcement); Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behaviour (observational learning or modelling); Reinforcement plays a role in learning but is not entirely responsible for learning and the learner is not a passive recipient of information.

Cognition, environment, and behaviour all mutually influence each other (reciprocal determinism). An important factor in social learning theory is the concept of reciprocal determinism. This notion states that just as an individual's behaviour is influenced by the environment, the environment is also influenced by the individual's behaviour. In other words, a person's behaviour, environment, and personal qualities all reciprocally influence each other. For example, a child with dyslexia who observes the peers reading fluently always in class and are being appraised would likely be influenced to put in more effort to overcome his/her challenges and subsequently improve in reading, comprehension, etc. (Bandura, 1977).

Research Questions

1. What child-centred factors do influence irregular school attendance behaviour among secondary school students with dyslexia?

Research Hypotheses

1. There is no significant difference in the expressed irregular school attendance behaviour of male and female secondary school students with dyslexia due to child-centred factors.
2. There is no significant difference in the expressed irregular school attendance behaviour of young and old secondary school students with dyslexia due to child-centred factors.

Methodology

This study adopted a descriptive survey design. Utilizing the purposive sampling technique to select 200 chronic school absentees with dyslexia disorder from 10 randomly selected secondary schools in Owerri Imo state. The total population for this study comprised of two hundred chronic school absentees with dyslexia from 10 randomly selected secondary schools in Owerri Imo state.

The two instruments used in this study to collect data from the participants were the school attendance register and School Attendance Behaviour Rating Scale (SABRS). This was developed and validated by the researcher. It is a 7 item test measuring the school attendance behaviour of students influenced by Child related factors. The items were developed on a 4 point modified Likert format. It has items such as: I do not attend school regularly because: My classmates make fun of me when I speak in the class; I feel ashamed in my inability to pronounce words correctly; I feel frustrated in my inability to read in class when asked to read by my teacher etc. A pilot study using test-re-test method was used to validate the self-constructed non-school attendance behaviour (Child-related factors) Questionnaire. A split-half coefficient alpha value of 0.83 was recorded. The school attendance register is globally recognised as an important source to be consulted in any attempt to ascertain students' attendance rate in the school. It has been found to be reliable if not subjected to undue manipulation. For this study, only identified children with expressed dyslexia disorder that failed to attend school on twenty different occasions for first term and second term were selected for the study.

The researcher got the permission of the school authorities used for the study and also sought the consent of the participants. The identified irregular school attendees' were administered questionnaires with the assistance of the class teachers. The questionnaire took between 20-25 minutes to complete and was collected back the same day by the researcher for analysis. Data collected were analysed using descriptive statistics of mean, standard deviation and t-test statistical tools. The mean and standard deviation was used to answer the research question and the decision-point was put at 3.0. This implies that a mean rating of less than 3.0 is "disagree". A one-sample t-test value was analysed to answer the research question, while t-test analysis of independent means was used to test the two research hypotheses stated in the study.

Results

The result of this study is presented in accordance to the response of participants to the research question and hypotheses formulated to guide the study.

Research Question: What child-centred factors do influence irregular school attendance behaviour among secondary school students with dyslexia disorder?

Table 1: Descriptive statistics of mean and standard deviation and t-values of one sample t-test of child-centred factors that influence irregular school attendance behaviour among secondary school students with dyslexia disorder

s/n	I do not attend school regularly because:	M	SD	T	Df	DECISION
1	My classmates make fun of me when I speak in the class	3.48	1.54	2.26	121	Agree
2	I feel ashamed in my inability to pronounce words correctly	3.43	1.51	2.21	121	Agree
3	I feel frustrated in my inability to read in class	3.23	1.48	2.17	121	Agree

	when asked to read by my teacher					
4	I am discouraged to attend school	3.13	1.41	2.15	121	Agree
5	I am afraid I will be called out to read	3.08	1.27	2.11	121	Agree
6	I do not feel happy attending school regularly	3.19	1.43	2.08	121	Agree
7	I feel I cannot make it in school	3.31	1.50	2.19	121	Agree

Going by the results highlighted in table 1, secondary school students with dyslexia disorder who are irregular school attendees' agreed with all the statements. This development indicates that irregular school attendance behaviour among secondary school students with dyslexia in warri can be attributed to child-centred factors such as I do not attend school regularly because: My classmates make fun of me when I speak in the class ($\bar{x} = 3.48$); I feel ashamed in my inability to pronounce words correctly ($\bar{x} = 3.43$); I feel frustrated in my inability to read in class when asked to read by my teacher ($\bar{x} = 3.23$); I am discouraged to attend school ($\bar{x} = 3.13$); I am afraid I will be called out to read ($\bar{x} = 3.08$); I do not feel happy attending school regularly ($\bar{x} = 3.19$) and I feel I cannot make it in school ($\bar{x} = 3.31$).

Research Hypotheses

To test the first research hypothesis which sought to know if there was no significant difference in the expressed irregular school attendance behaviour of male and female secondary school students with dyslexia disorder due to child-centred factors; a t-test analysis was computed.

Table 2 shows the result of findings on this hypothesis

Secondary school students with dyslexia disorder due to child-centred factors	N	Mean	SD	Df	Crit-t	t-Cal	p
Boys	120	33.27	6.362	121	1.96	0.92	N.S
Girls	80	33.47	6.131				

From the result of the study as shown in table 2 above, the critical t value which is 1.96 is greater than the t value calculated 0.92 (two tailed analysis) at 0.05 level of significance. Therefore, the null hypothesis is accepted. This indicates that there was no significant difference in the expressed irregular school attendance behaviour of male and female secondary school students with dyslexia disorder due to child-centred factors.

To test the second research hypothesis which sought to know if there was no significant difference in the expressed irregular school attendance behaviour of young and old secondary school students with dyslexia disorder due to child-centred factors: a t-test analysis was computed.

Table 3 shows the result of findings on this hypothesis

Secondary school students with dyslexia disorder due to child-centred factors	N	Mean	SD	Df	Crit-t	t-Cal	p
Young Students (14-15)	85	34.26	6.051	121	1.96	0.94	N.S
Old Students (16-18)	115	34.39	6.211				

The result as reveal in table 3 above, shows that the critical t value which is 1.96 is greater than the t value calculated 0.94 (two tailed analysis) at 0.05 level of significance. Therefore, the null

hypothesis is accepted. This indicates that there is no significant difference in the expressed irregular school attendance behaviour of young and old secondary school students with dyslexia disorder due to child-centred factors.

Discussion of Findings

The findings of the study revealed that irregular school attendance behaviour among secondary school students with dyslexia disorder could be attributed to child-centred factors such as I do not attend school regularly because: My classmates make fun of me when I speak in the class ($\bar{x} = 3.48$); I feel ashamed in my inability to pronounce words correctly ($\bar{x} = 3.43$); I feel frustrated in my inability to read in class when asked to read by my teacher ($\bar{x} = 3.23$); I am discouraged to attend school ($\bar{x} = 3.13$); I am afraid I will be called out to read ($\bar{x} = 3.08$); I do not feel happy attending school regularly ($\bar{x} = 3.19$) and I feel I cannot make it in school ($\bar{x} = 3.31$). This development indicates that some students with dyslexia disorder might not benefit positively from the teaching and learning experience considering the fact that they may lack the ability to correctly pronounce, read and appropriately comprehend words. Consistent with this point of view is Gina-Kemp, Melinda-Smith and Segal (2016). They affirmed that signs of reading difficulty that constitute dyslexia include problems with: letter and word recognition; understanding words and ideas; reading speed and fluency and general vocabulary skills. The experience of learning disability such as dyslexia with its compounding challenges could influence the irregular school attendance behaviour of students. Reading disabilities affect roughly 80% of the learning disabled population (Hudson, High, & Otaiba, 2007). Of this population, dyslexia is the most common learning disability, more recently described as a phonological processing disorder that affects one's ability to decode and encode when reading and writing, often leading to difficulties in reading fluency, comprehension, and spelling (Torgesen, Wagner, Rashotte, Herron, & Lindamood, 2010; Wajuihian & Naidoo, 2012).

The result of the first research hypothesis which sought to know if there was no significant difference in the expressed irregular school attendance behaviour of male and female secondary school students with dyslexia disorder due to child-centred factors revealed that there was no significant difference in the expressed irregular school attendance behaviour of male and female secondary school students with dyslexia disorder due to child-centred factors. This implies that students with dyslexia either male or female often do not acquire the abilities necessary to be socially successful or to make friends. However, contrary to this finding, Hamilton (2013) found that as is the case with many developmental disorders, prevalence estimates are higher in males than females; gender ratios range from 4:1 (Hamilton, 2013). Also, data from four independent epidemiological studies yielded higher prevalence of reading difficulties in boys in all samples, providing strong evidence that dyslexia is indeed more frequent in males than females (Rutter, Caspi, Ferguson, Horwood, Goodman & Maughan, 2004).

The findings of the second research hypothesis which sought to know if there was no significant difference in the expressed irregular school attendance behaviour of young and old secondary school students with dyslexia due to child-centred factors; revealed that there was no significant difference in the expressed irregular school attendance behaviour of young and old secondary school students with dyslexia disorder due to child-centred factors. The reason for this development could be that either young or old, lowered self-esteem and increased anxiety levels

commonly occur in students with dyslexia experiencing learning difficulties (Price & Gale, 2006). As a result, they may suffer not only from social and emotional problems, but may also experience academic failure that might influence their non school attendance behaviour (Reis & Ruban, 2005). A Dutch study of dyslexic adults aged between 20 and 39 years found some less positive ways of coping, such as avoidance, tricks, camouflage, overcompensation and repression (Hellendoorn & Ruijsenaars, 2000). Many negative school experiences were reported, including humiliation, being bullied and feelings of not belonging. However, negative coping strategies could be avoided through remedial help. More than half of the participants had experienced problems with making social contacts. These relationships were characterised by fear and failure as well as by feelings of being different.

Recommendations

1. Special educators should focus attention on the challenging needs of secondary school students with dyslexia disorder so as to utilise teaching methods that will take into consideration their deficiency.
2. Special educators should utilise intervention programmes that will help secondary school students with dyslexia disorder to overcome their challenges and develop the need confidence in their ability to succeed in school.
3. The peers of secondary school students with dyslexia disorder in school should be enlightened on the danger of making fun of these challenged students in class so that they will see the needs to give them the necessary support that will enable them adjust in school.

Conclusion

Since the primary goal of Nigerian educational system is to develop potentials that would impact positively on well-being of students and national development. The school administrators and teachers should endeavour that the developmental needs of secondary school students with dyslexia disorder should be taken into consideration and effective teaching methods be made use of during their verbal interactive teaching and learning process.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder* (5th ed.) (DSM V). Washington, DC: American Psychiatric Association.
- Bandura, A. (1977). *Social Learning Theory*. Oxford, England: Prentice-Hall
- Gina-Kemp, M.A., Melinda-Smith, M.A., & Segal, J. (2016). Learning Disabilities and Disorders: Types of Learning Disorders and Their Signs: <http://www.helpguide.org/articles/learning-disabilities/learning-disabilities-and-disorders.htm>. Accessed on 10/01/2016.
- Glazzard, J. (2010). The impact of dyslexia on pupils' self-esteem. *Support for Learning: British Journal of Learning Support*, 25(2), 63-69.
- Hamilton, L. G. (2013). The Role of the Home Literacy Environment in the Early Literacy Development of Children at Family-risk of Dyslexia: *Thesis Submitted for the degree of PhD of the Department of Psychology University of York*.
- Hellendoorn, J. & Ruijsenaars, W. (2000). Personal experiences and adjustment of Dutch adults with dyslexia. *Remedial and Special Education*, 21(4), 227–239.

- Hudson, R. F., High, L., & Al Otaiba, S. (2007). Dyslexia and the brain: What does current research tell us? *The Reading Teacher*, 60, 506-515.
- Hulme, C., & Snowling, M. J. (2009). *Developmental disorders of language learning and cognition*. Oxford: Wiley-Blackwell.
- Okoiye, O. E., Ohizu, E. C., & Adediran, I. A. (2011). Measured influence of sexual debut, social support and privacy preference on perceived level of depression among in-school adolescents in Abeokuta, Ogun State, Nigeria: *African Journal of Studies in Education* Vol, 8 No. 1&2, 239-251.
- Price, G. & Gale, A. (2006). How do dyslexic nursing students cope with clinical practice placements? The impact of the dyslexic nursing students: pedagogical issues and considerations. *Learning Disabilities: A Contemporary Journal*, 4(1), 19–36.
- Reis, S. M. & Ruban, L. (2005). Services and programs for academically talented students with learning disabilities. *Theory into Practice*, 44(2), 148–159.
- Rollins, N. M. (2014). Self-esteem and compensatory strategies for reading: understanding students with dyslexia: *A Thesis Submitted to the Graduate College of Bowling Green State University in partial fulfilment of the requirements for the degree of Master of Education*.
- Rutter, M., Caspi, A., Fergusson, D., Horwood, T.E., Goodman, R., and Maughan, B. (2004). Sex differences in developmental reading disability: New findings from 4 epidemiological studies. *The Journal of the American Medical Association*, 291(16), 2007-2012.
- Snowling, M. J., Gallagher, A., & Frith, U. (2003). Family risk of dyslexia is continuous: Individual differences in the precursors of reading skill. *Child Development*, 74(2), 358-373.
- Torgesen, J. K., Wagner, R. K., Rashotte, C. A., Herron, J., & Lindamood, P. (2010). Computer-assisted instruction to prevent early reading difficulties in students at risk for dyslexia: Outcomes from two instructional approaches. *Annals of Dyslexia*, 60, 40-56.
- Vellutino, F.R., Fletcher, J.M., Snowling, M.J., & Scanlon, D.M. (2004). Specific reading difficulty (dyslexia): What have we learned in the past four decades? *Journal of Child Psychology and Psychiatry*, 45(1), 2-40.
- Wadlington, E. M. & Wadlington, P. L. (2005). What educators really believe about dyslexia. *Reading Improvement*, 42(1), 16–33.
- Wajuhian, S. O., & Naidoo, K. S. (2012). Dyslexia: An overview. *Optometry & Vision Development*, 43(1), 24-33.
- Zelege, S. (2004). Self-concepts of students with learning disabilities and their normally achieving peers: a review. *European Journal of Special Needs Education*, 19(2), 145–170.