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The Phenomenon of School Dropout and Its Contributing Factors (Cognitive-Behavioural Therapy Techniques for Addressing and Reducing the Phenomenon) - A Case Study of Tlemcen -

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Abstract:
This article aims to highlight the phenomenon of school phobia and other associated factors that lead to academic failure as a case study, examining the educational challenges facing Algerian schools—such as fear of school and school dropout—which affect most students and negatively impact the achievement of the overall educational system's objectives. These issues also influence students' psychological and social aspects, as well as those of their families. This prompts specialists to apply therapeutic techniques from psychology, including cognitive-behavioural therapy methods. Accordingly, the study sample included 372 male and female students, relying on statistical methods such as frequencies and percentages to interpret the results. Thus, this research paper introduces various factors that contribute to the spread of school phobia, which is a direct consequence of the school dropout phenomenon.
Keywords: Cognitive behavioural therapy, school phobia, learning difficulties, school dropout.

Introduction

The problem of low academic achievement and the prevalence of school dropout is one of the most difficult and complex educational challenges, as it is not immediately apparent, which conceals its danger and consequently leaves those affected—especially—without specialized intervention. The increasing numbers of this group among Algerian school students further complicates the issue, as dealing with its members requires significant efforts due to their heterogeneity and the multiplicity of forms and types of problems facing enrolled students. Therefore, building an effective educational institution that leads society toward progress cannot be achieved without the combined efforts of all stakeholders in this sector—academics, researchers, teachers, and parents. The involvement of psychology specialists to apply therapeutic techniques and methods is also crucially important, with cognitive-behavioural therapies standing out as particularly successful and widely embraced in recent years. Despite differences among therapists in their techniques and approaches, they agree that psychological disorders and behavioural problems in children stem from erroneous beliefs and assumptions—unlike adults—due to their limited ability to cope with themselves and their surrounding environment (Al-Ziyoud, 2008: 251). Accordingly, elevating the Algerian school to the desired level requires enhancing the elements of the educational process and prioritizing the enrolled learner, who is the cornerstone of both teaching and learning and the leader of the educational

process as both teacher and learner. Thus, the educational team must collaborate to identify the problems facing the learner that hinder academic achievement and lower performance levels. Among the most prominent issues affecting the student's performance—and even their psychological and social adjustment—are school phobia, learning difficulties, the school climate, the quality of pedagogical programs, the family environment, and other contributing factors.

The problem of school phobia, which often leads to school dropout among most affected students, is one of the most stubborn challenges facing the Algerian school at all its stages, marked by widespread increase and prevalence due to a range of environmental, social, and cultural causes and factors. This has prompted parents, teachers, and researchers to turn to this field and investigate it in search of solutions to this phenomenon. This very reason motivated us to address this topic in order to define this psychological problem (school phobia), which contributes to the expansion of school dropout, thereby facilitating diagnosis and identification. It is a major step toward intervention through a therapeutic technique represented by cognitive-behavioural therapy as a rapid and effective treatment strategy for this group of enrolled students. Hence, the research problem can be summarized as: What are the characteristics and traits that allow identification of the various factors causing low academic achievement and the subsequent spread of school dropout, along with determining the appropriate methods for providing therapeutic interventions through the application of cognitive-behavioural therapy techniques?

2. Significance and Objectives of the Study

The significance and objectives of the study are among the most important elements in scientific research, as they define the value, direction, and purpose of the study and, consequently, contribute to the success of the research process in general. In this context, the present study aims to provide accurate statistical data on the extent of school-dropout prevalence in Algeria, in addition to clarifying, explaining, and defining the various factors that cause the spread and the development of this phenomenon. It also seeks to highlight the importance of the school climate and to determine the degree to which it affects the achievement of acceptable academic performance.

Furthermore, this study aims to provide a set of recommendations and guidance that could help the Algerian educational system dispense with the low level of academic achievement among students and, in turn, reduce the spread of school-dropout.

It also contributes to raising awareness among all active stakeholders in the educational administration (administrators, teachers, and parents), of the necessity to mobilize collective efforts in support of this group, given the long-term benefits this would bring to the country.

3. Previous Studies

The study by Abbas Mahmoud (1990), titled *"Fear of School among Children"*, aimed to design and standardize a scale for measuring pathological fear of school among a sample of primary-school pupils and to examine gender differences in this fear. The researcher conducted an exploratory study on a sample of 100 enrolled students, equally divided between boys and girls in the fourth and fifth grades, in order to establish the validity and reliability of the "Pathological Fear of School" scale. The findings of this study indicated that there are no

significant differences between the sexes in pathological fear of school among the sampled pupils (Ismail, 2006).

The study by Collins (2010) aimed to identify the factors that lead to school-dropout from the perspectives of both teachers and students. The sample consisted of eight school-dropout pupils. The researcher employed various methods, including individual and group interviews with pupils and teachers, as well as a specific scale for measuring school-dropout. Results showed that both pupils and teachers agreed that the main reasons for leaving school included failure in relationships within the educational institution, the weak role of the school psychologist, the lack and poor diversity of school activities, and the absence of communication between the school and the family. In conclusion, Collins' study recommended that parents, teachers, and school administration must collaborate to create a positive and pleasant school environment.

The study by Mohamed (2010) aimed to examine the school climate and its relationship with certain behavioural problems among a sample comprised of 400 boys and girls at the basic education level, such as aggression, fear, school avoidance, and cheating in exams. The researcher used a school-climate scale and a behavioural-problems scale. Findings revealed a negative relationship between the dimensions of school climate, which include: relationships between pupils and their peers, pupils and teachers, pupils and school administration, and pupils' participation in school activities, and behavioural school problems, including aggression, fear, school avoidance, and cheating in exams (Mustapha, 2004).

The study by Yacine (2013) aimed to verify the effectiveness of a guidance program designed to modify pupils' negative attitudes toward school, represented by their attitudes toward teachers, peers, curricula, and school administration among repeater and absentee pupils at the preparatory (middle-school) level. The study used a pupils' attitudes-toward-school scale. Findings confirmed statistically significant differences between the mean scores of individuals in the experimental group in the pretest and post-test, while no statistically significant differences were found between the mean scores in the post-test and follow-up test, indicating that the improvement was maintained over time.

❖ **Commentary**

- ✓ Most studies agree that school-dropout is a real problem that must be addressed and that appropriate solutions should be developed to reduce it.
- ✓ The majority of these studies adopted a descriptive approach.
- ✓ Most studies focused on the main causes and factors leading to school-dropout, as well as on the academic characteristics of dropouts.

4. Concepts of the Study

4.1 Cognitive-Behavioural Therapy: According to Mahoney and Arnkof, cognitive-behavioural therapeutic approaches can be divided into three main categories:

- Restructuring of cognitive structures.
- Therapy through training in coping skills.
- Therapy through problem-solving. (Asma, 2015: 82)

4.2 Fear of School (School Phobia): School phobia is an intense fear that a child experiences toward going to school; the anxiety remains strongly and persistently linked to the school situation, to the extent that the child cannot remain in school.

4.3 School Dropout: is the complete abandonment of schooling by the pupil for various reasons, before the end of the educational stage or before the conclusion of the final year of the stage in which he or she was enrolled.

4.4 Learning Difficulties: refer to the pupil's failure resulting from obtaining very low scores in basic learning skills (reading, writing, arithmetic, comprehension, etc.).

5. Clinical Description and Diagnosis of School Phobia

5.1 Concept of School Phobia

Describing school phobia is a professional practice that requires great precision. The term "school phobia" itself is controversial, which is why many authors prefer to speak of "school-refusal anxiety" rather than "school phobia."

Fear is an intense emotional or affective state that can be associated with behavioural, cognitive, and physiological signs of anxiety. When fear is no longer a normal, age-appropriate reaction, it may become excessive and prolonged and create serious difficulties for the child's adaptation to his or her environment; in this case, it constitutes a phobia that the child may suffer from (Jersild, 1968).

Such fear does not necessarily arise from objectively dangerous stimuli; it is irrational and does not lend itself easily to preventive measures, educational interventions, or emotional reassurance of the child. Moreover, school phobia can be reinforced through the reinforcement of avoidance behaviours.

5.2 Historical Origins: Historically, the term "school phobia" was first used in 1941 by "Johnson", while describing a syndrome in which a child experiences intense anxiety toward the idea of going to school. In this condition, the child persistently refuses to attend school; if forced to go, or if compelled to spend a certain amount of time there, this anxiety may turn into a severe panic attack.

In this context, several clinical studies on these children have referred to Johnson's hypothesis, as well as to other researchers such as Bowlby (1973). These authors explain that the refusal to attend school is the inevitable result of what is called "separation anxiety." On the other hand, the pioneers of the behavioural school, Eysenck and Rachman (1965), retained the term "school phobia" to designate anxiety directly linked to the school situation.

Within this framework, cognitive-behavioural analysis seeks to highlight anxiety-provoking stimuli such as panic about homework, fear of low grades, or fear of specific school subjects such as mathematics, among others.

From the perspective of "learning theories", Ross (1974) views "school phobia" as an "emotional disorder" whose intensity exceeds that of ordinary anxiety and is acquired following painful events experienced by the child in the school environment. Anxiety, in turn, leads to behavioural disturbances that take the form of avoidance and temporarily reduce the level of fear.

5.3 Diagnosis

The *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM-III, 1987) states that some children who refuse to go to school do not necessarily suffer from "separation anxiety."

Additionally, Last et al. (1987) emphasize the need to distinguish between school refusal caused by separation anxiety and school refusal primarily due to the school situation itself, in

the absence of separation anxiety. According to these authors, the term “school phobia” should be reserved for this second type of children.

Reviews of the term “school phobia” have shown that researchers often include both types of children in the same category in their studies, without clearly distinguishing between them.

Separation anxiety is one of the symptoms associated with many disorders; yet, despite the specificity of the so-called “school-refusal” phenomenon, the DSM-III (1987) does not grant it independent clinical status. Another factor that complicates the diagnosis of this syndrome is the highly irrational and poorly understandable nature of the anxiety, whose severity can be assessed in different ways. For example, fear of snakes is often perceived as more comprehensible than fear of going to school.

Based on clinical experience and observations carried out over the past decade, it can be said that the origin of the behaviour that leads to refusal to attend or remain in school is phobic in nature.

Cognitive-behavioural analysis, combined with direct observation of these children, has shown an intense interaction between anxiety and phobic episodes. Upon approaching school, the child may feel excited, cry, plead, run away, or experience nausea and repeatedly promise parents that he or she will attend school the next day. Thus, physical complaints function as expressions of anxiety and often take various forms, such as stomach pain and headaches.

Clinicians have observed that headaches in children receiving treatment for school-related problems often serve as early warning signs of what is called “school phobia.” In this context, the child constantly repeats that he or she cannot concentrate on homework due to headaches or fear of obtaining bad grades. The process of fear conditioning amounts to a terror that becomes entrenched over time. These symptoms are accompanied with severe anxiety, where headaches and stomach-aches often appear in the evening before returning to school.

Weekends and school holidays function as a release for these children. The symptoms intensify as the time of returning to school approaches and may completely prevent the child from attending school or from staying there for long periods. In many cases, parents are called and asked to take their child home.

Many parents of adolescents report being required to justify their children’s frequent absences from class, sometimes lasting several days or weeks. A number of adolescents create the impression that they go to school every day, while in reality they spend the entire day in cafés or parks before returning home; staying outside the school or high-school walls calms them and reduces their anxiety. Conversely, some adolescents feel uncomfortable and dissatisfied when they spend the whole day at home, suffering from persistent stomach pain or headaches, whereas going to school reassures them.

In a classic clinical pattern, the onset of this disorder is gradual in adolescents where periods of school refusal alternate with attempts to return to school, which eventually fail after a variable period; after school holidays, the adolescent does not return to class.

In younger children, the onset is often more sudden and triggered by a precipitating factor, such as peers’ ridicule.

In clinical practice, we distinguish between two different forms of "school-refusal anxiety":

- ✓ "School-refusal anxiety" accompanied by "separation anxiety" typically occurs in the child who has exhibited "separation anxiety" during the early years of schooling, for whom entering nursery school was difficult or almost impossible. These children also express anxiety when their parents return from a friend's house.
- ✓ "School-refusal anxiety" supported by "social anxiety" usually appears in adolescence, although in some cases it can occur at ages as young as 8 years. Parents of these children typically describe them as shy, with few friends; they also report that their children rebel against the school system, tell teachers and classmates that they are stupid, and complain that they feel bored in school.
- ✓ School-refusal anxiety is often linked to a specific phobia that may raise many questions, even though it may appear relatively simple. In such cases, the child suffers from separation anxiety or social phobia that accompanies it and is related to it, so these children should be treated in the same way as the two previous groups.

In the next chapter, the focus will be on children who suffer only from **"school phobia"** (without separation anxiety). For these children, the anxiety is closely tied to school and the urgent desire to stay at home; the main underlying cause in most of these cases is **social anxiety**.

6. The Cognitive-Behavioural Perspective

As previously mentioned, social anxiety is the primary cause of the intense refusal to attend school, regardless of the child's age. Researchers often find that these children lack adequate social skills.

In the ECAP questionnaire developed by the researcher (Vera, 2009), several items indicated the presence of social anxiety in these children. They describe themselves as fearful of speaking with adults, as well as with peers of their own age. They are also afraid to ask others for information or to talk in front of a group.

They also report a strong fear of displeasing others and of what others may think of them. Vera (2009) concluded that social anxiety also plays a role in "separation-anxiety disorder".

Nevertheless, Vera (1988) questions how anxious and avoidance behaviours interfere with social learning, since fear of school is often accompanied by non-social fears as well.

Although social anxiety is recurrent among children suffering from school phobia, communications with many children who have been treated in school settings have shown that they are not actually rejected by their peers; shyness does not always correspond to an objective source of rejection. For this reason, researchers have paid close attention to social interactions during the child's return to school, because children show intense anxiety when they realize they will be asked questions about the difficulties they have faced, for example: *"Why do you refuse to go to school from time to time?"* (Vera, 2009).

7. Assessment and Treatment

The cognitive-behavioural approach focuses on describing the following points:

- ✓ The family's reaction
- ✓ The child's or adolescent's level of anxiety

- ✓ The presence or absence of depression
- ✓ Possible behavioural disorders
- ✓ Adaptation to situations and social interactions
- ✓ The child's ability to achieve personal independence
- ✓ Possible learning difficulties
- ✓ The family environment

From this standpoint, it is possible to say that the treating physician, consulted to determine the functional physical symptoms, can refer the child to a specialist in psychological treatment. Some studies have highlighted parental tolerance toward repeated absences and the duration of school absence as a key warning factor that can be relied upon.

Some cases of phobia can be treated on an outpatient basis, typically with one or two behavioural-therapy sessions per week. However, phobias that develop over several months require inpatient care.

Consequently, there is a set of factors that every clinician or specialist in the educational and school sector must take into account, assess, diagnose, and study in order to understand the causes of these behavioural phenomena, among them (school dropout and fear of school), which arise from:

7.1 The Family Environment

The family environment has been the subject of numerous studies by a range of researchers (Berg et al., 1972; Turner et al., 1987; Last et al., 1987).

Opinions about the role of the psychological and social environment are highly divided, and in practice several different family patterns appear, without a common underlying cause of the child's school refusal being identified. Often, the child's behaviour negatively affects family balance and typically leads to a major conflict within the family, especially between the two parents or between one parent and the child, in addition to a loss of communication and warmth in family relationships.

The family can also contribute negatively by over-protecting the child. Vera (2009) found, in the study of disorders affecting parents, that there is a history of depression and anxiety disorders in many families, although the frequency of these disorders remains much lower than in the disorders identified in these children's parents.

7.2 Associated Disorders

It appears essential to assess anxiety disorders, especially in children who suffer from "school-refusal anxiety." In addition, most young children and adolescents who refuse to go to school display depressive symptoms. Some children who have been diagnosed with a primary depressive disorder respond well to different forms of behavioural treatment aimed at enabling the child to return to school. In practice, the response to returning to school is faster than the tendency to refuse it. Anxiety is not the primary feature here; instead, feelings of helplessness, laziness, and an inability to concentrate appear at the outset.

Initially, the behaviour of **"school refusal"** takes on the same form as **"true phobia"**, so a thorough assessment program is needed to confirm the presence of an underlying depressive condition in these children, which must then be treated as a priority.

Moreover, a range of dramatic behaviours can be observed in these children aimed at avoiding going to school, such as aggressive behaviours.

7.3 Lack of Independence

Berg (1969, 1974, 1980) has focused on children's self-independent behaviours at school, such as taking the initiative, intellectual curiosity, and difficulties in work. Unfortunately, in much of this research, no distinction is made between "true school phobia" and "separation anxiety". These studies concluded that the severity of "school-phobia disorder" depends on the degree of the child's dependency and lack of independence (Vera, 2009).

For this reason, the child's personal independence remains an important criterion for correct diagnosis and for the effectiveness of behavioural treatment as well.

7.4 Learning Difficulties

Vera (2009) found that some children who experience panic and refuse to return to school genuinely suffer from learning difficulties. For many of them, this disorder was not recognized at first; however, the possibility of acquiring learning depends on their cognitive abilities. The knowledge and skills available in such cases are very limited.

The child's efforts to overcome the difficulties he or she experiences prove ineffective, and because the specificity of this type of disorder requires special therapeutic intervention, the child ends up losing control and the ability to monitor events that occur at school. The child may also experience motivational deficits related to this lack of control.

In psychopathology, suffering from certain forms of depression is seen as a consequence of the absence of the power to control everyday life events, consistent with Seligman's (1975) learned-helplessness hypothesis.

The repeated failures the pupil experiences in trying to improve his or her school results constitute a case of *learned helplessness*, and these repeated failures may also be explained by factors that are difficult to modify according to expected educational goals, such as low intelligence quotient or low skill-performance levels.

These factors can become obstacles that push the pupil to withdraw from trying to change his or her situation, and thus may encourage further mistakes and repeated failures. In this sense, it can be said that **"depression"** plays a fundamental and important role in the development of success or of failure as well. For this reason, this category of children and adolescents resorts to **"avoidance behaviours"** in order to reduce their anxiety level and to maintain a relatively acceptable level of self-esteem.

7.5 Educational Factors

These factors are reflected in the educational system and its impact on the pupil, who generally bears a heavy and direct responsibility for the rise in dropout rates and other behavioural problems. The system may be rigid, relying on violence, harshness, and punishment as therapeutic tools, which in turn drives pupils away from school (Assartaoui, 2009). Consequently, the system's failure to achieve its educational objectives, such as its inability to attract children to school, keep pupils enrolled, or foster the pupil's development, leads to academic failure and causes them to abandon their studies.

8. Treatment Strategies

The treatment methods used in cognitive-behavioural therapy are as follows:

- ✓ Insistence on reinforcing self-esteem in children and adolescents suffering from social anxiety and from heightened physical sensitivity that manifests in the body. These physical reactions are dealt with gradually, yet in some cases the return to school can be

nearly full-time. Re-integration becomes possible especially when parents consult early and the child realizes the pressing need to return quickly to school; at this point the child is also likely to accept the principles of cognitive-behavioural treatment. A full return to school is then expected, although the child may still be allowed to maintain some forms of avoidance, such as avoiding the school canteen, study, or even sports activities. After that, a contract can be established with the child in which he or she commits to attending school every day, while recognizing that anxiety symptoms will gradually fade.

- ✓ Productive cooperation with parents is essential for this type of rapid return to school. In this framework, the child can be seen twice a week within an outpatient-treatment program. In some cases, treatment in institutional health settings can be avoided for certain young people, especially those who do not suffer from a primary depressive disorder and who accept the idea of returning to the classroom, though possibly in a different educational institution.
- ✓ It is also possible to propose the child's integration into the school's internal boarding system, combined with therapy sessions scheduled on weekends. If a primary depressive disorder is present, the child may be allowed to return to school only after the mood has stabilized and returned to normal.
- ✓ The **cognitive-behavioural approach** in counselling and psychotherapy focuses on the role of thoughts, beliefs, information, perceptions, and interpretations in shaping our emotions and behaviours. Cognitions and beliefs about the self and others directly guide behaviour. For this reason, psychological disorders are seen, at their core, as stemming from distorted or erroneous ideas about the self, others, and the future world. Within this therapeutic technique, two main orientations appear: **rational-emotive counselling** and **cognitive-behavioural counselling**. This approach is thus considered highly significant in school-based psycho-educational counselling practice (Assartaoui, 2009).

Applied Section

1. Research Method

The research method is defined as the approach the researcher follows when investigating scientific facts. On this basis, the present study adopted a descriptive-analytical method with the aim of determining the extent of school-dropout prevalence at the primary-education level over the academic years from 2018 to 2022.

2. Study Sample

This study was conducted on a sample of 372 pupils enrolled in primary education, covering the first through fifth grades. The sample included 127 male pupils and 245 female pupils.

3. Spatial and Temporal Scope of the Study

This statistical study was carried out at the school-guidance center affiliated to the Education Directorate of Tlemcen Province, and it focuses on the 2023 academic year.

4. Research Instruments

The present study relied on statistical methods, using frequencies and percentages to interpret the findings. In addition, we used interviews with a group of teachers and school

administrators as an important instrument in order to collect statistical data and strengthen certain questions that enhance the significance of the study.

5. Statistical Data on the Phenomenon of School Dropout in Primary Education

Table 01: Number of pupils who dropped out and dropout rates in primary education for the academic year 2018/2019

Study level and educational stage	Girls		Boys		Total	
	Number	%	Number	%	Number	%
First grade	0	0.00	2	0.02	2	0.01
Second grade	6	0.05	9	0.07	15	0.06
Third grade	4	0.03	17	0.13	21	0.09
Fourth grade	8	0.07	25	0.20	33	0.14
Fifth grade	33	0.30	45	0.40	78	0.35
Total	**51**	**0.09**	**98**	**0.16**	**149**	**0.13**

Table 01 shows the proportions of pupils who dropped out of primary-school in Tlemcen Province during the 2018/2019 academic year. Statistics indicate that boys are the main category of pupils who left school, at a rate of 0.16%, amounting to 98 boys across all primary-school grades. As for girls, the dropout rate was 0.09%, corresponding to 51 girls. Statistics also show that the dropout rate is highest among pupils enrolled in the fifth grade, where the number of pupils who left school reached 78, representing 0.35% of the total.

Table 02: Number of pupils who dropped out and dropout rates in primary education for the academic year 2020/2021

Study level and educational stage	Girls		Boys		Total	
	Number	%	Number	%	Number	%
First grade	0	0.00	0	0.00	0	0.00
Second grade	3	0.02	7	0.05	10	0.04
Third grade	1	0.01	10	0.07	11	0.06
Fourth grade	13	0.11	27	0.21	40	0.16
Fifth grade	33	0.30	39	0.33	72	0.32
Total	**50**	**0.09**	**83**	**0.13**	**133**	**0.11**

*Statistics from the Education Directorate of Tlemcen Province

Table 02 shows the proportions of pupils who dropped out of primary-school education in Tlemcen Province during the 2020/2021 academic year. Statistics indicate that boys again account for the largest proportion of dropouts, at 0.13%, corresponding to 83 boys across all grades. As for girls, the dropout rate was 0.09%, or 50 girls. Statistics also show that the dropout rate is highest among pupils in the fifth grade, where 72 pupils left school, i.e., a rate of 0.32%

Table 03: Number of pupils who dropped out and dropout rates in primary education for the academic year 2021/2022

Study level and educational stage	Girls		Boys		Total	
	Number	%	Number	%	Number	%
First grade	0	0.00	0	0.00	0	0.00
Second grade	0	0.00	10	0.07	10	0.03
Third grade	8	0.07	17	0.13	25	0.10

Fourth grade	9	0.07	21	0.16	30	0.12
Fifth grade	9	0.08	16	0.13	25	0.11
Total	**26**	**0.04**	**64**	**0.10**	**90**	**0.07**

*Statistics from the Education Directorate of Tlemcen Province

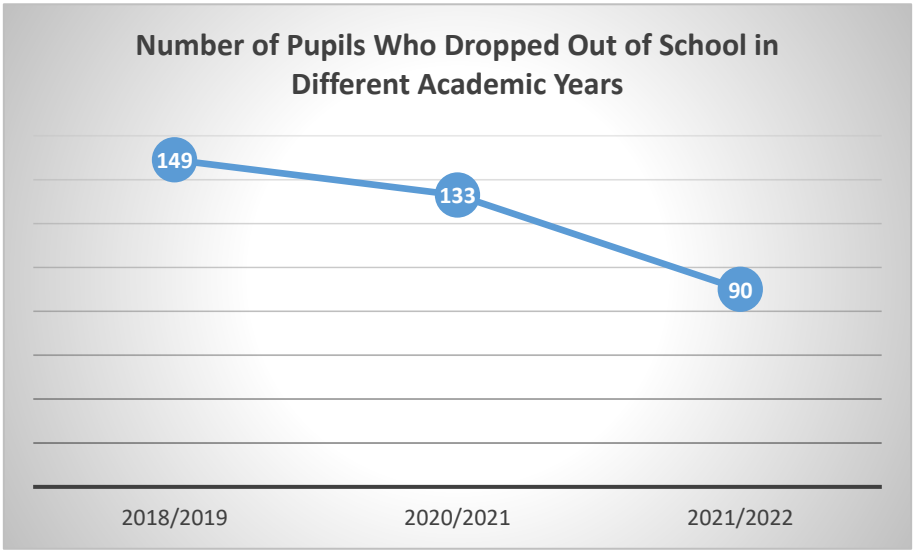
Table 03 shows the proportions of pupils who dropped out of primary-school education in Tlemcen Province during the 2021/2022 academic year. Statistics indicate that boys still represent the largest group of dropouts, at 0.10%, corresponding to 64 boys across all grades. As for girls, the dropout rate was 0.04%, or 26 girls. Statistics also show that the dropout rate is highest among pupils in the fourth grade, where 30 pupils left school, i.e., 0.12%.

Table 04: Number of pupils who dropped out and dropout rates in primary education over the academic years

Academic year	Girls		Boys		Total	
	Number	%	Number	%	Number	%
2018/2019	51	0.09	98	0.16	149	0.13
2020/2021	50	0.09	83	0.07	133	0.11
2021/2022	26	0.04	64	0.10	90	0.07
Total	**127**	**0.22**	**245**	**0.33**	**372**	**0.31**

*Statistics from the Education Directorate of Tlemcen Province

Figure 01: Number of pupils who dropped out of primary-school education in different academic years



*Statistics from the Education Directorate of Tlemcen Province

Figure 01 shows the number of pupils who dropped out of primary-school education in Tlemcen Province from the 2018/2019 academic year up to 2021/2022. The statistics show that the number of pupils who left school declined significantly and did not rise in recent years. In the 2018/2019 school year, the number of pupils who dropped out reached 149. The following year, 2020/2021, saw only a slight decrease, with 133 pupils leaving school. In the 2021/2022 school year, the decline was substantial and highly significant, with only 90 pupils dropping out across all primary-school grades in Tlemcen Province.

Conclusion

In this scientific study, we have tried to shed light on the various psychological problems that enrolled pupils face, problems that are not always apparent to those responsible for the teaching and educational process. Thus, we have attempted to provide a description and assessment of this psychological problem and to stress that those in charge of the educational system in our country must pay early attention to this group, through the development of therapeutic programs that cater to their needs. It is precisely this which led us, in this research paper, to propose a therapeutic technique as a model that can be adopted, and perhaps further developed, by those responsible for the educational process in school institutions, as well as by school-health staff attached to each educational establishment, so that they can design specific therapeutic programs for each case, in order to prevent and reduce secondary problems such as the phenomenon of school-dropout. On the basis of this analysis, the study recommends the following:

- Identify and explore the behavioural characteristics of this group of pupils who suffer from low academic achievement across all educational stages, in order to facilitate early detection and rapid intervention with this category of pupils, who are victims of school-dropout.
- Establish follow-up and assessment cells (psychological and educational) for early detection and psychological and educational care.
- Involve teachers in designing programs and activities to address this problem in the early stages of primary education.
- Strengthen the role of school-guidance counsellors in primary education, so that they can intervene in identifying, diagnosing, and treating various disorders, especially behavioural ones.

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