Influence of Socio-Cultural and Family Factors on Educational Difficulties for Primary School Pupils in Conakry

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ABSTRACT

The purpose of this case study on educational difficulties (DS) was to highlight the different types of educational difficulties among repeaters and to identify the various factors, especially the socio-cultural and family factors involved.

This is a six-month control case study conducted from January 1, to June 30, 2018, covering 100 cases of school difficulties and 100 control cases. We collected the data from class attendance books, school report books and a questionnaire of 22 people divided into two public: the 1st public explored the pupil / school parameter and the 2nd public explored the family. Included in this study were cases and control students with school report books and whose parents accepted the interview.

School delay was the most encountered type of school difficulty (84%). The majority of children in difficulty did not attend kindergarten (52% versus 33% of the control group) and if they did kindergarten it was irregular (15% versus 5%). The majority of mothers in the case group was not educated (41%) or had the primary level (41%). 56% of the children in the case group did not live with the biological parents versus 33% in the control group.

In the family of 84% of the children in the case group, it was the national or local language that was commonly spoken versus 8% of the control group. The national or local language and French were commonly spoken in the family of 14% of the case group against 25% of the control group (p = 0.0000). The School difficulties should no longer be considered as the schoolboy’s only fault; its analysis must necessarily take into account the factors that are: the child, the school and the family in order to assess their mutual interaction. They can be considered as a real public health problem.

Key words: school difficulties–socio-cultural and family factors–child–Conakry

1 INTRODUCTION:

School difficulties (SD) are often reciprocal mismatches between children and the school, of multiple and often interconnected causes. Today success in school is a major issue in the development of children, in society and a public health problem.

School success is at the center of current family, social and political concerns [1]. All developing countries supported by international organizations (UNESCO, UNICEF) currently make it one of their development priorities. It is one of the most effective means of combating the exploitation of children through labor and prostitution; but going to school is not without problems with a rich vocabulary mentioned: overwork, manhandling, refusal, falling behind, difficulty and school phobias.
All these terms reflect a certain often reciprocal mismatch between school and the pupil, as well as the symptoms and consequences of this poor adjustment. It is inevitable that a schoolboy or a schoolgirl experiencing difficulties at one time or another during his or her school career.

Serious and permanent difficulties can lead to class repeating, cumulative delay and orientation towards marginal circuits which predict a subsequent socio-professional handicap [2]. Are often considered as the schoolboy’s only fault and analyzed under only pedagogical angle while their analysis must necessarily take into account the factors which are: the child, the school, and the environment (socio-cultural and family factors) in order to assess their reciprocal interaction [3].

Socio-cultural and family factors mainly represented by the size of the family, the level of education of the parents, their occupation, the family structure, the climate in the family, the language of intra-family communication, the degree of school investment of the family ... have a big influence on the school performance.

In many countries, school difficulties are a frequent reason for consultation in pediatrics and child psychiatry [4].

More than 80% of requests for consultations in child psychology are linked to school problems [3]. In Europe, 25% of pupils are struggling at school [3]. At the Alfred Binet center, 50% of the children seen are referred by the school, and for 70% of the consultant children, a school reason is mentioned [5].

In Tunisia, 72% of children with epilepsy have school difficulties [6].

At the child guidance center of the National Institute of Public Health in Abidjan, school difficulties represent 25% of the reasons for consultation in children aged 5-12 years [7]. Out of 15 cases of children with chronic depression, (evolution for more than 2 years), 14 cases of school difficulties [8].

Difficulties are a real mental health problem for children and teenagers because they can be the cause or the consequence of significant psychological suffering. Studies on the influence of socio-cultural and family factors on educational difficulties in the African environment in general and in Guinea in particular are rare or even not existing.

Through this study, we wanted to identify the different socio-cultural and family factors which influence the school difficulties.

2 METHODOLOGY:

This study was carried out in four (4) primary schools in the Matam commune, Conakry (capital City of the Republic of Guinea).

It took place in the middle of the 2017 – 2018 school year and involved 200 pupils.

-100 cases of school difficulties (pupils who had to repeat class 5)
-100 witnesses (pupils who were promoted to class 5)
- A questionnaire of 22 items with two headings was developed:

- The first section exploring the following areas; (age, sex, rank in siblings, preschool activities, background, types of difficulties, place where the pupil lives, number of changes of school, place of residence of the pupil, number of children in the family, class size and type of school.) and

The second section concerned; (the ethnicity of the parents, the marital status of the parents, the emotional climate between the parents, the level of education of the mother, the father, the occupation of the mother and the father, the one who helps the pupil with school work at home, checking notebooks at home, pupil’s bedtime set by parents, existence of a teacher at home and everyday language in the family).

It was a case study with simple random sampling. Were included, the pupils of Class 5 (repeaters and non-repeaters having drawn a participation figure, a school report book, a correctly filled health book and pupils whose parents or guardians have accepted the interview. PEARSON with a 5% significance level.

Conduct of the survey: With the agreement of the Directions and the association of the pupils’ parents of the two institutions (Schools), we questioned the teachers on the behavior and the acquisitions of each child of our sample on the possible family problems they know on the current school difficulties. We then talked to the parents about the family situation, medical history, professional activity, level of education, nature of relationships, number of children, their involvement in school activities at home, housing style, past and present school problems.

Finally, we spoke with the pupils of the two groups (cases and controls). All interviews were conducted by the same investigator.

On the ethical side: After reassuring all the parties of confidentiality, the interview took place in a place which has been allocated to us for the occasion, anonymity was obtained by assigning each pupil an identification number.

The questionnaire and the note-taking were destroyed after their exploitation in order to guarantee the confidentiality.

3 RESULTS:

During the study period, the 12 – 17 age group represented 65% of the case group compared to 46% of the control group (p = 0.0308). Boys ranked first (53%) in the case group.

As for the rank of the children in the siblings, there was no difference between the two groups.

The majority of difficulty cases were encountered in the group where the parents were married but also polygamous 47% against 35% of witnesses (p = 0.0200) Table 1

The majority of troubled children did not attend kindergarten (52% versus 33% of the control group) and if they did kindergarten it was irregular (15% versus 5%). On the other hand, in the control group, 62% had attended regular kindergarten compared to 33% in the case group (p = 0.0004). Among the children in difficulty, 84% were late in school and 16% failed. We found that 56% of the children.
in the case group did not live with the biological parents versus 33% in the control group. When they did not live with the biological parents, they were either in the maternal family (22% for the cases and 7% for the controls), or in the paternal family (20% for the cases and 13% for the controls) or with tutors (14% for cases and 3% for controls) \( p = 0.00001 \). More than two institution (school) changes were noted 61% of the case group versus 10% of the control group \( p = 0.000 \). As for one or two changes, they were 22% in the case group and 68% in the control group.

More than half (57%), of the children in difficulty lived in a common compound versus 45% in the control group.

Pupils in the case group had in the majority parents of different ethnic groups 47% compared to 19% in the control group \( p = 0.0001 \) Table 2.

Table 2. Distribution by ethnicity of the parents

<table>
<thead>
<tr>
<th>Parents’ ethnicities</th>
<th>Case group (%)</th>
<th>Control Group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents of the same ethnic groups</td>
<td>44</td>
<td>69</td>
</tr>
<tr>
<td>Parents of different ethnicities</td>
<td>47</td>
<td>19</td>
</tr>
<tr>
<td>One or two foreign parents</td>
<td>9</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>( \chi^2 = 6.18 )</td>
<td>( P = 0.0400 )</td>
<td></td>
</tr>
</tbody>
</table>

The majority of children’s mothers in the case group were not educated (41%) or had the primary education (41%) compared to 35% and 9% in the control group \( p = 0.0000 \); mothers with secondary and higher education were 10% and 8% in the case group versus 43% and 13% in the control group. In 41% of children in the case group, there was no school activity at home compared to 21% in the control group. Schoolwork or notebooks were not controlled in 51% of cases versus 25% of controls \( p = 0.0007 \) and if there was control, it was by the father in 16% in the case group versus 30% in the control group. In the control group, 62 cases (62%) of the children had a teacher at home, compared to 57 cases (57%) of school difficulties who did not have a teacher at home.

The emotional climate was marked by disagreement in the case group 77% versus 13% of control cases \( p = 0.0000 \) Table 3.

Bedtime for pupils was not fixed in 35% of the case group versus 20% of the controls.

French was the language spoken fluently in the family in 67% of the controls versus 2% of the cases while in the family of 84% of the children of the case group, it is the national language which was fluently spoken versus 8% of the control group. The national language and French were commonly spoken in the family of 14% of the case group against 25% of the control group \( p = 0.0000 \).

The number of children was greater than six in the case group 81% versus 9% of control cases \( p = 0.0000 \) Table 4.

4 DISCUSSION:

Numerous studies have shown the existing correlation between socio-cultural factors and children’s educational careers.

This study shows that it was the preadolescents and adolescents who were most in difficulty, which indicates an aging of the school population more and more in difficulty. In a study carried out in Côte d’Ivoire \[7\], the majority of children in difficulty were between 9 and 10 years old. Both sexes were affected with a male predominance of 53% against 47% of the female with a sex ratio of 1.12. Our data are consistent with those of certain authors \[9\] \[10\] \[11\] who reported a male predominance. In Guinea, the education rate is higher for boys than for girls according to the statistical and planning service of the Ministry of Pre-University Education and Civic Education, during the 2003-2004 school year \[12\] for example, 83% of primary school pupils across the country were male compared to 7% female. Then, the parents are likely to "push" boys to further studies and they take steps for them to enter primary school early.

This discrepancy between the demands of families and the greatest adjustment difficulties of boys is one of the factors that explain the greater frequency of difficulties in boys \[7\]. Finally, from a psychopathological point of view, girls have a great academic aptitude. This good adaptation of girls to the school system is not related to qualities of intelligence or to an advance in the development of cognitive faculties, but rather to their great ease of speech, to their early conditioning as an orderly person and obedient, to their better neuro-motor coordination and above all to

Table 1. Parents’ Marital status

<table>
<thead>
<tr>
<th>Marital situations of</th>
<th>Case group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents (%)</td>
<td>32</td>
<td>55</td>
</tr>
<tr>
<td>Monogamous married</td>
<td>47</td>
<td>35</td>
</tr>
<tr>
<td>Divorced / separated</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>Singles</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>( \chi^2 = 10.86 )</td>
<td>( P = 0.0200 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 3. Affective family environment

<table>
<thead>
<tr>
<th>Affective environment</th>
<th>Case group (%)</th>
<th>Control Group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreement</td>
<td>33</td>
<td>87</td>
</tr>
<tr>
<td>Disagreement</td>
<td>77</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>( \chi^2 = 62.75 )</td>
<td>( P = 0.0000 )</td>
<td></td>
</tr>
</tbody>
</table>

Table 4. Number of children in the family

<table>
<thead>
<tr>
<th>Number of children</th>
<th>Case groups (%)</th>
<th>Control Group (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>one</td>
<td>08</td>
<td>09</td>
</tr>
<tr>
<td>Two to six</td>
<td>11</td>
<td>82</td>
</tr>
<tr>
<td>More than six</td>
<td>81</td>
<td>09</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>( \chi^2 = 11.86 )</td>
<td>( P = 0.0000 )</td>
<td></td>
</tr>
</tbody>
</table>
better tolerance: the girls are for the most part less turbulent, more applied, better adapted to the constraints of school life.

As DOUKOURE M et al. [7], we noted a predominance of schoolchildren who occupied the intermediate rank in the siblings. However for LEVY C et al. [13] it is the first children who are the most affected by the difficulties, this is explained by the fact that in certain circles, the parents pay their attention to the education of the first children. This difference in level of siblings is not statistically significant between the group of students in difficulty and the control group. Lack of attendance or irregular attendance at kindergarten was noted significantly among struggling children. According to MARCELLI D [5], normal attendance in kindergarten considerably reduces the risk of difficulty at school in primary school.

The change of school which involves the change of reference point, friends, teachers is not without consequence for some children, so the majority of children in the difficulty group had changed schools more than twice compared to the control group with a statistically significant difference. According to LARFOUILLOUX [14] the change of school or class can be a cause of temporary difficulty.

Although we did not find a statistically significant difference between the two groups of children in our study, our results showed that students from classes with enrollment greater than 35 were the most represented.

In a study carried out in Ivory Coast DOUKOURE et al. [7] found that 52.21% of the children seen in consultation for educational difficulties attended classes with a plethora of students.

For Marcelli D [5], the overcrowded classes provide children with cumulative educational difficulties.

The majority of children in the DS group (56%) did not live with the biological parents (father and mother) compared to those who lived with the biological parents. In the control group the majority (77%) lived with the biological parents and the difference between the two groups (SD group and control group) was statistically significant. The ideal for all children is to live with their parents, when a child is separated from his family environment this can most often generate a strong anxiety source of psychological suffering which most often can encourage and maintain difficulties. In Africa, it is common to see parents sending their child to education with other parents, most of the time ignoring the consequences of this type of practice. Regarding the type of housing, there was no statistically significant difference between the groups in difficulty and the control group, contrary to what SAND E.A [15] states. The type of accommodation taken alone would not explain the learning difficulties at school, it must be associated with other factors such as the quality of the supervision of parents, their availability and above all their interest in supporting children, home school activities.

We have noticed that the more the size of the siblings is low, the more the SD appear in children. The difference between the control group and that in difficulty was significant. This observation is consistent with that of certain authors [7] [16] [17]. In large families, in addition to financial difficulties there is often a lack of supervision and strengthening of school activities. The majority of the struggling group 47% were from parents of different ethnicities compared to the control group 19%. This same observation was done in a study carried out in Ivory Coast which had shown that the majority of primary school pupils in difficulty seen in consultation were of parents of different ethnicities 52.23% [7].

These DS often encountered in children from parents of different ethnic origins could be explained by the fact that this type of union is very often accompanied by relationship difficulties between husband-wife or very often between wife and parents of the husband thus causing disagreement and disruption of family dynamics. As for the emotional environment, the children in the troubled group lived largely in families where the emotional environment was characterized by disagreement between the two parents, while in the control group, the emotional environment characterized by the understanding prevailed. Contrary to what the majority of adults think, that is to say that children are always happy, carefree, indifferent to the life of adults, they are on the contrary very sensitive to the quality of family dynamics and very concerned with stability of the couple’s life. Any disruption in the quality of life in families generates anxiety and psychological suffering that is often expressed by DS. In this study we found that children from monogamous families present fewer problems. When there is divorce, separation or a more complex family structure, the difficulties are significant. This result shows us that in the control group, the majority of children come from a simple and less complex family structure compared to the group in difficulty with a statistically significant difference. In general, complex, conflicting and incomplete family structures very often cause disturbances in family dynamics.

Some studies [5, 15] state that the high rate of DS is correlated with the education level of that of the mother.

These authors have shown the correlation existing between maternal educational attitudes and the child’s motivation to work and succeed in school. His educational attitudes toward the latter depend on his level of study. In our survey, we found that the majority (43%) of the children in the control group were mothers whose level was equal to secondary school, while in the group in difficulty, the majority of mothers were without level (41%) or primary level (41%) with a statistically significant difference.

SAND E.A [15] demonstrated this well with its multivariate statistical studies on a sample of 300 Brussels children. The most statistically significant variables were: the mother’s indifference to school, the accommodation occupied by the family, the mother’s intellectual level, the number of children at home. In general, the living conditions in which the child develops in his family environment (emotional environment of the family, type of parenting, marital status, relations between the child and the different members). Any cause that upsets the balance will affect the child’s academic success. LEWIN C. [3] reported in his studies, 10.3% of dissociated foci in 9-year-old children causing at least one year of delay, compared with 0.4% in those following normal education.
The anxiety environment created by disagreement can lead to a delay in psycho affective maturation. The use in the environment where the child lives of the language spoken at school allows the child to adapt quickly to the school environment. Children from a cultural background close to, if not identical to, that of teachers more generally close to the values and communication system offered by the school, most often have less academic difficulties compared to children whose families use this language little or only in concrete situations.

Motivation and strengthening of school activities positively influence academic success. This motivation goes through tutoring at home, the investment in school by the parents and the control of notebooks and school work by the parents.

Motivation and strengthening of school work positively influences academic success.

5 CONCLUSION:

DS is a multifaceted problem. The factors that can influence normal education are many and varied. Socio-cultural and family factors often overlooked or not taken into account play an important role in the appearance and persistence of DS.

In this work, we have identified some of these factors, among which: the low level of education of the mother, the lack of supervision of children in school at the home, disturbances in families (disagreement, divorce or separation of parents, etc.) and frequent change of establishment. SD can be the consequence of psychological suffering in children or be the source of significant suffering often not recognized by those around them (parent, teacher). The DS should no longer be considered as the pupil’s sole fault, his analysis must necessarily take into account the factors which are: the child, the school and his family in order to assess their reciprocal interaction. They can be considered a real public health problem.

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