Effectiveness of Reality and Self-Efficacy Therapies in Reducing Truancy among Secondary School Students From Different Socio-Economic Status In Lagos State

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Abstract

Truancy is a major deviant behaviour exhibited by high-school students in Lagos. Several measures to combat this menace has yielded little fruit. Therefore, the study examines the effectiveness of reality and self-efficacy therapies in reducing truancy in Lagos schools A 3 x 2 x 3 pre-posttest experimental design was adopted to randomly sample a total of 150 identified truants from three public schools each from Education Districts II, V & VI, with a 12-week intervention administered to the truants. The participants were pre-tested with TBS and SESI with an α -value of 0.84 and 0.98 respectively, assigned to two treatment groups and a control group and post-tested at the end of the 12 weeks with TBS only. Three hypotheses were tested at 0.05 using ANCOVA and Tukey HSD for post-hoc testing. The study recommends that workshops and seminars on reality and self-efficacy therapies be organized for counsellors, social workers and other behavioral specialists as a proactive measure for truancy reduction in Lagos secondary schools.

Keywords: reality therapy, self-efficacy therapy, socioeconomic status, truancy behavior, truancy

Introduction

Truancy is a cankerworm that has eaten deep into the fabric of Nigeria's public high-school system, especially in Lagos, as several studies show. Kazeem (2013) reports that 2095 students exhibited truancy behaviour in Lagos secondary schools across the six education districts. Also, findings show a high prevalence of truancy behaviour among students in Epe and Badagry areas of Lagos which cut across gender, socioeconomic status, rural and urban students, and parenting style (Onoyase, 2017; Makinde, Daodu & Topohozin, 2015). Jegede, Ememe and Gami (2009), report truancy to be the most prevalent of 28 sampled deviant behaviours with 24.1% prevalence among 100 teachers and 200 students in the study. Truancy is a discipline problem which frequently occurs among students and it has many contributories as well as interrelated factors. It is a complex and multidimensional phenomenon which has been found to be responsible for the nonattainment of the national educational philosophy and policy statement for secondary school students (Animashaun, 2005; Gesinde, 2004; Adeyemi, 2009). It is a growing problem in the high school settings and has be-

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come a prelude to other delinquent behaviours with a negative multiplier effect on the individual and society alike. (Onoyase, 2017; Kazeem, 2013).

Truancy can be defined as unexcused, illegal and surreptitious absences or non-anxiety-based absenteeism; without parental knowledge about the behaviour. Truancy is a situation where the student has neither the permission of his parent nor the consent of the school authorities to keep away from school (Gesinde, 2004; Adeyemi, 2006; Kearny, 2008). Truancy is a deviant behaviour exhibited by students as a result several leading causes such as home background factor (educational level of parents, socioeconomic status, occupation, marital instability, parenting style), school factor (poor school climate, bullying, poor school organization and administration, poor recordkeeping, poor student-teacher relationship), community factor (peer pressure, high crime rate, poor role models) and personal factors (nonchalance, poor academic performance, low self-esteem, and assertiveness) (Onoyase, 2017; Aminu, 2015; Animashaun, 2009; Owoduni, 2002). Truancy is also correlated with other adverse life outcomes. Heibrunns (2003) state that truancy behaviour affects academic performance of students in multiplicity of ways such as low academic performance, repeat of grades, expulsion or dropout from school. Also, studies show that truancy behaviour is linked to deviant behaviours such as substance abuse, gangsterism, delinquency, serious criminal offenses like theft and burglary, early sexual activity and the short-term consequences include unwanted pregnancy, maladjustment, substance abuse, rape and sexual abuse, school dropout, while the long-term consequences include sexual infections, incarceration, job instability, low income, and adult criminality (Thomas, 2011; Animashaun, 2009; Owodunni, 2002; Zhang, Katsiyannis, Barrett, and Wilson, 2007; Henry, 2007; Olley, 2006; American Psychological Association, 2010).

Literatures show a divergence of opinion in the relationship between socioeconomic status (SES) and adolescents' delinquent behaviour. There is evidence that adolescents from high socioeconomic status are at a high risk of substance abuse while students from low socioeconomic status are at risk of truancy behaviour than students from moderate socioeconomic status (Adelabu, Oyelana & Adelabu, 2016); While some researchers find that family location and parent's socioeconomic status have significant impact on truancy (Akume, Awopetu & Nongo, 2013; Dohho, 2015), some report that truancy as a delinquent behaviour is associated with schools characterized by teachers with negative attitude, loosely enforced rules, ambiguous responses to student misbehavior, low levels of belief in conventional social rules, and lacking resources needed for effective teaching (Smith, 2005; Gottfredson & Gottfredson, 1985; Booth, 1996).

Educationalists have posit that students from low households are bound to have negative attitude towards academics or bound to academic underachieve-

ment. The effect of socioeconomic status is relatively environmental, especially in a city like Lagos where the low socioeconomic status of households could be seen as high compared with others in rural environments. Furthermore, students from the so-categorized low-income households mingle with other students from higher income homes, and such factors as peer influence, type of school, quality of teaching can obliterate the effects their low socioeconomic status could have on their attitude towards events and subjects (Badejo & Anyanwu, 2016).

Several measures have been taken to curb this deviance, some of which include the use of corporal punishment such as canning, washing of toilet, cutting of trees, grasses and working on farm and school poultry; suspension and verbal threat by teachers have all been found ineffective in reducing cases of chronic truancy (Kambuga, Manyengo & Mbalamula, 2018; Uhuegbu, 2018; Laurent, 2014; Tobin, 2009). Therefore, there is need to examine empirical psychotherapeutic solutions. Some psychological therapies found efficacious in reduction of truancy behaviour are cognitive behaviour therapy, rational emotive behaviour therapy, token economy, reality therapy and self-efficacy therapy. (Uhuegbu, 2018; Hans & Rikard, 2013; Nwosu, 2007; Ker, Ekoja, & Ekoja, 2007). In this study, the researcher examined the effectiveness of reality therapy and self-efficacy therapy on truancy behaviour to determine which of these two has the propensity in reducing high school truancy across various socioeconomic statuses.

Reality therapy

Propounded by William Glasser in 1965, reality therapy is a cognitive behavioral method of counselling and psychotherapy which focuses on the five basic needs of individuals—survival, love, sense of belonging, freedom, fun, and power (Glasser, 2001). The need for love and sense of belonging, caring and relationships are the most prominent of all human needs, which leads to longterm problems if these needs are not fulfilled. One of the core principles of reality therapy is that, whether people are aware of it is or not, they are always trying to meet these essential human needs. Reality therapy stresses one major point: that people are in control of what they are currently doing in their lives whether or not it is working in their favour toward meeting their basic psychological needs for power, belonging, fun and freedom (Glasser, 2001) and it is through an individual's choices that he or she makes change happen for better or worse. Reality therapy approach to counselling and problem-solving is concerned with the "here-and-now" of the client and how to create a better future, instead of concentrating at length on the past (Adewuyi, 2006).

Reality therapy therefore focuses on making students (truants) aware that they are responsible for the creation of their feelings by their choice of unseriousness absenting themselves from school, and taking to criminal tendencies. The main goal of reality therapy is to help people become emotionally strong and rational enough to accept personal responsibilities for their life choices. This goal discourages truants from blaming parental background, teachers, society, school and government as responsible for their own failings. Reality therapy maintains that the therapist must reject all unrealistic and unacceptable behaviours, but not to reject the client or the counselling involvement. According to Ojewola (2016), reality therapy is an effective intervention technique that can help students reduce the incidence of indiscipline, the basic goal being to help clients learn better ways of fulfilling their needs. Ojewola further asserts that reality therapy procedures which lead to change are based on two specific assumptions (Glasser, 2001). The first assumption is that their present behaviour is not getting them what they want; the second is that humans are motivated to change when they believe they can choose other behaviours that will get them closer to what they want. Reality therapy emphasizes the importance of the therapeutic relationship which is the foundation for effective counselling outcomes. Glasser (2001) asserts that many students lack good relationships with warm, caring, responsible adults.

The most salient issue with choice theory is that human beings are driven by five basic genetic needs which are survival, love, feeling of belonging, freedom, fun and power (Glaser, 2001). In a study by Panah, Shafi, Abadi and Ahghar (2004), group reality therapy had positive impact (inhibitive) on the students' attitudes toward smoking of first-year high school students. Agali (2004) also conducted an experiment to establish the relative efficacy of reality therapy on life after prison among prison in-mates. Agali sought to positively influence in-mates' ability to adjust to life post-incarceration. Result shows that reality therapy was effective in assisting prison inmates adjust to life after prison. Kim's (2005) study aimed to verify the effectiveness of reality therapy for patients with schizophrenia. The findings show that reality therapy caused positive changes in terms of the internal locus of control, self-esteem, and problem-focused stress coping of the observed schizophrenic patients. Prenzlau (2006) also employed reality therapy in treating patients with posttraumatic stress disorders and self-esteem issues. This therapy is apt because truancy is also classified as a delinquent behaviour. Prenzelau (2006) examined the intervention effect of reality therapy based on choice theory in PTSD patients. The results indicate that reality therapy interventions were effective in reducing thought rumination in these patients. Adewuyi (2006) investigated 75 teachers from government schools on the effects of rational emotive behavioral therapy and reality therapy on the attitude towards retirement. The results indicate that reality therapy was effective in changing attitude towards retirement.

In another study conducted by Melisa (2010), reality therapy was applied

to treat high-school delinquency. It was also found effective in treating highschool delinquency. Basically, reality therapy was found to be effective in addressing indiscipline behaviour among students, probably because the package is client-friendly and is centred on helping clients develop alternative desirable behaviour. Law and Guo (2015) sought to establish the impact of reality therapy on the sense of efficacy of female offenders in Taiwan. A 12-session reality therapy drug treatment program to enhance substance-involved females' self-efficacy in three aspects, demonstrated to be essential to recovery was designed and implemented. The study also tested the effectiveness of the treatment programs. The participants were 40 incarcerated substance-involved female offenders, who were randomly assigned to equal-sized experimental and control groups. The results of the study, showed significant differences in the post-test scores for sense of self-efficacy in decision-making, action-planning, coping and social skills for members of the two groups.

In another research by Ojewola (2016), the pre-test, post-test, control quasi-experimental design was adopted using factorial matrixes. Ojewola sought to establish the relative effectiveness of reality therapy on disciplinary issues among secondary school students in Ogbomoso. A total of 48 students were randomly selected from two secondary schools to participate in the study. The result revealed that reality therapeutic technique proved effective in reducing indiscipline behaviour among the respondents. Madukwe, Echeme, Njoku, Annorzie, Omagam and Nwufo (2016) also utilized reality therapy in the treatment of bullying among adolescents and it was found to be efficient in reducing bullying in Owerri North, Imo state, Nigeria. Findings of their study reveal that reality therapy was effective at reducing bullying among adolescents in the study area.

Self-efficacy therapy

In 1977, Bandura pioneered the self-efficacy therapy. Bandura defines self-efficacy as people's judgments of their capabilities to organize and execute courses of action required to attain designated types of performance. Bandura (1986, 1997) found that these beliefs and judgments about personal capability, rather than their actual ability at succeeding drive people to accomplishing goals they set for themselves. The stronger their self-efficacy, the more vigorous and persistent the efforts. Bandura makes clear that, more important than skills alone is the judgment of what a person can do with the skills he or she possesses. It is when one is applying skills that high efficacy intensifies and sustains the effort needed to realize a difficult performance. Perceptions of self-efficacy can be either positive which empowers people to action, or can be negative, which causes people to doubt, resulting in inaction. Those individuals with high levels of self-efficacy about a given task will undoubtedly perform better than those without such belief. Those lacking in self-efficacy regarding specific tasks often will not even attempt those tasks.

Individuals who doubt their social skills often envisage rejection or ridicule even before they establish social contact. While, those who lack confidence in their academic skills envisage low grades before they begin an examination or enroll in a course (Pajares & Schunk, 2001). Students with a strong sense of efficacy tend to exhibit greater levels of planning, organization, and enthusiasm and spend more time learning in areas where their sense of efficacy is higher, whereas students tend to avoid subjects and topics when efficacy is lower. The high efficacious students tend to be more open to new methods to better meet their needs and are more committed to school-going. Therefore, it is very important that students have high sense of teaching efficacy (Williams, 2000). In a recent study of student self-efficacy, Tschannen-Moran and Gareis (2005) cite the findings from other researchers from 1993 to 1995 about the importance of student behaviour to efficacy beliefs. Behaviours that raise self-efficacy are identified as: modelling appropriate behaviour, proving rewards contingent upon performance, fostering a healthy school climate through establishing order, creating a strong emphasis on academic achievement, and allowing flexibility and autonomy over classroom affairs. The purpose of the Tschannen-Moran and Gareis (2005) study was to understand what supportive elements were associated with stronger student self-efficacy beliefs in schools. The researchers found that what seemed to matter most in the development of student self-efficacy is the quality and usefulness of preparation experiences and the interpersonal support they receive from others, including colleagues, others inside the school community, and parents.

Efficacious beliefs have been shown to influence how much effort people will devote to a task, and how long they will persist in the face of challenging circumstances (Bandura, 2005). Efficacy beliefs also affect the cognitive mechanisms that drive behaviour. Self-efficacy can impact performance by influencing the goals people set for themselves. Bandura (1986) finds that individuals with high self-efficacy set higher performance goals, and then develop and more skilfully enact effective task strategies than those low in self-efficacy beliefs. McCormick (2001) agrees that self-efficacy beliefs affect the development of functional strategies and the skilful execution of those strategies. This reinforces the idea that not only must leaders know what goals they need to accomplish, but also how to utilize people and processes to actually accomplish goals. McCormick (2001) goes on to say that successful individuals use social influence processes to organize, direct and motivate the actions of others. It requires persistent task-directed effort, effective task strategies and the artful application of various conceptual, technical, and interpersonal skills. Self-efficacy belief is also important in effecting the attitudes and performance of fol-

lowers, as shown in studies by Luthans and Peterson (2002) who find that leader self-efficacy has a positive effect on employees' engagement with their work as well as created an environment that could more effectively overcome obstacles to change.

Research Questions

The study seeks to provide answers to the following research questions

- a. How effective is reality therapy in the reduction of truancy among public secondary school students from low, medium and high socioeconomic status in Lagos state?
- b. How effective is self-efficacy therapy in the reduction of truancy among public high school students from low, medium and high socioeconomic status in Lagos?
- c. What is the effect of socioeconomic status on truancy behaviour of secondary school students in Lagos?

Research Hypotheses

The study hinges on the following hypotheses:

- a. There is no significant effect of treatments (reality and self-efficacy therapies) in reduction of truancy among public school students from low, medium and high socioeconomic status in Lagos state.
- b. There is no significant effect of socioeconomic status on the truancy behaviour of public school students in Lagos state.
- c. There is no significant interaction effect of reality and self-efficacy therapies in reduction of truancy among public school students from low, medium and high socioeconomic status in Lagos state.

Methodology

The research design adopted in this study is a pre-posttest experimental factorial matrix design. This design requires that the participants, who are divided into three groups (two treatment groups, self-efficacy and reality therapies, and a control group) be tested with the same instruments before and after treatment. The target population comprised of all students in public secondary schools in Lagos state (325 junior and 303 senior) (Lagos Bureau of statistics, 2017). The simple random sampling technique was used to select three public schools, one from each Education District II, V & VI respectively. After selecting the three schools, purposive sampling technique was adopted to identify truant students. School attendance records (class teachers), subject attendance records (subject teachers), and reports from class teachers, counsellors and vice-principals were used to identify the truants. Students whose attendance report indicated school absence for over 10 days within a term without permission/excuse were regarded as truants. From the identified truants, the simple random technique was thereafter used to select the 150 participants in the treatments.

The treatment duration spanned 12 weeks. At first meeting, the researcher and three research assistants introduced themselves to all the students, stated the duration, the rules and regulations for interaction, and also stressed that participants were at liberty to discontinue the intervention at any time. Therefore, SESI (socioeconomic status inventory) and TBS (truancy behaviour scale) were administered to each group. The data collected was used to randomly assign the participants to the two experimental groups and the control group in order to establish equality of baseline across the three groups. The treatments packages, reality therapy treatment package and self-efficacy treatment package were administered to the first and second groups while the control group was given motivational talks from the second week to the 11th. Each session of treatment phase lasted for a period of one hour each day of the week. The TBS was administered again on the 12th week as the post-test scores were taken; the researcher thanked the participants and the treatment concluded. In the course of the treatment, 29 students dropped out from the study and 121 students completed.

The SESI, with a Cronbach α -value of .84 was used to identify 35 students from high socioeconomic status (SES), 62 from medium SES, and 24 from low SES who completed the study. The TBS with a Cronbach α -value of .98 contained items constructed to measure opinions on parental encouragement and support, freedom given by teachers and parents, interest in school, classroom context, social isolation, availability of educational facilities, influence of friends and peers, school setting and location, personal factors including academic/ test anxiety and the like. The instrument comprise 67 items developed on a modified 5-point Likert scale whereby 1 is for Strongly Disagree (SD), 2=Disagree (D), 3=Not Sure (NS), 4=Agree (A) and Strongly Agree (SA). The minimum score is 67 while the maximum is 335. The norm is a score of 135, whereby any score above the norm (135) is an indication of truancy behaviour.

Presentation of Results

Descriptive analysis

Participants' age groups: The study had total participants of 121 in the three groups of treatment offered. The age group representation of the participants revealed that 16 were below 12 years, 96 were between 12 to 15, 8 were between 16 to 21 and 1 of the participants was between 22 to 30 years. The percentage representation of the age groups of the participants were 13.2, 79.3, 6.6 and .8, respectively (see Table 1)

Age groups		Freq.	Percent	Valid %	Cumulative %	
Valid	Below 12yrs	16	13.2	13.2	13.2	
	12–15	96	79.3	79.3	92.6	
	16–21	8	6.6	6.6	99.2	
	22–30	1	.8	.8	100.0	
	Total	121	100.0	100.0		

 Table 1: Descriptive statistics for age of participants

Participants' socioeconomic status: The study had total participants of 121 in the three groups of treatments offered. The socioeconomic status representation of the participants revealed that 35 were from high SES, 62 from medium socioeconomic status and 24 were from low socioeconomic status. The percentage representation of the socioeconomic status of participants were 28.9, 51.2, and 19.8, respectively (Table 2)

	SES	Freq.	%	Valid %	Cumulative %
Valid	High	35	28.9	28.9	28.9
	Medium	62	51.2	51.2	80.2
	Low	24	19.8	19.8	100.0
	Total	121	100.0	100.0	

 Table 2:
 Socioeconomic status of participants

Test of Hypotheses

Hypothesis one presupposes no significant main effect of treatment on truancy behaviour of public school students in Lagos. To test the hypothesis, a univariate analysis of covariance (ANCOVA) was run. The results proved there is significant main effect of treatment on truancy behaviour; F (2, 105) = 31.252, $\rho < 0.5$, $\eta_p^2 = .373$. Therefore the null-hypothesis, which states that there is no significant main effect of treatment on truancy behaviour of public school students in Lagos is rejected. The treatment accounts for 37.3% change in the variance of truancy behaviour of students in the study (see Table 3). To further determine the effectiveness of each treatment, Tukey HSD post-hoc test was conducted, revealing that reality therapy and self-efficacy therapies are in the same subset, connoting similar levels of significance of the two treatments on truancy behaviour. The findings indicate that reality and self-efficacy therapies were efficacious in reducing truancy, with a mean value of 205.63 and 212.68 as compared with the control group with a mean truancy of 258.59. The outcome shows that students exposed to the treatments were able to reduce their truancy behaviour in comparison to those in the control group (Table 4).

Source	Type III SS	df	MS	F	ρ	η _p ²
Corrected model	74913.890 ^a	15	4994.259	10.005	.000	.588
Intercept	13341.451	1	13341.451	26.726	.000	.203
Truancy pretest	2813.197	1	2813.197	5.636	.019	.051
Treatment	31201.382	2	15600.691	31.252	.000	.373
SES	75.466	2	37.733	.076	.927	.001
Treatment * SES	2151.094	4	537.774	1.077	.372	.039
Error	52414.920	105	499.190			
Total	6302102.000	121				
Corrected total	127328.810	120				

Table 3:Between-subjects effects of treatments, gender and
socioeconomic status on truancy behaviour

Table 4: Post-hoc Tukey HSD for treatments

Treatment	N	Subset		
ITealineill		1	2	
Reality therapy	40	205.63		
Self-efficacy training	40	212.68		
Control	41		258.59	
Sig.		.351	1.000	

Hypothesis two presupposes no significant effect of socioeconomic status on truancy behaviour of public school students in Lagos. The results prove there is no significant main effect of socioeconomic status on truancy behaviour of students; F (2, 105) = .076, ρ > 0.5, η_p^2 = .001. Therefore the null-hypothesis that there is no significant main effect of socioeconomic status on truancy behaviour of public school students in Lagos state is not rejected. Socioeconomic status accounts for 0.1% change in the variance of truancy behaviour of students in the study (Table 3).

Hypothesis three states that there is no significant interaction effect of reality and self-efficacy therapies in the reduction of truancy among public school students from low, medium and high socioeconomic status in Lagos. The results prove there is no significant interaction effect of treatments and socioeconomic status on truancy behaviour of students; F (4, 105) = 1.077, ρ > 0.5, η_p^2 = .039. Therefore, the null-hypothesis, which states that there is no significant inter-

action effect of treatments and socioeconomic status on truancy behaviour of public school students in Lagos is not rejected. Treatment and socioeconomic status account for 3.9% change in the variance of truancy behaviour (Table 3).

Discussion of Findings

The findings of this study indicate that there exists a significant main effect of treatments on truancy behaviour of high school students. The result indicates that significant differences exist between the scores of respondents exposed to treatments and those in the control group. Therefore, the first hypothesis is rejected. The respondents exposed to the reality therapy and self-efficacy therapies for truancy behaviour reduced significantly than those who were not exposed to the treatment package. The results support the findings of Ojewola (2016) and Melisa (2010) that reality therapy can help reduce the tendency of adolescents' involvement in disciplinary issues. The results are also in consonance with that result of Agali (2004) and Madukwe, et al (2016) that found reality therapy effective in assisting delinquents adjust to life after reformatory experiences. The result further reiterates the findings of Edward and Malcom (2002) that counselling therapy is effective to reduce truancy behaviour of students. The findings further indicate the potency of self-efficacy therapy as a motivational approach that enhances self-belief in adolescents. As report by McCormick (2001), conscious self-efficacy training affects the development of functional strategies and the skilful execution of effective task strategies. Also, higher self-efficacy has been found in students who model appropriate behaviour, have healthy school attendance and excellent academic performance (Tschannen-Moran & Gareis, 2005).

The findings further reveal no significant main effect of socioeconomic status on truancy behaviour of the high school students, thus affirming the second hypothesis. Due to this, truancy cuts across children from various socioeconomic strata (Onoyase, 2017). Thus, delinquency cannot be said to be prevalent in poor homes only. The finding also gives credence to the findings of Booth (1996) that there is no significant difference on the impact of socioeconomic status on truancy and school dropout rates. Booth reports that pupils who played truancy or dropped out of school belonged to not only economically poor families, but also to the parents with little formal education. According to Smith (2005), the factors associated with truancy varies, however, pointing out that family economic condition is one of the leading factors associated with truancy. A South African research conducted by Brown (1998) also suggests that truancy is one of the behavioral problems found amongst adolescents in higher socioeconomic communities. However, the findings of the hypothesis contradicts several others that have established significant effect of socioeconomic status on the truancy behaviour of students. Contrary to the findings of this

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study, truants tend to come from larger families where parents have a lower level of education and pursue lower socioeconomic occupations (Fox, 2000; Porteus, Clacherty, Mdiya, Pelo, Matsai, Qwabe & Donald, 2000).

Finally, findings show no significant interaction effect between treatments and socioeconomic status and shows that the interaction of treatment and socioeconomic status is not strong enough to cause significant effect on truancy behaviour. Also, since socioeconomic status could not cause a significant effect on truancy behaviour of students, it then implies that the effect of socioeconomic status is weak to combine with the treatment to influence an interactional effect on truancy behaviour of the participant students. Therefore, since there is no significant interaction observed, Krieger, Williams & Moss (1997) note that the combination of socioeconomic status indices into one index can be problematic for research because it may obscure each component's distinct, and possibly different, contribution to outcomes. Few studies have tested for relations between different indices of socioeconomic status and life events exposure. Gillum, Prineas, Gomez-Marin, Chang, and Finn (1984) find that parents' education and employment status, prestige-based measures of socioeconomic status and income, a resource-based measure of socioeconomic status, are separately related to reports of fewer life events.

Conclusion

That the rate of truancy and other delinquent behaviours can be reduced or treated if consistently handled using deliberate organized and instructional approaches is scientifically proven. The treatments applied in this study were very effective in the management and reduction of truancy among secondary school students who participated in the study. Though both therapies (reality and self-efficacy) were effective at reducing truancy behaviour compared to the truancy behaviour of the untreated group, reality therapy was found to be more effective. Secondary school truancy is not peculiar with a particular socioeconomic background. Learners play truant possibly due to predisposing intrinsic and extrinsic factors. Thus the effect of the treatments on truancy is not significantly dependent on socioeconomic status since students get involved in truancy irrespective of whether they are from high, medium or low socioeconomic status. Therefore, truants may come from any type of family and can be helped in therapy.

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