EFFECTS OF STIMULUS CONTROL AND CONTINGENCY CONTRACTING THERAPIES ON TRUANCY BEHAVIOUR AMONG SECONDARY SCHOOL STUDENTS IN DELTA STATE

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Thesis Submitted to the Postgraduate School in Partial Fulfillment of the Requirements for the Award of Doctor of Philosophy (Ph.D) Degree in Guidance and Counselling of the Delta State University, Abraka.

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JULY, 2015.

DECLARATION

I, Mrs. Mary O. Olugua, hereby declare that this is an original research carried out by me in the Department of Guidance and Counseling.

_____ _____

Mrs. Mary O. Olugua *Date*
Student

CERTIFICATION

We the undersigned, certify that this work was carried out by OLUGUA, Mary Omonigho in the Department of Guidance and Counselling.

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DEDICATION

The research study is dedicated to Guidance and Counselling Students in the faculty of Education.

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ABSTRACT

The study examined the effects of Stimulus Control and Contingency Contracting in the treatment of truancy behaviour of students in the secondary schools. The study also identified two psychotherapies namely stimulus control and contingency contracting for the modification of truancy behaviour. eleven research questions and eleven hypotheses were raised to guide the study. The study is quasi-experimental design. A sample of 60 students identified as truants through (TBS), out of a population size of 4551 junior secondary school students in Delta State were drawn. The stratified random sampling technique was utilized. Junior secondary school students were administered with Truancy Behaviour Scale (TBS). The scale was validated using the multivariate statistics of Principal Components Analysis (PCA) to determine the content validity. A value of 72.58 was obtained. Through the SPSS computer analysis, a reliability index of 0.91 was established using Cronbach alpha. The 60 students identified as truants, using a mean base line of 150 were used for the experiment. The simple balloting procedure was used to assign subjects into the experimental groups and control group. The pre-test and post-test scores obtained from the subjects, were subjected to ANCOVA and descriptive statistics. The findings were made base on the data analyzed. The two therapies, stimulus control and contingency contracting are powerful and effective in the reduction of truancy behaviour, though stimulus control proved to be more effective. There is a significant difference in the reduction of truancy behaviour between experimental groups and control group. There is significant difference in the reduction of truancy behaviour between the experimental group A and the control group. There is significant difference in the reduction of truancy behaviour between the experimental group B and the control group. There is no significant difference in the reduction of truancy behaviour of male and female treated with stimulus control and contingency contracting, though male benefited more while in contingency contracting the female benefited more. There is no significant difference in the reduction of truancy behaviour base on age, though students from 18 years and above benefited more from contingency contracting while 12-17 years benefited more from stimulus control. There is significant difference in the reduction of truancy behaviour of students from monogamous and polygamous homes treated with stimulus control and contingency contracting therapies. Students from polygamous homes gained more from the two therapies. There is significant difference in the reduction of truancy behaviour of students from Educated and non-educated parents treated with stimulus control therapy. Students from the educated homes profited more from the treatment. The control group was given placebo treatment. Based on these findings, it was recommended that counselling psychologists and clinicians should employ both stimulus control and contingency contracting in modifying truancy behaviour of students in secondary schools.

TABLE OF CONTENTS

LIST OF TABLES

Tables

LIST OF FIGURES

Figures

CHAPTER ONE

INTRODUCTION

Background to the Study

Truancy behaviour among students is a global cankerworm that has become problematic in the modern day schooling system, Animaschun, (2009). The students' development is a product of many processes, psychological, biological, socio-emotional, cognitive, intellectual, social and spiritual. These complex processes if not properly developed could metamorphous into students' maladjustment. Truancy behaviour is a common behavioural problem among students' that has assumed an alarming dimension universally. It is a difficult behaviour problem that has negatively affected the educational potentials of the adolescent in schools. According to Kelly (2010), truancy behaviour have been labeled as one of the top ten major universal problems negatively effecting the present and future of our youths in Delta State.

Animaschun, (2009), asserted that truancy is any intentional, unauthorized or illegal absence from compulsory schooling. Truancy behaviour is frequently defined as an absence from school that is not excused by the parents, legal guardian or the school authority. In free encyclopedia, truancy behaviour is defined as any intentional unauthorized absence from compulsory schooling. The term typically refers to absences caused by students of their own free will, and usually does not refer to legitimate "excused" absences such

as one related to medical condition. The exact meaning of the term itself is subject to differ from school to school, and is usually explicitly defined in the school's handbook of policies and procedures. Truancy behaviour is the term referring to an absence associated with the most brazen students' irresponsibility and results in the greatest consequences.

All stakeholders in the educational sector in Delta State have decried the level at which majority of the students were loitering outside the school at a time they were supposed to be on the assembly, adding that, as leaders of tomorrow, they should be made to respect time. The menace of truancy behaviour, if left on unchecked will undermine teaching and learning effectiveness in the secondary schools in Delta State.

As a behaviour disorder, Animaschun, (2009) opined that, it leads to potentially delinquent activity, social isolation, or educational failure via suspension or dropping out e.t.c. Affected students are usually tensed up, exhibit anxiety, moodiness and fearful, characteristics that are affront to effective knowledge acquisition. The implication is that school goals and objectives are not realised, malpractices; corrupt practices in the school, poor academic performance. Gabbs (2007), is of the view that a truant student leaves home but does not get to school or escape from school or class, to engage in any other activities that catch up his imagenation etc.

Truancy behaviour which means unexcused absences of students in school creates academic barrier between the students and their teacher. Chronic absenteeism could lead to criminal behaviour. A child who is deliberately missing school for no legitimate reason must be traced to a

dysfunctional family. Inconsistent upbringing could result in instability in attitude in children. The problem of student absenteeism will never disappear entirely. Some students willingly come to school, but others do not, often because of negative factors or influence in their lives. These students require intervention, for the benefit of regular attendance to avert a lifetime of burdens on others and ensure a lifetime of accomplishments. By addressing related risk factors which attendance policy that works, teachers and administrators can give students a much better concern of succeeding.

Joseph (2010), asserted that truants exist in most secondary schools. There are students who cannot sit, do assignment, cannot wait for their turn, cannot focus their attention for longer than two minutes. A few decades ago, researchers began to suspect that this pattern, characterized primarily by excess motor activity and short attention span might be due to brain damage. It was known for example, that certain kinds of brain infection produced restlessness or motor activities. Many children who manifested this pattern also showed neurological signs that could suggest brain damage, and a small percentage of them showed definite signs of neurological impairment. On the evidence, the pattern was labeled “Minimal brain dysfunction “(MBD). Between 3 and 5 percent of secondary school students are said to have ADHD with boys outnumbering girls by about 9 to 1. It is also a controversial one some experts believe that it is too readily applied to children whom parents and teachers find difficult to control.

Truancy behaviour has psychological effect on children and these symptoms are recognized as negative facial expression, maladjustment, others

are unhappiness, anxiety, upset, tense, hyperactive, depression etc. Expatiating further on symptoms, Shertzer and Stone (1991), identified internal events such as sickness, emotional disturbance, hunger, poor ago development, inferiority complex, intellectual impairment, personal inadequacy as manifestation of maladaptive behaviour.

According to Capps (2013), truancy behaviour affects academic performance. It is one of the most heinous behaviour problems. Some Ministries of Education have introduced the edu-marshal mandated to monitor truants warning letter, typed one, will be given to student who are absent from school unexcused for more than ten days. Students who skip school unexcused for more than twenty days will receive warning letter typed two. Warning letter typed three will be issued to students deemed truant for more than forty days. Students will be expelled from school if they continue to truant. However, parents and guardians can appeal for the students to be re-registered into the school system.

This study focused on the secondary school students in Delta State. The rural dwellers have their main source of livelihood in agriculture. There are predisposing factors why students developed truancy behaviour. Students absent themselves from school each farming season, they also skip school on designated days e.g market days and cassava days. The students lack in-depth exposure to the imperativeness and essentials of education. About 70% of the youths are more concerned with the rich-quick-syndrome of oil wealth. Many prefer the short-term contract of shell contractors to getting education.

Consequent upon this, truancy behaviour is prevalent in Delta State Records available in some schools estimated that about 20 percent of students are absent each day and only 5 percent return with written notes from home excusing the absence. Truancy behaviour is one of the many symptoms of oppositional defiant disorder or the most diagnosis of conduct disorder. Truant behaviour is a symptom that things are out of control in a child's life. This study is prompted by the researcher's observation that the number of students who are truants are on the increase and needs urgent attention.

Egbochukwu (2012) in her studies identified Stimulus Control and Contingency Contracting as therapeutic technique for treating truancy behaviour. They also verified the effectiveness and safety of these two treatment modalities for the reduction of truancy behaviour. Stimulus Control:- Amedo (2009), also asserted the effectiveness of Stimulus Control as a therapeutic technique for combating truancy behaviour. Studies of long-term follow-up reported that stimulus control was associated with greater prophylactic effects in truancy behaviour. This technique utilizes different forms of control strategies such as, counselling, orientation, education, seminar, workshops, skill acquisition training, value identification etc. This therapeutic procedure also utilizes agencies such as family, school and community in providing incentive and sanction, firm policies on the consequences of truancy behaviour, responsibility for keeping children in school. Stimulus Control also involve the modification of environmental reinforcement contingencies that maintains maladaptive behaviour to a change and positive behaviour. Stimulus control is a behavioural therapy derived from classical conditioning theory. A

stimulus is any kind of mechanical, physical, or social events that an individual experiences. Behaviour is caused by events in the individual or it can be trigger of by events outside the individual. These events are called stimulus.

The behavioural reaction brought forth by a stimulus is termed a response. When a response becomes habitual, it becomes a pattern of behaviour. Stimulus control or modification of environment is a strategy for the orderliness of one's life and the society. Children come from different settings and uniformity in stimulus control though impossible, each stimulus has it own way of controlling it.

A stimulus generally is accompanied by a response. Stimulus can be attended to, aborted or nipped in the bud according to the desirability of the stimulus. Psychological experimentation, however, has expanded our knowledge about Stimulus Control. Stimulus Control as a behavioural technique can be used to restructure a social environment e.g school, home etc that breeds truancy behaviour. For instance, negative peer influence, negative attitude towards science subjects, unconducive home environment, bad methods of teaching, hunger, parental attitude etc are factors of truancy behaviour.

Thus Stimulus Control is a process whereby environmental contingencies are altered in order to reduce the probability of a particular behaviour occurring. Removing those things that motivate student behaviour in order to modify the behaviour.

Contingency Contracting is the second counselling therapy employed in

this study. Contingency Contracting is a potent, tested therapy in behaviour modification. Deaukee (2010) emphasized the effectiveness of contingency contracting as a special specific usually written schedule describing the exchange of behaviour and reinforces between two or more individual.

Contingency Contracting, Deaukee, (2010), on Contingency Contracting asserted that the development of behaviour contract as a strategy to control truancy behaviour of students was grounded on the theory of operant conditioning which holds that behaviour which are reinforced are likely to be repeated and those which are not reinforced will soon disappear. It is a written agreement between the student and the teacher which commits the students to behaviour more appropriately and specified a reward for meeting the commitment. The resulting consequences for not holding to the contract, rewards for meeting expectations and time frame are also specified. Usually a parent is involved in the development of the contract to ensure that the student obtains the necessary support in maintaining the terms stated. Deaukee (2010) stated that the contract attempts to control behaviour that are not effectively controlled by normal class procedure, to encourage self-discipline on the part of the students and to foster the students sense of commitment to appropriate classroom or school behaviour.

One of the forms, of contingency contracting is the token system. Token system can be used for an individual or group format. Token system have been shown to be successful with a diverse array of population including those suffering from addiction, retardation, and delinquent. Walker, (2010) presents an excellent overview of token system and combing such procedure with other

interventions in the classroom. He relates the comprehensiveness of system to the child level of difficulty.

Deaukee (2010) is of the view that rewarding a client by a therapist facilitate the healing of emotional disturbances. This implies that when a client receives a reward or shown appreciation for a component of responses the person is likely to be motivated to engage in such desirable behaviour.Children in our schools, homes should be reinforced only when their behaviour is positive. Classroom teachers should praise those students who are seen to be studying and paying attention to their lessons. Token economy system will no doubt increase the amount of class time devoted to studying with decrease in unruly behaviour. One mark may be given to students who are in their seats working whenever a bell rings for silence. Two marks may be awarded to students who give answer when call in class, and so on and so forth.

Curwin & Mendler (2008), stated that students learn both moral and inmorals based on what they see and what they hear. contingency contracting has positive effects on students self-concept, using the quasi experimental method. Self-concept, is operationally defined as the positive perception of one-self, reflecting on both a description and evaluation of one's own attributes.

The subjects numbered 250 met inclusion criteria. The meta-analysis programme lasted for 3 – 5 weeks session and require substantial patient motivation. The pretest, posttest design was employed. The result showed that the administration of reward increase the self-concept of client and the frequency of responses to issues. It was concluded that contingency contracting therapy should be considered as a potent and effective therapy

option for incorporation into the methodology of therapeutic approaches.

Fields and fields (2006), asserted that the use of contingency contacting in modifying truancy behaviour of secondary school students is safe. His research design was survey research design. A sample of 468 education students was used. The instrument was a questionnaire designed by the researcher was used. He used the research design to test the efficacy of the therapy in relation to gender. The overall finding reveal that contingency contracting is not gender bias. That virtual, everyone, male and female is positively affected by the therapy. The researcher used contingency contracting as intervention technique for fostering positive reduction of truancy behaviour among secondary school students. The researcher's option is contingent on the fact that the therapy has been used successfully to treat people with problems, secondary school students will equally benefit from it.

In behaviour therapy, behaviour modification, and applied behaviour analysis, contingency contracting includes techniques such as shaping, time-out, making contracts between therapists and patient, and token economy.
Oluremi (2013), identified the school as a strong factor responsible for truancy behaviour. Truancy is one of the major anti-social in Delta State. The concept and acts of indiscipline have received a lot of attention by researchers. Pect (2013) opined that various behavioural disorder like stealing, violence, drug abuse, examination malpractice sexual abuse and truancy have so undermined effective teaching-learning processes that some teachers have become helpless and disorganised in their task of impacting knowledge to learning.

Truancy behaviour is caused by uncoordinated approach to upbringing, which is expressed by contrasting strict limitation and prohibitions from one parent and indulgent and permissive attitude from the other. Some children run away from school, skip classes, others begin to smoke, try alcohol. Most of these children wind up on the street and are raised by it's rules. The children must be loved, they must be reared, must be prayed for. The betterment of the child's mental state in large part depends on the parents, their spirituality, their relationship, on the atmosphere they created at home. Children must be protected from any deleterious influence, because these days a whole slew of different types of obscenities are poured on their tender souls. Parental piety – is an effective example for children to imitate. It's opposites are drunkenness, non-spirituality, amoral behaviour etc.

Truancy behaviour is also caused by unconducive environment. The school environment requires paying attention, sit still, planning ahead effective concentration and learning. But children who never sit still, act without thinking, easily distracted, cannot keep to one task, forget assignment, often, talk excessively and fidget, find it difficult to wait for their turns and blurt out answers, before questions are completed cannot be said to have good conduct in schools is the expectation of every teacher, parents and school management. Dealing with children who display truancy behaviour is one of the most frequent concerns of teachers. Silver (2014), believes that when students with truancy problem are left unidentified, the cumulative effects of low self-esteem, chronic school failure and inadequate social skills may lead to adolescent anti

social behaviour, which includes alcoholism, drug abuse, school dropout and even suicide.

The researcher is of the view that different types of ages are involved in truancy behaviour and these group lack consistent morality. The age bracket mostly affected are 4-8 years and 12-18 years. The peer group influence, what the child values, knows, wears, eats and learns. The extent of this influence however depends on other situational constraints, such as age and personality of children and nature of the group. Harris, (2008), reported that, there is a considerable evidence supports the statement that peer relationships influence the growth of problem behaviour in youth. The peer group can demand blind obedience to a group norms, which can result in society alienated gangs with pathological out-looks. Perry and Douglas, (2013), indicated poor peer relationships were closely associated with social cognitive skills.

According to Seita, Mitchell and Tobi, (2008) "When the family had been unable to fully meet a child's needs, other adults who play a significant role in the Child life have extraordinary potentials for influence the child in taking care of his or her life. It worth noting that peer influence can lead to discipline problems and delinquent behaviour both inside and outstanding school. It is also clear that, one of the major ways that deviants youth even become ever more even deviant is through unrestricted interaction with deviant peers. Hartung (1965) posited that criminality is socio-culturally learned in the process of interaction with family members and peers in small intimate groups. The process includes learning the technique to commit truancy acts and developing the rationalization to protect one's self-concept.

According to Hines (2007) in his study on truancy reported that males and females are involved in truancy behaviour. He further explained that truants tend to do worse in schools; they lack concentration, in their academics. He also asserted that truants irrespective of gender are associated with criminal activities such as teenage murderers, rape crimes, and are more likely to exhibit violent behaviour. The probable reasons for this may have to do with the fact that these children are generally less monitored and not effectively supervised by their parents, and there is less communication between the child and parents. One of the major issues to the conservative is that gender issues are already becoming a fast and rapidly growing phenomenon in the society, Hines (2007).

Research also show that parents with low-socio-economic status experience problem in raising their children financially. However, student truancy behaviour seems to be ubiquitous in the 21st century in secondary schools in Nigeria. With the recent problem of increase in school enrolment, discipline problems are bound to accentuate and cause more burdens on teachers and school administrators. According to Rigby (2000), students truancy behaviour has plagued male and female in schools leading to series of unrest particularly in secondary schools. Consequently students resort to unconstitutional measures in channelling their grievances.

Statement of the Problem

Truancy is an educational, social and psychological problem. Truancy among adolescents jeopardizes chances of achieving their educational goals, Siziye (2007). Truancy behaviour is endemic in the secondary schools in Delta State, as showing in school documents such as the school register attest to cases of absenteeism and lateness. Truancy behaviour is common in all family background. They are found in monogamous and polygamous homes, as well as educated and non-educated homes. Truancy behaviour is found in both genders, it also cuts across ages as well as class.

Truancy behaviour affects all areas of students functioning and also has negative consequences on the social, intellectual and psychological life of the students. Truancy behaviour is detrimental to student's academic achievement, promotion and graduation. It is highly frustrating to teachers, parents, the society and the child himself to realize (probably when it is too late) that the goals of any well planned educational programme are defeated due to a number of factors one of which is truancy behaviour. This is because, truancy behaviour militate against the realization of educational aims and objectives. It is a deviant behaviour that deserves drastic psychotherapeutic measures to eradicate. Stimulus Control and Contingency Contracting are behavioural therapies that have had positive effects on behaviour according to research studies. The former involves the control of the negative social environment using the various control strategies such as counselling, seminar, orientation to alter negative responses by students, while the latter involves the agreement between the therapies and the client on reward after positive responses. The

effect of truancy behaviour resulting in numerous miserable people and situations all around, us such as school drop outs, miscreants, touts, area boys, beggars, robbers, drug addicts, prostitutes have being addressed in the past using different intervention such as Rational Emotive therapy with some positive results. Contingency Contracting and Stimulus Control has been successfully used to tackle the problem of truancy in Edo and Bayelsa States with positive results. The study wants to find out if their application to truancy problem in Delta State will bring about positive change in behaviour.

This study therefore, seeks to find out if the intervention of employing ST & CC therapies will be effective in bring about reduced truancy in schools. What is the effects of stimulus control and contingency contracting therapies on the reduction of truancy behaviour among secondary school students.

What is the effect SC and CC in the reduction of truancy behaviour among secondary school students in Delta State.

Research Questions

The following research questions guided in the study.

1. What is the mean difference between the experimental groups, stimulus control and contingency contracting and control group?
2. What is the mean difference between the experimental group A, stimulus control and control group?
3. What is the mean difference between the experimental group B, contingency contracting and control group?
4. What is the difference between pre-test and post-test scores of stimulus control and contingency contracting therapies?

5. Would there be any difference in effect in truancy behaviour of male and female students, treated with contingency contracting?
6. Would there be any difference in effect in truancy behaviour of students age's 12-17 years and 18years above treated with contingency contracting?
7. Is there any difference in effect in truancy behaviour of students from monogamous and polygamous homes treated with contingency contracting?
8. Is there any difference in effect in truancy behaviour of students from educated and non-educated parental background treated with stimulus control?
9. Would there be any difference in effect in truancy behaviour of students from monogamous and polygamous homes treated with stimulus control?
10. Is there any difference in effect in truancy behaviour of students from ages 12 – 17 years, and 18 years above treated with stimulus control?
11. Is there any difference in effect in truancy behaviour of male and female students treated with stimulus control?

Research Hypotheses

The following null Hypotheses were formulated and tested at 0.05 level of significance.

$H0_1$: There is no significant difference between the experimental groups, stimulus control and contingency contracting and control group.

$H0_2$: There is no significant difference between experimental group A, stimulus control and control group.

$H0_3$: There is no significant difference between experimental group B, contingency contracting and control group.

$H0_4$: There is no significant difference between the pre-test post-test scores of contingency contracting and stimulus control therapies.

$H0_5$: There is no significant difference in effect of contingency contracting of truancy behaviour of male and female students.

$H0_6$: There is no significant difference in effect of contingency contracting of truancy behaviour of students between the ages 12 – 17 year and 18 years above.

$H0_7$: There is no significant difference in effect of contingency contracting of truancy behaviour of students from monogamous and polygamous homes?

$H0_8$: There is no significant difference in effect of truancy behaviour of students from educated and non-educated parental background treated with stimulus control.

HO_9: There is no significant difference in effect of stimulus control of truancy behaviour of students from monogamous and polygamous homes.

HO_{10}: There is no significant difference in effect of stimulus control of truancy behaviour of students from ages 12 – 17 years, 18 years and above.

$H0_{11}$: There is no significant difference in effect of stimulus control of truancy behaviour of male and female students.

Purpose of the Study

The purpose of this study was to find out how stimulus control and contingency contracting therapies can be applied in treating truancy behaviour.

Specifically, the study investigated the following:-

1. The extent of effect and mean difference between the experimental groups and control group.
2. The extent of effect and mean difference between the experimental group A, treated with stimulus controls and control group.
3. The extent of effect and mean difference between the experimental group B, treated with contingency contracting and control group.
4. Investigate whether there is a difference in effect between pretest and post-test scores of contingency contracting and stimulus control therapies.
5. Investigate whether there is a difference in effect in truancy behaviour of male and female students treated with contingency contracting.
6. Examine the effect of treatment on truancy behaviour of students ages 12-17 years and 18 years above treated with contingency contracting.
7. Investigate the effect in truancy behaviour of students from monogamos and polygamous homes treated with contingency contracting.
8. Examine the effect in truancy behaviour of students from educated and non-educated parental background treated with stimulus control.
9. Determine the effect in truancy behaviour of students from monogamous and polygamous homes treated with stimulus control.

10. Examine the effect in truancy behaviour of students from 12-17 years and 18 years above treated with stimulus control.
11. Find out the effect in truancy behaviour of male and female students treated with stimulus control.

Significance of the Study

The stakeholders that will benefit from the study include, the students who are involve in the maladaptive behaviour. They will experience behaviour change. The treatment being efficacious will modify their behaviour. The Principals, Vice Principals who always visit the homes of truants to ensure that they are regular in school will now settle down in their offices for official administrative work. Parents of truants will have settled mind that these therapies have been able to find solution to problem of their children.

Improve the administrative efficiency of the Principals and Vice Principals that these group of students have eventually settled down for meaningful teaching and learning. It will also enhance the academic performance of students. The result of the study seeks to find solution to truancy behaviour. The study is a panacea to the problem of truancy behaviour and also therapeutic intervention that will reduce the psychological disorder.

The therapists and counsellors will gain useful information from both the theoretical and practical application of stimulus control and contingency contracting. The techniques needed to solve these bad attitudes which are ubiquitous to students in this 21st century will be resolved as a result of the outcome of this study. They will also learn how to discipline students.

Government and agencies concerned with educational planning and implementation will not be left out from host of beneficiaries from the study. The outcome will further enlighten them on the need to engaging the services of psychologist in every school to be saddle with the responsibility of controlling the widely spread behaviour problems in school in general especially truancy behaviour. The socio-psychological methodology of intervention to alleviate the problem of truancy in the schools in global society will be encouraged.

These therapies can be applied when there are other anti-social behaviours such as fighting, stealing, disobedience, assault, rebelliousness etc. Conflicts and crises in homes, schools, communities and society at large will be removed. Our homes, schools, communities and society will be peaceful. All agencies that are appointed by the government to chase truants will channel their energy to other useful activities. The whole world will experience peace. These treatment modalities are effective and safe. When truancy behaviour is modified it will build self-confidence, self-esteem, improve academic performance of students.

Scope and Delimitation of the Study

The scope of the study only focused on the use of these two therapeutic applications of Stimulus Control and Contingency Contracting techniques at the public junior secondary school level, that is the schools owned and operated by the government of Delta State. The study is limited to this aspect because of high rate of indiscipline, school dropouts. Truancy behaviour is more ramparts in the secondary public schools than the private secondary schools. The study delimited itself to these two independent variable so that a

thorough research investigation can be carried out, also for decision making purpose. For contingency contracting, the researcher limited therapy to these aspects of the technique, reinforcement, reward and token economy and it is to be done vicariously because watching other people being reinforced will motivate others to receive reinforcement. Stimulus Control used these aspects of the technique, seminar, orientation, counselling and conditional responses to modify the truancy behaviour. The study was delimited to five secondary schools in Isoko South Local Government Area of Delta State. The time scope for this study commenced in March 2010 with 6 weeks to complete all of it.

The treatment also concentrated on these aspects of truancy behavour, absentiseem, lateness, withdrawal and lack of school materials. These are caused by negative peer influence.

Limitations of the Study

The prominent limitation is the computer analyst who was always absent at the time I needed her to do the work. The researcher was able to speak to the computer analyst who later changed her behaviour. Other limitations are, the participants who manifested apathy towards the research undertaking at the initial stage by their unwilling attitude in disclosing information about themselves, probably for fear of implicating themselves.

Statistical limitation, statistical data collected relating to a problem under study do not reveal the entire story of the problem. This is because many problems are affected by factors which are in capable of statistical analysis.

Therefore it is not always possible to examine a problem in all its manifestations only by the statistics.

Age limits was also a barrier as some have not attained the maturational level of reasoning intellectually. Many of the students belong to low social group; they feel shy to interact freely.

The non-participants negative attitude and pressure on the participants because they had wished to participate in the clinical sessions. Irregular participants who would have rendered the treatment void were identified and corrected.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviewed literature related to the study.

The following sub-heading are presented in this review as they are related to the subject matter.

i. Conceptual framework.

ii. The concept of truancy behaviour.

iii. Theories of truancy behaviour.

iv. Dimensions of truancy behaviour.

v. Factors which affect truancy behaviour.

vi. Consequences of truancy behaviour.

vii. Characteristics of a potential truants & dropouts.

viii. The concept of stimulus control technique.

ix. Theories of stimulus control.

x. Empirical studies on stimulus control.

xi. The concept of contingency contracting therapy.

xii. Theories of contingency contracting therapy.

xiii. Empirical studies on contingency contracting.

xiv. Gender and truancy behaviour among students.

xv. Age and truancy behaviour among students.

xvi. Monogamous and polygamous homes and truancy behaviour.

xvii. Empirical study on truancy behaviour.

xviii. Stimulus control and contingency contracting therapeutic procedure.

xix. Summary of related literature.

Conceptual Framework

This model conceptualized the treatment procedure on truancy behaviour among students. It is a description of how the different variables in the study are operationalized. It is structured in such a way that the study is anchored on stimulus – organism – response (S – O – R) model, Hull, (1952) of behavioural approach. This theory and conceptual frame work of the study is the structural foundation in which the research work is based. Behaviourism theory states that maladaptive behaviour can be modified by behavioural therapies.

From the bahaviourist postulation these potent therapies "stimulus control" and "contingency contracting" are extracted. They formed the independent variable. Hull anchored his work on stimulus – organism-response model of behaviour approach. He therefore emphasized that stimulus/response are based on treatment received by subjects. The conceptual model of the study is designed in line with stimulus organism response. The independent variables, "stimulus control" and "contingency contracting" as well as the dependent variables are depicted in the design. Critical observation of the design shows that there is a relationship between the independent variables. There is horizontal linkage between the independent variables, confounding variables and the dependent variable. The confounding variable such as gender, age, and parental educational background are mentioned casually. They have no serious impact on the study. The researcher uses them to ascertain the potency of the independent variables.

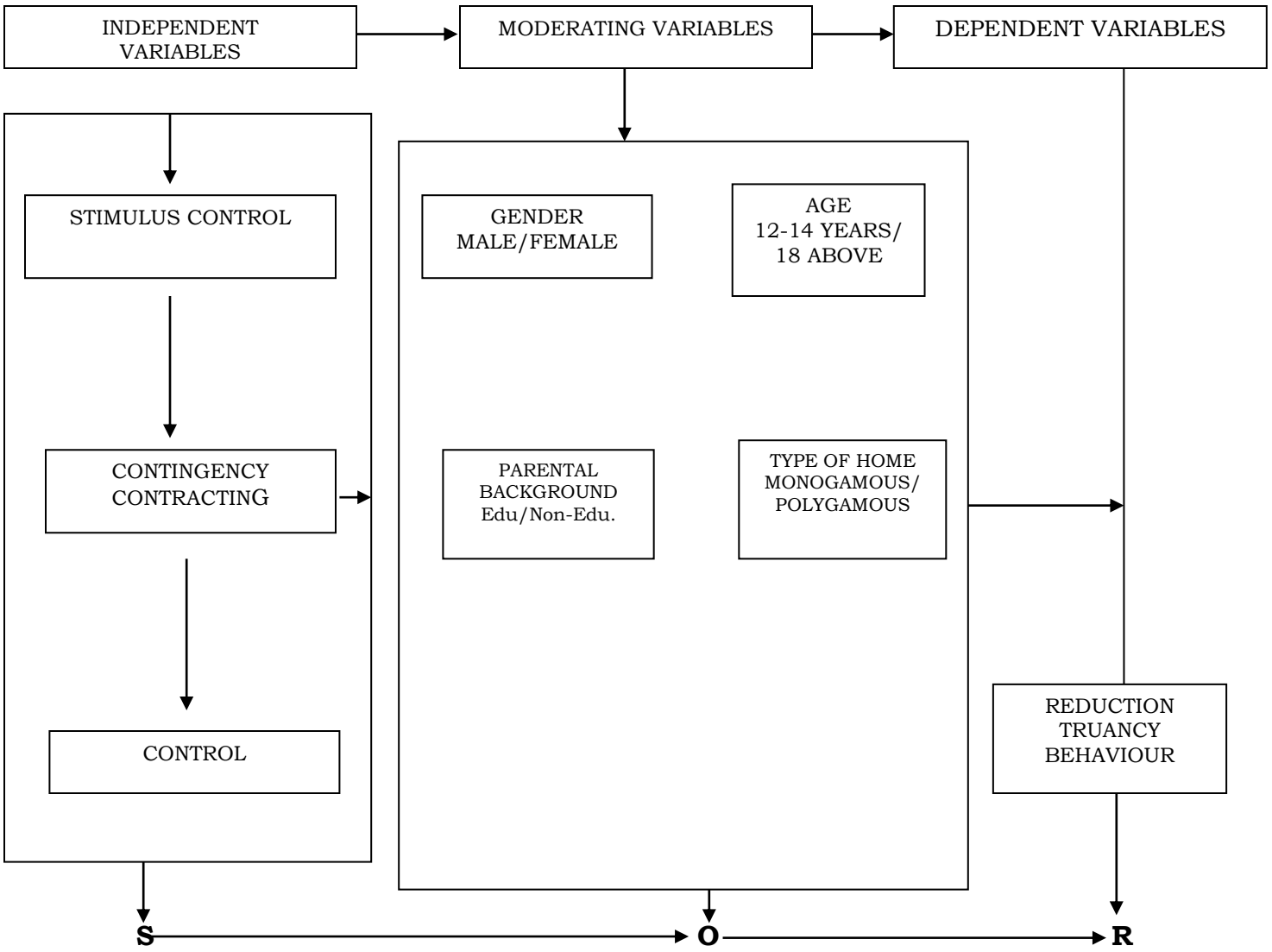
Controlling maladaptive behaviour is one of the basic means we can learn. Truancy behaviour could be acquired through lack of proper control of stimulus both internal such as sickness, emotional disturbances, hunger, poor ego development, inferiority complex, intellectual impairment, and personal inadequacies, also external such as, lack of school materials, poor environment, poor method of teaching etc. Control and contracts are done with both materials and non-materials. Material stimulus/contracts e.g tokens non-material stimulus/contracts e.g orientation and counselling.

In the S – O – R equation, the two independent variables constitute the stimulus and are therefore manipulated. In this model, the organism (O) mediates between the therapies (S) and acquired truant reduction behaviour (R). The acquired skills constitute the variables which change due to the manipulative influence of independent variable.

Other theory for example, Freud, and his associates in the early twentieth offers a framework for examining the study under investigation. The theory indicates that truant behaviour develops as a result of psychic interaction resulting in conflict between the various components of the mind.

Figure 3.1

Conceptual Framework of the Study



Treatment

Key = S = Stimuli

O = Organism

R = Response

(Treatment effect)

Figure 1: A conceptual model of the study.

Adapted partly from Hull (1952).

The Concept of Truancy Behaviour

Conceptualizing truancy behaviour, Egbochukwu (2012), asserted that it is a psychosocial problem in which the adolescent withdraws from others and intentionally disrupt his school activities. The adolescent leaves home in the morning but does not get to school. He may visit other places and engaged in other activities such as drinking, smoking and rigmarole the street while other are learning in school. This gradually becomes a habit which the student may find it difficult to break. She describes the truant as one that is frequently afraid, unreliable, friendless, and tends to withdraw from peers, parents, teacher and the society.

Ma'aruf, (2005), stated that truancy is one of the major antisocial discipline problems among secondary school students in Nigeria. The concept and acts of indiscipline have received a lot of attention by researchers. Peck opined that the various behavioural disorders like stealing, violence, drug abuse, examination malpractice, sexual abuse and truancy have so undermined effective teaching-learning processes that some teachers have become helpless and disorganized in their task of impacting knowledge to the learners.

Carrol (2009) reported that truancy and poor attendance to school are most likely to be found among large families where the father is a manual worker. Similarly, Brillingston and Ma'aruf in their studies, discovered a high correlation between home circumstances and persist truancy could result into poor academic achievement, losing friends and partners, and disruption in class. Absentees affect the behaviour of other students, difficulty in keeping

accurate records, reduced ability to meet instructional targes and danmaged school reputation.

Theories of Truancy Behaviour

Freud, (1946), originated psychoanalytic movement, the study of neurotic patients. Freud used the term neuroses to present that, emotional factors were important in the aetiology of maladaptive behaviour. An influential view held by the psychoanalytic tradition is that most truants are neurotic and lack emotional adjustment, and that neuroses and all maladaptive behaviour arises from intra-psychic conflict. Conflict between different drives impulses and motives held within the various component of the mind, the conscious, semi-conscious and unconscious. Central to psychoanalytic theory which is based on the work of Sigmund Freud, is the postulated experience of an unconscious part of the mind which among other function acts as repository for repressed thoughts feeling and memories that are disturbing or otherwise unacceptable to the conscious minds. The repressed mental contents are typically sexual or aggressive urges or painful memories of an emotional loss or an unsatisfied longing dating from childhood.

Anxiety arises when these unacceptable and repressed drive threatened to enter consciousness, prompted by anxiety, the conscious part of the mind the (ego) tries to deflect the emergence of unacceptable implies into consciousness of the repressed mental content through the use of defense mechanism such as repression, denials or reaction formation. Vabaza (2011), observed that failure bring untold hardship and frustration to the individual and cited report of cases of truancy behaviour and suicide because of failure.

This school of thought propose that truancy behaviour results from unconscious drives. Ariet (2009) says that Freud takes a pathological view of truancy behaviour process and this is characteristics of the general view of truancy behaviour to Freud, only unhappy people experience day dream and fantasia and these are integral part of behaviour process. He (Freud) noted that unsatisfied wishes are the driving forces or power behind fantasies. Every separate fantasy contains the fulfilment of a wish and improves unsatisfied reality. Freud felt that there was a great similarity between neurosis and truancy behaviour.

Other school of thought according to Bergquist (2014), built on the premise that truancy behaviour is part of neuron-mental state among children and teenagers. Increase nervousness' excitement, emotional instability, tendency to conflict, sleep deprivation are typical symptoms found in 8 out of 10 children. Taylor (2008) further explains that all forms of bad behavour in children is normal but if it is persistent, it is important to tackle it. Unlike adult, children are not good at expressing their feeling and tend to act them out.

Thus psychoanalytic theory seems best to explain the psychological disturbances of a truant child and also recognize the pain, anxiety or sexual tension associated with it.

Humanistic Theory of Truancy Behaviour

Another factor that contributes to how we react to situation is our picture of ourselves. If you see yourself usually as a nervous person or given to rages or bouts of aggression, this self perception or self concept influence our

response to life's difficulties. Most truants have nervous and aggressive self concept, and lacks the potentials to governor their own emotions. The ideals of William James, Abraham Maslow together with the theory of Carl Rogers, form the foundation of humanistic school of psychology. Humanist emphasizes a positive aspect of human nature that men and women naturally strive for maintenance, enhancement and self actualization and that our inner tendencies are for healthy growth. Most truants have low self perception, which presupposes inferiority complex. As a result they isolate themselves from others. Poor self understanding is a problem that most truants have. According to Williams & Williams (2003), the component identified in his work are true to most truants. Most truants feel bad, lack material possession and also lack social connections.

William & Williams (2003), identified dissatisfaction as a factor contributing to the truancy behaviour of a child. If a child considered himself as inadequate, lacking biogenic and psychogenic needs, he/she feel dissatisfied. Modern psychologist used two of James's three meaning of self concept, the self as an object what we think of ourselves and self as a doer own activities. Most of the times we behave in way that are consistent with our self concept. If you see your self as attractive, nice to others and likable, you probably will present yourself in that way when you meet someone new in class. If I consider myself not particularly bright but basically honest, I am not likely to cheat on the next exam, play truancy behaviour even though I may be given the opportunity to do without being caught. We are not always true to our self concept. And sometimes when we behave in keeping with our self

concept, there is a cost such as having to be nice to people we can't stand or coping with growing panic as we face exams we fail.

Causes and levels of the contributory factors of Truancy

Several causes have been propounded as predisposing factors to truancy behaviour. They are:- parental attitude, child street hawking, emotional conflict, unsatisfactory home conditions and home indiscipline, aversive stimulus, examination irregularities, smoking, gambling and alcoholism, hatred for school (antagonistic behaviour), biological limitation, economic condition, Uncongenial classroom, sport e.g football, bad method of teaching.

Parental Attitude

One of the most crucial causes of truancy behaviour and moral decay in our society in recent times is traceable to the laxity exhibited by some parents. They have not only neglected their God given responsibility for moral and honest upbringing, of their children, they have equal failed to live as models:

According to the Holy bible, (Prov. 22:6), God instructed parents through the Holy Spirit and the bible that they should train up their children in the right way so that when they grow up, they will not depart from it or what they have learnt.

Egbochukwu (2014), described homes generated factor as one of the principal causes of immoral behaviour as she maintains that "lax discipline by the father lets loose an unstable child who becomes a nuisance variable to self and others the fact remains that one does not give what he does not have since many parents are immoral (i.e refusal to conform to societal norms).

Reports from various parts of the world upheld that truancy may be associated with adverse social and health outcome later in life Iheany & Ikechi (2012). Children learn antisocial behaviour from their community of which their parents are most significant. Unfortunately, many parents have not lived up to the expectation of the society. “The consequence of this is that youths are left with no model with which to pattern their behaviour as demanded by society”. We see some fathers and mothers forgetting their duties and roles. Some fathers go after little girls of their daughter’s age and mother’s go loose in the bid to satisfy sexual need. Beside maladaptive and sexual irresponsibility, parents are equally involved in indecent behaviours such as drunkenness, cheating, lying, foul language, threats and other corrupt practices in the presence of their children and subordinates. The paradox is that, while they are so concerned with instilling of good ideals to their children, their own behaviours go contrary to those ideals. This issue is compounded by the growth of urbanization and technological advancement, which have separated parents from their children. With Mother working, more homes broken, with the father away all day, there was even less Sharing. The consequence has been a growing confusion in the life of children as to what is good and what is bad; what is right and what wrong, which could explode without notice.

According to psychologist, sociologist and philosophers such as Owodunni (2008), Reids (2009), prostulated that most of the things that affect children’s understanding of life are potentially influenced by parental opinion. The first agency of the child is the child’s immediate family. The home contributes in various ways to the problems and challenges they face. Hence, it

is necessary for parents to ensure that laid down rules and regulations by the home school and society care obeyed by their children. This will help reduce to the barest minimum the incidence of anti-social behaviour.

Child Street Hawking and Truancy Behaviour

Child Street hawking is a negative phenomenon in our society. It is a child abuse and one of the world's social problems. It has attracted both national and international level of concern for the rights of the child. A child is a person who is strictly under the protection and care of someone who may be the parents or guardian. The United Nations Convention on the Rights of children defined a child as anybody (male or female) who has not attained the age of eighteen years that is the age of discretion. Child-street hawking is a form of child abuse. It is increasingly becoming a menace and social problem. Street hawking involves carrying wares on the head, in wheelbarrows, carts, baskets and hangers from street to street with the aim of selling such wares. Items commonly hawked include foodstuff, cooked foods, beverages, snacks, drugs, fruits, vegetables, soft drinks, and sachet water, among others.

Several reasons have been put forward as predisposing factors to child-street hawking. These factors include poverty, high cost of living, lack of sponsorship, poor school performance, single parenthood, large family size, peer group pressure, poor home conditions, and lack of parental care, parental unemployment, parental pressure and poor scholastic achievements. In the view of Animasahun (2009), suggested that truancy behaviour is as a result of poor development in our country in making the provision of social welfare

services like education, health care, water supply and energy not only inadequate, but expensive, thereby prompting parents to resort to child labour and exploitation. Economic downturn has therefore devastated the budget of some Nigerian families. Amidst such financial austerity, some Nigerian parents and guardians abuse their children through street hawking in order to support the family income. Iheanyi & Ikechi, (2012) observed that street hawking s encouraged because it is convenient for those who purchase their needs while in traffic, motor parks, and offices/business centres.

Child-street hawking is associated with certain ills, which have adverse effect namely physical, psychological and social. Physical consequences include accidents, spread of communicable diseases, food poisoning and traffic congestion. Psychological consequences of child-street hawking include stress, fatigue, depression, anger and resultant social ills. Furthermore, social implications include unwanted pregnancy, prostitutions, smoking, robbery, truant behaviour and poor academic performance, among others. Street hawking not only endangers the lives of the hawkers, but also the food hawked and the consumer society in general. Female children who hawk various wares are lured to sexual harassment by hooligans. The child-street hawkers in an attempt to sell their goods on the roads are involved in road accidents. It is a frightening scene seeing children weaving in and out of traffic on the high ways as they hawk their wares. Contamination can occur from hawked foods due to indiscriminate exposure of food items to air, dust, flies and dirt's.

Child-street hawkers spend most of the time outside home in a bid to sell their wares. They not only hawk during the early morning hours, but at night and during inclement weather. Yakubu (2006) is of the view that some of the hawkers are welcomed home with battering by their parents or caretakers when they could not make profit from their wares or when they could not finish selling their wares. Above all, hawking affect academic performance of the children. Also hawkers who hawk in the morning hours before going to school are perpetual latecomers to school. Besides, such children lack concentration in class work due to fatigue and stress. These result to poor academic performance, delinquency and truant behaviour. Fubara (2009) equally observed that abused children tend to show behavioural problems, low self-esteem, withdrawal syndrome, oppositional behaviour and learning difficulties. These are traits, which could impact negatively on that adult life (personality) of the child.

Children are described both as the wealth and pride of a nation. The future of any nation therefore depends on the young ones who constitute the potential human resources needed for continuity of the society, Adeloye, (2008). Hence, the self-esteems of children exposed to street hawking are muffled by frustrating escapades such as rape, pregnancy, abortion, accident, cheating and street fights. Ignorance of the consequences of child-street hawking as well as attitude of parents/caretakers towards the concept equally contribute to the influx of child-street hawkers in Nigeria. A change of attitude of parents towards child-street hawking can be effected through the provision of new information, and through supportive therapies.

Emotional Conflict

Emotional conflicts result when an individual psychological needs are not satisfied. Conflict is a struggle that arises as a result of differing opinion, desires, intentions and temperament. When two motive conflict, the satisfaction of one leads to the frustration of the other.

Morongwa (2010) viewed emotional problems as a barrier against the realization of students potentials, values, and goals etc.

Unsatisfactory Home Conditions and Home Indiscipline

Amado and Freire (2009), observed that: the major situations at home are framed in what they pointed out as the first level of indiscipline and which are those incidents of disruptive nature whose disturbance affects the good of the classroom. His research revealed that adverse home conditions and lack of satisfaction in the home or school precipitate truancy behaviour. In a study carried out in Chicago (U.S.A) with pupils aged between nine to sixteen who had been causing classroom discipline problems, it was discovered among other determinants that: The truants were those who had unsatisfactory home situation. Families on relief broken homes and the like.

This implies that a child's attitude to school work is influenced by his prevailing home conditions. In other words, the attitudes, feelings thoughts and general behaviour of the child in school will reflect the psychological climate prevailing in his home.

Aversive Stimulus

In his contribution to the causative factors of truancy behaviour, B.F. Skinner (1968) suggested that absence form school may be a means of avoiding aversive stimulus. He pointed out that a student who works mainly to escape aversive stimulation discovers other ways of escaping the teachers aversive control such a child he further explained is tardy. Creeping like a sucil unwillingly to school. He later stays away from school altogether such a child invariably indulges in truancy behaviour.

Examination Irregularities

Journal of studies of social sciences Ali (2014) mentioned examination malpractices (Expo) as a factor leading to truancy behaviour. There is also assistance given to students during examinations. Students being aware that their aids must surely come to them tend to neglect class work instead loiter about for things that are immaterial. This is one of the major factors of deviant behaviours in children.

Smoking, Gambling and Alcoholism

Acts of indiscipline if allowed to incubate under current favourable conditions by education providers and consumer could hatch a monster that will be difficult to exterminate Idu & Ojedap (2011). Gambling occupies the mind while their mates study in class. Much as we may conceive an indiscipline home as a breeding ground for delinquents some of whose elements are truants, home discipline taken in isolation cannot claim to be the only cause of (truancy behaviour) for there are also disciplined homes with

notorious truants. Therefore the need for some other causes of truant behaviour becomes imperative.

Hatred for school (antagonistic behaviour)

Rossouw (2003) asserted that educators have reported that they are uncertain, confused and afraid of infringing upon learners rights and being accused of misconduct. Saying that the over-emphasis placed on leaner's right may cause I "don't-care" attitude and a lack of regard for the educators role in the classroom. This may cause some learner's not to strive to excel instead, they try to influence their classmates negatively to exhibit the same negative behaviour.

Biological Limitation

Physical abnormality or defect may result in truancy behaviour. Some glandular or body defects (such as being squint-eyed, blind, deaf or dumb) may constitute a source of frustration. Deficiency is one's intelligence or backwardness in a particular subject may also frustrate an individual who is motivated to learn a particular course or choose a particular vocation.

General role of the central nervous system. In many cases, it is assumed that there is a central nervous system (CNS) dysfunction, and that one or more of the learning abilities must be malfunctioning. In this case a child that has learning disability manifests a significant difference between his/her potentials and his/her actual achievement. Discrepancy of disparity means that there is a significant difference between the level of a child's actual performance and his/her predicted potential or capacity.

Every school manager is committed to ensuring that the school provides safe and orderly environment in which teaching and learning takes place. Factors resident in the child, e.g serious illness, head injury, underfeeding, and undernourishment; hyperactivity, forgetfulness, absent minded, disorganization, conscious refusal to learn, overt hostility, and intense feeling of resentment, negative conditioning, (e.g fear, dislike, failure) displacement of feelings, resistance to the pressure of over ambitious parents, changing to dependency status, (of over-protective or authoritarian parent) feelings of inferiority, fear of challenges that attend success, absorption in a world of fantasy e.t.c.

Economic Condition

Economic and financial problems contribute to truancy behaviour. Economic problems may have adverse consequences such as in ability to purchase school materials, meet essential needs of the individual. Instance are there when a young man committed suicide as a result of the frustration suffered by parental; economic condition. A mother kills herself and her children by jumping into a well due to the utter frustration caused by the continuous denial of basis need-food. Similarly, the revolts against the social or political set-up are often the result of frustration suffered due to severe economic deprivation. The family that cannot provide economic security fro the members stands the risk of sliding into frustration. In Africa, Nigerian inclusive, especially in rural and urban Areas, children depend on the parent or elder members of the family for necessities of life for a long while before they become independent. In some cases children between the ages 0-30 years

depend on their families especially while still in the process of schooling. Morongwa (2010) identified parental-home influence and financial status as the cause of truancy behaviour. Many families are psychologically divorced while still living together under one roof, one bed and eating from one pot as a result of economic problems. Other factor he cited are teachers/educator, political, social and economic, learner with emotional problems, Headteacher/principals, gender and race, public versus private schools.

Uncongenial Classroom

Uncongenial school environment, dominant or submissive role of the teacher, faulty methods of teaching, denial of opportunities of self-expression, contradictory demand of the teacher and classmates, overcrowded classroom are some of the bases of conflicts in the youngster.

The school priorities are designed to ensure that all students are provides with a harmonious environment where they can learn and thrive therefore, goes disciple in the environment and operation of the is able to provide quality education for all students and to guarantee that care and safety of the school community. A harmonious working environment at school increases the chance of students realizing their full educations potentials.

Scult (2009), opined that children are dynamic, effervescent and therefore heedless. They need clacks to prevent excesses, restriction to keep to them within the speed limit of properly in lieu of this.

In one survey, students cited boredom and loss of interest in school, irrelevant courses, suspension, and bad relationship with teacher as the major factors in their decision to skip school. On the other hand most of the school staff believed truancy behaviour to be related primarily to student problems with family and peers Rowne (2010).

Sport e.g Football

After school sport or other programs at school site give students a chances to make new experience a positive atmosphere, and feel a sense of accomplishment, which in turn may result their likelihood of skipping school. Sports have undeniable influence on students as a result, students do not seek academic pursuit as importance as sport. Football has become a lucrative venture and prestigious that most youths have abandoned their academic pursuit.

Football experience is entertaining and enjoyable to the youths. Economically, football has turn many youths to millionaire e.g Okocha, Obi Mike, Kanu Nwankwo e.t.c. are all football stars. Most families in Nigerian now channel the career of their children to football. Unfortunately not all youths have the potential and skills to play football. Besides playing football, academic backing is important for any body to perform excellently in any career.

Bad Method of Teaching.

Many lessons lack fundamental concepts because some teachers lack knowledge of such courses. Lessons are not interesting therefore students experience boredom and lack of enthusiasm in the classroom. Students are not

sensitized to participate in the lesson. Learning is basic to understanding behaviour. The psychological study of learning embraces much of emotional development, motivation, social behaviour and personality. It is common knowledge that some teachers performs poorly in the classroom, even some who are highly knowledgeable in their area lack the skill of getting the message across to student while others teach with minimal effort and students understand. The difference is not solely on what is being taught but the fact that to be good in the classroom, the teacher needs more than the subject matter. In the first instance the teacher has to understand the psychology of the learner at different ages and psychological principles of learning and motivation. Moreover, teachers should know the typical procedures to increase their classroom effectiveness.

Consequences of Truancy Behaviour

The consequences of truancy are numerous. They include some of the following.

Academic Consequences:- Students who are involved in truancy behaviour performed abysmally and are unproductive academically. A meta-analysis of over 100 research studies indicates that poor academic performance is related to the onset, frequency and severity of a host of truancy behaviour. Likewise, a great deal of research has identified delinquent peer association as one of the most important predictors of an individual own involvement in delinquency.

Psychosocial Consequences:- Students who are involved in truancy behaviour have relationship problem with their teachers and the school

authority. Heilbrunne (2007), found out that truancy behaviour has a number of unfortunate consequences not just for students, but for schools, communities e.t.c National school engagement literature reveal that truants have lower grades, need to repeat grade's drop out of school, are expelled from school or just do not graduate from high school at higher rates than students with fewer unexcused absences. The review reported that there is evidence that at least some schools and ministries expel or otherwise "push out' students who are both truants and low-achieving. It is not surprising that truancy behaviour affects academic achievement.

Psychological Consequences:- In addition to these main effects, academic performance and peer truancy behaviour exhibited a synergistic relationship where the effect of delinquent peer association was less robust among students who were performing well in school. While these results cannot point to causal relationship, they do suggest that the negative effect of association with delinquent peers may be buffered among students who are committed to academic achievement. This point is particularly important among the type of students in the sample considered here, that is, student living in socially disorganized, high-crime neighborhoods. These adolescents are quite likely to be exposed to truancy behaviour peers. This finding is encouraging because it allows us to speculate that it may be possible to mitigate the negative effect of involvement with delinquent peers by improving student commitment to academic achievement.

Behavioural Consequences:- Researchers claim that not enforcing truancy behaviour laws can affect classroom management, as students who are consistency truants sometimes have behavioural issues that disrupt class room, making it difficult for teachers to teach and other students to learn and causing administrators to spend time on disciplinary issues. The research literature also concludes that truancy behaviour is a risk factor for other problems, including substance abuse, delinquency, gang activity, serious criminal behaviour (such as car theft, burglary), and dropping out of school Banker, Sigmon, and Nugent (2011). Other research that truancy behaviour itself can lead to (or reinforce existing) risk behaviours, given that children who are not in school are unsupervised, and removed from the influence of positive peers and adults Heilbrum (2007).

Societal Consequences:- Heilbrum (2007), pointed out that truancy behaviour does not just affect young people but also the adult they will become. Hence in Nigerian society, officers in both high and low cadres in most cases, don't stay in their officers to attend to the masses. Adults who where chronically truants from school when young are at elevated risk for a host of problems, including poor physical and mental health, poverty and welfare incarceration, and raising children who themselves exhibit problem behaviour, when analyzing the inability of parents to take care of their children on all socio-economic levels and in racial groups, Rosen (2013).

Characteristics of Potential Truants & Dropouts

The following is a list of characteristics common to potential truants and dropouts. Students who are most likely to be truants or leave school prior to graduation often display a combination of the traits listed below. Behaviours related to future school attendance are often evident by the third grade.

Academic Traits

Is a poor reader, has trouble with language, has poor study habits, regularly fails to turn in homework, consistently does not complete assignment, gets failing grades and repeats grades.

Other School Related Traits.

Researchers have also indentified other consequences, such as dislike for school, feeling 'education is a waste of time'. This opinion motivate truants to be absent, minded, that is present in body but not in mind, while other feel uncomfortable around teachers, lacks respects for teachers, dislikes one or more teachers, feels teachers are inactive to student needs/interest, is frequently given detention, has history of suspension or expulsion, seldom or never participates in extra curricular activities, is the "class clown", acts rebellious or defiant, makes fun of material being presented, tells lies regularly, has little regard for school property, does not listen, interrupts frequently, has a short attention span, copies work of other students, frequently complains, has trouble following directions and is resentful of criticism.

Social Emotional Traits

Morongwa (2010) asserted that most truants are characterised with emotional problems, such as poor self-image, lacks friends, has low aspirations, has emotional problems, gives up easily, is depressed/insecured, lacks motivation, lacks social competency, is a frequent discipline problem, has drugs or alcohol problems, is physically abusive/verbally abusive, is easily led into undesirable activities, is severally socially deprived and is a gang member.

General Traits

Some other features traceable to truants is that some of their parents with little education, lives in a family where education is not a priority, experiences a history of family problems, lives in a family with several limited finances, has parents who are overly dependent on the child, has siblings who have dropout, suffers from ill-health, has acute physical problems, gets little nurturing at home, has an unusual interest in getting money quickly, has poor eating habits, has disrupted sleeping problems/patterns, suffers from abuse or neglect, is pregnant or has a child, is a recent immigrant and is the oldest child in a very large or very poor family.

Theory of Stimulus Control

The behavourist theory of “stimulus control”.

Stimulus control technique are based on behaviourism. The theoretical explanation:- Behaviourism premises believe that every human and animal action constitute of a response to stimuli. According to Rotter (2012), to the behaviourist, nothing happen without a stimuli, “a cause” e.g. “A leaf trembles

only when there is breeze. The cause and effect or stimulus and response rule applied in the behaviorist view of human being as it does to everything else.

Applying this techniques, therefore, means that human social environment can be rearranged for proper responses to take place. Stimulus control uses non-material control such as orientation and counseling in all environmental settings. Man has been designed by God with full potentials for governing and controlling his behaviour and environment. When an appropriate environment is created, man can function optimally and be the best that he can become. Students desperately need such an conducive environment to enable them development psychologically, physically socially, cognitively and intellectually.

Pavlov (1904). Further went on to say that classical conditioning is precisely a process by which a neutral stimulus, when paired with a natural stimulus, acquires the capacity to draw out a response previously elicited by the natural stimulus alone. In the language and practice of psychologist, is the repetition of a response to a stimulus is crucial ability to control stimulus constitute the basic element of the psychological theory called stimulus control or behaviour control which influence many Nigeria as well as American educators and provide the foundation for the technique of behaviour modification.

Stimulus control involves directional control. Two factors are involved.

1. **Orientation:-** The ability of organism to determine and alter it's position in the environment. Schwartz (1991).
2. **Mechanical:-** The mechanical alteration of the behaviour pattern

through which organism adjust it's position.

This theory known as classical conditioning was developed by (Ivan Pavlov, (1994) at the beginning of the twentieth century.

Actually Pavlov, was studying the digestive process. In order to study and measure salivation of a part of the digestive process, he placed a meat powered or some tit-bit on dog's tongue. After a time Pavlov noticed that his animal were salivating before food was placed on their mouth. Later the dog even begin to salivate at the mere sight of Pavlov's entering, the room. Pavlov recognized that this was something more than misplaced affection. Salivation is normally a reflex.

Component of Behaviourism

Determination: The idea that every event is caused by other events as a fundamental principle of behaviorism, but several other tenets also sets behavourism apart among theories of learning. The process through which experience become valuable to an individual, through which an individual associate particular stimulus with certain outcome is called stimulus-response. Through these process, certain stimuli become highly potent as cues or sign for future behaviour and serve as indicator of a relationship between a response and whether or not that response have any important consequence.

Douglas (2008), postulated that pigeons show similar wisdom. If they are reinforced for pecking a key when a red light is on but are not reinforced for pecking when a green light is on they will eventually peck only when they see a red light. Their behaviour demonstrates the effect of determination.

Repetition:- Repetition of a response to a stimulus constitute basic element of the psychological theory called behavourism. Repetition as a technique in provides the foundation for educators in Nigerian.

Empirical Study on Stimulus Control.

Meta-analytic review support the efficacy of stimulus control as a behaviour therapy for the treatment of truant behaviour. The meta-analysis has evaluated this treatment modality and asserted that the outcome was positive. Investigation were limited to studies using prospective measures and within subject design to assess the effectiveness of stimulus control. Twenty-one studies summarise by Filcheck (2014), the outcome for 250 subjects met inclusion criteria. Stimulus control resulted in a great reduction in truancy behaviour.

Two meta-analysis support behavioural intervention for improving truancy behaviour. Behavioural treatment focus on modifying contingencies thought to maintain maladaptive behaviour. Effective treatment typically involves 3-5 weeks sessions and required substantial patient motivation. The efficacious components of stimulus control and cognitive therapy may be included as well.

Theory of Contingency Contracting Therapy

Contingency contracting theory is derive from operant conditioning. Operant conditioning theory is based on consequences. The theory believe that human behaviour can be acquired and maintained and therefore controlled by it consequences. Thus the frequency of response according Pavlov (1904), may increase or decrease depending on whether the outcome of the response is

pleasant or aversive. A major principle or concept underlying the use of operant conditioning in behaviour modification is reinforcement. Reinforcement refers to the presentation of a positive reinforcer or the removal of a negative reinforcer after a response.

Reinforcement is classified into positive or negative. Positive reinforcement refers to an increase in the frequency of response that is followed by a positive reinforcer. A positive reinforcer is defined by it's effects on behaviour. If an event follows behaviour and the frequencies of behaviour increases, the event is a positive reinforcer. Negative reinforcement is the process of strengthening behaviour by following it with the removal of an aversive stimulus eg removal of pain by taking aspirin.

There are two categories of positive reinforcers e.g Primary (unconditioned) and Secondary (conditioned) reinforcers. Stimuli that do not require an individual to learn their reinforcing value are called primary reinforcer e.g food for hunger, water for thirst. However some events such as praise and completion of goals that control behaviour become reinforcers through learning. If praise is to be established as a secondary reinforcer, it must be paired with an event that is reinforcing, such as food and money. Administration of reinforcement, if properly employed will lead to positive response. When it is use wisely it affects behaviour in several ways. Aversive stimulus when applied to a situation can affect behaviour by suppressing or reducing it's frequency.

According to Skinner (1974). He conceptualized human nature as product of learning shaped by external variables much more than genetic factor. He emphases exclusively the role of environment in influencing behaviour. "Man" skinner argues "control himself, but he does so by controlling his environment. We design a controlling culture and are the product of the culture which may some what limit or inhibit our freedom to change it. Operant are elicited responses and their emission may be instrumental to reinforcing or punishing consequences.

The most important measure of learning for skinner who propounded operant conditioning therapy is the rate of response. He noted that when responses are reinforced their rate of pouring increases. This therapy has to do with the process of modifying behaviour by the use of reinforces. Research finding established the fact that the rate of occurrence of operant behaviour is influenced by events that followed the behaviour.

Empirical Study on Contingency Contracting Therapy

Empirically contingency contracting is probably as old as civilization. Third generation psychologist used contingency contracting as basic principles of operant conditioning but couple them with functional analysis and clinical formulation/case conceptualization and reward administration many research support this therapy as being more effective in many cases than cognitive therapy.

The first use of term contingency contracting appears by Edward Thorndike in (1911). His article "provincial laws of acquired behaviour" make frequent use of the term. The experimental tradition in clinical psychology use

it to refer to psycho-therapeutic techniques derives from empirical research.

One of the forms of Contingency Contracting is the token economy system which was used in an individual or group format. Token system have been shown to be successful with a diverse array of populations including those suffering from addiction, those with retardation and delinquents, however, recent research questions the use of token system with very young children. The exception to the last would be the treatment of stuttering. The goal of such system is to gradually be thinned and to help the person begin to access community of reinforcement typically received in the world for performing the behaviour.

Timothy (2008). In his research work resent the suitability of contingency contracting to intervention of truancy behaviour in the classroom. He relates the comprehensiveness of the system to the child's level of difficulty. In behaviour therapy, behaviour modification and applied behaviour analysis, contingency contracting includes techniques such as shaping, time-out, making contracts between therapist and patient, and token economy. Level systems are often employed as a form of contingency contracting system. Level system are designed such that once one level is achieved, then the person earns all the privileges for that level and the levels lower than it. Often in behaviour modification facility, it is common to use point or level systems to maintain order. A recent, meta-analysis of contingency contracting in drug programs showed that it has a large effect. These contingencies are delivered based on abstinence and attendance goals and can take the form of vouchers, the opportunity to win prizes or privileges. They have been used with single

problem addiction as well as dual diagnosis and homeless. Overall contingency contract has been found to be an effective and cost effective addiction to drug treatment and other maladaptive behaviour.

Gender and Truancy Behaviour Among Students

British journal of educational psychology vol. 28 p. 21 - 25 revealed that males are more prone to truancy behaviour than female as a result of some factors that affect the males than females e.g biochemical predisposing constitution of male are responsible for abnormality.

Sizya, Muula & Rudatsikiru (2007), asserted that psychosocial problem in which the students (Male) withdraws from others and intentionally disrupts his school activities. The adolescent leaves for school in the morning but does not get there. He may visit other places and engage in other activities such as drinking, smoking and rigmarole the street while other are learning in school. Zhang et al (2010) described the truant as one that is frequently, afraid, unreliable, friendless and tends to withdraws from peers, parents, teachers and the society. If school does not check lateness to classes, students will exploits the situation to engage in some activities particularly foot ball. It is universally believe that the male species more than the female are more attracted to sports e.g football. Traditionally difference in physique between male and female mean that men are stronger and more muscular than female and male behaviour are less socially co-ordinate than female. Male are more prone to neurotic behaviour such as skipping school than female, others begin to smoke try alcohol, run away from home. Most of these children wind-up in the streets.

The term gender, has psychological and cultural connotations, if the

proper terms for sex are “male and female the corresponding term for gender are “masculine” and “feminine” these latter might be quite independent of (biological) sex. The process through which the individual learns and accepts roles is called socialization. Male and female are socialized according to cultural role status. Socialization works by encouraging wanted and discouraging unwanted behaviour. Agents of socialization such as the family, school, and the media make it clear to the child what is expected of the child by society. Mostly, accepted behaviour is not produced by outright reforming coercion from unaccepted social system. Pathological socio cultural processes have adverse effect in student’s behaviour. Some other cases various forms of coercion have been use to acquire a desired response or function.

Age and Truancy Behaviour Among Students

Children pathologies occur between childhood and adolescence. Most neurotic disorders begin in ages 2-5, years 7-12 years, 14 and above. School truancy behaviour can develop during the earliest school years. The reasons for this are the psychological unpreparedness of the child for school, unacceptable by his peers, humiliation, assault, excessive strictness and inexperience of the teacher. The child suffering from truancy behaviour looks depressed, refuses to go to school and imitates different illness. Parents should be attentive, be able to recognize his spiritual difficulties and help him. A medical consultation or the advice of an experienced psychologist would not be amiss.

Type of Home: Monogamous and Polygamous Homes.

In his word Ufondu (2010), defines marriage as the foundation upon which the family institution is built. It is solidly based on love and affection. This study reflects two homes. Monogamous and polygamous homes. The English Dictionary defines Monogamous marriage by it's nature as a marriage between one man, one woman and children while polygamous marriage is a union between one man, several women and children.

In these days many unhappy marriages in rural and urban Areas of Delta State lead to truancy behaviour and insecurity among students. A team of guidance counsellors and psychologist in their investigation (2010) attributed causes of academic failure and truancy behaviour in the school among the students to poor parental control and supervision in monogamous homes. Oghuvu (2010), also attributed the causes of absentism and lateness to lack of control by parents. Ibegbu (2013), in an article discusses the fact that the father and mother have a very important role to play in meeting the emotional needs of their children. For the new born baby it not matter whether the parents love him or not, provided some one is providing his needs. But where this is not provided, things would naturally go wrong. However in assessing monogamous family, children from this family still perform better then polygamous home.

Polygamous Home

Polygamy is a marriage between one man and two or more women. It is uncharitably and therefore a deviation from God's intention of marriage. It is a

rebellious marriage and therefore it's consequences are not palatable. Student from polygamous home are more prone to truancy behaviour than monogamous home. Reasons are that, these in most cases it is the individual mother alone that look into the academic, social, emotional and economic problems and welfare of their children. Culturally, this dysfunctional philosophy generates truancy behaviour in polygamous homes.

Parental Educational background and truancy behaviour

Educated and non-educated parents and truancy behaviour.

Educational attainment is preferable to analyze the status for all individuals. A person's educational attainment is considered to be highest level (grade or degree) of education they have completed.

Education also plays a role in income. Median earning increase with each level of education. As conveyed in the chart, the highest degree, professional and doctoral degrees, make the highest weekly earning while those without a high school diploma are financially penalized. High level of education are associated with better economic and psychological outcome. Non educated, high illiterate parents with low socio-economic status affects children education and also develop to maladaptiveness and maladjustment lack money to purchase necessary textbook and educational materials for students heads to truancy behaviour. Non educated parents do not fathom the importance of education van Bred (2006). They therefore lack the motivation to guide their children to school.

Most students who practice truancy behaviour are from educated parent

families who are unemployed thereby making life economically impossible for such families. Most educated parents are paid absurd low ways insignificant to meet up with family expenses. The effect is that most student bunk school and engage in commercial activities on market days and frequently going to farm work thereby practicing truancy behaviour.

According to Olotu (2008), He asserted that, in the quest to finding survival feet, the nation has evolved series of socio-economic, educational policies. These policies have not improved the socio-economic and educational statue of families in the country. They have rather increase their suffering and widened the socio-economic gap between families.

Research reveals that the parents educational background are normally the cause of children playing truant in very wealthy families, children are most at risk in families where money is given too much important or where parents have no time to inculcate right values children are also of the impression that money comes easily and that money can buy them everything in life. So why bother with school.

Truancy behaviour is an extreme behavioural disorder. The cause of running away from home lies somewhere in the home with parents. Parents are to be blame for each behaviour as they do not have enough time for their children. Marital disorder is also one of the reasons of running away.

According to Seeley (2008), truancy behaviour is a serious situation arises when the child actually runs away from home due to pressure or disharmony of any kind very often a child might feel extremely lonely or misunderstood and may have a close relative or friend in whom he can confide

in and when the pain becomes intolerable he might finally just get up and run away without caring about the consequence. Wilson, Heather, Sheila & Julia (2008), the pressure of prenatal involvement truancy behaviour remains a matter of debate. At opposite extreme as slow parenting in which parents stand back merely supporting their children in doing what they want to do as independent individuals. The leads to a situation whereby children develop unhealthy attitude.

Occupations are ranked by the census (among other organizations) and opinion polls from the general population are surveyed. Some of the most prestigious occupations are physicians and surgeon, lawyers, chemical and biomedical engineers, computer support specialist and communication analysts. These jobs considered to be grouped in the high SES classification, provide more challenging work and ability and greater control over working conditions.

Those jobs with lower ranking were food vendors, counter attendants, bartenders, and helpers, dishwasher, janitor, maid and house keepers, vehicle cleaners, and parking lot attendants. The jobs that were less valued were also paid significant less and more laborious, very hazardous and provide less autonomy. Occupation is the most difficult factor to measure because so many exist and there are so many competing scales. Many scales rank occupation based on the level of skill involve from unskilled to skilled manual labour to professional, or use a combined measure using the educational level needed and income involved.

Empirical Studies on Truancy Behaviour.

Nearly 10 years ago Reid (1999) presented new evidence on the multi-faceted causes of truancy including the social perspectives, pshychological indices and the educational dimensions. Between (1979) and (1982) when the author was conducting his first study into the social, psychological and institutional causes of persistent school absenteeism, it was not possible to find a single pupil from primary schools in Cardiff who matched his definition of a persistent school absentee. Today, in England and Wales approximately 36% of all absentees begin their histories of non-attendance from primary schools Reid (2005a). Whereas boys dominated research into truancy until recently, several studies are beginning to find that more girls than boys now skip school Munn and Johnstone (1992); Malcolm et al. (2003); Morris and Rutt (2004); Smith (2004). Boys however, continue to conduct seven times more serious crimes than girls when out of school Smith (2004). Another recent trend is for more pupils to begin skipping school much earlier in their primary school histories although there is little research evidence into this phenomenon.

It is also interesting to compare the findings from this one-off study with other recent research evidence. Reid (2005c) found that the vast majority of unauthorised absence within primary schools is parentally condoned. Primary head teachers were disappointed with the lack of support which they received from education welfare staff. The heads were critical of short-term funding arrangements to help them and their schools combat their attendance problems. They were also critical of outcomes in magistrates' courts which were

often regarded as being “unhelpful” or “counterproductive”. Few primary heads had received any training on attendance.

Similarly, Reid (2006a) reported that secondary headteachers and other school staff had similar concerns including the growth in term-time holidays and the lack of “relevance” of parts of the national curriculum. Secondary staff Reid (2007) considered that more alternative/vocational curriculum schemes would be very helpful in supporting their best endeavours; a view which was shared by education social workers Reid (2006b). Teachers considered that parents condoning their children’s absence and taking them out of school for term-time holidays were two of the most serious issues in the management of school attendance. Post-registration truancy, specific lesson absences and pupils’ low self-esteem were other key factors.

Lately, there have been various research carried out on truancy behaviour. Edward de Bono has done several work on truancy behaviour to stimulate its recognition so also has Akinboye.

Gesinde (2004), found out from his study that many students came to school untidy, unfed, dirty, and tired. Some complained of being kept up by their parent. One boy was sexually abused by an older brother with a knife held at his throat. It is no wonder these children were preoccupied with thoughts unrelated to learning while at school. Herney et al (2010) carried out a study on truancy behaviour discovered children and adolescent who are frustrated from poor background. The typical persistent truant is unhappy at home and on popular at school.

Student's nonattendance is a problem that extends much further than school. It affects the student, the family and community. The office of education in the country, identifies truancy as the most powerful predictor of delinquency. Police department across the nation report that many students are not in school during regular hours are committing crimes, including vandalism, shoplifting, and graffiti. When Nigerian officials conducted a three-week sweep for truant on the street, wheelbarrow pushing, commercial activities dropped by 60 percent. Therapies such as modelling and counter conditioning has been applied.

Paul (2009) In his study, he showed that some concepts represent the causes of truancy behaviour among students. Lack of counselling, examination malpractice, unlovely school environment, the child developmental stages, The society, unsatisfactory home condition, Inability to complete class assignments, Aversive stimuli, Lack of necessary working materials, hatred for school (antagonistic behaviour, boy-girl friend relationship, alcoholic, smoking and immorality.

Okafor (2011) have different view as to the causes of truancy behaviour among secondary school students on the basis of different view points, the author has reviewed people's opinion on the issue of possible causal factors of truancy behaviour under the following headings. He explained that a child could run away from school activities if he find programmes and policies dull and uninteresting, example when teachers are harsh, absence of teaching aids, bad teaching method. He stressed the fact that if a child finds greater interest

and purpose in activities outside the school environment, he inclines his interest and attention towards those activities and run away from the school.

Rayua (2011) viewed school environment for some of the causes of truancy behaviour among school children, Professor Ezewu and others (1981), held the view that: Poor physical environment, lack of adequate accommodation, over populated poorly equipped and under staffed schools and intensive frequent labour in school, all could cause truancy behaviour since student see the school as a place of suffering and consequently develop unfavourable attitudes toward schooling. This ultimately leads to truancy behaviour. Any teaching (teacher behaviour) without relevance to the immediate or future needs of the student tends to create a dislike for a subject. As already explained lack of interest and motivation precipitates dislike of classroom activities (truancy behaviour). Working with 60 truants, 45 of whom were judged unintelligent. It is not that they are unintelligent rather because of their constantly being away from class when lessons are taught just like the saying has it that one remember most what he sees or hears or touches. Oghuvu (2010), found out that truancy behaviour was to children an escape from an embarrassing school situation. Studying the problem of absenteeism in primary schools, Onyenoke B.U. found out that, “truancy behaviour” is caused by uninteresting school work bad teaching, unfriendly attitude of some teachers and unattractive school environment.

Classification of Truancy behaviour Symptoms

Truancy behaviour symptoms can be classified into internal and external.

Internal symptoms include; hyperactive behaviour/restlessness, emotional instability, sickness, hunger, anxiety, inattentiveness/absent mindedness and anxiety.

External symptoms include; absentiseem, lack of punctuality, loitering outside school gate, dogging assembly, sports e.g football.

Hyperactive Behaviour/Restlessness. Although in most cases, what might seem like "hyperactivity" is normal exuberance, there can sometimes be an underlying problem.

The term for this is "attention deficit hyperactivity disorder" ADHD. This refers to a pattern of behaviour that affects a child all the time and is evident from an early stage. Douglas (1983) classified the disorder as behavioural disorder with typical symptomatic of, constant restlessness, difficulty concentration, on anything for long, being excitable in every situation. It is thought to be a complex disorder of the way the brain functions in which various aspects of self-control and controlled thinking is disrupted.

Diagnosing ADHD:- Watch children critically in a group if anyone seems out of control than they do, ask yourself the following questions.

(i) Is he/her attention span shorter than that of other children of the same age? For instance, while a story is being read does she leave before the end while the others stay and listen?

(ii) Is he/her always restless, fidget, on the go and out of her seat at mealtime?

(iii) Is he/her demanding and emotional with frequent outbursts of crying, screaming, hitting and other signs of frustration?

(iv) Is he/her impatient and unable to wait her turn in a game?

(v) Is he/her very impulsive and excitable? For instance does he/she suddenly do things like race into road without thinking whether it is safe or looking at you first?

Emotional instability:-Emotional instability is characterized with anxiety, anger, or general distress. Students with truancy behaviour are involve with great anxiety about being apart from those to whom they are attached. Excessive but non-specific worry about possible harm in the future is a characteristic of a truancy behaviour.

Okorodudu (1994). Asserted that negative emotions are motivated behaviour within the organism that are associated with unpleasant experiences. He also reported that the physiological and psychological responses or reactions within the individual under these circumstances express complex complication which threaten the psychic balance or the organism. Some commonly noticeable emotional difficulties include self-blame, procrastination, anxiety, avoidance, withdrawal, self-defeating thinking, self-pity, depression, guilt and shame.

Ill Health:- Poor health may have psychological and emotional effect on the students. Ill health may lead to withdrawal or absentiseem. Poor health may diminish the joy and satisfaction one derives from school. Chronic ill-health may stymie the educational progress of the students thereby resulting in either lack of interest in academic and stoppage from school.

Hunger:- Malnutrition or specifically, insufficient intake of one or more essential vitamins can result in neurological damage and consequently, in

psychological disturbances.

Student misbehaviour is a prevailing problem affecting schools not only in Nigeria but also across the many nations of around the world. Students misconduct in the classroom interfere with teaching and learning and is thought to be precursor to school dropout and similar social out come. Student's truancy problems are also through to be a leading contributor to teachers stress and attrition.

Lewis as quoted by Moronqua (2010:11) journal of studies social sciences vol. 8, No. 2, 254 – 287, (2014) observed that three types of misbehaviour which are regarded as disciplinary problem for the teacher in the classroom include misbehaviour that inhibits learners own learning, misbehaviour by one learner which is destructive to the learning of another misbehaviour which are disrespectful, defiant or abusive to the educator. He added that, these misbehaviour can be committed intentionally or unintentionally. Truancy behaviour is a type of misbehaviour which is committed intentionally and unintentionally which can impact negatively on the morale of the student himself and affects his psychosocial adjustment.

Petersen & Rosser (2008) noted that breaches of schools policy have negative effect on student life, school, work and interpersonal relationships. It is believed that inattentiveness has a very strong heredity basis. Beside biological factors difficulties during pregnancy, prenatal exposure to alcohol and tobacco, premature delivery, significantly low birth weight and postnatal injury to the prefrontal region of the brain have all been found to contribute to the risk for inattentiveness to varying degrees. Social and environmental factors such as

poverty or family chaos, low childhood nurturance, poor child management by parents, surrounding factors including friend circle, education, and culture also contribute to this negativity.

Petersen & Rosser (2008). Noted that, normally the symptoms of inattentive or absentmindedness are often obscured by problems with relationships, organization, mood disorders, substances abuse, employment or other psychological difficulties. To some extent inattentiveness is associated with melancholy, (depression), anxiety, substance abuse, failure, problems with relationships, job failure or impulse control.

External Stimuli:-

Absenteeism:- A major problem facing public school is that of absenteeism among school age children. In Isoko South Local Government Area unexcused absences are the core of the problem being addressed not only locally but also nationally. Unexcused absences often fall under the tern truant behaviour. Individual students and, ultimately the school system and society suffer when students do not attend school on regular basis.

Several implications both to students and the community have been identified as problematic when student absenteeism increases. Students who have absenteeism problems generally suffer academically and socially. Studies indicate that students who are absent have lower achievement and may be penalized on test scores.

Lack of Punctuality:- Punctuality is the sole of business. Many students have formed the habit of coming late to school. Late coming is common phenomena in the school system. Lack of punctuality is a non-chalant attitude that shows

that students do not pay proper attention to their studies. They do not always cover their course work properly. Because of the loss of moral values in the educational institution, people no longer strive for industry to achieve their dreams. In many localities, family values have been disregarded, hence good upbringing is not inculcated to the young ones. As a result, they become more vulnerable to lack of punctuality.

Personal Inadequacies:- Personal inadequacies are existing difficulties in performing one's activities in accordance with person's age, sex and normative social role. It can also be described as a condition of being rendered incapable of effective and proper action. It is a state of being ineffective in skills, dexterity and ingenuity. Students with personal inadequacies manifests low self esteem. They invalidate their ability to perform academic work adequately. Such students according to Joal & Mamman, (2001) are insufficient, incompetent and short of what is required to accomplish a task successfully.

Dodging Assembly:- The importance of school assembly cannot be over emphasized. In the school system the daily activities commences with the assembly. One major concern of school administrator is the rate at which students refuse to attend the assembly. The school assembly is a time where moral instructions, important announcements are made. It is disheartening that student dodge the assembly. During this period some students hide in the toilets or closets, cubicles, sweeping of classes etc. This is an ugly trend in the school system that need to be checked.

Stimuli Control/Contingency Contracting Therapeutic Procedure

Controlling truant behaviour using stimulus control/contingency contracting. Stimulus control/contingency contracting can be classified into materials and non materials. Materials – tokens, non materials – orientations and counselling.

Procedure

(a) Problem identification
(b) Goal setting
(c) Implementation
(d) Evaluation/follow-up

(a) **Problem identification and definition**

The first step or procedure in the treatment of Truancy Behaviour requires in-depth skills in interviewing and observation of the client's behaviour. The clients initially presents his problem which is often complex, ambiguous and in a confused form. Very few clients come to the counsellor to state problem clearly. The counsellor has to help the clients to clearly and appropriately identify his problem. The counsellor would need to utilize several interviewing skills like listening, clarifying, exploration and questioning in the counselling process.

Goal Setting

After the identification and definition of problem. The counsellor helps the client to set the goals. The goals must be achievable. The goals should be such as to lend themselves for assessment to determine the extent, the client has achieved them Krumboltz and Thoresen (2010).

The goals to be set are derive from the clients problems. Thus they are also formulated in specific behavioural terms eg:-

1. By the end of the counseling process or treatment, client should be able to stop truancy behaviour.
2. By the end of the treatment, the client should be able to stabilize his emotions not to be angry with the teacher's method.

Selection of Treatment Method

When the counsellor and the client are satisfied that the goals are achievable, and are also stated in specific behavioural terms, they can now move onto the next step; namely that of selection of counseling treatment methods. There are compendiums of methods available in the behavioural approach treatment. Most of these theories are derived from learning theories that is classical conditioning and operant conditioning.

For the purpose of this study, "stimulus control" and "contingency contracting" will be applied. The researcher has adjudged the effectiveness and efficacy of the techniques and that there is an assurance that they would work.

The Implementation of Treatment

The next logical steps which follow the selection of techniques are the treatment. The first thing the counsellor does in the treatment phase is to structure the counselling environment. Get the client to familiarize him/her self with the treatment procedure by given instructions. Seek full co-operation of the client. The client is expected to do all home work given by the counsellor. The length of time depends on the severity of the problems.

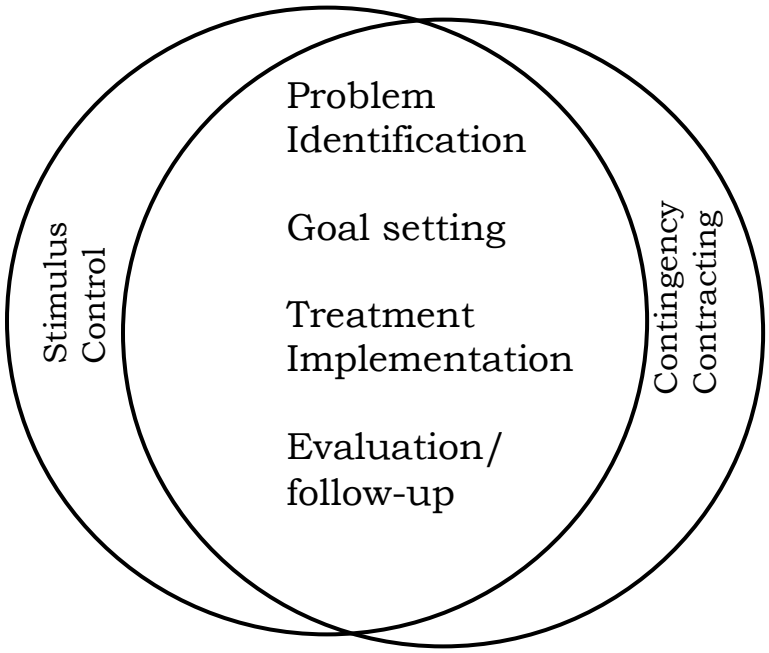
Procedure:-

a. Determine the maladaptive behaviour, (Truancy behaviour).

b. Get a contractual arrangement between counsellor and clients. e.g. For a week, a client be rewarded with specific prize eg (an interesting story books).

c. The counsellor must monitor the rules being performed by the parties. The counsellor can call a meeting to discuss the progress.

Behavioural Psychotherapy Procedure Paradigm.



Conceptual model of behavioural psychotherapy (S.M Sheridan and T.R. Kratochwill 1990).

Contingency Contracting: This is a specific usually written schedule or contract which describes the terms for the trading or exchange of behaviour and reinforces between two or more individual Saubar, Abate weeks (2005). One action is contingent or depends on another. For example, a child and her parents may write up an agreement whereby the daughter will receive an

allowance of 5 dollars a week upon attending school consistently. The way this type of contract is assessed is known as contingency management.

Appraisal of Related Literature

A lot of researches have been carried out on truancy behaviour with different treatment approaches Studies have revealed that the bane of truancy behaviour in educational system is high. The study has dealt extensively with the theoretical and conceptual frame work of the study. The factors responsible for truancy behaviour are reviewed. Empirical study of truancy behaviour, counselling process, as well as counselling sessions were addressed. The study attempted an effective therapies that will help to effectively eradicate truancy behaviour, Psychologist, noted that poor academic achievement is as a result of unexcused absence from school. Thorough description of therapeutic techniques used in the study was carried out. The concepts, factors, explanation of the various sections of the chapter was reviewed.

The concepts and theories of stimulus control and contingency contracting therapies were discussed in the review, highlighted the meaning and relevance. The confounding variables are inclusive to check error that would have occurred by chance and their reality to real life situation.

The researcher also included the conceptual model of the study. This is based on Hull's (1952) S-O-R theory. The study used the two techniques on secondary school students in Delta State to find out the prevalence of truancy behaviour. It will interest the public to note that stimulus control is a virgin area in educational research on truancy behaviour in Nigeria. The peculiarity of this study therefore hinges on the fact that although several researches have

been carried out on truancy behaviour and its eradication using diverse therapies, the therapies used in this study have further strengthered their effectiveness on truancy behaviour. The study has also attempted to determine the internal and external variables that contribute to truancy behaviour, they also serve as predictors to poor academic achievement.

The review reveals some lapses. At present, members of staff in schools are confused about when and how they can intervene and use physical intervention and restraint strategies on students with impunity. Too many teachers now fear that becoming involved in difficult student cases may lead to a backlash against themselves, even to the point where some staff may face defending themselves against accusations of professional malpractice. For over thirty years investigations has been done globally on various aspects of truancy behaviour, its origin, nature, psychological impact, therapeutic intervention.

In Nigeria however, particularly in Delta State public junior secondary schools are predominant with indiscipline and truancy behaviour, little research data has been published on therapeutic intervention that focus on the mindset of the truancy behaviour using contingency conracting and stimulus control. The gap in literature this study seek to fill is to concentrate on the production of treatment modalities such as contingency contracting and stimulus control as a way of modifying truancy behaviour in public junior secondary schools.

CHAPTER THREE

RESEARCH METHOD AND PROCEDURE

This chapter deals with the research method and procedure of the study. It explains how the research was carried out. The explanation is centered on the followings:-

Design of the Study.

Population of the Study.

Sample and Sampling Procedure.

Research Instrument.

Validity of Research Instrument.

Reliability of Research Instrument.

Method of Data Collection.

Method of Data Analysis.

Design of the Study

This study is Quasi – Experimental research design. It focused on the effect of Contingency Contracting and Stimulus Control on the treatment of truancy behaviour. In this study, the researcher applied the independent variables (Stimulus Control and Contingency Contracting) on the truants with moderating variables (gender, age, type of home, parental educational background), to determine their positive effectiveness in reducing truancy behaviour. The study adopted 3x2x2x2x2 factorial design.

The difference obtained was then used to determine whether there was any effect or not. This aid the researcher to test the hypotheses for rejection or acceptance.

Treatment design.

NAR

Groups	**Pre-test**	**Treatment**	**Post-test**
I, II, III	V_1, V_2, V_3	X_1 X_2	V_4 V_5 V_6

Key:

N.A.R = Non Randomization.

V_1, V_2, V_3 = Pre-test for the three groups

V_4 V_5 V_6 = Post-test for the three groups.

X_1 = Treatment for stimulus control

X_2 = Treatment for contingency contracting.

V_3 – Control group – placebo treatment for the control group

This design helps control the effect of extraneous variables such as history, age, intelligence, maturation and instrumentation.

The independent variables for this study are “Stimulus Control” and “Contingency Contracting” being the therapies, while reduction of truancy behaviour is the dependent variable.

Population of the Study

The target population for this study is 4,551. It comprises of all Junior secondary School (JSS 1 – III) students in Delta State (Ministry of Basic and Secondary education Delta State 2009)

Sample and Sampling Procedure

The sample used for this study comprised of only students identified as truants through the use of a Truancy Behaviour Scale (IBS). The stratified non-random sampling technique was employed. The sample size was 500 students drawn out of 4,551 target population. This represents 11% of the total population above the rule of thumb of 10% appropriate sample size. Truancy behaviour trait was determined using Truancy Behaviour Scale (TBS). Participant scores within the upper limit of 150-240 manifested the traits of truancy behaviour. The upper limit scores of 150 and above formed the base line for the identification of truancy behaviour. Students who scored less than 150 were the non-truants, so they were removed from the study. While those who scored 150 and above were the truants. These were the students used for the experiment. 60 students were identified as truants.

Through simple balloting system the sixty participants identified as truants were assigned into two experimental groups and one control group. Duration of treatment was six weeks. The control group received placebo treatment. The sample accommodated all social demographic variables used in the study such as gender, age, type of home, educated and non-educated parent. Pretest was administered on all 60 identified with truancy behaviour

traits using the truancy behaviour scale (TBS), and post-test on all participants after six weeks treatment.

Criteria used in the selection of subjects:-

(1) Gender: - Male
Female

(2) Age
(a) 12 – 17 years
(b) 18 and above years

(3) Type of homes
(a) Monogamous home
(b) Polygamous home

(4) Parental educational background
(a) Educated parents
(b) Non-educated parents

Table 3:2 shows that there are three groups of 20 subjects non-randomly selected using the following criteria, education, sex, psychological attitude.

Development of Research Instrument

This study employed questionnaire for data collection. The instrument is titled Truancy behaviour scale (TBS). The Truancy Behaviour Scale (TBS) was constructed by the researcher with the assistance of a professional and the supervisors. The truancy behaviour scale has two sections.

1. Biodata (socio-demographic variables).
2. Items, 1 to 60.

The items for the (TBS) were generated based on the research hypothesis and research variables also from the literature reviewed and similar

instrument. The questionnaire measured respondents knowledge and level of indulgence of truancy behaviour. The instruments was made up of 60 items. The instrument was constructed by the researcher and the supervisor based on the characteristics of truancy behaviour.

In the truancy behaviour scale, participants scores within the upper limit of 150 – 240 manifest the traits of truancy behaviour while those in the lower limit rage 60 – 149 show little or no trait of truancy behaviour. The truancy behaviour scale consists of 60 items. The upper limit scores indicate high level of truant problem in the schools.

The instrument was constructed in such a way as to elicit specific information about truancy behaviour of the students. The instrument comprises of two sections. Section A sought to generate data about respondent demographic status, such as gender, age, type of home and parental educational background. Section B has 60 items which sought to generate data on truancy behaviour comprises of the following truancy behaviour in students, absent from school, frequent permission, skipping school, hyperactive behaviour, lack of school materials and withdrawal behaviour of students.

The rating system of measurement was used. That is the likert rating scale. It has the option of strongly agreed (SA), agreed (A), disagreed (D) and strongly disagreed (SD). 4, 3, 2, 1. See Appendix I.

Table 3.3 scale of interpretation schedule

	Upper Limit	Lower Limit
Truancy behaviour scale (TBS)	150-240	60-149

Table 3:4 Variable schedule Appendix C.

Validity of Research Instrument

The instrument was exposed to factor analysis, where the researcher factor analysis and use what is relevant to the study and remove what is irrelevant to the study. The multivariate statistics of Principal Component Analysis (PCA) was used to determine the content validity. The instrument had 60 items initially but was reduced to 24 items using varimax with Kaiser normalization method. Rotation converged in eleven (11) iterations. The extraction method of principal component analysis was employed. The initial eigenvalue that was above one (1) was used for the selection of each component into the instrument.

On the whole the rotation sum of squared loadings accounted for 72.58% of the items which represented the content validity of the instrument in accordance with Bryant 2000. Statistical computation of total variance explained and unexplained was indicated. These results indicated that the instrument has evidence of face, content and construct validity. The psychometric properties as shown from the result of the factor analysis showed that the instrument was valid.

Reliability of Research Instrument

The Cronbach alpha method was used to determine the reliability of the instrument. The method was used to estimate the internal consistency of the (TBS) instruments. The researcher administered the instrument to 40 students. The scores obtained were statistically computerized. This yielded a co-efficient alpha of .91, significant at .05 level. The schools involved were outside the sampled schools. This is to ascertain that the instrument was not influenced by respondents foreknowledge.

Treatment Procedure and Data Collection

The researcher structured the clinical environment in the underlined order to make it conductive for client for proper interaction, (i) introduction of researcher and the participants, (ii) the researcher give guidelines, (iii) the researcher defines the goals of therapies in order to objectively apply treatment in a clinical psychological process. The reasons are that counselling goals direct counselling process. The TBS questionnaire was administered on the sampled participants. The data collected comprised of pre-test and post-test scores of administered questionnaire on all 60 participants. Pre-test at the start of the treatment and post-test after the treatment. The researcher employed the assistant of teachers and research assistant to aid her in course applying the therapy.

Goals of Therapies

At the end of the psychotherapies of stimulus control & contingency contracting the client should be able to:

(1) Experience reduction in truancy behaviour.

(2) Make proper behavioural adjustment.

(3) Have positive emotional adjustment.

(4) Provide both physical, psychological and environment needs.

(5) Develop good self-concept and self-esteem.

First step to therapy:- Structure therapeutic environment Agents. Each session of therapy is structured by the therapist who tries to contextually define the meaning of their meeting. The therapist emphasizes the roles each member in the sessions will play. This type of explanation helps to put the members at ease and to get them effectively motivated to co-operate with the experiences.

Role of the Therapist/Researcher

In behaviour modification approach according to Skinner, (1953) the difference of the therapist is crucial. The therapist must maintain a calm presence and be differentiated Friedman (2001). Objectivity and neutrality is important behavioural characteristic therapist to display.

The therapist to be able to work with truant must have to undergo emotional change Kerr (2001). The idea is that, those who do treatment if they do not first undergo change, those they work with will not experience healthy shifts either.

Counselling Process/Strategies

Experimental Group I (Stimulus Control therapeutic technique).

First Session:

Group 1:- Controlling peer influence and truancy behaviour.

The researcher structuring the therapeutic environment welcomes the participants. The researcher establishes rapport and asks general questions about the individual in the therapeutic relationship. The researcher sets the structure of the therapy by requesting members to introduce themselves. The researcher spelt out the objective of the treatment. The researcher also reads the treatment guide-lines to participants and also marks the attendance.

Session Objectives:- At the end of the therapy client should be able to:-

(a) Withdraw from the peer group.

(b) Be zealous with his studies.

(c) Avoid negative peer group activities.

Second Session

After welcoming the participant, the researcher is involved in coaching and teaching and questioning the clients. The researcher draws the attention of client on the important of control of environment events both physical and social in order to achieve their objectives. The researcher asks the following questions:-

Step 1: Conduct an interview with participants.

(a) How long have you been with the peer group?

(b) When do you normally meet?

(c) Where do you normally meet?

(d) What prevents you from coming to school?

(e) What are some of the activities carried out in your peer group?

The researcher records the responses of the students.

Step 2: Drama. The Researcher identifies a scene, appoint participants to demonstrate the effects of truancy behaviour.

Third Session

The researcher welcomes all participants she reviews the previous session. The researcher gives the following instructions to client and emphasizes the relevant of the decisions.

(a) Don't visit peers.

(b) Don't move with peer group.

(c) Withdraw from all activities with the peers.

(d) Stop whatever meeting you have with your peer group.

The researcher satisfied with the responses of the participants, motivate and encourage them to imbibe good behaviour.

Seminar: The researcher invites specialist to give a talk on the consequences of truancy behaviour.

Fourth Session

The researcher welcomes participants. Develop rapport and make participants comfortable reviews the previous activities. Ask clients how they are faring. The researcher gets reports from the participants to find out if they carried out her instructions. She motivates clients to develop discipline habits.

Story Telling: The researcher narrates stories of "Johnbull my son" and "Eze goes to school" she Points out the moral lessons of diligent, industry, hard work, honesty, truthfulness, etc to the students.

Fifth Session

The researcher welcomes participants develop rapport and makes participants comfortable. Carry out review of previous sessions. This was to enable her ascertain whether there had been any impact on their attitude. This was followed by a vote of thanks by the researcher in happiness for their co-operation.

Experimental Group II (Contingency Contracting Therapeutic Techniques)

The First Session

The researcher structured the therapeutic environmental agents. Welcome the participants, established rapport and ask general questions about the individuals in the therapeutic relationship.

A pre-test using Truancy Behaviour Scale (TBS) was administered to participants. Formulation of ground rules.

Sessions Objectives:- At the end of the therapy clients should be able to:-

(a) Experience a change of behaviour.

(b) Reduction in truancy behaviour.

(c) Live a productive life.

(d) Make proper behavioural adjustment.

(e) Develop good self concept and self esteem.

The researcher marks attendance of participants. At the end of the week the researcher administers the weekly contractual reward.

Second Session

The researcher welcomes participants. Review the previous activities. Introduce the contractual formular. The researcher reminds participants of the guide lines of the therapy. She coaches, teaches and encourages the participants. She marks the weekly attendance schedule. At the end of the week the researcher administers the weekly contractual reward.

Third Session

The researcher establishes rapport. Making participants comfortable. Create a warm atmosphere. She reviews previous activities. She mark all clients and asses their performance. She gives room for questioning on areas of difficulties. At the end of the week the researcher administers the weekly contractual reward.

Fourth Session

The researcher welcomes participants. Establish rapport create warm atmosphere. She coaches, teachers and clarify. Develop the emotional stability of client. Use models to facilitate and encourage participants to develop positive attitude toward learning. She mark all clients and asses their performance. At the end of the week the researcher administers the weekly contractual reward.

Fifth Session

The researcher welcomes subjects. Create a comfortable environment establish rapport. Evaluate the participants. Reads out the score according to their performance. Out-come will be communicated to participants and reward administrated accordingly. A post-test will be administered to them after 5 weeks in order to have means for comparison with treatment group. At the end of the week the researcher administers the weekly contractual reward. The researcher also administers the grand contractual reward of the five weeks therapy.

Control Group

The participants in the control group received placebo treatment. A post-test was administered to them after 5 weeks in order to have means for comparison with treatment groups.

Control Group-Placebo Treatment

First Session:

The researcher welcome participants, establish rapport and accept them unconditionally. The group will be given a pretest, after which no treatment will be administered for 6 weeks except for counselling seminar on 'Communication' and 'story telling'.

Second Session:

The researcher introduced the topic "Communication". Define the concept and give theoretical explanation

Third Session:

The researcher welcomes participants. Make them comfortable. She talks on "Types of Communication"

Fourth Session:

The researcher welcomes participants. She discusses the benefits of communication and concludes. She then request for questions and contributions from participants.

Fifth Session:

Story telling on "The Life of Daniel" in the Bible.

Moral lessons from the story

1. Academic diligence.
2. Fear of God.
3. Famous in foreign land.

Sixth Session:

Post test

Control for Internal and External Validity.

A number of internal and external variables are bound to interfere with the results of the experiment of this nature. It is therefore necessary to check such variables to enable the researcher to draw a relative and valid conclusion from the study. To guide against variation and ensure internal and external validity, the following strategies where put in places. For a study of this nature, the prominent control measure employed is matching and subsequent non-randomization of subjects into various experimental groups. The analysis of covariance (ANCOVA), paired sample t-test and the least significant difference

were used for the analysis of data. It was used to stymie the persistent internal and external invalidation of the study. There were control group to provide a base line against which to evaluate the effect of treatment.

Error of variance that might surface between the pre-test and post-test mean scores might adequately be reduced. Ancova also has the ability to remove from the treatment means, those differences between the groups in the experiment.

Some threats to internal validity are, Selection Factors, History, Maturation, Testing, Instrumentation, Experimental Mortality etc. Some threat to external validity are:- Pretest Treatment Interaction, Reactive Experimental Process, Multiple – Treatment Interference. The participants were non-randomly selected into the groups taking cognisance of the moderating variables. There was pre-test and post-test for the experimental groups and control group.

Control for Internal Validity.

Selection Factor:- This factor produce differences between the experimental and the control groups before the study. This arises as a result of lack of randomizations of subject in the various groups. Hence there may be critical difference between the experimental and the control groups which is capable of biasing the result of the study. As a result of the differences between the experimental and the control groups before the operation, the researcher may erroneously base his explanation on the difference in the posttest results. In order to control this, the researcher administered pretest to both the

experimental and the control groups. The result of the pretest was used as covariates.

History:- This is referred to as specific events unanticipated and unplanned that are not part of the experimental treatment which occur between the period of pre-test and post-test measurement. These events if not controlled, are capable of producing change in the dependent variable. These events which are not part of the experimental treatment, like cases of attending extra lesson at home, may lead to a difference in post-test score. To control this, the researcher organized the study in the school.

Maturation:- Biological and psychological change occurring in the subject selected for the study with the period of pre-test and post-test. It was observed that some individual for the study have gotten older or wiser within the duration of study. These were put under control by using control group identical in all respect to the experimental groups.

Testing:- The possible reactivity to testing is a serious problem in education. This problem invalidate research undertaken. The procedure for testing may lead to a difference in the pre-test and post-test scores. The researcher may erroneously conclude that the difference in post test scores is as a result of the introduction of independent variable. To control this threat the researcher used control group to neutralized the practice effect and reactivity to testing.

Instrument:- Unreliable instrument may inadvertently pose a threat to the experimental study. If the instrument is not reliable, the difference between the pre-test scores and the post-test scores, the result of manipulation of the psychometric for the study will not be fully established before the study. This

study instrument was fully standardized and highly reliable. The researcher ensured that the instrument was not too long as to create fatigue and boredom to the scorer thereby controlling the threat.

Experimental Mortality:- The differential loss of respondent from the comparison groups may prevents the collecting of complete information from all the individuals. The researcher was sensitive to the health of the students. Weak and fatigue students were given medical treatment and refreshments.

Control for External Validity:-

Pre-test – Treatment Interaction:- Pre-test may have effects on the sensitization of the subjects to treatment either increasing or decreasing it. It may alert them to issues, problem, or events that might not be noticed ordinarily. Base on this, the result emanating from such study can only be generalized to a population that has been protested. The five weeks period was long enough to bring pre-test sensitization to a non-significant level.

Selection–Treatment Interaction:- Non randomization of subjects into treatment and control groups was used to control selection treatment interaction. The use of pre-test scores as covariates during analysis can neutralize the effect of initial difference between groups.

Reactive Experimental Process:- This is also referred to as Hawthorne effect. This threat occurs when the subjects being used in a study notice that they are involved in an experiment. Subjects interest as a result of novelty of experimental environment may affect the findings from the study. This is capable of limiting the extent results can be used for generalization. The threat

to generalization of research finding was controlled by concealing the possibility of post-test measurement on the subjects.

Multiple – Treatment Interference:- This threat occurs as a result of applying more than one treatment without sufficient interval between one treatment and another. This was controlled by allowing adequate time interval between one treatment and another.

Therapeutic guidelines for stimulus control therapy

The following rules guided the therapeutic sessions:

(a) Positive interactions with client.

(b) Confidentiality.

(c) Individual acceptability.

(d) Effective discussion and questioning.

(e) Individual differences in children are considered.

(f) Bear in mind the different setting and apply appropriate control.

Method of Data Analysis

The data collected for the study was analyzed using Analysis of covariance ANCOVA. The ANCOVA statistics was chosen for the analysis as it is used in determining the effects of one or more independent variable on a single dependent variable.

For the pair by pair comparison of the post test scores of each independent variable with the dependent variable, descriptive statistics were employed. This was necessary in order identify the sources of significant difference across several treatment and non-treatment groups. This is the best

statistics for experimental study because of its comparative nature. The variance between the variables under investigation was determined using eta statistics included in the ANCOVA model which has the power of analysis of variance and multiple regression statistics. In this way, the effect sizes of treatment measures or procedures were established.

All research questions were answered and all the null hypotheses were tested at .05 level of significant. The line graph was also used for further illustration of possible interactions of variables.

Therapeutic guidelines for contingency contracting therapy

A typical school-base token economy rules for the therapy.

(a) The therapist acts as referee.

(b) Attending school regularly is the behaviour to be token.

(c) All appropriate behaviour duly completed will attract a token.

(d) Every appropriate behaviour is exchange for a token.

(e) After the consent has been given by all parties they should sign the contractual written terms.

(f) Excuses will not be tolerated.

(g) Scoring will be done according to diligence and daily attendance.

(h) There must be active participant of all parties involved.

(i) Interviewing all parties to source for information about the conflict.

(j) Breaching of contract will incur sever penalties.

(k) Participants will receive their reward at the end of the exercise.

Weekly Schedule of Activities.

Group 1.

Week 1

Attending school regularly.

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Pencil
Student B	√	√	√	√	√	Pencil
Student C	√	√	√	√	√	Pencil
Student D	√	√	√	√	√	Pencil

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week 2
Attendance

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Exercise bk
Student B	√	√	√	√	√	Exercise bk
Student C	√	√	√	√	√	Exercise bk
Student D	√	√	√	√	√	Exercise bk

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week 3

Attendance

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Ruler
Student B	√	√	√	√	√	Ruler
Student C	√	√	√	√	√	Ruler
Student D	√	√	√	√	√	Ruler

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week 4

Attendance

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Eraser
Student B	√	√	√	√	√	Eraser
Student C	√	√	√	√	√	Eraser
Student D	√	√	√	√	√	Eraser

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week 5

Attendance

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Biro
Student B	√	√	√	√	√	Biro
Student C	√	√	√	√	√	Biro
Student D	√	√	√	√	√	Biro

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Grand summary of regular attendance/schedule of payments

Names of Students	Total Attendance	Percentage of Attendance	Rewards
Student A	25	100	₦500.00
Student D	21	84	₦450.00
Student B	20	80	₦350.00
Student C	18	72	₦150.00

Group II

Week I

Doing all classroom assignments.

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Ruler
Student B	√	√	√	√	√	Ruler
Student C	√	√	√	√	√	Ruler
Student D	√	√	√	√	√	Ruler
Student E	√	√	√	√	√	Ruler

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week II

Doing all classroom assignments

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Eraser
Student B	√	√	√	√	√	Eraser
Student C	√	√	√	√	√	Eraser
Student D	√	√	√	√	√	Eraser
Student E	√	√	√	√	√	Eraser

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week III

Doing all classroom assignments.

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Pencil
Student B	√	√	√	√	√	Pencil
Student C	√	√	√	√	√	Pencil
Student D	√	√	√	√	√	Pencil
Student E	√	√	√	√	√	Pencil

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week IV

Doing all classroom assignments

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Exercise bk
Student B	√	√	√	√	√	Exercise bk
Student C	√	√	√	√	√	Exercise bk
Student D	√	√	√	√	√	Exercise bk
Student E	√	√	√	√	√	Exercise bk

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Week V

Doing all classroom assignments

Days	Mon.	Tue.	Wed.	Thurs.	Fri.	Goals
Student A	√	√	√	√	√	Jotter
Student B	√	√	√	√	√	Jotter
Student C	√	√	√	√	√	Jotter
Student D	√	√	√	√	√	Jotter
Student E	√	√	√	√	√	Jotter

The therapist coaches with warmth and friendliness. Hold counselling with the students at the end of the week.

Grand summary of doing all classroom assignments

Names of Students	Total Attendance	Percentage of Attendance	Rewards
Student D	25	100	₦400.00
Student A	25	100	₦400.00
Student B	25	100	₦400.00
Student E	25	100	₦400.00
Student C	25	100	₦400.00

Attending school regularly written contract for four students, for five weeks.

The undersigned will attempt to attend school regularly for 5 weeks upon which a token amount will be awarded to each according to the percentage of attendance ranging from the highest to the lowest. A weekly contractual token will be awarded to participants.

Student A _____

Date/Signature.

Student B _____

Date/Signature.

Student C _____

Date/Signature.

Student D _____

Date/Signature.

Contractor _____

Date/Signature.

Doing all classroom assignments written contract for five students for five weeks.

The undersigned will attempt to do all classroom assignments for 5 weeks upon which a token amount will be awarded to each according to the percentage of assignment done ranging from the highest to the lowest. A weekly contractual token will be awarded to participants.

Student A _____
Date/Signature.

Student B _____
Date/Signature.

Student C _____
Date/Signature.

Student D _____
Date/Signature.

Student E _____
Date/Signature.

Contractor _____
Date/Signature.

TABLE OF TREATMENT SCHEDULE

DATE/TIME	**STIMULUS/CONTINGENCY ACTIVITIES**			
11am-12:30pm	Pre-test for all experimental groups			
	Content level	**Stimulus activities**	**Contingency activities**	**Remarks**
Weeks 1-3 11am-12:30pm	Treatment focuses on these symptoms absenteeism, frequent permission, depression, lack of punctuality, loitering outside school gate, dodging assembly. On these symptoms, emotional instability, inconsistency.	Control of stimulus centered on the following:- 1. Negative peer influence. 2. Hatred for science subjects. 3. Poor home environment 4. Provision of school materials. Discussion/questioning. Asked students their response on the topic	Contract focus on the following topics. 1. Attending school regularly 2. Do all classroom assignments. 3. Complete all notes.	Reduction of truancy.
Weeks 4-5 11:00am – 12:30pm	Treatment focuses on these symptoms, personal inadequacies, restlessness, anxiety, absent mindedness, hyperactive behaviour, hunger.			
		Discussion-help students think about their experiences	Examines students feeding	Ditto
		Interaction/Motivation	Presentation of school materials	Successful

Source from the researcher Olugua 2009.

During the treatment schedule, attendance will be recorded of all participants. The researcher on her part coaches with warmth, friendliness and encouragement. She encourages the participant and takes feedback.

Table of Treatment Schedule for Control Group

Date/Time	**Control Group**
11am-12:30pm	Pre-test
Weeks 1-4 11am-12:30pm	(a) Lecture on Communication (b) Types of Communication (c) Benefits of Communication
Week 5 11am-12:30pm	Story Telling on "The life of Daniel" **Moral Lessons** (a) Academic diligence (b) Fear of God (c) Famous in Foreign land
Week 6	Post test

Source from the researcher Olugua 2009. During the treatment schedule, attendance will be recorded of all participants. The researcher on her part coaches with warmth friendliness and encouragement. She encourages the participant and takes feedback.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION

This chapter presents results and discussion of findings of the data gathered from this study. The results were presented in tables on the basis of the eleven research questions and eleven hypotheses formulated for this research undertaking. Post test statistics, analysis of co-variance (ANCOVA), and descriptive statistics were used to analyze the data.

Research Question 1

What is the mean difference between the experimental groups (stimulus control and contingency contracting) and the control group?

In order to answer this research question 1, a mean analysis was conducted, and the mean scores for the pretest and posttest were computed. Table 4.1 shows the summary of the result.

Table 4.1: Mean difference between the experimental and Control Groups

Groups	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	sd	
Experimental	40	150.73	30.54	98.30	47.45	66.95
Control	20	160.20	31.31	165.25	36.86	

The Table 4.1 shows that the experimental groups (stimulus Control and Contingency contracting) had a pretest mean of 150.73 while the control group had a mean of 160.20. After the treatment had been

administered to the experimental group, it was observed that the mean score of the experimental groups reduced to 98.30, but the mean score of the control group which had no treatment increased to 165.25. The mean difference between the experimental and control group is 66.95.

Hypothesis 1

There is no significant difference between the experimental groups (stimulus control and contingency contracting) and control group.

To test this hypothesis, an analysis of Covariance was conducted. The result is presented in Table 4.2.

Table 4.2: ANCOVA summary of the experimental and control groups

Source	Type III Sum of Squares	Df	Mean Square	F	P	Partial Eta Squared
Corrected Model	139108.05	3	46369.35	75.79	0.00	0.802
Intercept	12376.55	1	12376.55	20.23	0.00	0.275
Pretest	1551.62	1	1551.62	2.54	0.12	0.043
Groups	89434.14	2	44717.07	73.09	0.00*	0.723
Error	34260.13	56	611.79			
Total	1046271.00	60				
Corrected Total	173368.18	59				

The table 4.2 shows that there was a significant difference in the mean score of the experimental groups and control group ($F(2, 56) = 73.09$; $\rho = 0.00$). The null hypothesis is therefore rejected and the alternative holds true. This implies that the therapies administered to the experimental groups had an effect on the truancy behaviour of the students. The Partial Eta squared represents the effect size. The partial

Eta Squared of 0.723 indicates that the therapies administered reduced truancy level of the students by 72.3%.

Research Question 2

What is the mean difference between Experimental group A (stimulus control group) and control group?

To answer this research question 3, a descriptive statistics using mean was conducted. The summary is presented in Table 4.5

Table 4.3: Mean difference between Stimulus Control group and control group

Groups	N	Pretest mean Scores		Posttest Mean Scores		Pretest mean diff.	Posttest Mean Difference
		Mean	Sd	Mean	Sd		
Stimulus Control	20	129.90	11.53	54.20	16.81	30.30	111.05
Control	20	160.20	31.31	165.25	36.85		

The table 4.3 shows that the pretest mean score of the stimulus control group is 129.90 while the control group had a pretest mean score of 160.20. After the treatment of stimulus control on the group A students and no treatment for the control group, it was observed that the means score (posttest mean score) of the group treated with stimulus control reduced to 54.20 while the posttest score of the control group increased to 165.25. The pretest mean difference between the two groups is 30.30, (but the difference between the two groups increased after the treatment) and the posttest score between the stimulus control group and the control group is 111.05.

Hypothesis 2

There is no significant difference between experimental group A (stimulus control) and the control group.

To test this hypothesis, an analysis of covariance was conducted with the posttest scores as dependent variable, the groups as the independent variable and the pretest score as covariate. The summary of the output is presented in Table 4.6

Table 4.4: ANCOVA Summary of Stimulus Control Group and Control Group.

Source	Type III Sum of Squares	Df	Mean Square	F	P	Partial Eta Squared
Corrected Model	126159.28	2	63079.64	82.35	0.00	0.817
Intercept	3141.07	1	3141.07	4.10	0.05	0.100
Pretest	2838.26	1	2838.26	3.71	0.06	0.091
Groups	69665.58	1	69665.58	90.95	0.00*	0.711
Error	28342.69	37	766.02			
Total	636085.00	40				
Corrected Total	154501.98	39				

While adjusting for the influence of the pretest score on the posttest sore, the table 4.4 shows that there was significant difference in the posttest scores of the stimulus control group and the control group $\{F(1, 37) = 90.95; \rho = 0.00\}$. The null hypothesis is therefore rejected and the alternative holds true. There is therefore a significant difference between experimental group A (stimulus control) and the control group.

The Partial Eta Squared of 0.711 indicates that the treatment had an influence of 71.1% on the posttest scores of the students.

Research Question 3

What is the mean difference between the Experimental group B (contingency contracting group) and control group?

Using descriptive statistics (Mean) to answer the research question, the summary of the result is presented in Table 4.3

Table 4.5: Mean Difference between Contingency Contracting Group and the Control Group

Groups	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	sd	
Contingency Contracting	20	171.55	29.47	142.40	15.61	22.89
Control	20	160.20	31.31	165.25	36.86	

Presented in Table 4.5 is the pretest and posttest mean scores. The Table shows that for the contingency contracting group, the pretest mean score is 171.55, but after the treatment the reduced as seen in the posttest mean score of 142.40. The control group had a pretest mean score of 160.20 and a posttest mean score of 165.25. The Mean Difference between the contingency contracting and control group is therefore 22.89.

Hypothesis 3

There is no significant difference between contingency contracting group B and the control group.

This hypothesis was tested using ANCOVA and the summary of the result is presented in table 4.6

Table 4.6: ANCOVA Summary of the Contingency Contracting and Control Groups

Source	Type III Sum of Squares	Df	Mean Square	F	P	Partial Eta Squared
Corrected Model	7257.88	2	3628.94	4.73	0.02	0.204
Intercept	16047.65	1	16047.65	20.90	0.00	0.361
Pretest	2036.65	1	2036.65	2.65	0.11	0.067
Groups	6313.31	1	6313.31	8.22	0.01 *	0.182
Error	28403.90	37	767.67			
Total	982147.00	40				
Corrected Total	35661.78	39				

The table 4.6 shows that there was a significant difference between the posttest mean score of the contingency contracting group and the control group {F (1, 37) = 8.22; ρ = 0.01}. The null hypothesis is therefore rejected and the alternative holds true. This result implies that the truancy level after the administration of the treatment is different between the contingency contracting group and the control group. The partial eta squared value of 0.182 indicates that the treatment had an influence of 18.2% on the truancy level of the students treated.

Research Question 4

What is the difference between the pretest and post test scores of the contingency contracting and stimulus control therapies?

This research question will be answered using descriptive statistics (Mean). The summary of the output is presented in table 4.7

Table 4.7: Difference in the pretest and posttest scores of Contingency Contracting and Stimulus Control groups

Groups	**N**	**Pretest mean Scores**		**Posttest Mean Scores**		**Difference between the pretest and posttest scores**	**% of mean difference**
		Mean	Sd	Mean	sd		
Contingency contracting	20	171.55	29.47	142.40	15.61	29.15	16.99%
Stimulus control	20	129.90	11.53	54.20	16.81	75.70	58.27%

The table 4.7 shows that the pretest mean score for the contingency contracting group is 171.55 while the mean of the posttest score is 142.40. The difference between the pretest and the posttest mean scores of the contingency group is 29.15. For the stimulus control group, their pretest mean score is 129.90, while the mean of their posttest score is 54.20. The difference between the pretest and the posttest score is 75.70. The percentage of the mean difference shows that the contingency contracting group had a reduction of truancy behaviour by 16.99% while the stimulus control group had a reduction in their truancy behaviour by 58.27%.

Hypothesis 4

There is no significant difference between the pretest posttest scores of the contingency contracting and stimulus control therapies

To test the hypothesis an ANCOVA test was conducted and the summary of the output is presented in table 4.8

Table 4.8: ANCOVA between Contingency Contracting and Stimulus Control therapies

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	77836.77	2	38918.39	144.61	0.00	0.887
Intercept	9146.90	1	9146.90	33.99	0.00	0.479
Pretest	44.37	1	44.37	0.17	0.69	0.004
Groups	42575.42	1	42575.42	158.20	0.00	0.810
Error	9957.63	37	269.13			
Total	474310.00	40				
Corrected Total	87794.40	39				

The table shows that the mean difference in the posttest score between the contingency contracting and stimulus control group is significant {F (1, 37) = 158.20; ρ = 0.00}. The null hypothesis is therefore rejected and the alternative holds true. There is therefore a significant difference between the pretest posttest scores of the contingency contracting and stimulus control therapies. The partial Eta Squared of 0.810 shows that the therapies reduced the students level of truancy by 81%. Comparing the pretest and post scores of the two experimental groups, there was no significant difference {F (1, 37) = 0.17; ρ = 0.69; Partial eta squared = 0.0004}. This indicates that the pretest test score does not have any influence in the reduction of truancy behaviour among the students. The reduction in the truancy behaviour levels in both groups is therefore attributed solely to the therapies administered.

Research Question 5

Would there be any difference in effect in truancy behaviour of male and female students treated with contingency contracting?

Descriptive statistics was used to answer the research question 5. The summary of the output is presented in Table 4.9

Table 4.9: Difference in the effect of Contingency Contracting therapy on male and female students

Gender	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	sd	
Male	12	166.08	27.50	139.00	12.77	8.50
Female	8	179.75	32.27	147.50	18.86	

The table 4.9 shows that the difference between male and female students posttest score is 8.50. While the male respondents scored 139.00 after the contingency contracting therapy was administered, the female students score 147.50., hence there would be a difference of 8.50 in effect in truancy behaviour of male and female students treated with contingency contracting. The difference in the mean score is not much or can be attributed to chance not the treatment.

Hypothesis 5

There is no significant difference in effect in truancy behaviour of male and female students treated with contingency contracting.

To test the hypothesis, an analysis of Covariance was conducted. The result is presented in table 4.10

Table 4.10: ANCOVA test on Effect of Contingency Contracting therapy on Male and Female students

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	374.88	2	187.44	0.75	0.49	0.081
Intercept	11523.71	1	11523.71	46.03	0.00	0.730
Pretest	28.08	1	28.08	0.11	0.74	0.007
Gender	374.22	1	374.22	1.50	0.24	0.081
Error	4255.92	17	250.35			
Total	410186.00	20				
Corrected Total	4630.80	19				

To test for the difference in the truancy behaviour of male and female students treated with contingency contracting therapy, the posttest score was used as the dependent variable, the gender as the independent variable and the pretest score as the covariate. While adjusting for the pretest score, the Table 4.10 shows that there is no significant difference in the truancy behaviour between the male and female students {F(1, 17) = 1.50; ρ = 0.24}who were treated with contingency contracting therapy. The null hypothesis is therefore accepted. The result therefore maintains that there is no significant difference in effect in truancy behaviour of male and female students treated with contingency contracting.

Research Question 6

Would there be any difference in the effect of truancy behaviour of students ages 12- 17 and 18 and above treated with contingency contracting?

Table 4.11: Difference in Truancy Behaviour of Students Ages 12- 17 and 18 years and above treated with Contingency Contracting

Groups	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	Sd	
12- 17 years	17	170.88	31.43	139.58	11.52	19.75
18years and above	3	175.33	17.95	158.33	28.38	

The research question was answered using descriptive Statistic (Mean). The Table 4.11 shows that the pretest mean score of students aged 12-17 years is 170.88, but reduced to 139.58 after they were treated with contingency contracting therapy. Also students Aged 18 and above had a truancy behaviour mean score of 175.33 before the treatment was administered, but after the treatment, there mean score reduced to 158.33. The difference in the truancy behaviour mean scores of the two age groups is 19.75. There is therefore not much difference in the reduction of truancy behaviour between ages 12 – 17 and 18years and above.

Hypothesis 6

There is no significant difference in effect of Contingency Contracting of Truancy behaviour of students between the ages of 12 -17 years and 18 years and above.

The hypothesis 6 was tested using analysis of Covariance. The posttest score of the students was used as the dependent variable, the pretest scores as the covariate and the Age groups as the independent variable. The summary of the output is presented in Table 4.12

Table 4.12: ANCOVA of effect of Contingency Contracting therapy on Truancy Behaviour between the Age's 12-17years and 18years and above.

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	902.13	2	451.06	2.06	0.16	0.195
Intercept	12085.44	1	12085.44	55.10	0.00	0.764
Pretest	6.11	1	6.11	0.03	0.87	0.002
Age	901.47	1	901.47	4.11	0.06	0.195
Error	3728.67	17	219.33			
Total	410186.00	20				
Corrected Total	4630.80	19				

The table 4.12 shows that the effect of contingency contracting therapy on the truancy behaviour of students between the ages of 12-17 and 18 years and above is not significant ($F(1, 17) = 4.11$; $\rho = 0.06$). The null hypothesis is there accepted. The result maintains that there is no significant difference in effect of Contingency Contracting of Truancy behaviour of students between the ages of 12 -17 years and 18 years and above.

Research Question 7

Is there any difference in effect in truancy behaviour of students from monogamous and polygamous homes treated with contingency contracting?

Table 4.13: Mean Difference in effect in Truancy Behaviour of students from Monogamous and Polygamous Homes treated with Contingency Contracting therapy

Type of Home	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	Sd	
Monogamous	16	171.85	32.67	138.63	10.53	18.87
Polygamous	4	170.50	12.79	157.50	24.68	

The Table 4.13 shows that the truancy behaviour mean score before the contingency contracting therapy was administered was 171.85 for the students from monogamous home while those students from polygamous homes scored 170.50. But after the therapy, the mean score of students from monogamous homes reduced to 138.63 and those from polygamous Homes reduced to 157.50. The mean difference between the two groups of students (monogamous and polygamous) is 18.87. Based on the mean test conducted, there is a difference in effect of truancy behaviour of students from monogamous and polygamous Homes treated with contingency contracting. Those from monogamous homes respondents better to the treatment than those from polygamous homes.

Hypothesis 7

There is significant difference in effect of contingency contracting of truancy behaviour of students from monogamous and polygamous homes.

Table 4.14: ANCOVA of effect of Contingency Contracting on Truancy Behaviour of students from Monogamous and Polygamous Homes

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	1140.09	2	570.04	2.78	0.09	0.246
Intercept	11868.61	1	11868.61	57.80	0.00	0.773
Pretest	0.04	1	0.04	0.00	0.99	0.000
Home type	1139.43	1	1139.43	5.55	0.03*	0.246
Error	3490.71	17	205.34			
Total	410186.00	20				
Corrected Total	4630.800	19				

To test the hypothesis 8, an ANCOVA was conducted. The dependent variable is the posttest scores, the covariate is the pretest scores, and the independent variable is the home type. In testing for the effect of the contingency contracting therapy on the students from monogamous and polygamous homes, the pretest scores were adjusted so as not to influence the result. After adjusting for the pretest score, the result in table 4.14 shows that there was a difference in the effect of the contingency contracting therapy on the students from monogamous and

polygamous Homes {F(1, 17) = 5.55; ρ = 0.03; partial eta squared = 0.246}. The null hypothesis is therefore rejected and the alternative hold true. There is therefore a significant difference in effect of contingency contracting of truancy behaviour of students from monogamous and polygamous homes. The partial eta squared of 0.246 indicates that the contingency contracting therapy had an influence of 24.6% in the reduction of truancy behaviour of students from monogamous and polygamous homes.

Research Question 8

Is there any difference in effect in truancy behaviour of students form educated and non educated parental background treated with stimulus control?

Table 4.15: Mean Difference in effect in Truancy Behaviour of students from educated and non-educated parental background treated with Stimulus Control therapy

Parental Educational Background	N	Pretest mean Scores		Posttest Mean Scores		Posttest Mean Difference
		Mean	Sd	Mean	sd	
Educated	13	127.92	10.22	56.54	18.33	6.68
Not educated	7	133.57	13.72	49.86	13.75	

The Table 4.16 shows the pretest mean score of students from educated parental background treated with stimulus control therapy, is 127.92 while those from non educated parental background had a pretest mean score of 133.57. After the treatment, there was reduction in the truancy behaviour scores of both groups to 56.54 for students from educated parental background and 49.86 for those students from non

educated parental background. The mean difference in effect of stimulus control therapy between these students is 6.68. There is therefore a small difference in the effect in truancy behaviour of students form educated and non educated parental background treated with stimulus control.

Hypothesis 8

There is no significant difference in effect of truancy behaviour of students from educated and non educated parental background treated with stimulus control.

Table 4.16: ANCOVA of difference in effect of Stimulus Control on Truancy Behaviour of Students from Educated and non Educated Parental Background

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	376.58	2	188.29	0.64	0.54	0.070
Intercept	1082.77	1	1082.77	3.69	0.07	0.178
Pretest	173.47	1	173.47	0.59	0.45	0.034
PEB	114.07	1	114.07	0.39	0.54	0.022
Error	4994.62	17	293.80			
Total	64124.00	20				
Corrected Total	5371.20	19				

While adjusting for the pretest score, the Table 4.16 shows that there was no significant difference in effect of stimulus control on the reduction of truancy behaviour of students from educated parental

background and those students from non-educated parental background. {F (1, 17) = 0.39; ρ = 0.54}. The null hypothesis is therefore accepted. The result maintains that there is no significant difference in effect of truancy behaviour of students from educated and non educated parental background treated with stimulus control.

Research Question 9

Would there be any difference in effect in truancy behaviour of students from monogamous and polygamous homes treated with stimulus control?

Table 4.17: Difference Between the effect of Stimulus Control therapy on Truancy Behaviour on students from Monogamous and Polygamous Homes

Type of Home	N	Pretest mean Scores		Posttest Mean Scores		Mean Difference
		Mean	sd	Mean	sd	
Monogamous	11	130.09	11.16	49.00	16.04	11.56
Polygamous	9	129.67	12.66	60.56	16.33	

The table 4.17 shows that the pretest mean score of students from monogamous home treated to stimulus control therapy is 130.67 while the posttest score reduced to 49.00. The pretest score of students from polygamous homes is 129.67 while their posttest score is 60.46. The difference in the mean score is 11.56. There is therefore a difference of 11.56 in the effect of stimulus control between students from

monogamous and polygamous Homes. But this difference probably is not as a result of the treatment.

Hypothesis 9

There is no significant difference in effect of stimulus control of truancy behaviour of students from monogamous and polygamous homes.

In testing the hypothesis, an analysis of covariance was conducted. the summary of the output is presented in table 4.18

Table 4.18: ANCOVA of effect of Stimulus Control on Truancy Behaviour of students from Monogamous and Polygamous homes

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	908.17	2	454.08	1.73	0.21	.169
Intercept	1353.11	1	1353.11	5.15	0.04	.233
Pretest	247.19	1	247.19	0.94	0.35	.052
Home type	645.66	1	645.66	2.46	0.14	.126
Error	4463.03	17	262.53			
Total	64124.00	20				
Corrected Total	5371.20	19				

The table 4.18 shows that the effect of stimulus control therapy on students from monogamous and polygamous homes is not significantly different {F(1, 17) = 2.46; ρ = 0.14}. The null hypothesis is therefore accepted. The result maintains that there is no significant difference in effect of stimulus control of truancy behaviour of students from monogamous and polygamous homes.

Research Question 10

Is there any difference in effect in truancy behaviour of students from ages 12-17 and 18 years and above treated with stimulus control?

Table 4.19: Mean difference in effect of Stimulus Control between ages 12-17years and 18years and above

Groups	**N**	**Pretest mean Scores**		**Posttest Mean Scores**		**Posttest Mean Difference**
		Mean	Sd	Mean	Sd	
12 – 17years	17	129.94	12.20	53.24	17.88	6.43
18years and above	3	129.67	8.51	59.67	8.74	

The Table 4.19 shows that the pretest mean score of students aged 12- 17years is 129.94 but reduced after the treatment with stimulus control therapy to 53.24. Students 18years and above had a pretest score of 129.67 but reduced to 59.67 after the treatment with stimulus control therapy. The mean difference between the two age groups is 6.43. The answer to the research question is: there is no difference in difference in effect in truancy behaviour of students from ages 12-17 and 18 years and above treated with stimulus control.

Hypothesis 10

There is no significant difference in effect of stimulus control of truancy behaviour of students from ages 12-17years and 18 years and above.

To test this hypothesis, an analysis of covariance was conducted using the pretest score as the covariate, the posttest scores as the dependent variable and the age groups as the independent variable. The summary of the output is presented in table 4.20.

Table 4.20: ANCOVA of effect of Stimulus Control therapy between ages 12-17years and 18 years and above.

Source	Type III Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Corrected Model	365.11	2	182.56	0.62	0.55	0.068
Intercept	1421.40	1	1421.40	4.83	0.04	0.221
Pretest	259.64	1	259.64	0.88	0.36	0.049
Age	102.60	1	102.60	0.35	0.56	0.020
Error	5006.09	17	294.48			
Total	64124.00	20				
Corrected Total	5371.20	19				

The Table 4.20 shows that the effect of stimulus control therapy in reducing the truancy behaviour of students between the two age groups does not differ significantly {F (1, 17) = 0.35; ρ = 0.56}. The null hypothesis is therefore accepted. The result maintains that there is no significant difference in effect of stimulus control of truancy behaviour of students from ages 12-17years and 18 years and above.

Research Question 11

Is there any difference in the effect in truancy behaviour of male and female students treated with stimulus control?

Table 4.21: Mean difference in effect of Stimulus Control Therapy on Truancy Behaviour between male and female Students

Gender	N	Pretest mean Scores		Posttest Mean Scores		Mean Difference
		Mean	Sd	Mean	sd	
Male	8	125.13	10.59	50.13	23.37	6.79
Female	12	133.08	11.44	56.92	10.98	

The table shows that the pretest mean score of male students treated with stimulus control therapy is 125.13 but due to the effect of the treatment on their truancy behaviour, the posttest scores of the male students reduced to 50.13. For the female students, there pretest score is 133.08 but reduced after the treatment to 56.92. The difference in the posttest scores of the male and female students is 6.79. The answer to the research question is: There is a little difference in the in the effect in truancy behaviour of male and female students treated with stimulus control.

Hypothesis 11

There is no significant difference in effect of stimulus control of truancy behaviour of male and female students

Table 4.22: ANCOVA of effect of Stimulus Control therapy between Male and Female Students

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	740.15	2	370.07	1.36	0.28	0.138
Intercept	1779.05	1	1779.05	6.53	0.02	0.278
Pretest	518.74	1	518.74	1.90	0.19	0.101
Gender	477.64	1	477.64	1.75	0.20	0.093

Error	4631.05	17	272.42			
Total	64124.00	20				
Corrected Total	5371.20	19				

The table 4.22 shows that the effect of stimulus control therapy between male and female respondents is not significantly different {F (1, 17) = 1.75; ρ = 0.20}. The null hypothesis is accepted. The result therefore maintains that there is no significant difference in effect of stimulus control of truancy behaviour of male and female students.

SUMMARY OF RESULTS

The summary of the findings of this study, on effect of stimulus control and contingency contracting are presented below.

The two therapies viz stimulus control and contingency contracting are effective in the reduction of truancy behaviour.

1. There is significant difference between the experimental groups and the control group.
2. There is significant difference between the experimental group A and the control group.
3. There is significant difference between the experimental group B and the control group.
4. There is significant difference between the pre-test and post-test scores of student treated with contiuegency contracting. The difference shows that the treatment has effect on the students.
5. There is significant difference between the pre-test and post-test

scores of student treated with stimulus control. The difference shows that the treatment has effect on the students.

6. Stimulus Control proved to be more effective in the treatment of truancy behaviour of adolescent in the secondary school.
7. There is no significant difference in the effect in truancy behaviour of male and female students treated with contingency contracting
8. There is significant difference in the effect in truancy behaviour of students ages 12 – 17 years, 18 years and above treated with contingency contracting.
9. There is a significant difference in the effect of students treated with stimulus control and contingency contracting therapies.
10. There is significant difference in the effect in truancy behaviour of students from monogamous and polygamous homes treated with contingency contracting.
11. Parental educational background does not count in determining the treatment of truancy behaviour among students.
12. There is significant difference in the effect of students from monogamous and polygamous homes treated with stimulus control.
13. Age of students is not a factor in determinacy the treatment of adolescent student using stimulus control.
14. The two therapies viz stimulus control and contingency contracting are effective in treating truancy behaviour.

Discussion of Results

The findings of this research study as shown from the statistics is discussed in relation to how these results agree and disagree with the research questions raised and hypothesis drawn whether accepted and rejected. For the purpose of clear understanding each is discussed under appropriate sub-titles.

The relevance of this study to the body of knowledge can be understood when assessed against the back ground of it's unique features, such as literature reviewed, design of the study and it's peculiarities.

The study was undertaken to as certain the effect of stimulus control and contingency contracting on truancy behaviour of adolescent students.

1. **Comparison of Changes in Truancy Behaviour Between the experimental groups and the Control Group.**

   There is a significant difference between the experimental groups and control group. Statistical computation depicts that, the Post Test Mean difference is 66.95. Comparatively, the experimental groups benefited from the therapies than the control groups.

   Siziya (2007) found out that truancy adolescent engage in risky truancy habit. He also observed that the therapies has potency to reduce behaviour. Students could be condition to respond to only positive stimulus. Stimulus control improved academic performance of students who participated in treatment therapy than the control group. Saubat, Abate, Weeks (2005) observed that applying this technique means that human social environment will be made conducive for development. He also

conceptualized that these therapies has the capacity to address any maladaptive behaviour. He delineates that taken system have been shown to be successful with a diverse array of populations including those suffering from addiction, those with retarded and delinquent problems.

2. **The difference in effect between the experimental group "A" and the control group.**

   According to the result, the study shows that the post test mean difference between the experimental group "A" and the control group is 111.05 It depicts that there is significant difference between the experimental group A and control group.

3. **The Difference in effect between experimental group "B" and the control group.**

   The findings from the study indicated, that there is a significant difference between the post test scores of the experimental group "B" and the control group. The difference is 22.89 It shows that the therapy is efficacious.

4. **Comparison of the Effect of the two Therapeutic Techniques (SC and CC).**

   The statistical result obtained from post-test scores indicate that contingency contracting has a mean value of 29.15, while stimulus control therapy has a mean of 75.70 The result also show that there is a significant difference between the two therapies. The above table shows that stimulus control is more effective than

contingency contracting.

Reids (2002) supported the study as it reveals that the two therapies are effective. Psychologists have ascertained that stimulus control is more powerful than contingency contracting as a result of it's seminer application and reinforcement that stands as an instrument for motivation and mechanism for modifying behaviour.

5. **The Effect of the Treatment Techniques on Subjects Based on Gender.**

The implication of non-significant difference depicts that both male and female benefited abundantly from the treatment. This result agree with the view of Mendler (2008) aligning his thought with Connel, (2014), opined that traditional difference in physique and constitution of male and female does not affect the efficacy of these two therapies.

The findings is also not at variant with the views of Field & Field (2006), who noted that psychosocial problems of male though more intense than female can still be treated with the two therapies.

6. **The Effect of Stimulus Control on Truancy Behaviour of Adolescent Students Age 12 – 17 Years and 18 Years above.**

There is no significant difference in truancy behaviour of students ages 12 – 17 years and 18 years above treated with stimulus control therapy.

This agrees with the assertion of Peck (2013) who said that it is an

effective therapeutic technique for combating truancy behaviour. This therapy utilizes strategies such as, counselling, orientation, education, seminars, workshops, skill acquisition training value identification etc. it also agrees with skinner who asserted that environmental contingencies must be altered for appropriate behaviour to be inculcated; and that stimulus control is powerful for the alteration of negative environment. He said it is very effective in the restructure of social environment eg school, home, that breads truancy behaviour.

7. **The Effect of Contingency Contracting on Truancy Behaviour of Adolescent Student from Monogamous and Polygamous Homes in Secondary School.**

It tested for the main effect of treatment techniques on the subjects in comparison to the control group. The study revealed that there was no significant difference in the reduction of truancy behaviour of student from monogamous and polygamous home treated with contingency contracting therapy. Contingency contracting proved effective in the reduction of truancy behaviour. This research findings shows that psychotherapies can be used to modify undesirables and personality abnormalities. This corroborated with the view of Owodunni (2008) who stated that students academic performance are improve with he use of contingency contracting. He advised counsellors to apply it in handling behaviour problems. Idus (2011) and Ojedapo (2011) surported this assertion also proved that new competences are learnt through contingency

contracting.

This finding of this study also strengthened the efficacy of contingence contracting therapy in the reduction of truancy behaviour. Many psychotherapist obtain positive results with their application Ali (2014), presented an excellent overview of token system and combining such procedure with other interventions in the classroom. He applied contingency contracting as a motivation technique to improve the academic performance of students.

Egbochukwu (2012), has applied the therapy in treating hyperactive tendencies and depression. Contingency contracting is also a type of treatment used in mental health, substance abuse fields patients are rewarded for their positive behaviour. It is used to greatly improve moral adjustment of retarded and delinquent individuals.

8. **The Effect of Contingency Contracting on Truancy Behaviour of Adolescent Students from Ages 12–17 Years, 18 Years and above Treated with Contingency Contracting.**

There is no significant difference in truancy behaviour of students 12 – 17 years, 18 years an above treated with contingency contracting.

This agrees with the assertion that given instructions and responses are powerful mechanisms for modifying behaviour. Batholomew (2009). Conceptulized truancy as the one who dislike teacher and that the therapy will bring the truant student in

favour with the teacher. It will further strengthened the bond between the teacher and student. The superiority and efficacy of contingency contracting suggest it's popularity among psychologist. Not withstanding, contingency contracting is more effective in the treatment of truancy behaviour among students as it record highly mean, Odemilum (2005).

Proper reinforcement and orientation of contingency contracting give rise to its potency and it's suitability among all ages Kerr, (2011). It's application for the treatment of other undesirable behaviour make it universally acceptable.

This result is similar to that of Animushuun (2009) who indicated that age made no difference in the efficacy of the therapy. Torrence, (2006), however asserted that students of ages 12 – 17 years respond faster to treatment than ages 18 years and above. They are more enthusiastic to treatment than older children Older students still have enthusiasm towards these therapies. They made positive confession of the effectiveness and good qualities of the therapy. The therapy is a dose they need to take from time to time.

9. **The Effect of the Treatment Therapies Base on Parental Educational Background.**

There is significant difference in truancy behaviour of students treated with both therapies. This means that parental educational

background and environment as a variable was a determinant for the reduction of truancy behaviour among the student from educated and non-educated background. The potency and effectiveness was evidence in their effect on the students. Silverman, (2014) asserted that the universality of the therapies was therapeutically accepted.

10. **The Effect of Stimulus Control on Truancy Behaviour of Male and Female Adolescent Students.**

There is no significant difference in truancy behaviour of male and female treated with stimulus control. The ANCOVA table 22 did not show any significant main effect due to gender, since the calculated F value. 1.50 and P-value 0.24. This result is in consonant with Animasahun (2009). He asserted that the outcome of this treatment modality is positive. These researchers stated that stimulus control counselling technique influence male and female and enthusiasm in the therapeutic clinic. The result showed no significant difference on both subjects. The result also agreed with the work of Kahi (2008), who found out that stimulus control counselling technique improves subjects self-concept and self-esteem.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

This chapter gives a succinct but vivid summary of the study on the bases of the research findings.

SUMMARY OF STUDY

This research study investigated the effect of stimulus control and contingency contracting therapies on the truancy behaviour of students in secondary school system. Ten research question and ten hypotheses were formulated to guide the study undertaking. A total of 60 subjects were used, 20 for stimulus control, 20 for contingency contracting and 20 for the control group. The control group did not undergo any

therapeutic process. Pre-test and post-test mean score were obtained from the responses of the three groups on truancy behaviour scale (TBS). The ANCOVA was employed for the data analysis.

The conceptual framework of the study was anchored on the stimulus – organism response postulated by Hull, (1952) which reflected the variables investigated. Consequently, review of related literature in the study was organized in sub-themes based on the variable of concept of truancy behaviour. The stratified sampling technique was employed in chosen subjects for the study. The simple balloting system was used to assign participant into experimental groups.

From the analysis, the following findings emerged:

a. There was a significant difference between the two experiment groups and the control group. The difference is attributed to the effect of the treatment given to the experimental groups.
b. Stimulus control and contingency contracting were effective but the first proved to be more effective in reducing truancy behaviour.
c. There was significant difference in the effect of the treatment of the subjects in relation to gender variable.
d. There was significant difference in the effect of the treatment of the subject in reaction to age variable.
e. There was significant difference in the effect of the treatment of the

subjects in relation to type of home variable.

f. There was significant difference in the effect of the treatment of the subjects in relation to educated and non-educated variable.

g. There was no significant difference in the effect of the treatment of the subjects in relation to parental variable.

h. There was a significant difference between the pre-test and post-test mean scores of the treatment groups. This indicated that the two techniques were effective.

CONCLUSION

Based on the above findings, the assertions were deduced from the study.

a. The therapies were found to have major effect on the subjects.

b. There was a significant difference in the truancy behaviour of students treated with stimulus control and contingency therapies and non treated.

c. stimulus control therapy was more effective on the reduction of truancy behaviour.

d. The two therapies showed no difference in the effect they had on gender variables.

e. The two therapies showed no difference in the effect they had on age variables

f. Both subjects ages 12 – 17 years and 18 years above benefited immensely from stimulus control and contingency contracting.

g. Equally, subjects from monogamous and polygamous families gained immensely from the clinical practice.

h. Stimulus control and contingency contracting therapies did not differ in their effect on the subjects based on parental educated variables.

RECOMMENDATIONS

Based on the conclusion reached, the following recommendations are made in the study.

a. Stimulus control and contingency contracting should constitute a major component of the orientation, programmes of newly admitted student be encouraged through seminars workshop, individual and group counselling.

Psychologist, clinicians and counsellors should from time to time administer these therapies to students who exhibit truancy

behaviour.

Variation in sex should not be a hindrance in determining those to benefit from these therapies.

Variation in socio-economic status should not be a strong factor in considering those to profit from these therapies.

Equally, family back ground, either monogamous and polygamous variables should not poised an obstacle in determining those to gain from these therapies.

All categories of persons are free to participate in these treatment therapies since the difference is very insignificant.

IMPLICATION OF THE STUDY FOR COUNSELLING

The result, findings and recommendations from this study on reduction on truancy behaviour on students have far reached implication for counselling and educational development. The findings of this study reveal that stimulus control and contingency contracting therapies can be successful used in treatment of truancy behaviour.

The study will assist counsellor policy makers, employers of labour, non-governmental organization and consultants in various organsations to be effective in their services to man kind.

The various reinforcement pointed out by this study can be used in political, social, educational, and economic control. For instance, in describing ordinary wages as fixed – interval and piece – work as fix-ratio schedules for the control of economic behaviour. The non-significant effect in the treatment approach on gender, socio-economic status, type

of home, age, caregiver suggest that a more sustained effort be made to further device techniques that will exact a great effect on either of the sex or favour those of the high and low socio-economic status.

It was easy to observe that stimulus control and contingency contracting intervention brought about positive changes in subject truancy behaviour from the result of the data analysis. Another implication is that counsellors are free to use these two therapies in improving truancy behaviour among students.

The results and findings emanating from this study do create significant and useful information on truancy behaviour issues. The main focus of this study was to assist truancy behaviour students to develop a positive perception to their academic. Truancy behaviour can have many devastating effects on students. Those who lack the understanding of what the phenomenon is all about are mostly affected it was easy to observe that stimulus control and contingence contracting intervention brought about positive changes in the participants from the result of the data analysed.

The employers of labour can employ the services of counsellors in the application of these two therapies to assist their workers arrest truancy behaviour among them. Policy-makers (federal and State governments) employers of labour and the various ministries of education should intimate the public schools on the importance of organising counselling programmes for truancy students. These students need to be educated on the concept of truancy behaviour. This will

enable students have the right disposition towards their academics.

SUGGESTIONS FOR FURTHER STUDIES

A number of modifications of this study needed to be investigated over a long period with larger sample size to identify effectiveness and efficacy of other therapies.

In this study only students from public junior secondary schools were used. Students from public senior secondary schools should be used as well for further research.

The two counselling techniques were used for public junior secondary schools in Delta State. Stimulus control and contingency contracting techniques can also be used in private schools in Delta State as well.

Stimulus control and contingency contracting should be applied to other behaviour problems in the school setting like aggression, bullying, anger, stress, depression, disobedient, etc to determine their effectiveness on a variety of abnormalities. This will further justify the researcher's choice on the therapies.

CONTRIBUTION OF THIS RESEARCH STUDY TO KNOWLEDGE

The study has made the following contribution to knowledge.

1. This research study has added to knowledge by establishing that

perceived disparity of male and female is not a prejudice for the effectiveness of these two therapies in the treatment of truancy behaviour. This should result in brain-storming among scholars.

2. The study has provided more insight on the fact that age is not a barrier for effective treatment of truancy behaviour of students ages 12 – 17 years and 18 years and above with stimulus control and contingency contracting. Counsellors should be educated about these techniques.

3. The findings of this study will go along way in eradicating the perceived disparities of students from monogamous and polygamous homes treated with stimulus control and contingence contracting. These should form the basis for academics discussion among counsellors.

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TRUANCY BEHAVIOUR QUESTIONNAIRE

Truancy Behaviour Scale (TBS).

Information: this instrument is developed to measure Truancy Behaviour in the school system. The purpose of the instrument is for research only. Therefore, feel to respond to the items as honesty as possible. All responses will be kept highly confidential.

SECTION A

Demographic Data

1. Gender: Male ( ) Female ( )
2. Class: JSS 1 ( ), JSS 2 ( ), JSS 3 ( )
3. Age: 12 – 14 ( ), 15 – 17 ( ), above 18 ( )
4. Type of home: Monogamous ( ) Polygamous ( )
5. Caregiver: Living with both parents ( ) living with mother only ( ) living with father only ( ) living with relations ( ).

SECTION B

Instruction: Please tick (√) any option under "SA" – Strongly agree, "A" – Agree, "D". Disagree, "SD" – Strongly disagree. There is no right or wrong answer.

S/N	ITEMS	SA	A	D	SD
1	I hate students who are frequently afraid of school.				
2	I hate punctuality all the time.				
3	I am rebellious in the school.				
4	I always spend time with my friends during school hours.				
5.	I sometimes stay away from school on market days.				
6	I like students who are afraid of school.				
7	I hate lateness to school.				
8	My school achievement is affected due to constant absenteeism.				
9	I always blame myself whenever I stop school.				
10	My notes are not up to date due to my skipping classes.				
11	I dislike student who don't attend morning assembly.				
12.	I sometimes jump through the window during lessons.				
13	I like paying attention in the class.				
14.	I am not bordered if I am going late to school.				
15	I dislike students who attends morning assembly.				
16	I always push wheelbarrow to get money during school hours.				
17	I often go to farm during school days.				
18	I have a desire to stop schooling.				
19	I desire to be a well behaved student all time.				

20	I like being in the company of stubborn students.				
21	I hate school were truant behaviour is punished.				
22	I hate students who frequently indulge in late coming to school.				
23	I am not sensitive the negative effects of regular absenteeism from school.				
24	I hate peers who are always late to school.				

Appendix A

Table 3:1:- Classification of Group Experiment.

Groups	Male	Female	Total
Experimental Groups I	8	12	20
Experimental Groups II	11	9	20
Control Groups	13	7	20

Appendix B

Table 3.2 Analysis of Sample to be used

No	School	Location	Male	Female	Total
1.	EMORE JNR. G/S I	Rural	20	20	40
2.	EMORE JNR. G/S II	Rural	20	20	40
3.	OWHE JNR. G/S	Rural	20	20	40
4.	ICE OLEH	Rural	20	20	40
			80	80	160

Table 3.3 Variables schedule. Appendix C

VARIABLES	NUMBERS	%
Gender:- Male	28	56
Female	22	44
Educated parents	16	32
Non-educated parents	34	68
Type of family:- Monogamous	15	30
Polygamous	35	70
Caregiver:- Single parent	30	60
Both parents	20	40
Age:- 12-18 yrs	37	74
18 and above	13	26

The instruments had all the variables well represented.

Table 3:4. Appendix D

The total cumulative variance showing content validity estimate of research instrument.

Variables	No. of Items	Explained Variance %	Unexplained Variance %	Total
Truant Behaviour scale	60	72.58	27.43	100

Appendix E. Construct Validity and Reliability of the Instrument.

This appendix is showing the content validity and reliability of the truant behaviour scale, (TBS).

1. Content validity of truant behaviour scale (TBS), is 72.58%.
2. Reliability of truant behaviour scale (TBS), is .91 significant at .05 level.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.91	.91	24

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
VAR00008	61.0200	104.265	.546	.713	.904
VAR00009	61.3200	106.875	.478	.683	.905
VAR00015	60.7200	107.593	.487	.660	.905
VAR00016	60.8400	107.566	.416	.644	.907
VAR00017	60.8800	107.577	.474	.503	.905
VAR00028	61.0800	107.708	.412	.676	.907
VAR00031	60.8600	108.980	.465	.645	.906
VAR00033	60.7800	108.175	.495	.608	.905
VAR00035	61.0000	107.184	.472	.718	.906
VAR00040	60.9200	105.626	.595	.661	.903
VAR00041	60.7400	107.339	.543	.616	.904
VAR00042	60.8200	107.783	.490	.564	.905
VAR00044	60.7600	107.329	.475	.548	.905
VAR00046	60.6600	107.329	.418	.552	.907
VAR00047	60.8800	107.904	.453	.796	.906
VAR00049	60.8200	105.824	.537	.731	.904
VAR00050	60.7600	105.002	.646	.699	.902
VAR00051	60.7200	107.022	.525	.563	.904
VAR00052	61.0000	103.592	.599	.757	.903
VAR00053	60.8400	108.382	.545	.630	.904
VAR00056	60.9800	105.571	.553	.822	.904
VAR00057	60.8200	107.824	.467	.727	.906
VAR00058	61.0000	103.918	.654	.785	.902
VAR00060	60.7400	104.768	.644	.635	.902

Intraclass Correlation Coefficient

	Intraclass Correlation[a]	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.292[b]	.214	.401	10.902	49.0	1127	.000
Average Measures	.908[c]	.867	.941	10.902	49.0	1127	.000

Two-way mixed effects model where people effects are random and measures effects are fixed.

a. Type C intraclass correlation coefficients using a consistency definition-the between-measure variance is excluded from the denominator variance.

b. The estimator is the same, whether the interaction effect is present or not.

c. This estimate is corrupted assuming the interaction effect is absent, because it is not estimable otherwise.

Total Variance Explained Showing Content Validity of TBS

Component	Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	7.872	32.799	32.799	3.359	13.996	13.996
2	2.447	10.195	42.994	3.130	13.040	27.036
3	2.290	9.543	52.537	3.056	12.733	39.769
4	1.489	6.204	58.741	2.256	9.399	49.169
5	1.181	4.920	63.661	2.077	8.654	57.823
6	1.104	4.598	68.259	2.016	8.399	66.222
7	1.036	4.317	72.576	1.535	6.354	72.576
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Extraction Method: Principal Components Analysis

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
VAR00009	79.2222	171.778	.252	.538	.859
VAR00010	79.3419	173.020	.208	.348	.861
VAR00011	79.1282	717.492	.286	.381	.859
VAR00012	79.4017	171.725	.235	.464	.860
VAR00015	79.7094	169.587	.334	.412	.858
VAR00016	79.5983	167.863	.352	.355	.857
VAR00017	79.2821	171.894	.285	.361	.859
VAR00018	80.2393	164.546	.485	.607	.853
VAR00019	79.8803	161.623	.523	.656	.852
VAR00021	79.9231	167.606	.375	.380	.857
VAR00022	79.7692	172.886	.189	.247	.862
VAR00024	80.1282	165.320	.433	.476	.855
VAR00025	80.4103	166.210	.470	.479	.854
VAR00026	80.4444	168.128	.374	.463	.857
VAR00027	79.9658	170.326	.264	.352	.860
VAR00028	79.1368	169.671	.333	.463	.858
VAR00029	79.6239	166.254	.457	.436	.854
VAR00030	79.8034	162.590	.534	.506	.852
VAR00031	79.1709	167.350	.550	.589	.853
VAR00032	79.4701	163.234	.623	.636	.850
VAR00033	79.9231	160.865	.582	.618	.850
VAR00034	79.2222	169.174	.071	.472	.857
VAR00035	79.3761	167.219	.408	.540	.856
VAR00036	79.3675	166.752	.397	.573	.856
VAR00037	79.4530	168.595	.343	.588	.857
VAR00038	80.6752	172.480	.214	.518	.861
VAR00039	80.3162	170.494	.264	.514	.860
VAR00040	79.8376	161.482	.641	.652	.847
VAR00041	79.5299	169.475	.329	.420	.858
VAR00042	80.2821	167.859	.368	.448	.857

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
82.4701	178.872	13.37430	30

Intraclass Correlation Coefficient

	Intraclass Correlation[a]	95% Confidence Interval		F Test with True Value 0			
		Lower Bound	Upper Bound	Value	df1	df2	Sig
Single Measures	.171[b]	.133	.220	7.168	116	3364	.00
Average Measures	.860[c]	.821	.894	7.168	116	3364	0 .00 0

Two-way mixed effects model where people effects are random and measures effects are fixed.

a. Type C intraclass correlation coefficients using a consistency definition-the between-measure variance is excluded from the denominator variance.

b. The estimator is the same, whether the interaction effect is present or not.

c. This estimate is corrupted assuming the interaction effect is absent, because it is not estimable otherwise.

Appendix F

Rotated Component Matrix Showing the Construct Validity of the (TBS) Scale

	Component						
	1	2	3	4	5	6	7
VAR00047	.862						
VAR00056	.858						
VAR00058	.762						
VAR00053	.479						
VAR00015		.727					
VAR00057		.714					
VAR00041		.660					
VAR00017		.646					
VAR00052		.608					
VAR00028			.840				
VAR00040			.688				
VAR00035			.668				
VAR00049			.586				
VAR00042			.575				
VAR00031				.861			
VAR00033				.667			
VAR00016				.417			
VAR00051					.743		
VAR00050					.612		
VAR00044					.528		
VAR00060					.488		
VAR00009						.831	
VAR00008						.649	
VAR00046							.760

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 11 iterations.

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 20 iterations.

b. 10 components extracted.

```
MEANS TABLES=pretest Posttest BY groups Rec
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res1

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases			
	Included		Excluded	
	N	Percent	N	Percent
pretest Pretest Scores * groupsRec Experimental Group	60	100.0%	0	0.0%
Posttest Posttest Scores * groupsRec Experimental Group	60	100.0%	0	0.0%

Case Processing Summary

	Cases	
	Total	
	N	Percent
pretest Pretest Scores * groupsRec Experimental Group	60	100.0%
Posttest Posttest Scores * groupsRec Experimental Group	60	100.0%

Report

groupsRec Experimental Group		pretest Pretest Scores	Posttest Posttest Scores
experimental groups	Mean	150.7250	98.3000
	N	40	40
	Std. Deviation	30.54210	47.44616
control group	Mean	160.2000	165.2500
	N	20	20
	Std. Deviation	31.30932	36.85659

Total	Mean	153.8833	120.6167
	N	60	60
	Std. Deviation	30.86388	54.20741

ANOVA Table

			Sum of Squares
pretest Pretest Scores * groupsRec Experimental Group	Between Groups	(Combined)	1197.008
	Within Groups		55005.175
	Total		56202.183
Posttest Posttest Scores * groupsRec Experimental Group	Between Groups	(Combined)	59764.033
	Within Groups		113604.150
	Total		173368.183

ANOVA Table

			df
pretest Pretest Scores * groupsRec Experimental Group	Between Groups	(Combined)	1
	Within Groups		58
	Total		59
Posttest Posttest Scores * groupsRec Experimental Group	Between Groups	(Combined)	1
	Within Groups		58
	Total		59

ANOVA Table

			Mean Square
pretest Pretest Scores * groupsRec Experimental Group	Between Groups	(Combined)	1197.008
	Within Groups		948.365
	Total		
Posttest Posttest Scores * groupsRec Experimental Group	Between Groups	(Combined)	59764.033
	Within Groups		1958.692

	Total	

ANOVA Table

			F
pretest Pretest Scores * groupsRec Experimental Group	Between Groups	(Combined)	1.262
	Within Groups		
	Total		
Posttest Posttest Scores * groupsRec Experimental Group	Between Groups	(Combined)	30.512
	Within Groups		
	Total		

ANOVA Table

			Sig.
pretest Pretest Scores * groupsRec Experimental Group	Between Groups	(Combined)	.266
	Within Groups		
	Total		
Posttest Posttest Scores * groupsRec Experimental Group	Between Groups	(Combined)	.000
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * groupsRec Experimental Group	.146	.021
Posttest Posttest Scores * groupsRec Experimental Group	.587	.345

```
FILTER OFF.
USE 21 thru 60.
EXECUTE.
MEANS TABLES=pretest Posttest BY groups
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means res2

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * groups groups	40	100.0%	0	0.0%	40
Posttest Posttest Scores * groups groups	40	100.0%	0	0.0%	40

Case Processing Summary

	Cases
	Total
	Percent
pretest Pretest Scores * groups groups	100.0%
Posttest Posttest Scores * groups groups	100.0%

Report

groups groups		pretest Pretest Scores	Posttest Posttest Scores
Contingency	Mean	171.5500	142.4000
contracting group	N	20	20

control group	Std. Deviation	29.47340	15.61174
	Mean	160.2000	165.2500
	N	20	20
	Std. Deviation	31.30932	36.85659
Total	Mean	165.8750	153.8250
	N	40	40
	Std. Deviation	30.55821	30.23912

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * groups groups	Between Groups	(Combined)	1288.225	1
	Within Groups		35130.150	38
	Total		36418.375	39
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	5221.225	1
	Within Groups		30440.550	38
	Total		35661.775	39

ANOVA Table

			Mean Square	F
pretest Pretest Scores * groups groups	Between Groups	(Combined)	1288.225	1.393
	Within Groups		924.478	
	Total			
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	5221.225	6.518
	Within Groups		801.067	
	Total			

ANOVA Table

			Sig.
pretest Pretest Scores * groups groups	Between Groups	(Combined)	.245
	Within Groups		

Posttest Posttest Scores * groups groups	Total		
	Between Groups	(Combined)	.015
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * groups groups	.188	.035
Posttest Posttest Scores * groups groups	.383	.146

```
FILTER OFF.
USE ALL.
EXECUTE.
MEANS TABLES=pretest Posttest BY groups
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means res3

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * groups groups	40	100.0%	0	0.0%	40
Posttest Posttest Scores * groups groups	40	100.0%	0	0.0%	40

Case Processing Summary

	Cases

	Total
	Percent
pretest Pretest Scores * groups groups	100.0%
Posttest Posttest Scores * groups groups	100.0%

Report

groups groups		pretest Pretest Scores	Posttest Posttest Scores
stimulus Control group	Mean	129.9000	54.2000
	N	20	20
	Std. Deviation	11.53439	16.81353
control group	Mean	160.2000	165.2500
	N	20	20
	Std. Deviation	31.30932	36.85659
Total	Mean	145.0500	109.7250
	N	40	40
	Std. Deviation	27.88893	62.94116

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * groups groups	Between Groups	(Combined)	9180.900	1
	Within Groups		21153.000	38
	Total		30333.900	39

Posttest Posttest Scores * groups groups	Between Groups	(Combined)	123321.025	1
	Within Groups		31180.950	38
	Total		154501.975	39

ANOVA Table

			Mean Square	F
pretest Pretest Scores * groups groups	Between Groups	(Combined)	9180.900	16.493
	Within Groups		556.658	
	Total			
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	123321.025	150.290
	Within Groups		820.551	
	Total			

ANOVA Table

			Sig.
pretest Pretest Scores * groups groups	Between Groups	(Combined)	.000
	Within Groups		
	Total		
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	.000
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * groups groups	.550	.303
Posttest Posttest Scores * groups groups	.893	.798

FILTER OFF.
USE 1 thru 40.
EXECUTE.
MEANS TABLES=pretest Posttest BY groups
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.

Meansres4

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * groups groups	40	100.0%	0	0.0%	40
Posttest Posttest Scores * groups groups	40	100.0%	0	0.0%	40

Case Processing Summary

	Cases
	Total
	Percent

pretest Pretest Scores * groups groups	100.0%
Posttest Posttest Scores * groups groups	100.0%

Report

groups groups		pretest Pretest Scores	Posttest Posttest Scores
Contingency contracting group	Mean	171.5500	142.4000
	N	20	20
	Std. Deviation	29.47340	15.61174
stimulus Control group	Mean	129.9000	54.2000
	N	20	20
	Std. Deviation	11.53439	16.81353
Total	Mean	150.7250	98.3000
	N	40	40
	Std. Deviation	30.54210	47.44616

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * groups groups	Between Groups	(Combined)	17347.225	1
	Within Groups		19032.750	38
	Total		36379.975	39
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	77792.400	1
	Within Groups		10002.000	38
	Total		87794.400	39

ANOVA Table

			Mean Square	F
pretest Pretest Scores * groups groups	Between Groups	(Combined)	17347.225	34.635
	Within Groups		500.862	
	Total			

Posttest Posttest Scores * groups groups	Between Groups	(Combined)	77792.400	295.552
	Within Groups		263.211	
	Total			

ANOVA Table

			Sig.
pretest Pretest Scores * groups groups	Between Groups	(Combined)	.000
	Within Groups		
	Total		
Posttest Posttest Scores * groups groups	Between Groups	(Combined)	.000
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * groups groups	.691	.477
Posttest Posttest Scores * groups groups	.941	.886

```
USE ALL.
COMPUTE filter_$=(groups = 1).
VARIABLE LABELS filter_$ 'groups = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
MEANS TABLES=pretest Posttest BY gender
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 5

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * gender Gender	20	100.0%	0	0.0%	20
Posttest Posttest Scores * gender Gender	20	100.0%	0	0.0%	20

Case Processing Summary

	Cases
	Total
	Percent
pretest Pretest Scores * gender Gender	100.0%
Posttest Posttest Scores * gender Gender	100.0%

Report

gender Gender		pretest Pretest Scores	Posttest Posttest Scores
male	Mean	166.0833	139.0000
	N	12	12
	Std. Deviation	27.50358	12.77071
female	Mean	179.7500	147.5000
	N	8	8
	Std. Deviation	32.26564	18.86039
Total	Mean	171.5500	142.4000
	N	20	20
	Std. Deviation	29.47340	15.61174

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	896.533	1
	Within Groups		15608.417	18
	Total		16504.950	19
Posttest Posttest Scores * gender Gender	Between Groups	(Combined)	346.800	1
	Within Groups		4284.000	18
	Total		4630.800	19

ANOVA Table

			Mean Square	F
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	896.533	1.034
	Within Groups		867.134	
	Total			
Posttest Posttest Scores * gender Gender	Between Groups	(Combined)	346.800	1.457
	Within Groups		238.000	
	Total			

ANOVA Table

			Sig.
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	.323
	Within Groups		
	Total		
Posttest Posttest Scores * gender Gender	Between Groups	(Combined)	.243
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared

pretest Pretest Scores * gender Gender	.233	.054
Posttest Posttest Scores * gender Gender	.274	.075

```
MEANS TABLES=pretest Posttest BY age
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 6

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
pretest Pretest Scores * age Age	20	100.0%	0	0.0%	20	100.0%
Posttest Posttest Scores * age Age	20	100.0%	0	0.0%	20	100.0%

Report

age Age		pretest Pretest Scores	Posttest Posttest Scores
12- 17years	Mean	170.8824	139.5882
	N	17	17
	Std. Deviation	31.43422	11.52204
18years and above	Mean	175.3333	158.3333
	N	3	3
	Std. Deviation	17.95364	28.37840

Total	Mean	171.5500	142.4000
	N	20	20
	Std. Deviation	29.47340	15.61174

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * age Age	Between Groups	(Combined)	50.519	1
	Within Groups		16454.431	18
	Total		16504.950	19
Posttest Posttest Scores * age Age	Between Groups	(Combined)	896.016	1
	Within Groups		3734.784	18
	Total		4630.800	19

ANOVA Table

			Mean Square	F	Sig.
pretest Pretest Scores * age Age	Between Groups	(Combined)	50.519	.055	.817
	Within Groups		914.135		
	Total				
Posttest Posttest Scores * age Age	Between Groups	(Combined)	896.016	4.318	.052
	Within Groups		207.488		
	Total				

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * age Age	.055	.003
Posttest Posttest Scores * age Age	.440	.193

```
MEANS TABLES=pretest Posttest BY Hometype
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 8

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * Hometype type of Home	20	100.0%	0	0.0%	20
Posttest Posttest Scores * Hometype type of Home	20	100.0%	0	0.0%	20

Case Processing Summary

	Cases
	Total
	Percent
pretest Pretest Scores * Hometype type of Home	100.0%
Posttest Posttest Scores * Hometype type of Home	100.0%

Report

Hometype type of Home		pretest Pretest Scores	Posttest Posttest Scores
Monogamy	Mean	171.8125	138.6250
	N	16	16
	Std. Deviation	32.66847	10.53170

polygamy	Mean	170.5000	157.5000
	N	4	4
	Std. Deviation	12.79323	24.67793
Total	Mean	171.5500	142.4000
	N	20	20
	Std. Deviation	29.47340	15.61174

ANOVA Table

			Sum of Squares
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	5.513
	Within Groups		16499.437
	Total		16504.950
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	1140.050
	Within Groups		3490.750
	Total		4630.800

ANOVA Table

			df
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	1
	Within Groups		18
	Total		19
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	1
	Within Groups		18
	Total		19

ANOVA Table

			Mean Square
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	5.513
	Within Groups		916.635
	Total		

Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	1140.050
	Within Groups		193.931
	Total		

ANOVA Table

			F	Sig.
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	.006	.939
	Within Groups			
	Total			
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	5.879	.026
	Within Groups			
	Total			

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * Hometype type of Home	.018	.000
Posttest Posttest Scores * Hometype type of Home	.496	.246

```
USE ALL.
COMPUTE filter_$=(groups = 2).
VARIABLE LABELS filter_$ 'groups = 2 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
```

```
EXECUTE.
MEANS TABLES=pretest Posttest BY PEB
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 9

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases			
	Included		Excluded	
	N	Percent	N	Percent
pretest Pretest Scores * PEB Parents educational Background	20	100.0%	0	0.0%
Posttest Posttest Scores * PEB Parents educational Background	20	100.0%	0	0.0%

Case Processing Summary

	Cases	
	Total	
	N	Percent
pretest Pretest Scores * PEB Parents educational Background	20	100.0%
Posttest Posttest Scores * PEB Parents educational Background	20	100.0%

Report

PEB Parents educational Background		pretest Pretest Scores	Posttest Posttest Scores
Educated	Mean	127.9231	56.5385
	N	13	13
	Std. Deviation	10.21813	18.33310
Not Educated	Mean	133.5714	49.8571
	N	7	7
	Std. Deviation	13.72172	13.75292
Total	Mean	129.9000	54.2000
	N	20	20
	Std. Deviation	11.53439	16.81353

ANOVA Table

pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)
	Within Groups	
	Total	
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)
	Within Groups	
	Total	

ANOVA Table

			Sum of Squares
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	145.163
	Within Groups		2382.637
	Total		2527.800
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	203.112
	Within Groups		5168.088
	Total		5371.200

ANOVA Table

			df
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	1
	Within Groups		18
	Total		19
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	1
	Within Groups		18
	Total		19

ANOVA Table

			Mean Square
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	145.163
	Within Groups		132.369
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	203.112
	Within Groups		287.116
	Total		

ANOVA Table

			F
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	1.097
	Within Groups		
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	.707
	Within Groups		
	Total		

ANOVA Table

			Sig.
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	.309
	Within Groups		
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	.411
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * PEB Parents educational Background	.240	.057
Posttest Posttest Scores * PEB Parents educational Background	.194	.038

```
MEANS TABLES=pretest Posttest BY Hometype
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 10

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * Hometype type of Home	20	100.0%	0	0.0%	20
Posttest Posttest Scores * Hometype type of Home	20	100.0%	0	0.0%	20

Case Processing Summary

	Cases		
	Total		
	Percent		
pretest Pretest Scores * Hometype type of Home	100.0%		
Posttest Posttest Scores * Hometype type of Home	100.0%		

Report

Hometype type of Home		pretest Pretest Scores	Posttest Posttest Scores
Monogamy	Mean	130.0909	49.0000
	N	11	11
	Std. Deviation	11.15755	16.04992
polygamy	Mean	129.6667	60.5556
	N	9	9
	Std. Deviation	12.65899	16.33333
Total	Mean	129.9000	54.2000
	N	20	20
	Std. Deviation	11.53439	16.81353

ANOVA Table

			Sum of Squares
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	.891
	Within Groups		2526.909
	Total		2527.800
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	660.978
	Within Groups		4710.222

	Total	5371.200

ANOVA Table

			df
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	1
	Within Groups		18
	Total		19
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	1
	Within Groups		18
	Total		19

ANOVA Table

			Mean Square
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	.891
	Within Groups		140.384
	Total		
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	660.978
	Within Groups		261.679
	Total		

ANOVA Table

			F	Sig.
pretest Pretest Scores * Hometype type of Home	Between Groups	(Combined)	.006	.937
	Within Groups			
	Total			
Posttest Posttest Scores * Hometype type of Home	Between Groups	(Combined)	2.526	.129
	Within Groups			
	Total			

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * Hometype type of Home	.019	.000
Posttest Posttest Scores * Hometype type of Home	.351	.123

```
MEANS TABLES=pretest Posttest BY age
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 11

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases					
	Included		Excluded		Total	
	N	Percent	N	Percent	N	Percent
pretest Pretest Scores * age Age	20	100.0%	0	0.0%	20	100.0%
Posttest Posttest Scores * age Age	20	100.0%	0	0.0%	20	100.0%

Report

age Age		pretest Pretest Scores	Posttest Posttest Scores
12- 17years	Mean	129.9412	53.2353
	N	17	17
	Std. Deviation	12.20384	17.87641
18years and	Mean	129.6667	59.6667

above	N	3	3
	Std. Deviation	8.50490	8.73689
	Mean	129.9000	54.2000
Total	N	20	20
	Std. Deviation	11.53439	16.81353

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * age Age	Between Groups	(Combined)	.192	1
	Within Groups		2527.608	18
	Total		2527.800	19
Posttest Posttest Scores * age Age	Between Groups	(Combined)	105.475	1
	Within Groups		5265.725	18
	Total		5371.200	19

ANOVA Table

			Mean Square	F	Sig.
pretest Pretest Scores * age Age	Between Groups	(Combined)	.192	.001	.971
	Within Groups		140.423		
	Total				
Posttest Posttest Scores * age Age	Between Groups	(Combined)	105.475	.361	.556
	Within Groups		292.540		
	Total				

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * age Age	.009	.000
Posttest Posttest Scores * age Age	.140	.020

```
MEANS TABLES=pretest Posttest BY gender
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means Res 13

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav.

Case Processing Summary

	Cases				
	Included		Excluded		Total
	N	Percent	N	Percent	N
pretest Pretest Scores * gender Gender	20	100.0%	0	0.0%	20
Posttest Posttest Scores * gender Gender	20	100.0%	0	0.0%	20

Case Processing Summary

	Cases
	Total
	Percent
pretest Pretest Scores * gender Gender	100.0%
Posttest Posttest Scores * gender Gender	100.0%

Report

gender Gender		pretest Pretest Scores	Posttest Posttest Scores
male	Mean	125.1250	50.1250
	N	8	8

female	Std. Deviation	10.58891	23.36932
	Mean	133.0833	56.9167
	N	12	12
	Std. Deviation	11.43725	10.98311
Total	Mean	129.9000	54.2000
	N	20	20
	Std. Deviation	11.53439	16.81353

ANOVA Table

			Sum of Squares	df
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	304.008	1
	Within Groups		2223.792	18
	Total		2527.800	19
Posttest Posttest Scores * gender Gender	Between Groups	(Combined)	221.408	1
	Within Groups		5149.792	18
	Total		5371.200	19

ANOVA Table

			Mean Square	F
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	304.008	2.461
	Within Groups		123.544	
	Total			
Posttest Posttest Scores * gender Gender	Between Groups	(Combined)	221.408	.774
	Within Groups		286.100	
	Total			

ANOVA Table

			Sig.
pretest Pretest Scores * gender Gender	Between Groups	(Combined)	.134
	Within Groups		

Posttest Posttest Scores * gender Gender	Total		
	Between Groups	(Combined)	.391
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * gender Gender	.347	.120
Posttest Posttest Scores * gender Gender	.203	.041

```
USE ALL.
COMPUTE filter_$=(groups = 1).
VARIABLE LABELS filter_$ 'groups = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
MEANS TABLES=pretest Posttest BY PEB
  /CELLS MEAN COUNT STDDEV
  /STATISTICS ANOVA.
```

Means peb for contingency contracting

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Case Processing Summary

	Cases	
	Included	Excluded

	N	Percent	N	Percent
pretest Pretest Scores * PEB Parents educational Background	20	100.0%	0	0.0%
Posttest Posttest Scores * PEB Parents educational Background	20	100.0%	0	0.0%

Case Processing Summary

	Cases	
	Total	
	N	Percent
pretest Pretest Scores * PEB Parents educational Background	20	100.0%
Posttest Posttest Scores * PEB Parents educational Background	20	100.0%

Report

PEB Parents educational Background		pretest Pretest Scores	Posttest Posttest Scores
educated	Mean	168.4000	141.8000
	N	15	15
	Std. Deviation	29.78446	16.66133
Not Educated	Mean	181.0000	144.2000
	N	5	5
	Std. Deviation	29.53811	13.44247
Total	Mean	171.5500	142.4000
	N	20	20
	Std. Deviation	29.47340	15.61174

ANOVA Table

pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)
	Within Groups	
	Total	
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)
	Within Groups	
	Total	

ANOVA Table

			Sum of Squares
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	595.350
	Within Groups		15909.600
	Total		16504.950
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	21.600
	Within Groups		4609.200
	Total		4630.800

ANOVA Table

			df
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	1
	Within Groups		18
	Total		19
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	1
	Within Groups		18
	Total		19

ANOVA Table

			Mean Square
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	595.350

	Within Groups		883.867
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	21.600
	Within Groups		256.067
	Total		

ANOVA Table

			F
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	.674
	Within Groups		
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	.084
	Within Groups		
	Total		

ANOVA Table

			Sig.
pretest Pretest Scores * PEB Parents educational Background	Between Groups	(Combined)	.423
	Within Groups		
	Total		
Posttest Posttest Scores * PEB Parents educational Background	Between Groups	(Combined)	.775
	Within Groups		
	Total		

Measures of Association

	Eta	Eta Squared
pretest Pretest Scores * PEB Parents educational Background	.190	.036

Posttest Posttest Scores * PEB Parents educational Background	.068	.005

```
FILTER OFF.
USE ALL.
EXECUTE.
UNIANOVA Posttest BY groups WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /EMMEANS=TABLES(groups) WITH(pretest=MEAN) COMPARE
ADJ(BONFERRONI)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest groups.
```

Univariate Analysis of Variance hyp1

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
groups groups	1.00	Contingency contracting group	20
	2.00	stimulus Control group	20
	3.00	control group	20

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

groups groups	Mean	Std. Deviation	N
Contingency contracting group	142.4000	15.61174	20
stimulus Control group	54.2000	16.81353	20
control group	165.2500	36.85659	20
Total	120.6167	54.20741	60

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
4.791	2	57	.012

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + groups

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	139108.051[a]	3	46369.350	75.793	.000	.802
Intercept	12376.551	1	12376.551	20.230	.000	.265
pretest	1551.618	1	1551.618	2.536	.117	.043
groups	89434.144	2	44717.072	73.092	.000	.723
Error	34260.132	56	611.788			

Total	1046271.000	60				
Corrected Total	173368.183	59				

a. R Squared = .802 (Adjusted R Squared = .792)

Estimated Marginal Means

1. Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
120.617[a]	3.193	114.220	127.013

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 153.8833.

2. Groups

Estimates

Dependent Variable: Posttest Posttest Scores

groups	Mean	Std. Error	95% Confidence Interval

			Lower Bound	Upper Bound
Contingency contracting group	138.814[a]	5.972	126.851	150.776
stimulus Control group	59.068[a]	6.319	46.409	71.727
control group	163.968[a]	5.589	152.772	175.164

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 153.8833.

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	Mean Difference (I-J)	Std. Error	Sig.[b]
Contingency contracting group	stimulus Control group	79.746*	9.453	.000
	control group	-25.154*	7.954	.008
stimulus Control group	Contingency contracting group	-79.746*	9.453	.000
	control group	-104.900*	8.723	.000
control group	Contingency contracting group	25.154*	7.954	.008
	stimulus Control group	104.900*	8.723	.000

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	95% Confidence Interval for Difference

		Lower Bound	Upper Bound
Contingency contracting group	stimulus Control group	56.415*	103.076
	control group	-44.785*	-5.522
stimulus Control group	Contingency contracting group	-103.076*	-56.415
	control group	-126.429*	-83.371
control group	Contingency contracting group	5.522*	44.785
	stimulus Control group	83.371*	126.429

Based on estimated marginal means
*. The mean difference is significant at the .05 level.
b. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Posttest Posttest Scores

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	89434.144	2	44717.072	73.092	.000	.723
Error	34260.132	56	611.788			

The F tests the effect of groups. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

```
FILTER OFF.
USE 21 thru 60.
EXECUTE.
UNIANOVA Posttest BY groups WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
```

```
  /EMMEANS=TABLES(groups) WITH(pretest=MEAN) COMPARE
ADJ(BONFERRONI)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest groups.
```

Univariate Analysis of Variance hyp2

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
groups groups	1.00	Contingency contracting group	20
	3.00	control group	20

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

groups groups	Mean	Std. Deviation	N
Contingency contracting group	142.4000	15.61174	20
control group	165.2500	36.85659	20
Total	153.8250	30.23912	40

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
5.397	1	38	.026

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + groups

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	7257.878[a]	2	3628.939	4.727	.015	.204
Intercept	16047.647	1	16047.647	20.904	.000	.361
pretest	2036.653	1	2036.653	2.653	.112	.067
groups	6313.308	1	6313.308	8.224	.007	.182
Error	28403.897	37	767.673			
Total	982147.000	40				
Corrected Total	35661.775	39				

a. R Squared = .204 (Adjusted R Squared = .160)

Estimated Marginal Means

1. Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
153.825[a]	4.381	144.949	162.701

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 165.8750.

2. Groups

Estimates

Dependent Variable: Posttest Posttest Scores

groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Contingency contracting group	141.034[a]	6.252	128.366	153.701
control group	166.616[a]	6.252	153.949	179.284

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 165.8750.

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	Mean Difference (I-J)	Std. Error	Sig.[b]
Contingency contracting group	control group	-25.583*	8.921	.007
control group	Contingency contracting group	25.583*	8.921	.007

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	95% Confidence Interval for Difference	
		Lower Bound	Upper Bound
Contingency contracting group	control group	-43.658*	-7.507
control group	Contingency contracting group	7.507*	43.658

Based on estimated marginal means
*. The mean difference is significant at the .05 level.
b. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Posttest Posttest Scores

	Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	6313.308	1	6313.308	8.224	.007	.182
Error	28403.897	37	767.673			

The F tests the effect of groups. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

```
FILTER OFF.
USE ALL.
EXECUTE.
FILTER OFF.
USE ALL.
EXECUTE.
UNIANOVA Posttest BY groups WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /EMMEANS=TABLES(groups) WITH(pretest=MEAN) COMPARE
ADJ(BONFERRONI)
```

```
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest groups.
```

Univariate Analysis of Variance hyp3

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
groups groups	2.00	stimulus Control group	20
	3.00	control group	20

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

groups groups	Mean	Std. Deviation	N
stimulus Control group	54.2000	16.81353	20
control group	165.2500	36.85659	20
Total	109.7250	62.94116	40

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
6.951	1	38	.012

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + groups

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	126159.284[a]	2	63079.642	82.347	.000	.817
Intercept	3141.072	1	3141.072	4.101	.050	.100
pretest	2838.259	1	2838.259	3.705	.062	.091
groups	69665.581	1	69665.581	90.945	.000	.711
Error	28342.691	37	766.019			
Total	636085.000	40				
Corrected Total	154501.975	39				

a. R Squared = .817 (Adjusted R Squared = .807)

Estimated Marginal Means

1. Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
109.725[a]	4.376	100.858	118.592

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 145.0500.

2. Groups

Estimates

Dependent Variable: Posttest Posttest Scores

groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
stimulus Control group	59.749[a]	6.827	45.916	73.583
control group	159.701[a]	6.827	145.867	173.534

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 145.0500.

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	Mean Difference (I-J)	Std. Error	Sig.[b]	95% Confidence Interval for Difference[b]
					Lower Bound
stimulus Control group	control group	-99.951*	10.481	.000	-121.187
control group	stimulus Control group	99.951*	10.481	.000	78.715

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	95% Confidence Interval for Difference
		Upper Bound
stimulus Control group	control group	-78.715*
control group	stimulus Control group	121.187*

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Posttest Posttest Scores

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	69665.581	1	69665.581	90.945	.000	.711
Error	28342.691	37	766.019			

The F tests the effect of groups. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

```
DATASET ACTIVATE DataSet2.

SAVE OUTFILE='C:\Users\TANIMOWO\Documents\Mrs Olugua
Omonigho.sav'
  /COMPRESSED.
FILTER OFF.
USE 1 thru 40.
EXECUTE.
UNIANOVA Posttest BY groups WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /EMMEANS=TABLES(groups) WITH(pretest=MEAN) COMPARE
ADJ(BONFERRONI)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest groups.
```

Univariate Analysis of Variance hyp4

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
groups groups	1.00	Contingency contracting group	20
	2.00	stimulus Control group	20

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

groups groups	Mean	Std. Deviation	N
Contingency contracting group	142.4000	15.61174	20
stimulus Control group	54.2000	16.81353	20
Total	98.3000	47.44616	40

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
.122	1	38	.729

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + groups

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	77836.774[a]	2	38918.387	144.611	.000	.887
Intercept	9146.899	1	9146.899	33.988	.000	.479
pretest	44.374	1	44.374	.165	.687	.004
groups	42575.415	1	42575.415	158.199	.000	.810
Error	9957.626	37	269.125			
Total	474310.000	40				
Corrected Total	87794.400	39				

a. R Squared = .887 (Adjusted R Squared = .880)

Estimated Marginal Means

1. Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval

		Lower Bound	Upper Bound
98.300[a]	2.594	93.044	103.556

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 150.7250.

2. Groups

Estimates

Dependent Variable: Posttest Posttest Scores

groups	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Contingency contracting group	143.406[a]	4.426	134.438	152.373
stimulus Control group	53.194[a]	4.426	44.227	62.162

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 150.7250.

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	Mean Difference (I-J)	Std. Error	Sig.[b]
Contingency contracting group	stimulus Control group	90.211*	7.172	.000
stimulus Control group	Contingency contracting group	-90.211*	7.172	.000

Pairwise Comparisons

Dependent Variable: Posttest Posttest Scores

(I) groups	(J) groups	95% Confidence Interval for Difference	
		Lower Bound	Upper Bound

Contingency contracting group	stimulus Control group	75.679*	104.744
stimulus Control group	Contingency contracting group	-104.744*	-75.679

Based on estimated marginal means
*. The mean difference is significant at the .05 level.
b. Adjustment for multiple comparisons: Bonferroni.

Univariate Tests

Dependent Variable: Posttest Posttest Scores

	Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Contrast	42575.415	1	42575.415	158.199	.000	.810
Error	9957.626	37	269.125			

The F tests the effect of groups. This test is based on the linearly independent pairwise comparisons among the estimated marginal means.

```
USE ALL.
COMPUTE filter_$=(groups = 1).
VARIABLE LABELS filter_$ 'groups = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
UNIANOVA Posttest BY gender WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest gender.
```

Univariate Analysis of Variance hyp5

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
gender	1.00	male	12
Gender	2.00	female	8

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

gender Gender	Mean	Std. Deviation	N
male	139.0000	12.77071	12
female	147.5000	18.86039	8
Total	142.4000	15.61174	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
.139	1	18	.714

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + gender

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared

Corrected Model	374.877[a]	2	187.439	.749	.488	.081
Intercept	11523.707	1	11523.707	46.031	.000	.730
pretest	28.077	1	28.077	.112	.742	.007
gender	374.217	1	374.217	1.495	.238	.081
Error	4255.923	17	250.348			
Total	410186.000	20				
Corrected Total	4630.800	19				

a. R Squared = .081 (Adjusted R Squared = -.027)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
143.308[a]	3.615	135.681	150.935

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 171.5500.

```
UNIANOVA Posttest BY age WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest age.
```

Univariate Analysis of Variance hyp6

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
age Age	1.00	12-17years	17
	2.00	18years and above	3

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

age Age	Mean	Std. Deviation	N
12- 17years	139.5882	11.52204	17
18years and above	158.3333	28.37840	3
Total	142.4000	15.61174	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
6.887	1	18	.017

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + age

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	902.129[a]	2	451.064	2.057	.159	.195
Intercept	12085.444	1	12085.444	55.101	.000	.764
pretest	6.113	1	6.113	.028	.869	.002
age	901.468	1	901.468	4.110	.059	.195
Error	3728.671	17	219.334			
Total	410186.000	20				
Corrected Total	4630.800	19				

a. R Squared = .195 (Adjusted R Squared = .100)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
148.991[a]	4.641	139.200	158.782

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 171.5500.

```
UNIANOVA Posttest BY Hometype WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest Hometype.
```

Univariate Analysis of Variance hyp8

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
Hometype type of Home	1.00	Monogamy	16
	2.00	polygamy	4

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

Hometype type of Home	Mean	Std. Deviation	N
Monogamy	138.6250	10.53170	16
Polygamy	157.5000	24.67793	4
Total	142.4000	15.61174	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
2.944	1	18	.103

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + Hometype

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1140.088[a]	2	570.044	2.776	.091	.246
Intercept	11868.614	1	11868.614	57.801	.000	.773

pretest	.038	1	.038	.000	.989	.000
Hometype	1139.428	1	1139.428	5.549	.031	.246
Error	3490.712	17	205.336			
Total	410186.000	20				
Corrected Total	4630.800	19				

a. R Squared = .246 (Adjusted R Squared = .158)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
148.062[a]	4.005	139.611	156.513

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 171.5500.

```
USE ALL.
COMPUTE filter_$=(groups = 2).
VARIABLE LABELS filter_$ 'groups = 2 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
UNIANOVA Posttest BY PEB WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest PEB.
```

Univariate Analysis of Variance hyp9

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
PEB Parents educational Background	1.00	educated	13
	2.00	Not Educated	7

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

PEB Parents educational Background	Mean	Std. Deviation	N
Educated	56.5385	18.33310	13
Not Educated	49.8571	13.75292	7
Total	54.2000	16.81353	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
.115	1	18	.739

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + PEB

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	376.579[a]	2	188.289	.641	.539	.070

Intercept	1082.766	1	1082.766	3.685	.072	.178
pretest	173.466	1	173.466	.590	.453	.034
PEB	114.068	1	114.068	.388	.541	.022
Error	4994.621	17	293.801			
Total	64124.000	20				
Corrected Total	5371.200	19				

a. R Squared = .070 (Adjusted R Squared = -.039)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
53.426[a]	4.029	44.926	61.926

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 129.9000.

```
UNIANOVA Posttest BY Hometype WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest Hometype.
```

Univariate Analysis of Variance hyp10

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
Hometype type of Home	1.00	Monogamy	11
	2.00	polygamy	9

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

Hometype type of Home	Mean	Std. Deviation	N
Monogamy	49.0000	16.04992	11
polygamy	60.5556	16.33333	9
Total	54.2000	16.81353	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
1.296	1	18	.270

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + Hometype

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	908.168[a]	2	454.084	1.730	.207	.169
Intercept	1353.108	1	1353.108	5.154	.036	.233
pretest	247.190	1	247.190	.942	.345	.052
Hometype	645.658	1	645.658	2.459	.135	.126
Error	4463.032	17	262.531			
Total	64124.000	20				
Corrected Total	5371.200	19				

a. R Squared = .169 (Adjusted R Squared = .071)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
54.771[a]	3.641	47.089	62.454

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 129.9000.

```
UNIANOVA Posttest BY age WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest age.
```

Univariate Analysis of Variance hyp11

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
age Age	1.00	12-17years	17
	2.00	18years and above	3

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

age Age	Mean	Std. Deviation	N
12- 17years	53.2353	17.87641	17
18years and above	59.6667	8.73689	3
Total	54.2000	16.81353	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
2.140	1	18	.161

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + age

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	365.111[a]	2	182.555	.620	.550	.068
Intercept	1421.399	1	1421.399	4.827	.042	.221
pretest	259.636	1	259.636	.882	.361	.049
age	102.601	1	102.601	.348	.563	.020
Error	5006.089	17	294.476			
Total	64124.000	20				
Corrected Total	5371.200	19				

a. R Squared = .068 (Adjusted R Squared = -.042)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
56.420[a]	5.373	45.084	67.757

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 129.9000.

```
UNIANOVA Posttest BY gender WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest gender.
```

Univariate Analysis of Variance hyp13

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
gender Gender	1.00	male	8
	2.00	female	12

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

gender Gender	Mean	Std. Deviation	N
Male	50.1250	23.36932	8
Female	56.9167	10.98311	12
Total	54.2000	16.81353	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
.752	1	18	.397

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + gender

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	740.146[a]	2	370.073	1.358	.284	.138
Intercept	1779.048	1	1779.048	6.531	.020	.278
pretest	518.738	1	518.738	1.904	.185	.101
gender	477.636	1	477.636	1.753	.203	.093

Error	4631.054	17	272.415			
Total	64124.000	20				
Corrected Total	5371.200	19				

a. R Squared = .138 (Adjusted R Squared = .036)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
53.136[a]	3.777	45.168	61.105

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 129.9000.

```
USE ALL.
COMPUTE filter_$=(groups = 1).
VARIABLE LABELS filter_$ 'groups = 1 (FILTER)'.
VALUE LABELS filter_$ 0 'Not Selected' 1 'Selected'.
FORMATS filter_$ (f1.0).
FILTER BY filter_$.
EXECUTE.
UNIANOVA Posttest BY PEB WITH pretest
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
```

```
  /EMMEANS=TABLES(OVERALL) WITH(pretest=MEAN)
  /PRINT=ETASQ HOMOGENEITY DESCRIPTIVE
  /CRITERIA=ALPHA(.05)
  /DESIGN=pretest PEB.
```

Univariate Analysis of Variance peb for contingency contracting

[DataSet2] C:\Users\TANIMOWO\Documents\Mrs Olugua Omonigho.sav

Between-Subjects Factors

		Value Label	N
PEB Parents educational Background	1.00	educated	15
	2.00	Not Educated	5

Descriptive Statistics

Dependent Variable: Posttest Posttest Scores

PEB Parents educational Background	Mean	Std. Deviation	N
educated	141.8000	16.66133	15
Not Educated	144.2000	13.44247	5
Total	142.4000	15.61174	20

Levene's Test of Equality of Error Variances[a]

Dependent Variable: Posttest Posttest Scores

F	df1	df2	Sig.
.022	1	18	.884

Tests the null hypothesis that the error variance of the dependent variable is equal across groups.[a]

a. Design: Intercept + pretest + PEB

Tests of Between-Subjects Effects

Dependent Variable: Posttest Posttest Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	24.582[a]	2	12.291	.045	.956	.005
Intercept	10649.172	1	10649.172	39.303	.000	.698
pretest	2.982	1	2.982	.011	.918	.001
PEB	23.921	1	23.921	.088	.770	.005
Error	4606.218	17	270.954			
Total	410186.000	20				
Corrected Total	4630.800	19				

a. R Squared = .005 (Adjusted R Squared = -.112)

Estimated Marginal Means

Grand Mean

Dependent Variable: Posttest Posttest Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
143.043[a]	4.270	134.034	152.052

a. Covariates appearing in the model are evaluated at the following values: pretest Pretest Scores = 171.5500.

TRUANCY BEHAVIOUR SCALE (TBS)

Information: This instrument is developed to measure Truancy Behaviour in the school system. The purpose of the instrument is for research only. Therefore, feel to respond to the items as honesty as possible. All responses will be kept highly confidential.

SECTION A

Demographic Data

1. Gender: Male ( ) Female ( )
2. Class: JSS 1 ( ), JSS 2 ( ), JSS 3 ( )
3. Age: 12 – 14 ( ), 15 – 17 ( ), above 18 ( )
4. Type of home: Monogamous ( ) Polygamous ( )
5. Caregiver: Living with both parents ( ) living with mother only ( ) living with father only ( ) living with relations ( )
6. Parental Educational background: Parents educated ( ) parents not educated ( )

SECTION B

Instruction: Please tick (√) any option under "SA" – Strongly agree, "A" – Agree, "D". Disagree, "SD" – Strongly disagree. There is no right or wrong answer.

S/N	ABSENTEEISM	SA	A	D	SD
1.	I am less worried absenting myself from school.				
2.	I can exist without education.				
3.	I dislike morning assembly.				
4.	I like students who loiter outside school gate.				
5.	I like taking permission to be away from school.				
6.	I like regular absenteeism.				
7.	I hate regular absenteeism				
8.	I am not sensitive the negative effects of regular absenteeism from school.				
9.	I hate students who frequently indulge in late coming to school.				
10.	I dislike students who frequently absent themselves from school.				
11.	I like students who are not sensitive to non-attendance to school.				
12.	I dislike students who routinely skip school.				
S/N		**SA**	**A**	**D**	**SD**
13.	I always avoid mathematic lessons.				
14.	I like attending science class regularly.				
15.	I sometimes stay away from school on market days.				

	INCONSISTENCT				
16.	I often go to farm during school days.				
17.	My school achievement is affected due to inconsistency.				
18.	My academic performance is not affected due to irregular attendance.				
19.	I like the school where inconsistency is not punished.				
20.	I like the school where there is no discipline.				
21.	I hate the school where absenteeism is not punished.				
22.	I am sometimes troublesome in the class.				
23.	I hate paying attention in the class all the time.				
24.	I am very attentive in the class always.				
25.	I am disruptive in the class.				
26.	I always miss lessons due to irregularityof attendance at school.				
27.	I always copy my notes from friends.				
28.	My notes are not up to date due to my skipping classes.				
29.	I am ignorant of the effect of frequent staying away from school.				
30.	My engagement in commercial activities makes me to stay away from school.				
31.	I dislike students who attends morning assembly.				
	WITNDRAWAK FROM SCHOOL				
32.	I hate students who frequently withdraw themselves from school.				
33.	I always push wheelbarrow to get money during school hours.				
34.	I am not sensitive to the fact that non-attendance results in non-achievement of educational goals.				
35.	I hate students who are expelled from school.				
36.	I discourage students who jumped through the window during lessons.				
37.	I have repeated classes due to frequent withdrawal.				
S/N	**ITEMS**	**SA**	**A**	**D**	**SD**
38.	I hate students who hide in uncompleted building during classes.				
	LACK SCHOOL MATERIALS				

39.	I hate going to school because I don't have comfortable seat.				
40	I dislike student who don't have writing materials.				
41.	I hate lateness to school.				
42.	I am not bordered I don't have enough notebooks.				
43.	I hate students who don't have school materials.				
44.	I like being in the company of students without textbooks.				
45.	I hate students who engage in street hawking during school.				
46.	I engage in hawking in order to purchase school mateirials.				
47.	I hate students who are frequently afraid of school.				
48.	I like the school that do not check school requirements.				
49.	I like paying attention in the class.				
50.	I desire to be a well behaved student all time.				
51.	I have a desire to stop schooling.				
52.	I always blame myself whenever i stop school.				
53.	I always spend time with my friends during school hours.				
	ROUTINELY SKIPPING SCHOOL				
54.	I like the school that do not check late coming.				
55.	I sometimes fo late to school.				
56.	I hate punctuality all the time.				
57.	I like students who are afaid of school.				
58.	I am rebellious in the school.				
59.	I have been disciplined for punishing students in lower classes unjustly.				
60.	I hate school were truant behaviour is punished.				

Summary of Treatment Programme and Duration

Session	Stimulus control	Contingency	Control	Date and	Duration

		contracting	N.T.	Time	
Week I	Pre-test, specification objectives, statement of purpose, Assurance of confidentiality	Pre-test, specification of objectives, statement of purpose, assurance of confidentiality reading the contractual rules.	Pre-test	Monday 2:30-5pm Tuesday 2:30-5pm Wednesday 2:30-5pm	6 weeks
Week II	Introduction of the therapy (stimulus control). Introduction of the topic controlling per influence	Introduce the therapy contingency contracting contract is base: 1. Completion of notes, 2. Punctuality 3. regular attendance		2:30-5pm	6 weeks
Week III	Steps for controlling peer influence Discussion/Questioning	Mark the weekly register Discussion/question administer weekly contractual reward			
Week IV	Explain the consequences of keeping bad company. Ask students to describe the type of friend they have Discussion/Questioning	Cheek notes if they are up to date students to submit their notes Administer weekly contractual reward discussion/Questioning			
Week V	Discourage students who have bad friends. Help students take decision Discussion/Questioning	Cheek regular attendance, counseling students on importance of regular attendance to school Discussion/Questioning Administer weekly contractual reward			
Week VI	Post-test and valedictory sppech	Grand summary and administration of reward	Post-test	1 ½ hour	

S/N	SAMPLE OF SCHOOLS	MALE	FEMALE
1.	Owhe Grammar School, Otor-Owhe	20	20
2.	Irri Grammar School, Irri	20	20
3.	Ugborikoko Secondary School, Ugborikoko	20	20
4.	Okurekpo Grammar School, Okurekpo	20	20
5.	Ovu Grammar School, Ovu	20	20
6.	Ethiope Mixed secondary School, Sapele	20	20
7.	Emiye Girls Grammar School	20	20
8.	Emevor Mixed Secondary School, Emevor	20	20
9.	Ilah Grammar School, Ilah	20	20
10.	Owa Alero Secondary School, Owa alero	20	20
11.	Abraka Grammar School, Abraka	20	20
12.	St. Michael College, Oleh	20	20
13.	Uwheru Grammar School, Uwheru	20	20
14.	Amukpe Secondary School, Sapele	20	20
15.	Okwe Grammar School, Okwe`	20	20
16.	Emore Grammar School, Oleh.	20	20