

## School Dropouts: Examining the Space of Reasons

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### ABSTRACT

**Background:** Dropping out of school is a worldwide phenomenon with drastic mental health consequences for children, families and society. **Aim and Materials & Methods:** This study examines school dropouts in one district in Kerala with an emphasis on looking at multiple reasons for the problem. **Results:** The most common “reason” was various Physical disorders (80, 21.8%) followed by Mental Retardation (77, 20.9%). Child labour (Employment) came last (30, 8.1%) as a “reason” while financial issues constituted 50 (13.6%). Family issues accounted for 63 (17.1%) and School-related issues 68 (18.5%). **Conclusion:** This study highlights the need to examine a space of reasons for this phenomenon with active involvement and coordination of multiple agencies to examine and support getting children back to school and prevent dropouts.

**Key words:** *Biopsychosocial issues in, mental health, reasons, school dropouts*

### INTRODUCTION

Every year, a large number of students drop out of school worldwide. A significant number of them go on to become unemployed, living in poverty, receiving public assistance, in prison, unhealthy, divorced, and single parents of children who are likely to repeat the cycle themselves.<sup>[1,2]</sup>

In 1993, 27 million children entered school in Class 1 in India but only 10 million (37%) of them reached Class 10 in 2003. Dropout rates peak in the transition between Class 1 and 2 and again in Classes 8, 9 and 10. Dropout rates have remained negative between Classes 4 and 5. The state of Pondicherry improved its performance with regards to school dropouts from the fourth place in 1991 to the first in 2001, displacing Kerala as the best performing

state. The states of Bihar, Jharkhand, Uttar Pradesh, and Arunachal Pradesh perform poorly in this ranking.

Government data indicate improvement in the rates of school enrolment. However, there may be problems in looking at enrolment data without attention to attendance and retention rates. Thus, the actual rates of dropout from schools may be much higher than those depicted.<sup>[3]</sup>

#### School dropouts in Kerala

Kerala has the unique distinction of having few school dropouts. Educational standards are reported to be high within the state. Several reasons have been quoted for Kerala’s high educational achievement. Historically, social movements against the caste system, the pioneering efforts made by Christian missionaries and the educational focus of the princely states served to set a good base for education. Later, investment on education, provision of free education supported by the state, access to schools, female literacy and education, good transport facilities and remittances from abroad have added to these factors.<sup>[4]</sup>

#### Kerala-rates of school dropout in different classes

This graph [Figure 1], based on data from the annual

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economic report brought out by the Government of Kerala on school dropouts,<sup>[5]</sup> shows that trends have remained the same through the years 2005 to 2009 with the overall rate remaining fairly constant. The rate in Lower Primary has hovered between 0.42% and 0.6%, Upper Primary from 0.4% to 0.52% and High School from 1.2% to 1.4%. Of late, there has been growing interest in studying and tackling the problem of school dropouts by governments.<sup>[6]</sup> There is paucity of recent published research in this area from India.

Lack of interest in studies, poverty, poor quality of education and failure in examinations have been frequently cited as explanations for dropping out of school.<sup>[7]</sup> Child developmental factors are thought to play a role in mediating the link between dropout from school, poor scholastic performance, and poverty.<sup>[8]</sup>

Dropping out of school is a good example of an issue where a biopsychosocial perspective could be useful; where there is a confluence of biological (various neurodevelopmental issues), psychological (cognitive issues and issues connected to intelligence and learning), and social (issues of poverty, social opportunities, health provisions) factors that come into play.<sup>[9,10]</sup> Unfortunately, health systems have not taken this into account and have not formed partnerships with social services or Government departments.<sup>[2]</sup> School dropouts should be seen as a public health issue. There is a need for partnerships between the sectors of mental health, education, and public health to address this complex issue. This paper emphasises this by looking at the problem through different lenses.

## MATERIALS AND METHODS

This study was done in Thrissur District, Kerala, as part of a programme titled “Total Primary Education” conducted by the District Administration. The aim was to identify all children who had been enrolled in government schools but failed to attend class over the past year to identify reasons for their dropout and attempt remediation. There was collaborative effort from the departments of education, revenue, health, police and a medical team. Psychiatrists from the Department of Psychiatry, Medical College Thrissur and Special educators from the NGO, ALDI (Association for Learning Disabilities, India) formed the “Medical Team.”

Stage 1: Children who had failed to attend class in the past year were identified by school teachers and Block Education units. Children above the age of 14 years were screened out, since they did not fall under the remit of the programme. Rigorous efforts were made to contact parents of those below the age of 14 years. Teachers and the parents identified a predominant “reason” for dropout (see diagram below). These “reasons” were

identified from review of literature examining factors correlated with school dropout.

Stage 2: 368 children attended camps held in various panchayaths in the district with their parents or care takers. The medical team assessed children using a proforma to gather information focusing on developmental issues and assigned a diagnosis if relevant. This sometimes resulted in a reassignment of the “reason” for dropout if a medical or psychiatric disorder had been missed in the first screening by teachers. Psychosocial issues were examined in detail with the assistance of social workers.

A management and follow-up plan was outlined following discussions between the various departments. The outcome of the interventions was followed up by local Block Educational Officers.

Stage 3: Children assigned to the categories of “Physical problems,” “Mental Retardation,” “School issues,” and “Family issues” were referred to the outpatient department at the Medical College. 52 attended and were assessed and investigated in different departments within the medical college. Qualitative data were gathered from them. The flow chart for the study is given below [Figure 2].

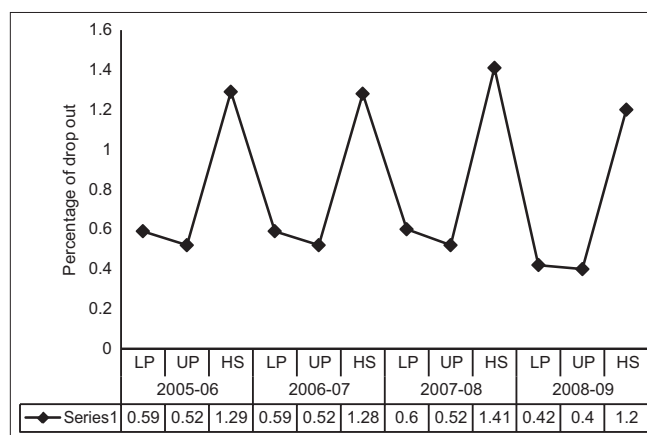


Figure 1: Kerala - rates of school dropout in different classes

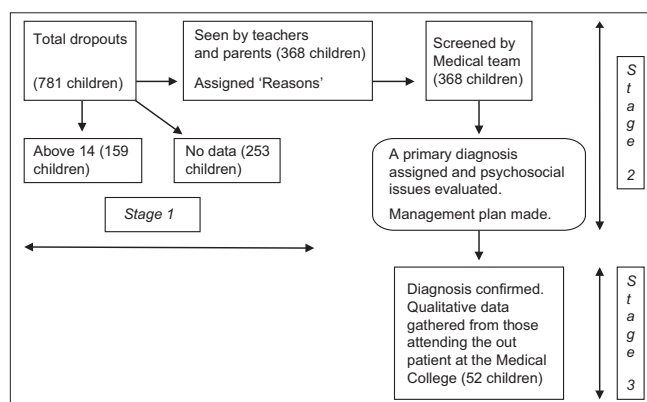


Figure 2: Flowchart of the study

## RESULTS

Of the 781 school dropouts, 159 (20%) were above the age of 14 years and hence excluded from the programme. 253 (33%) children could not be traced. The rest 368 (47%) were seen in the camps in Stage 2. Of these, 246 were boys and 122 girls.

### Age at dropout

The maximum number of dropouts occur between the ages of 12 and 14 years [Figure 3] which is well in keeping with State and National data (Kerala State Planning Board 2005-09, NCERT 2005).

### Reasons for dropout stage 2

The reasons correlated with dropouts are depicted in Figure 4. It was difficult to categorise children under one “reason” as we often found multiple “reasons” operating at the same time. “Financial” reasons often played a role in most cases and there was overlap between “School issues” and “Family Issues.” In such cases the predominant “reason” was decided by the team and the child was then classified under that. This was done during Stage 2 when the Medical team assessed the children.

The most common “reason” was various Physical disorders (80, 21.8%) followed by Mental Retardation (77, 20.9%). Child labour (Employment) came last (30, 8.1%) as a “reason” while financial issues constituted (50, 13.6%). Family issues accounted for 63 (17.1%) and School related issues 68 (18.5%).

### Physical disorders leading to dropout

Several children had one form of physical disorder or another, often severe enough to prevent them from attending school [Figure 5]. Disability due to cerebral palsy and post polio paralysis were the reasons in 33%. Some, who used a tricycle to get to school stopped attending when this broke down.

About 12% were mentally retarded and had physical mobility problems in addition. They had been placed in the Physical disability category in Stage 1 and were reassigned to the category of Mental Retardation in Stage 2. 21% of the children were deaf and attended special school. 10% of students were blind; some attended special schools.

Children with severe, some congenital, cardiac problems were kept at home on the recommendation of their doctors. One child who had diabetes attended the local primary care clinic for insulin injections twice a day and missed school.

4% had severe skin lesions (psoriasis), considered as contagious by the family and teachers and hence missed school.

Lack of money for treatment, poor parental literacy, and a general lack of alternatives could be cited as adding on to this “reason” for dropout.

Mental Retardation: Most had moderate or severe mental retardation with additional problems such as cardiac disorders and epilepsy. A few among these children had severe behavioural problems often repetitive behaviours such as rocking, head banging, and aggression.

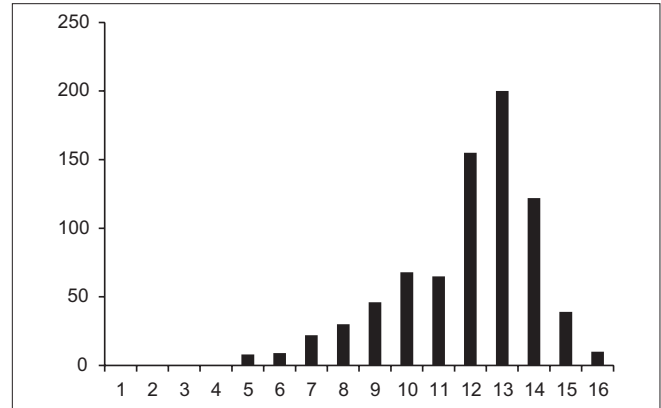


Figure 3: Age at dropout

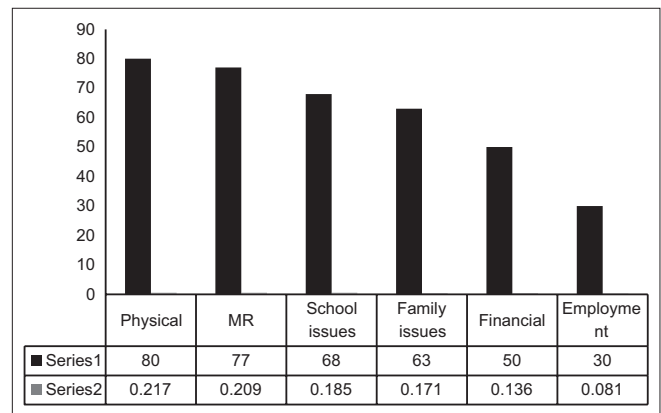


Figure 4: Reasons for drop out at Stage 2

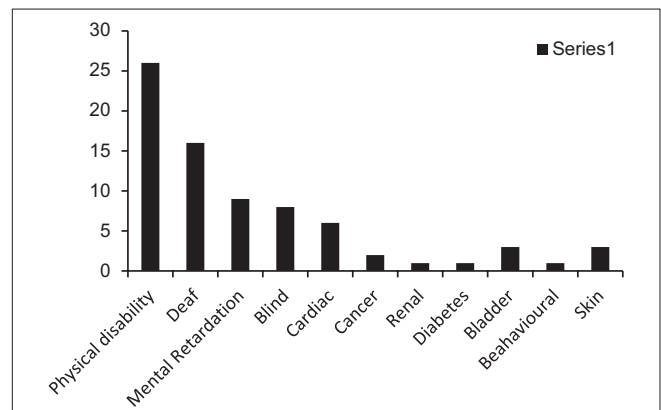


Figure 5: Physical disorders leading to dropout

**Family issues**

There were several strands in the narrative around family issues and dropout from school [Figure 6]. Parental separation and ill health often led to the need for girl children to work or stay back at home to care for younger siblings. Older boys dropped out to find work. Children who were orphans found foster homes with relatives. However, these were often short lived with the children being moved from home to home. Education was the loser in these cases. Alcohol abuse, dependency, and illicit brewing of alcohol by the parents were issues in some. The outcome was family bickering, quarrels, and the development of problems in children. A few children were from families who led a nomadic existence, moving from place to place seeking employment resulting in the child moving from school to school.

**Issues related to school**

Some families pointed out issues such as an inability to buy textbooks and a lack of transport to attend school. Several had failed a class and dropped out of school in subsequently. Some were moved to a different school and later stopped attending. There was reason to suspect academic backwardness in most of these children. All of them were given an opportunity to attend the outpatient department of the medical college for a more detailed evaluation. 14 attended and 9 of them were thought to have Specific Developmental disorders of Scholastic skills. This could not be confirmed since all of them had poor opportunities for schooling and a general deprivation making the diagnosis uncertain.

**Financial**

This constituted the largest group amongst reasons given for dropout at Stage 1 of screening. In Stage 2, financial issues fell to the fifth place (13.6%) as a reason for school dropout. This occurred because another, more proximal and predominant, “reason” was found for the dropout. However, it must be stated that financial issues remained significant in most cases of dropout.

**Employment**

This remained a significant reason for dropout accounting for 17% of the cohort. The problem was commoner in older males (girls accounted for less than 20%). Dropout occurred at a later age as compared to other groups.

**Change in “reasons for dropout”**

In Stage 2 of the programme, children were assessed by the Medical team. As a result, 51 (13.9%) children were reassigned other “reasons” [Figure 7].

**Reassignment of “reasons” for dropping out**

The darker line (Stage 1) in Figure 7 shows “reasons” assigned in the first stage of the programme and the

lighter grey line (Stage 2) shows reassigned “reasons” after assessment by the Medical team. The net “losers” were Financial (–36%), Family (–3%), and Physical (–5%) while the net “gainers” were Mental Retardation (+31%), Employment (+25%), and School (+17%).

A total of 341 children were readmitted to school [Figure 8]. Children who were diagnosed with Mental Retardation were given a choice of admission to a special school or a local government school. The decision was based on the degree of retardation, presence of behavioural problems, and accompanying physical disability.

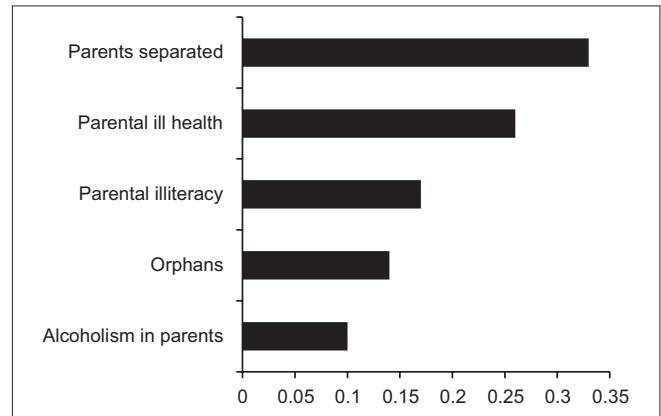


Figure 6: Family issues

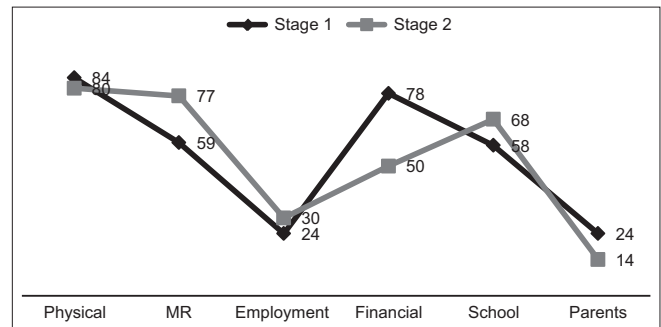


Figure 7: Reassignment of “reasons” for dropping out

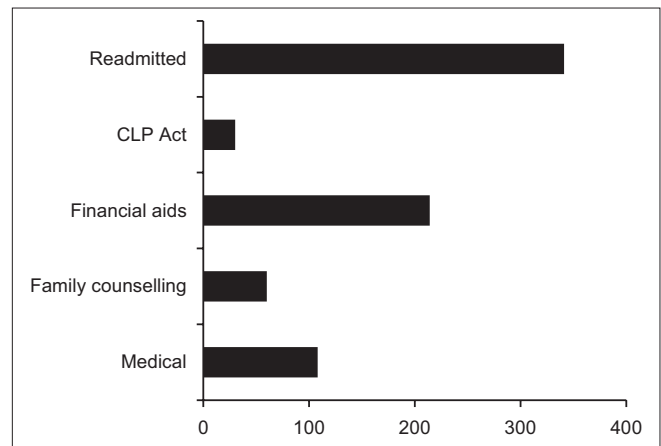


Figure 8: Outcomes



Children with predominant physical problems were directed to the relevant departments at the Government Medical College, Thrissur. Those with mobility issues were given assistance by the social services department.

Those who were employed were screened and readmitted to school.<sup>[5,11,12]</sup> Cases were registered against the employers under the CLP Act. Those with Financial problems were given assistance as well as advice, as deemed appropriate, by the Revenue officials. Children with problems at school and those with family-related issues were referred for further assessment to the Department of Psychiatry at the Government Medical College, Thrissur.

## DISCUSSION

This study formed a part of a social programme aimed at returning children back to school by helping remediate what was perceived as the predominant reason for dropout. There was a great degree of overlap between parents' and teachers' perception on "reasons" at Stage 1. In Stage 2, 51 (13.9%) had a reassignment of these "reasons." It would be important to unpick this. Of these 51, 25% were in employment, a fact that had been hidden from teachers at stage 1. Most parents feared reprisal and action by law enforcement agencies. Some were ashamed to admit that their children were working to supplement family income.

31% were diagnosed with Mental Retardation in the mild category in Stage 2. This had not been recognized by teachers or parents. 17% with school-related issues were children who were suspected to have some form of learning difficulty. Children in these two groups reported recurrent failures in examination though they were not retained in a class. This led to truancy and finally a refusal to go to school. Some of these children had been reenrolled in schools for mentally retarded children later. A small number of children who were in the mild category dropped out due to an inability to cope with the curriculum in mainstream schools.

Various developmental disorders have been implicated as a reason for dropout from school.<sup>[3,8]</sup> In the NFHS III survey (IIPS 2007),<sup>[13]</sup> "lack of interest" was cited as the most common reason for dropping out of school (36% boys and 21% girls). In an earlier NSSO survey (1998), 24.4% of respondents gave this as a reason for dropping out of school.<sup>[12,14]</sup> In this study, we had combined the two "reasons"—"problems at school" and "lack of motivation" of which the latter is similar to "lack of interest." This study has shown that lack of motivation is determined by complex dynamics beyond sociodemographic factors. The role of poor academic achievement related to learning difficulties, poor

physical health, exclusion due to perceived "slowness in learning," and nutrition would need to be elucidated further.<sup>[15-17]</sup> The PROBE<sup>[18]</sup> survey suggests that if a child is unwilling to go to school, it is often difficult for the parents to overcome her reluctance (just as it is hard for a child to attend school against his parents' wishes). The fact that school participation is contingent on the motivation of the child is another reason why various aspects of "school quality" are likely to matter.

Physical disorders of various types accounted for the largest amongst the "reasons" for dropout and this calls for action from health departments and social service agencies. A third of children, though capable of attending, could not because of mobility issues. Children with specific disabilities of vision or hearing benefitted from special schools.

The link between child labour and dropout from school has been studied from different perspectives. It is thought that children drop out of school due to a need to supplement family income through work.<sup>[19]</sup> In Kerala, children prefer less arduous work and choose ones they believe will get them some skills such as diamond polishing or gold smithy.<sup>[20]</sup> Thus, this "reason" for dropout is more complex than a direct connection between child labour and school dropout. Basu and Van argue that the issue of poverty and child labour needs to be disaggregated. Otherwise, poverty alleviation alone would be seen as a solution. Lack of finances combined with a lack of access to credit when faced with a need to buy books, uniforms, and pay school fees could lead to dropout from school. This in turn could lead to child labour. On the other hand, once a child drops out of school, poor parental motivation combined with lack of perception of the benefits of accruing literacy and numeracy, could lead to child labour. These findings imply that easier access to credit could help reduce child labour and improve school attendance.<sup>[21]</sup> Dreze and Kingdom<sup>[22]</sup> considered parental decision making and the household situation to play an influential role in sustaining school access for the child. When children do not want to attend school, parents find it difficult to make them continue. Often, there is no cost benefit analysis of the benefits of attaining cognitive skills. The best available alternative is often chosen (girl children looking after a younger child, boys earning money through employment).

In this study, financial "reasons" though seen as predominant in 13.6% of children, actually ran as a common factor in most of the other "reasons."

Issues in families accounted for 17% in this cohort. The narrative around this points to an intimate link between issues in families, financial issues, and child

employment, calling for action from health and social sectors.

Thus, one could argue that school dropout is a phenomenon or symptoms which could be explained based on a variety of “reasons,” none of which are watertight compartments. There is relatively little research into determining the reasons why so many children drop out of schools in India. This in turn leads to a tendency to highlight single causes or explanations.<sup>[3,23-25]</sup> In Kerala, attention to pedagogical factors has increased retention of children in schools and it is perhaps time to look at other approaches to reduce dropouts further.

It might be better to think of “proximal mediating risk factors” as associated with school dropouts.<sup>[8]</sup> We would advocate that in examining the causes for dropping out of school, a “space of reasons” is examined. In this “space of reasons,” we would include poverty and lack of finances being associated with childhood developmental factors (such as learning difficulties, intellectual disorders, ADHD) and school pedagogical factors (access to school, irrelevant curricula, and poor parental perception of these issues). Thus, one would need to approach the issue from different angles or through many lenses. A multipronged approach would work better.

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