# A Study of low achievement on Third Grade primary School Failed Students in Minoufiya

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## Abstract

This study was conducted on 374 students who constituted about one fourth of third grade primary school failed students in whole Minoufiya governorate & 100 never failed students from the same classes as a control group. Semi structured psychiatric interview and thorough, neurological examination, beside sociodemographic data sheet & psychometric assessment using children depressive inventory children's phobia scale and Anxiety scale for children, child behavior check list & IQ assessment. 45.9% of Failed students were founded to have psychiatric disorders in comparison to 27% of the control group. 9.1% of the repeaters were founded to be mentaly retarded.& 34.3% of them were of border line IQ compared to 2% & 20% of the control group respectively. Epilepsy was present among 2.1% of failed students compared to 1% of the control group. The failed group were founded to be significantly different from control group as regard parental education, family size, make truancy from school. Abnormal behavior problems were more prevalent among failed students than control group. Learning problems as reading, writing & mathematics problems were founded to be more prevalent among failed students. No difference of significant value was detected between failed males & females students regarding the studied items, except for conduct disorder and (Aggressive, Delinquent, Hyperactive disorders "ADHD").

## Introduction

Primary education is the largest sub-sector of any education system and offers the unique opportunity to contribute to the transformation of societies through education of the young, world Education Forum (2000). Primary schools is considered the corner stone, for the psychological and social development for children.Greenspan. & Curry (1989) reported that the adjustment of the child to school life during the first three or four grades gives an idea about his future attitude toward study and learning.

Olwues , (1994) suggested that parents, teachers, peers and school environment, have a significant role in fostering optimal development of self and in restructuring of the social environment of children. The problem of under achievement or "school failure" has different aspects. Psychosocial and learning factors are considered the most important of them.

Brier , (1995) concluded that one of the most frequent triggers to clinical referral for school age is failure to achieve academically at expected grade level.

Okasha *et al.,* (1988) found that psychiatric and behavioral disorders are present in 52% of under achieved students. Schoolastic achievement and educataional progress are greatly affected by the surrounding environment, home atmosphere and family condition. Sameroff, (1997).

Muijs, (1997) reported that there is a significant contribution of parental social economic state to children's achieve-ment. Campbell, (1997) concluded that academic achievement, school climate and teachers are all potentially interacting.

Third grade is the First grade in primary education in which students are exposed to organized exam allover the whole governorate, and in which some students may fail & repeat the grade,

contradictory to 1st & 2nd grade in which the whole students passed without any Failure. So we select this grade to be the grade of our attention and investigations aiming at identifications of the main risk factors, behavioral, psychiatric and learning problems that affect the achievement among primary school students and which has important implications on children's themselves and on the society as a whole.

## Subjects And Methods

This study was carried out on nearly one fourth of all failed students on 3rd grade primary school students all over the Minoufiya governorate.

This study was conducted from October 2000 to April 2001. The sample comprised 374 students chosen according to stratified random sampling procedure from one fourth of all schools in whole 9 Zones comprised Minoufiya governorates A control group consisted of 100 randomly selected 3rd grade never failed students chosen from the same classes of the repeated students. After taking consent from the participants, both the sample and control group were subjected to the followings:

(a) A questionnaire was designed to assess the following main points (personal & family data i.e. name, age, sex, residence, parental education, ect) (School data includes, learning problems, relations to pears, truancy . ecL ..) These data were fulfilled by the aid of teachers & parents.

(b) Medical examination & thorough neurological investigations were done for both groups and E.E.G & C.T were done for those with epilepsy or with suspecting history of epilepsy.

(c) Semi structured psychiatric interview depending on DSM4 criteria.

(d) Wechsler Intelligence scale for children Revised (WISC-R). This the most widely used test for intellectual assessment and covers the age range from 6-15 years.

(e) Psychometric assessment using
*Children's Depression Inventory (CDI) this scale was designed by Gharib (1988).

*Children's phobia scale this is a self report instrument designed by E1-Tayeb, (1988) to assess presence of phobia in childhood.
* Anxiety scale for children this scale was developed by Viola EI beblawy , (1987) .

(f) Achenbach's child Behavior checklist: this instrument was initially designed by Achenbach and Eldelbrock, (1980)to provide a reliable means of assessing the behavior problems and Social Competencies of children from 4 to 16 years old. Arabic version was done by El- - Defrawi and mahfouz, (1992). This test was designed to obtain both parents & teachers reports.

## Resaults

Results were tabulated and statistically analyzed ,by I.B.M personal computer with SAS soft ware under windows version (SAS Institute 1995), using both descriptive and analytic types.

Table (1) Shows the sociodemographic data of 374 students & 100 control group. 154 of them were males and 220 were females with a mean age. $9.2\pm0.7$ for failed students  8.6 SD 0.5 for the control group. No difference of significant value was found between both groups regarding residence parental consanguinity, economic status,while the failed students were found to be more among the last born, and coming from a larger families than the control group with a significant difference between them.

Table (2) This table shows that failed students had higher rates of learning problems than the control group with a significant difference between the two groups. Failed students showed also poor relations to peers , self dependency and attendance to school compared to control group and the difference was also significant.

Table (3) Showed that fathers & mothers of the control group get higher educational level than those of the failed students but the difference was not significant.

Table (4) Showed that non of the failed students scored more than 120 In IQ. , also generally the control group scored higher than failed group in IQ, but the difference was significant for only the IQ group 110-120 & MR group.

Table (5) Showed that there were a statistically significant difference P <0.05 between failed students and control group as regards all the studied psychiatric disorders,while the only significant difference between males & females groups was for conduct disorder & A.D.H.D.

Table (6) Showed that although of that the failed students scored higher than the control group in all items, but the difference was only significant P < 0.05 for

social withdrawal and delinquent items only, but no difference of significant value P > 0.05 was found between males and females students.

Table (7) Showed that failed students scored higher rates on all items of the score compared to the control group, but the difference was significant P < 0.05 as regards, Social withdrawal and in attentive item also no significant difference was found between males & females students.

Table (8) Showed that failed students scored higher rates in the three studied psychometric tests with a significant difference between them and the control group p < 0.05.

**(Table 1): Socio Demographic Data**

| Variable | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Age | 9.2 ± 0.7 | | 9.1 ± 0.8 | | 9.3 ± 0.7 | | 8.6 ± 0.5 | | | |
| Sex Males Females | 154 220 | 41.1 58.9 | | | | | 50 50 | 50 50 | | |
| Birth order 1st Middle Last | 71 131 172 | 18.9 35.2 45.9 | 28 59 67 | 18.1 38.3 43.5 | 43 72 105 | 19.5 32.7 47.7 | 23 46 31 | 23 46 31 | >0.05 > 0.05 >0.05 | > 0.05 >0.05 <0.05 |
| Number of siblings Two Three > three | 102 69 203 | 27.3 18.4 54.3 | 46 28 80 | 29.8 18.1 51.9 | 56 41 123 | 25.4 18.7 55.9 | 25 36 38 | 25 36 38 | >0.05 >0.05 >0.05 | >0.05 >0.05 <0.05 |
| Residence Rural Urban | 177 197 | 47.3 52.7 | 71 83 | 46.1 53.8 | 106 114 | 48.1 51.9 | 47 53 | 47 53 | >0.05 >0.05 | >0.05 >0.05 |
| Parental Consanguinity Present Absent | 148 226 | 39.5 60.5 | 57 97 | 37.1 62.9 | 91 129 | 41.3 58.6 | 36 64 | 36 64 | >0.05 >0.05 | >0.05 >0.05 |
| Economic status Low Middle High | 149 190 35 | 40.1 50.7 9.3 | 55 84 15 | 35.7 54.5 9.7 | 93 107 20 | 42.3 48.6 9.1 | 31 56 13 | 31 56 13 | >0.05 >0.05 >0.05 | >0.05 >0.05 >0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | >0.05 | >0.05 |

**(Table 2): School Related Data**

| Variable | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Learning problems | | | | | | | | | | |
| Reading problems | 81 | 21.6 | 37 | 24.1 | 43 | 19.5 | 9 | 9 | >0.05 | <0.05 |
| Writing problems | 83 | 22.1 | 37 | 24.1 | 45 | 20.4 | 9 | 9 | >0.05 | <0.05 |
| Mathematics problem | 87 | 23.2 | 34 | 22.1 | 66 | 30 | 10 | 10 | >0.05 | <0.05 |
| Relation with peers | | | | | | | | | | |
| Weak | 61 | 16.3 | 29 | 18.8 | 32 | 14.5 | 7 | 7 | >0.05 | <0.05 |
| Moderate | 91 | 24.3 | 38 | 24.6 | 53 | 24.1 | 21 | 21 | >0.05 | >0.05 |
| Good | 222 | 59.4 | 87 | 56.4 | 135 | 61.3 | 72 | 72 | >0.05 | >0.05 |
| Self dependency | | | | | | | | | | |
| Weak | 136 | 36.4 | 52 | 33.7 | 84 | 38.1 | 24 | 24 | >0.05 | >0.05 |
| Moderate | 147 | 39.3 | 56 | 36.3 | 91 | 41.3 | 20 | 20 | >0.05 | >0.05 |
| Good | 91 | 24.3 | 46 | 29.1 | 45 | 20.4 | 56 | 56 | >0.05 | <0.05 |
| Truancy | 143 | 38.2 | 64 | 41.5 | 79 | 35.9 | 12 | 12 | >0.05 | <0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | | |

* Chi-square test
* P1 shows the difference between males & females
* P value < 0.05 is statistically significant
* P2 shows the difference between cases & control

**(Table 3): Parental Education**

| Variable | Failed students | | | | Control | | | | *P1 | *P2 |
| | Mothers | | Fathers | | Mothers | | Fathers | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Illiterate | 222 | 59.3 | 148 | 39.5 | 52 | 52 | 34 | 34 | > 0.05 | > 0.05 |
| Primary | 80 | 21.3 | 60 | 16.1 | 15 | 15 | 12 | 12 | >0.05 | >0.05 |
| Preparatory | 44 | 11.7 | 76 | 20.3 | 20 | 20 | 18 | 18 | >0.05 | >0.05 |
| Secondary | 19 | 5.1 | 70 | 18.7 | 9 | 9 | 26 | 26 | >0.05 | >0.05 |
| University | 9 | 2.4 | 20 | 5.3 | 4 | 4 | 9 | 9 | >0.05 | >0.05 |
| Total | 374 | 100 | 374 | 100 | 100 | 100 | 100 | 100 | >0.05 | >0.05 |

* Chi-square test
* P1 shows the difference between males & females
* P value < 0.05 is statistically significant
* P2 shows the difference between cases & control

**Table 4: IQ distribution among failed students & control group**

| IQ | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| > 120 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 11 | > 0.05 | < 0.05 |
| 110 – 120 | 32 | 8.5 | 16 | 10.3 | 16 | 7.2 | 23 | 23 | > 0.05 | < 0.05 |
| 100 – 109 | 74 | 19.7 | 36 | 23.3 | 38 | 17.2 | 26 | 26 | > 0.05 | > 0.05 |
| 90 – 99 | 105 | 28.1 | 39 | 25.3 | 66 | 30 | 18 | 18 | > 0.05 | > 0.05 |
| 80 – 89 | 92 | 24.5 | 39 | 25.3 | 53 | 24.1 | 18 | 18 | > 0.05 | > 0.05 |
| 70 – 79 | 37 | 9.8 | 11 | 7.1 | 26 | 11.8 | 2 | 2 | > 0.05 | < 0.05 |
| < 70 | 34 | 9.1 | 13 | 8.4 | 21 | 9.5 | 2 | 2 | > 0.05 | < 0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | | |

* Chi-square test
* P1 shows the difference between males & females
* P value < 0.05 is statistically significant
* P2 shows the difference between cases & control

**Table 5: Neuro psychiatric disorders**

| Psychiatric disorders | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Depression | 30 | 8.02 | 11 | 7.1 | 19 | 8.6 | 4 | 4 | > 0.05 | < 0.05 |
| Anxiety | 38 | 10.1 | 19 | 12.3 | 19 | 8.6 | 5 | 5 | > 0.05 | < 0.05 |
| Mixed anxiety Dep. | 58 | 15.5 | 25 | 16.2 | 33 | 15 | 7 | 7 | > 0.05 | < 0.05 |
| Phobia | 27 | 7.2 | 9 | 5.8 | 18 | 8.1 | 3 | 3 | > 0.05 | < 0.05 |
| ADHD | 26 | 6.9 | 19 | 12.3 | 7 | 3.1 | 2 | 2 | < 0.05 | < 0.05 |
| Conduct D | 25 | 6.6 | 15 | 9.7 | 10 | 4.5 | 1 | 1 | < 0.05 | < 0.05 |
| MR | 34 | 9.1 | 13 | 8.4 | 21 | 9.5 | 2 | 2 | > 0.05 | < 0.05 |
| NE | 63 | 16.8 | 30 | 19.4 | 33 | 15 | 7 | 7 | > 0.05 | < 0.05 |
| Stuttering | 21 | 5.6 | 10 | 6.4 | 11 | 5 | 1 | 1 | > 0.05 | < 0.05 |
| Epilepsy | 8 | 2.1 | 4 | 2.5 | 4 | 1.8 | 1 | 1 | > 0.05 | > 0.05 |
| Free students | 165 | 44.1 | 66 | 42.8 | 99 | 45 | 73 | 73 | > 0.05 | < 0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | | |

* MR mental retardation.
* NE nocturnal enuresis.
* Chi-square test
 * P1 shows the difference between males & females
* P value < 0.05 is statistically significant
 * P2 shows the difference between cases & control

**Table 6: Parent's report on C.B.C.L.**

| Items | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Depressed | 32 | 8.5 | 11 | 7.1 | 21 | 9.5 | 5 | 5 | >0.05 | >0.05 |
| Obsessive compulsive | 8 | 2.1 | 3 | 1.9 | 5 | 2.2 | 2 | 2 | >0.05 | >0.05 |
| Schizoid or anxious | 57 | 15.2 | 21 | 13.6 | 36 | 16.3 | 8 | 8 | >0.05 | >0.05 |
| Somatic complaint | 67 | 17.9 | 25 | 16.2 | 42 | 19.1 | 13 | 13 | >0.05 | >0.05 |
| Aggressive | 9 | 2.4 | 6 | 3.8 | 3 | 1.3 | 1 | 1 | >0.05 | >0.05 |
| Delinquent | 46 | 12.2 | 22 | 14.2 | 24 | 10.8 | 3 | 3 | >0.05 | <0.05 |
| Hyperactive | 24 | 6.4 | 11 | 7.1 | 13 | 5.9 | 5 | 5 | >0.05 | >0.05 |
| Social withdrawal | 70 | 18.7 | 25 | 16.2 | 45 | 20.4 | 7 | 7 | >0.05 | <0.05 |
| Uncommunicative | 50 | 13.3 | 18 | 11.6 | 32 | 14.5 | 7 | 7 | >0.05 | >0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | | |

* Chi-square test
* P1 shows the difference between males & females
* P value < 0.05 is statistically significant
* P2 shows the difference between cases & control

**Table 7: Teacher's report on C.B.C.L.**

| Items | Total No. of failed students | | Failed students | | | | Control | | *P1 | *P2 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | Males | | Females | | | | | |
| | No. | % | No. | % | No. | % | No. | % | | |
| Social with drawl | 49 | 13.1 | 17 | 11.03 | 32 | 14.5 | 6 | 6 | > 0.05 | < 0.05 |
| Unpopular | 19 | 5.1 | 7 | 4.5 | 12 | 5.4 | 4 | 4 | > 0.05 | > 0.05 |
| In attentive | 59 | 15.7 | 24 | 15.5 | 35 | 15.9 | 7 | 7 | > 0.05 | < 0.05 |
| Anxious | 37 | 9.8 | 16 | 10.3 | 21 | 9.5 | 6 | 6 | > 0.05 | > 0.05 |
| Aggressive | 9 | 2.4 | 5 | 3.2 | 4 | 1.8 | 1 | 1 | > 0.05 | > 0.05 |
| Self-destructive | 8 | 2.1 | 5 | 3.2 | 3 | 1.3 | 0 | 0 | > 0.05 | > 0.05 |
| Obessive compulsive | 6 | 1.5 | 2 | 1.2 | 4 | 1.8 | 1 | 1 | > 0.05 | > 0.05 |
| Nervous over active | 33 | 8.8 | 15 | 9.7 | 18 | 8.1 | 5 | 5 | > 0.05 | > 0.05 |
| Total No. | 374 | 100 | 154 | 100 | 220 | 100 | 100 | 100 | | |

* Chi-square test
* P1 shows the difference between males & females
* P value < 0.05 is statistically significant
* P2 shows the difference between cases & control

**Table 8: Results of psychometric tests .**

| Items | Total no. of failed students. | | Failed students. Males. | | | Failed students. Females. | | | Controls. | | | P1 | P2 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Mean ± SD | High Pathological Score. | Mean ±SD | High pathological score | | Mean ±SD | High Pathological Score. | | Mean ±SD | High Pathological Score. | | | |
| | | No. \| % | | No. | % | | No. | % | | No. | % | | |
| Depress-ion. | 13.4 ±6.5 | 38 \| 10.1 | 13.1 ±6.3 | 14 | 9.9 | 13.9 ±6.8 | 24 | 10.9 | 9.2 ±7.5 | 5 | 5 | > 0.05 | < 0.05 |
| Anxiety | 11.3 ±5.9 | 46 \| 12.2 | 11.6 ±5.4 | 21 | 13.6 | 10.9 ±6.1 | 25 | 11.3 | 7.7 ±5.6 | 6 | 6 | > 0.05 | < 0.05 |
| Phobia | 10.7 ±3.2 | 33 \| 8.8 | 10.4 ±3.4 | 13 | 8.4 | 10.9 ±3.6 | 20 | 9.1 | 7.2 ±4.3 | 4 | 4 | > 0.05 | < 0.05 |
| Total No. | 374 | 100 \| | 154 | 100 | | 220 | 100 | | 100 | 100 | | | |

P<0.05 is significant.(P1 shows the difference between males and females)
(P2 shows the differences between cases and controls)

## Discussion

**Socio demographic data:** In this study ,18.9% of the failed students were founded to be the first born child, while 45.9% of them were the last born, and 23% of the control group were first born & 31 % of them were the last born with a statistically significant difference between the two groups as regard the last born child. As regards demographic data our results are in accordance with that of Nossier, ( 1983 ) who reported that among the under a chivied students the last born child tend to be more than in normal population. We found that the failed students tend to came from larger families than that students of the control group, also Nossier, (1983) found that 66.2% of low achievers were corning from large families and Oleary, (1989) concluded that large family size is related to academic difficu-lties in their members. Inspite of the high rates of parental consanguinity among parents of both groups as it was present in 39.5% & 36% respectively, the difference was not statistically significant between them. But this denotes the high percentage of inter familial marriage in Minoufiya . Inspite of that the families of the control group reco-rded slightly better economic status than those of failed students, no difference of significant value was detected between them.

Generally no difference of significant value was detected between males and fem-ales regarding the socio demographic data.

Also our results are very similar to the international view which consider, poverty, large family size and increased incidence of consanguinity were the most important risk factors for the psychiatric, behavioral and learning disorders in childhood, and this rise the utmost importance of supporting

both birth control programs and other programs for rising the economic status in our culture.

**School related data:** *Learning disorders:* We found the prevalence of learning problems among repeaters were 21.6% for reading problems & 22.1 for writing problems and 23.2% for mathematics problems, compared to 9% and 10% of controls respectively, with a significant difference between the two groups. Our results are near to that of Abd EI khalik, (1995) who reported that 11% of school age children had Arabic, language difficulties and 6% had arithmetic difficulties,

Mahmoud, ( 2000 ) found that 30% of students complained from learning disabilities Silver, ( 1989 ) mentioned that at least 20% of school children had academic difficulties. Lindsay *et al* ( 1992 ) found that 6.4% of school children complained of mathematics disability.

Fonseca V, ( 1996 ) reported that reading and mathematical disabilities frequently to occur with one another, Jenson *et al*., ( 1994 ) reported that students with learning disabilities are at risk for academic failure & poor school adjustment. Mattison, (2000) mentioned that failed pupils appear to be characterized by chronic and serious learning problems. But No significant difference value was detected between the males and females groups as regard learning problems.

**Truancy:**This work showed 38.2% of repeaters were found to make truancy from school and only 12% of the controls with a statistically significant difference between them, but no difference of significant value was detected when we compared the males and females group. Our results are closely similar to that of Nossier, ( 1983 ) who found that 22.8% of under achievers were poor attenders, Last and Strauss,( 1990) concluded that truancy was associated with poor academic performance & in adequate poor relations.

**Relations with peers & self dependency:** Control group had a good

relations with peers than the failed group with a significant difference between the two groups, as 59.4% of repeaters had good relations with peers and 24.3% had moderate relations and16.3% was of weak relations compared to 72% and 21 % and 7% for the control group respectively. Regarding the self dependency controls appeared to have good self dependency than the failed students with a significant difference between the two groups. Chen *x, et al.,*(1995) concluded that the quality of peer relation ship is a significant indicator of school adjustment. Hinshow, (1991) and Wentzel and Asher, (1995) concluded that good relation with peers in childhood is considered a corner stone for schoolastic achievement.

**Parental Education:** We found that 39.5% of fathers and 59.3% of mothers of failed students were illiterate and 34% of fathers and 52% of mothers of the control group were illiterate while only 5.3 % of fathers and 2.'% of mothers of failed students were university graduate & 9% of fathers and 4% of mothers of the control group were university graduate , inspite of that the parents of the control group were of better educational level, but the difference of the two group were not statistically significant. Nossier, (1983 ) found that 36.8% of fathers and 47.4% of mothers of low achieved children were illiterate , no difference significant value was detected between males and females groups. The low educational level of parents affect the students achievement a lot because illiterate parents can not help their students in studying, also may be less motivated for their children's to get better scores and good achievement than those of highly educated parents.

**Neuro Psychiatric Disorders:** We found that 55. 9 % of failed students had psychiatric disorders, while only 27 % of the control group had Psychiatric disorders and the difference was statistically significant. Our results are in accordance with that of Okasha *et al*., ( 1988 ) who found that Psychiatric and behavioral disorder in underachievers were 52 % and

in good achiever to be 18 % only. Also El Defrawi and Mahfouz, (1992 ) found that 25 % of school students had Psychiatric disorders while Bird *et al*., (1988) found a prevalence rate of Psychiatric disorders among school students to be 15.8%

As regards the difference between males females it was found to be insignificant. Depression was present in 8.02 % of the failed students and only in 4% of the control group with a statistically significant difference between the two groups .Simean J, (1989) and Ambrosini *et al.,* (1993) found that 5% of school age children had depression. Chen *et al.,* (1995) and Adams and Adams, (1996) concluded that academic failure associated with depressed affect. Puara *et al*., ( 1998 ) reported that depressed children had poor school performance and absenteeism from school. Piccianli and Wilkinson, ( 2000 ) concluded that no difference between males and females before puberty regarding depression, also we found no significant difference between males and females.

In the current study we noticed that 15.5% of failed children had mixed anxiety depression while only 7% of the control had the same disorder with a significant difference between them. A similar finding was reported by Angold and Costello, *(1995)* who found that co morbidity of anxiety with depression may reach to 30% in children.

10.1 % of the repeaters had anxiety compared to 4 % of the control group with a significant difference between the two groups , but no significant difference between males & females. Our results are in accordance with Okasha, *et al.,* (1994 ) who found that 7. 9 % of school students had anxiety.

Costello, ( 1988 ) found that over all rate of anxiety to be 8. 9 % in school children. Muds *et al*., (1998 ) found a prevalence rate of anxiety to be 6.9 % in children.

Kleijn, *et al.,* (1994) and Comunion, (1993) concluded that anxiety affect school performance and leads to under achievement. In our study we found that 7.2 % of failed students had phobic disorders, while only 3 % of the control group had phobic disorders. Anderson *et al*., ( 1987 ) found a

prevalence rate of specific phobia in childhood in 2. 4 % Castello (1988 ) reported that social phobia to be 1% and phobia as a whole to be 10.3 % of the failed students.

Regarding psychometric assessment, we can concluded that psychometric testing proved to be very good screening test for identification of possible clinical cases with more than 90% sensitivity for the used tests, and also there was a significant differ-ence between failed students and control group regarding the results of these tests.

9.1 % of the failed students were found to be M.R. while it was only 2% of the control group. Jellinck, (1990 ) reported that 3 % of school age children are mentally subnormal. Flohrand Phillips, (1995 ) found a prevalence rate of Mental retardation to be 3%. No difference of significant value was detected between males and females students.

We found that 16.8% of the repeaters had NE and only 1% of the control group with a statistically significant difference between them. EI Defrawi *et al.,* ( 1995 ) found a prevalence rate of N.E to be 12% among lry school children Spee Vander Wekkle *et al.,* (1998 ) reported a rate of 6. 1 % among school children EI Defrawi, (1997) reported that children with N.E exposed more to schoolastic failure. we notice that male students had higher rates of N.E than females but without any signif-icant difference between them in our study.

We found that 5.6 % of the failed students complained from stuttering while only 1 % of the control group with a significant difference between the two groups. Our results are in accordance with that of Nossier, ( 1983 ) who found that 4. 4% of under achievers having stuttering Boyle *et al.,* ( 1994 ) found that 25 % of stuttering students to be under achievers.

We found that 6.6% of failed students had conduct disorder while only 1% of the control group had the same disorder and the difference was statistically significant. Also males appeared to be more affected than females with a statistically significant difference between the two groups. In Egypt Hammouda, ( 1984⁾ found that 6. 3% of primary school children had conduct

disorder Kovacs, (1995) found that 3% school children had conduct disorder Moffit, (1993 ) and Brier (1995) reported that children with conduct disorder were characterized by academic defects.

Attention deficit hyperactivity disorder, was found to be present among 6. 9% of failed students in only 2% of the control group . The difference between the two group was statistically significant. Also males students appeared to be more affected than females with a statistically significant difference between them. Nearly the same results were detected by, Taylor *et al.,* ( 1991 ) who concluded that 6% of primary school children had ADHD and Rohde *et al.,* (1999) who reported that 9% of primary school repeaters had ADHD with a significant higher rate than control. Frequssan and Horwood, (1995 ) reported that children with ADHD had higher rate of school repetition .

We found that 2.1 % of failed students had epilepsy compared to only 1% of the controls without any significant difference between them. EI Sherif, (1997 ) found a prevalence rate of epilepsy among elementary school students in Minoufiya of 0.5%, also Murphy (1995) found a prevalence rate of 0.6% in ten years students in U.S.A

Austin *et al.*, (1998) reported that school underachievement occurred in 61 % of epileptic children, and Bourgeois, ( 1998) reported that cognitive impairment is found more often among epileptic children than normal.

**Child Behavior check list ( teachers and parents reports ):** The customary child psychiatry practice of using child and his parents or teachers or both to gather information about the child's symptoms has been shown to be greatly' helpful Gershon *et al.*, ( 1995) Regarding parent's reports, repeaters obtained higher scores on all scale's items than control, but the difference were only significant regarding deliniquent and social withdrawal items .

According to teacher's reports repeaters also obtained higher scores on all scale's items than control group but the difference was only statistically significant regarding social withdrawal and inattentive items.

Our results are near to those of Rubinetal, (1993) who notice a negative relation between social withdrawal, inattention, delinquent behavior, aggressive behavior, somatization and schoolastic achivement , and this was previously reported by ,Kingston and Prior, *(1995)* and Chen *et al.,* (1997) who concluded that aggressive children are at risk of schoolastic and academic difficulties, and with those of Wentzal and Asher, *(1995)* and Masten *et al.,* (1995) who reported that children who are socially withdrawn and inhibited have academic difficulties and are under achievers, also Hinshaw, (1992) and Brier, (1995) concluded that school failure and delinquet behavior tend to co occur . Lastly Campo *et al.,* (1999) reported that somatization in children was commonly associated with high risk of poor school performance and attendance.

Generally we noticed that parent's reports over estimate the problems of their children than teachers, and there were no significant difference between males & females reports, and the results of semi structured psychiatric interview and child behavior check list were in agreement with each other, and this is in consistent with the fmding of Rapport, (1994) and Costello, (1988).

## Recommendations

Children should be screened before primary school entry for IQ, and those with MR or border line IQ enter Special Schools or classes.

Also another screening after 1st or 2nd grade for learning & psychiatric disorders. Teachers of primary schools must be efficient and highly qualified and having enough in formations about the most prevailing abnormalities in this period.

Supplying each School, by a psychologist and providing him by the needed psychological tools for continuos assessment & discovery of any abnormality.

More support for the school health insurance system mainly for the psychiatric units.

Rising the social awareness about the psychiatric disorders & the psychological status of the growing children by helping stable regular meeting with parents at school or through audiovisual media for the society.

Abnormal children must be provided with cognitive and academic skills training strategies that might help in reducing the comorbidity & future psychopathology.

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# دراسة ضعف التحصيل في الطلاب الراسبين في الصف الثالث الإبتدائي بمحافظة المنوفية

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يمثل ضعف التحصيل الدراسى مشكلة كبرى وذلك لما يمثلة التعليم من أهمية
كبرى فى تطور المجتمعات ولهذة المشكلة عوامل كثيرة من اهمها العوامل النفسية
والأجتماعية والتعليمية.

وقد أجريت هذة الدراسة على 374 طالب وطالبة من الراسبين فى الصف
الثالث الأبتدائى, وتم أختيار عينة ضابطة مكونة من مائة طالب وطالبة فى نفس
الصف الدراسى والذين لم يسبق لهم الرسوب.

وقد تم الكشف الطبى عليهم وأعداد أستمارة بحث نفسى مع أستخدام مقايس
القلق والأكتئاب والمخاوف عند الأطفال نالأضافة ألى قائمة وصف سلوك الأطفال و
أختبار الذكاء.

وتوصلت الدراسة الى أن 45.9% من الطلاب الراسبين يعانون من اضطرابات
نفسية مقابل 27 % من العينة الضابطة مع وجود فروق ذات دلالة احصائية بين
المجموعتين, كما وجد أن9.1% من الطلاب الراسبين يعانون من تخلف عقلى مقابل
2% من طلاب العينة الضابطة و 2.1% يعانون من الصرع مقابل 1% من طلاب
العينة الضابطة.

وأوضحت الدراسة وجود فروق ذات دلالة أحصائية بين الطلاب الراسبين
وطلاب العينة الضابطة وذلك بخصوص تعلم الأباء وعدد أفراد الأسرة والأنتظام فى
الدراسة .

كما وجد أن الأضطرابات السلوكية ومشاكل التعليم كانت أكثر أنتشارا فى الطلاب
الراسبين عن طلاب العينة الضابطة. ولم يكن هناك فروق ذات دلالة أحصائية بين
الطلاب الذكور والأناث فى كل نقاط البحث عدا فى بعض الأضطرابات النفسية .