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Characteristics of Those Who Refuse to Attend School in Fukuoka City: An Analysis Based on Teachers' Reports

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Abstract: In 1988, we investigated the characteristics of children who refused to attend elementary and junior high schools in Fukuoka City, mainly from the viewpoint of their present status. The main results were as follows: Prevalence of school refusers in elementary schools (0.13%) was much higher in Fukuoka City than in all Japan, but almost similar in junior high schools (0.47%). About one-third of the school refusers didn't mind their absence so much, and more school refusers in junior high schools could not understand the significance of school attendance. These results suggest that school refusers, who may have a borderline personality organization, are likely to prevail.

Key Words: borderline personality organization, research on the actual condition, school refusal, truancy

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INTRODUCTION

In Japan refusal to attend school has been noticed in the fields of psychiatry and education over the past few decades. According to reports by the Ministry of Education, the number of children refusing to attend school has tripled over the past 10 years.

In 1988, we tried to investigate epidemiologically these children who refuse to attend elementary and junior high schools in Fukuoka City. Nine years prior to this, we

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conducted the same epidemiological research using almost the same method in 1979.⁸ We compared the prevalence of refusal to attend school between the two periods in a previous study.⁷ In this study, we investigated the characteristics of those who refuse to attend those schools mainly from the viewpoint of their present status.

SUBJECTS AND METHODS

Fukuoka City is located in the northern area of Kyushu Island. The population in this city has increased over the years to the present figure of about 1,200,000. This city plays a leading role as the center of culture and economy in Kyushu. In 1988, there were 137 elementary schools and 63 junior high schools in Fukuoka City. The number of children was 96,671 in elementary schools and 51,447 in junior high schools.

The method of our survey was to send

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questionnaires to all elementary and junior high schools. We asked the teachers to check regarding long-term absentee children. The ratio of follow-up was 97.3% among all the schools. As a result, the real subjects were 95,159 in elementary schools and 48,663 in junior high schools. The period of survey was from September to October in 1988.

The contents of the questionnaires are as follows: how many days of absence, onset,

Table 1: What Reason Do You Think of His/Her Absence?

Reasons of Absence^a 1. Bad somatic condition because of psychological

- reasons
- 2. Can't separate from mother
- 3. Parent's overprotection
- Can't understand the meaning of school attendance
- 5. Can't understand learning
- 6. Bullied or annoyed
- 7. Can't make friends
- 8. Maladaptation at change of class or school
- 9. Phobia or dislike of a teacher
- 10. Somatic illness or accidental trauma
- 11. Retardation of physical development or learning
- 12. Mental disorders (psychosis or neurosis)
- 13. Broken home or family financial reasons
- 14. Discord between parents
- 15. Truancy
- 16. Delinquent tendency
- 17. Others

precipitating factors, reasons for absence, psychosomatic symptoms, life style when absent, his/her feeling about being absent, their parents' feeling about their absence, how teachers help, where teachers recommend the parents to go for counseling.

The Ministry of Education had defined school refusers (called "dislike of school") to be absent for more than 50 days a year, but since 1992 the figure has changed to be more than 30 days a year. The subjects of our long-term absentee research are children who have been absent for more than 15 days a term. Excluding those with reasons such as somatic illness or injury, financial crisis in the family or illness of family members, school "refusers" are the remainder of the long-term absentee.

School "refusers" were selected on the basis of the questionnaires shown in Table 1. If the single item such as (10), (13), (15) or (16) was chosen or some of these four items, the cases were defined as not school "refusers." All other cases, excluding them, were defined as school "refusers."

RESULTS

Prevalence of Refusal to Attend School (Table 2)

In elementary schools, the number of longterm absentees was 183. Among them, school

Table 2: Comparison of Prevalence of Refusal to Attend School

Schools	Research Areas	Total Number of Children (A)	Long-Term Absence (B)	Refusal to Attend School (C)	C/A×100	C/B×100
Elementary school	Fukuoka City (Our results)	95,159	183	124	0.13	67.8
	Fukuoka Pref.*	400,028	749	157	0.039	21.0
	All Japan*	9,872,520	22,374	6,285	0.064	28.1
Junior high school	Fukuoka City (Our results)	48,662	281	227	0.47	80.8
	Fukuoka Pref.*	225,677	1,802	1,030	0.46	57.2
	All Japan*	5,896,080	60,749	36,100	0.61	59.4

^{*}Basic Research Reports of the Ministry of Education

^aMultiple answers were permitted.

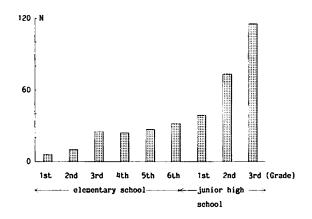


Fig. 1: Prevalence of refusal to attend school according to grade.

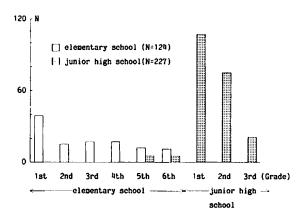


Fig. 2: Onset of refusal to attend school according to grade.

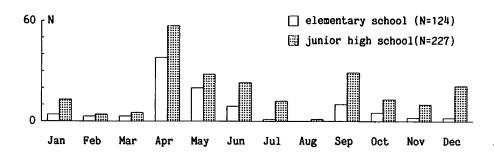


Fig. 3: Onset of refusal to attend school according to month.

refusers were 124 (67.8%) (male/female; 76/48). In junior high schools, the long-term absentees numbered 281. Among them, school refusers were 227 (80.8%) (male/female; 141/86). The prevalence ratio of school refusal was 0.13% (124/95,159) in the former, and 0.47% (227/48,662) in the latter.

The prevalence of school refusers, according to sex, indicates that boys outnumbered girls in both the elementary and junior high schools.

Comparing the basic research reports of the Ministry of Education, the prevalence of school refusers in elementary schools was much higher in Fukuoka City than in Fukuoka Prefecture and in all Japan, but it was similar at the junior high school level.

Prevalence of Refusal to Attend School According to Grade (Fig. 1)

In elementary schools, the prevalence of school refusal in the lower grades (1st and 2nd) is lower and not much higher in the upper grades. But in junior high schools, the 2nd and 3rd grades are remarkably higher.

Onset of Refusal to Attend School According to Grade (Fig. 2)

The first grade is the most prevalent in the case of elementary schools. In the case of junior high schools, the first grade showed the highest increase. This probably had its beginning in the 5th or 6th grade of elementary school.

Onset of Refusal to Attend School According to Month (Fig. 3)

In both elementary and junior high schools, the month of April showed the highest number of onsets of refusal to attend school. May showed the second peak in the case of elementary schools. However, the second peak was noted in September followed by the third peak in May in the case of junior high schools.

Precipitating Factors for Refusing to Attend School (Table 3)

The precipitating factors such as illness or injury and anxiety about school lunch are

more common in elementary schools than in junior high schools. Anxiety about higher grades is more prominent in the latter than in the former. The others are not different significantly in both schools.

Table 3: Precipitating Factors of Refusing to Attend School

Precipitating Factors ^a	Elementary School (n=124)		Junior High School (n=227)		γ² Test
	Cases	%	Cases	%	_ ~
Illness or injury	31	25.0	30	13.2	***
Divorce/discord between parents	26	21.8	58	26.4	n.s.
Anxiety about learning	24	19.4	27	11.9	n.s.
Discord between friends	21	16.9	42	18.5	n.s.
Scolded by a teacher	10	8.1	22	9.7	n.s.
Anxiety about school lunch	10	8.1	2	0.9	**
Maladaptation at change of class	8	6.5	16	7.0	n.s.
Maladaptation at change of school	7	5.6	13	5.7	n.s.
Bullied or annoyed	5	4.0	24	10.6	n.s.
Death of an important person	4	3.2	3	1.3	n.s.
Get worse marks at school	3	2.4	14	6.2	n.s.
Anxiety about responsibility	2	1.6	2	0.9	n.s.
Maladaptation for club activity	1	0.8	6	2.6	n.s.
Anxiety about higher grade	0	0	14	6.2	*
Nothing particular	19	15.3	37	16.3	n.s.
Others	33	26.6	66	29.1	n.s.

^{*}Multiple answers were permitted. *p<0.05, **p<0.01, ***p<0.001.

Table 4: Psychosomatic Symptoms of Those Who Refuse to Attend School

Symptoms ^a	Elementary School (n=124)		Junior High School (n=227)		χ² Test
	Cases	%	Cases	%	,
Abdominal pain	44	35.5	41	18.1	***
Headache .	30	24.2	44	19.4	n.s.
Fever	18	14.5	25	11.0	n.s.
General fatigue	11	8.9	33	14.5	n.s.
Asthma bronchitis	8	6.5	7	3.1	n.s.
Nausea, Vomiting	7	5.6	9	4.0	n.s.
Insomnia	7	5.6	9	2.6	n.s.
Diarrhea	5	4.0	8	3.5	n.s.
Dermatitis	4	3.2	1	0.4	n.s.
Anorexia, Emaciation	3	2.4	10	4.4	n.s.
Pollakiuria	0	0	2	0.9	n.s.
Alopecia	0	0	0	0	n.s.
Tic	0	0	1	0.4	n.s.
Others	5	4.0	13	5.7	n.s.

^aMultiple answers were permitted. ***p<0.001.

Psychosomatic Symptoms of Those Who Refuse to Attend School (Table 4)

Abdominal pain was the only psychosomatic symptom of the school refusers which showed a statistically significant difference between elementary and junior high schools.

Life Styles of Those Who Refuse to Attend School (Table 5)

One-third of school refusers were with-

drawn in their own rooms. Those who passed time at ease, who always complained at school and who couldn't separate from mother are more common in elementary schools than in junior high schools. Those who lived a reversal life style and who went to game centers with friends were more common in junior high schools than in elementary schools.

Table 5: Life Style of Those Who Refuse to Attend to School

Life Style ^a	Elementary School (n=124)		Junior High School (n=227)		χ² Test
	Cases	%	Cases	%	. 2
Pass time at ease	59	47.6	65	28.6	***
Withdraw into one's room	46	37.1	86	37.9	n.s.
Always complain at school	30	24.2	29	12.8	**
Stay in bed all the time	21	16.9	27	11.9	n.s.
Can't separate from mother	14	11.3	4	1.8	***
Hangs around outside	11	8.9	54	23.8	***
Occupied with TV game	9	7.3	26	11.5	n.s.
Live a reversal life style	9	7.3	68	30.0	***
Live a regular life	7	5.6	15	6.6	n.s.
Learn by oneself	4	3.2	11	4.8	n.s.
Destructive or violent	3	2.4	9	4.0	n.s.
Abulic	2	1.6	5	2.2	n.s.
Go to game centers with friends	1	0.8	19	8.4	**
Obsessive about something	0	0	1	0.4	n.s.
Others	12	9.7	25	11.0	n.s.

^aMultiple answers were permitted. **p<0.01, ***p<0.001.

Table 6: Their Own Feelings About Absence

Feelings about Being Absent	Elementary School (n=124)		Junior High School (n=227)		χ^2 Test	
	Cases	%	Cases	%	. 2 200	
Doesn't mind	43	34.7	74	32.6	n.s.	
Because of illness	28	22.6	19	8.4	***	
Feels miserable	24	19.4	52	22.9	n.s.	
Blames one's parents	7	5.6	8	3.5	n.s.	
Blames one's teachers or friends	7	5.6	11	4.8	n.s.	
Can't understand the meaning of school attendance	6	4.8	39	17.2	**	
Others	6	4.8	16	7.0	n.s.	
Unknown	3	2.4	8	3.5	n.s.	

^{**}p<0.01, ***p<0.001.

Their Own Feelings About Absence (Table 6)

About one-third of the school refusers didn't mind about their absence so much. Those who thought that school refusal resulted from illness were more common in elementary schools than in junior high schools. More school refusers in junior high schools couldn't understand the significance of school attendance.

Parents' Feelings Regarding Absence (Table 7)

The parents felt that their absence resulted from illness, so there was no other choice, or that they didn't care about their absence more in elementary schools than in junior high schools. In the latter case they felt that they could only wait till their children decided to attend.

How Teachers Help (Table 8)

In both schools, about half of the teachers tried to tell classmates to encourage them to attend. More teachers in elementary schools were counseled by administrators than in junior high schools. But more teachers in junior high schools were counseled about life guidance or Dowa (Minority) education than in elementary schools.

Which Consultants Teachers Recommend for the Parents (Table 9)

The consultants whom the teachers recommended for the parents were more pe-

Parents' Feelings	Elementary School (n=124)		Junior High School (n=227)		χ² Tes	
	Cases	%	Cases	%	,,	
Can only wait till the child decides to go	50	40.3	160	70.5	***	
Because of illness there is no other choice	25	20.2	13	5.7	***	
Don't care	21	16.9	13	5.7	***	
Depend upon us	13	10.5	13	5.7	n.s.	
Depend upon the teachers	5	4.0	7	3.1	n.s.	
Can't understand the meaning of attending	3	2.4	4	1.8	n.s.	
Others	2	1.6	12	5.3	n.s.	
Unknown	5	4.0	15	6.6	n s	

Table 7: Parents' Feelings Regarding Absence

Table 8: How Teachers Help

Teachers' Help ^a	Elementary School (n=124)		Junior High School (n=227)		χ² Test	
	Cases	%	Cases	%		
Tell classmates to encourage them to attend	62	50.0	118	52.0	n.s.	
Counseled with administrator	54	43.5	52	22.9	***	
Tell classmates to play with them	46	37.1	68	30.0	n.s.	
Discuss at school conference	42	33.9	86	37.9	n.s.	
Helped with counselors or health adviser	22	17.7	30	13.2	n.s.	
Life guidance or Dowa (Minority) education	18	14.5	82	36.1	***	
Advice of educational counselors	14	11.3	44	19.4	n.s.	
Others	25	20.1	35	15.4	n.s.	

^{*}Multiple answers were permitted. ***p<0.001.

^aMultiple answers were permitted. ***p<0.001.

Consultant ^a	Elementary School (n=124)		Junior High School (n=227)		χ^2 Test
	Cases	%	Cases	%	,
Pediatricians	10	8.1	4	1.8	**
Psychiatrists	0	0	1	0.4	n.s.
Psychosomaticians	2	1.6	14	6.2	n.s.
Educational counselors	12	9.7	15	6.6	n.s.
Counseling Center for young people	0	0	3	1.3	n.s.
Mental Health Center	0	0	0	0	n.s.
Psychological counseling at university	3	2.4	4	1.8	n.s.
Child guidance clinic	8	6.5	39	17.2	**
Nothing particular	69	55.6	120	52.9	n.s.
Others	10	8.1	9	4.0	n.s.
Unknown	10	8.1	18	7.9	n.s.

Table 9: Which Consultant Teachers Recommend for the Parents

diatricians in elementary schools than in junior high schools. Child guidance clinics were more often mentioned in junior high schools than in elementary schools. There were very few who recommended psychiatrists or mental health centers.

DISCUSSION

In our country, many reports on school refusal have been reported.^{3 5 7 10 12-15 17 18} The recent trend in school refusal shows a remarkable increase in the number of middle school and high school pupils who refuse to attend school.⁶

The subjects of our survey were all the elementary and junior high schools in Fukuoka City, which is now one of the most developed cities in Japan. Our main results were as follows: (1) The prevalence of school refusers in elementary schools (0.13%) was much higher in Fukuoka City than in all Japan, but almost similar in junior high schools (0.47%). (2) The prevalence of school refusers was remarkably higher in junior high schools than in elementary schools. (3) Many school refusers in junior high schools had an onset in earlier grades. However, some might have an onset in higher grades in elementary schools. (4) School re-

fusal tended to begin just after the inter-term vacations. (5) There were many kinds of precipitating factors both in elementary and junior high schools. Divorce and discord between parents seems to have precipitated school refusal among about a quarter of all the school refusers. (6) There was almost little difference in psychosomatic symptoms in both schools except abdominal pain, which was more prevalent in elementary schools. (7) More school refusers in junior high schools hung around outside (23.8%), lived a reversal life style (30.0%), and went to game centers with friends (8.4%). About one-third of the school refusers didn't mind about their absence so much, and more school refusers in junior high schools could not understand the significance of school attendance.

Compared to the Ministry of Education report, our results⁷ did not show any increase in the number of school refusers. But a manifestation of school refusal has been suggested to have changed over the past nine years from the separation-anxiety type to the truancy-like or some other unspecified type, especially in junior high schools. The present study implies that many refusers are apt to be apathetic and have little conflict in terms of attending school.

Honjo (1992)⁵ suggests that the percentage

^aMultiple answers were permitted. **p<0.01.

of school refusal patients who act in a violent manner within the family has been increasing.

Tatara (1989)¹⁶ reports that there are two types of borderline problem in school refusal: (1) School refusal with violence toward parents within the family. This type of behavior tends to be much more neurotic than borderline cases. (2) The second type shows a typically borderline personality organization. Recently this second type of absenteeism has been gradually increasing.

In order to understand the actual conditions of school refusal, it is necessary not only to survey those patients who visit psychiatric or specialized clinics,^{5 10 12 15} but also to conduct epidemiological studies on latent school refusal¹¹. Our results have revealed the actual condition of school refusal in a highly developed city in recent years.

School refusal or school phobia has been considered to be different from truancy since the former concerns school phobia from a psychiatric point of view.²⁴ But it seems difficult to clearly differentiate school refusal from truancy among some school refusers.¹⁹¹⁶

Our previous report⁷ revealed that truancylike or some other unspecified type of school refusers was prevailing especially in junior high schools. The present study also shows that many of them didn't mind about their absence so much (33-35%). Their parents could only wait till they decided to go (40-71%). These results also suggest that school refusers, who might have a borderline personality organization, are likely to be predominant. These children are withdrawn but not always limited within the family. They are not attracted by school and have no obsessive preoccupation with attending school. They are drifting away from home and outside. They do what they want to do without a purpose or a goal in mind in a rather apathetic way. They express no aggression unless there is a strong pressure for them to attend school. 16 The treatment of this type of school refusal is very difficult and takes a long time. Psychotherapeutic care should be considered more to deal with their psychopathology. But our results reveal that psychiatry does not yet play an important role in this field of clinical work. We should discuss how to establish and conduct a liaison service with the educational field as soon as possible.

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