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EFFECTIVENESS OF AN EDUCATIONAL PROGRAM ON ELEMENTARY SCHOOL TEACHERS' KNOWLEDGE ABOUT SCHOOL PHOBIA AMONG PUPILS IN BAGHDAD CITY

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BY

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The Institute of Health Sciences
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ETHICS STATEMENT

The thesis entitled "Effectiveness of an Educational Program on Elementary School Teachers' Knowledge about School Phobia among Pupils in Baghdad City," which was prepared and presented as a thesis, was written by myself and under the scientific, academic rules and ethical conduct. The idea/hypothesis of my thesis solely belongs to my supervisor and me. The research pertaining to the thesis was conducted by myself; therefore, all of the used sentences and interpretations within the work belong to me.

I declare the issues mentioned earlier to be correct.

22 Ağustos 2022

Iman AL-SAEDI

ABSTRACT

EFFECTIVENESS OF AN EDUCATIONAL PROGRAM ON ELEMENTARY SCHOOL TEACHERS' KNOWLEDGE ABOUT SCHOOL PHOBIA AMONG PUPILS IN BAGHDAD CITY

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Master of Science in Nursing

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School phobia is a chronic emotional problem that, if left untreated, can have both short and long-term negative consequences such as poor academic performance, disagreements with parents, and an increased risk of developing adult psychological problems. The main objectives of this study are to assess the need for knowledge of elementary school teachers about school phobia and to build an educational program for elementary school teachers' knowledge about school phobia. In addition to identify the relationship between the elementary school teacher's knowledge and some demographic variables. The study used a descriptive cross-sectional design and was carried out among 100 elementary school teachers in five elementary schools in Baghdad city from 25 November 2021 to 1 June 2022. The findings of this study, regarding the subjects studied (Socio-demographic Data), show that the studied groups recorded no significant differences at $P>0.05$. The results of the data analysis show that the study group's teachers' knowledge improves as a result of the education program's implementation. The current study concluded that, regarding the subjects studied (Socio-demographic Data), results show that studied groups recorded no significant differences at $P>0.05$.

2022, 58 pages

Keywords: Effectiveness, Elementary school teachers, Knowledge, School phobia.

ÖZET

BİR EĞİTİM PROGRAMININ BAĞDAT ŞEHRİ'NDEKİ ÖĞRENCİLER ARASINDA İLKOLUL ÖĞRETMENLERİNİN OKUL FOBİSİ HAKINDAKİ BİLGİLERİ ÜZERİNDEKİ ETKİNLİĞİ

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Temmuz 2022

Okul fobisi, okula gitmekle ilgili önemli zihinsel ıstırap olup kaygı ile tanımlanır, bu da okula devam etmede zorluklara ve bazı durumlarda önemli devamsızlıklara neden olur. Okul reddetme davranışları arasında okula zamanında gelmeme, dersleri veya okul gününün dönemlerini atlama, sabahları okula gelmemek için harekete geçme ve okula gelme korkusuyla aşırı davranışlarda bulunma ve başkalarından rica etme gibi davranışlar yer almaktadır. Okul fobisi söz konusu olduğunda, genç erkeklerin yaklaşık %5 ila 28'i herhangi bir zamanda etkilenir. Karmaşık ve heterojen hem iç hem de dış olmak üzere çok çeşitli semptomlara sahiptir. Bu araştırma, ilkokul öğretmenlerinin okul fobisi hakkında ne kadar bilgi sahibi olmaları gerektiğini belirlemeyi amaçlamaktadır. İlkokul öğretmenlerinin okul fobisi bilgisine yönelik bir eğitim programı oluşturmak. Çalışma grubu için eğitim programının sınıf öğretmenlerinin okul fobisi hakkındaki bilgilerine etkisini ele alarak sınıf öğretmeninin bilgi düzeyi ile bazı demografik değişkenler arasındaki ilişkini belirlemektir. Tanımlayıcı kesitsel tipte bir araştırma olup Irak'ın Bağdat kentinde 25 Kasım 2021 ve 1 Haziran 2022 tarihleri arasında beş ilköğretim okulunda görev yapan 100 ilkokul öğretmeni arasında gerçekleştirilmektedir. Bu çalışmanın bulguları, Çalışılan deneklerle ilgili olarak (Sosyo-demografik Veriler), Sonuçlar, çalışılan grupların P>0,05'te anlamlı bir farklılığa sahip olmadığını göstermektedir, bu da deneklerin benzer oldukları için seçildiğini göstermektedir. bu değişkenlerin terimleri. Daha önceki sonuçlar ayrıca, sosyo-demografik verilere dayalı olarak, incelenen iki grubun aynı popülasyondan geldiğini gösterdi, bu da onları bu çalışma için daha güvenilir kılmaktadır. Kontrol ve

çalışma gruplarının yedi ön test bilgi puanının tamamı açısından karşılaştırılması (Öğretmenlerin okul fobisi bilgisi; Öğretmenlerin okul fobisinin belirti ve semptomlarına ilişkin bilgisi; Veli bağlanması, Öğretmen korkusu, Meslektaş korkusu; Korku Sınavlar, Okul fobisi için tedaviler) P>0.05'te istatistiksel bir anlam ifade etmemektedir. T-testi sonuçları, çalışma grubunun ortalama puanlarının kontrol grubuna göre daha yüksek olduğunu göstermektedir. Yedi bilgi son testinin hepsinin sonuçları (Öğretmenlerin okul fobisi bilgisi; Öğretmenlerin okul fobisi belirti ve semptomları bilgisi; Ebeveyn Bağlanma, Öğretmen Korkusu; Meslektaş Korkusu, Sınav Korkusu; Okul fobisinin yönetimi) anlamlılık düzeyinde (P<0.05) çalışma ve kontrol grupları arasında anlamlı olarak daha artırmaktadır. Çalışma grubunun ortalamaları, kontrol grubunun ortalamalarından önemli ölçüde yüksektir. Bağımlı sosyo-demografik değişkenler için son test Bilgi, genel (ANOVA) modelin çalışma grubu için (p = 0,002)'de anlamlı olduğunu, ancak altı sosyo-demografik değişkenin (Yaş; Cinsiyet) herhangi biriyle ilişkili olmadığını ortaya koymaktadır.; İkamet; Eğitim seviyesi; İstihdam yılı; Sağlık eğitimi kurslarına katılım; ve Okul fobisi hakkında bilgi). Ayrıca ön test puan ortalamaları kontrol ve çalışma gruplarında aynı (Ort. = 1.73), son test uygulama puanları ise çalışma grubunda daha yüksektir (Ort. = 2.42'ye karşı Ort. = 1.74). Mevcut çalışma, çalışılan denekler açısından (Sosyo-demografik Veriler), bulgulara göre, test edilen gruplarda (P>0.05) anlamlı bir farklılık kaydetmediği sonucuna varılmıştır. Ayrıca en fazla yaşın (36-45) olduğu ve en fazla cinsiyetin kadın olduğu sonucuna varılmıştır. Bu çalışma aynı zamanda incelenen tüm grupların şehir sakinleri olduğu sonucuna ulaşmıştır. Bu çalışmada sağlık eğitim kurslarına katılımın olmaması, sınıf öğretmenlerinin okul fobisi hakkında bilgi edinmelerinde sosyal medyanın birincil kaynak olmasına neden olmuştur. Bu çalışma aynı zamanda öğretmenlerin eğitim programına katıldıktan sonra okul fobisi hakkındaki bilgilerinin arttığı sonucuna varmıştır.

2022, 58 Sayfa

Anahtar Kelimeler: Bilgi, İlkokul öğretmenleri, Okul fobisi, Verimlilik.

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To my father: You didn't get the chance to see your dreams come true, but another one has come true.

Iman AL-SAEDI

Çankırı-2022

CONTENTS

INDEX OF ABBREVIATIONS AND SYMBOLS

APA	American Psychiatric Association
ANA	Avoidance of School-Based Stimuli that Elicit Negative Affectivity
SAD	Separation Anxiety Disorder
SSRIs	Selective Serotonin Reuptake Inhibitors
CBT	Cognitive Behavioural Therapy
ADHD	Attention Deficit Hyperactivity Disorder

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1. INTRODUCTION

Education and mental health professionals have studied school phobia behavior, the unwillingness of a youngster to go to school, or the challenge of keeping a child occupied in the classroom for the entirety of the school day. School refusal behaviors included not showing up for school on time, skipping lessons or periods of the school day, acting out in the morning to avoid showing up for school, and acting out in extreme ways out of fear of showing up for school and asking others to take them out of school (Kearney 2003).

Regarding school phobia, about 5 to 28% of young men are affected at any given time. Complex and heterogeneous, it has a wide range of internal and external symptoms. In addition, the long-term and short-term consequences of long-term absences from school have been discovered. One of the most common misconceptions was that it was the root cause of all the other problems. For clinicians, accurate classification, evaluation, and treatment are vital (Kearney 2001).

Many aspects of school attendance issues, such as school refusal and truancy, are included in the school rejection behavior construct (Kearney 2003 and 2008). Anxiety symptoms or emotional issues can manifest in various ways, including physical, cognitive, and motor responses that can be perplexing, threatening, or even dangerous in the context of education (Fernandez *et al.* 2014).

Rejection to go to school, which often results in long absences, is a common symptom of school refusal, as is staying home during school hours without the knowledge of parents, as well as experiencing emotional distress when contemplating going to school (such as physical complaints, unhappiness, and anxiety). The absence of severe antisocial behavior is also a common symptom of school phobia. Between (1 and 15 %) of youth samples referred to the clinic show signs of school phobia in the general population (Egger *et al*. 2003, Heyne *et al*. 2002).

The term "school phobia" refers to a person's apprehension or fear of attending school (Retting and Crawford 2000). Throughout the year of school, pupils face various challenges, including a lack of attendance, SS another school day draws near, they have trouble remaining in school, in addition to extreme stress and physical issues. If treatment for school fear is not sought, the individual may acquire other mental illnesses, such as lifelong panic disorders and social phobia (Fremont 2003).

The school social worker can quickly identify students suffering from school phobia and develop effective treatments to help them overcome their fear (Leece 2017). Proposals that focus on the homogeneity of the school's rejectionist behavior are rejected because they fail to take into account the reality that some different factors might operate as an explanatory factor for the same group in either an individual or collective capacity (Sanmartin *et al.* 2018, Gonzalvez *et al.* 2018).

Positive and negative reinforcement (for tangible positive rewards) and negative (to avoid circumstances that create dread or anxiety and an escape from the bad social or evaluative situations) are two of the three components of school phobia that Dube and Orpinas identified in 2009. A theoretical review, in contrast, has numerous constraints that prevent further research, in other countries or with larger samples, from corroborating these findings (Ingles *et al.* 2015).

Typically, the term "school phobia" refers to the disturbance with distinguishing qualities that set it apart from truancy. Attending school and staying home with parents during school hours is extremely difficult because of the extreme difficulties that come along with prolonged absences and mental anguish caused by the consequences (which may include many symptoms such as physical complaints, frustration, temper tantrums, and intense fear). There are three types of school phobia: (1) school refusal accompanied by melancholy and separation anxiety; (2) school refusal followed by the opposition and disordered behavior; and (3) mixed absences with dread and truancy. Many children are unable to go to school because of a psychological state. Anxiety disorders include phobias such as separation anxiety and social phobia, as well as basic phobias such as fear of flying and public places. Lack of organic disease and latent

anxiety and depression are common expressions of school refusal as physical symptoms. One of the signs of a mental illness, such as depression or anxiety, is a lack of motivation is school deprivation in adolescents (Fernando and Perera 2012). For children and adolescents, attending school is a significant challenge, and in most cases, long-term absence from school is a sign of school denial (Heyne and Sauter 2013).

Students in fourth and eighth grade were absent from school at least three days in one month and seven days in another, based on data provided by the National Centre for Education Statistics (2009). Similarly, in the fourth grade, students were absent at least three days in one month and at least five days in another. Absenteeism in school is more prevalent among students with impairments, students who are eligible for reduced or free lunches, and students who live in low-income regions. However, there is no association between gender and school absenteeism that is statistically significant. The purpose of this article is to offer children with particular instances of anxiety-related thoughts and sensations, as well as certain behaviors that are based on anxiety, so that they can better comprehend the core and mechanism of fear. Young people and their parents are instructed on the fundamental aspects of a child's missing behaviors and justified in showing concern for their children as part of the psycho-education process.

In addition, children tend to categorize their actions based on their level of anxiety. Many children, such as "school will be horrible today," may avoid anxiety-based thoughts, with school refusal behavior by avoiding physical stimuli such as an anxious stomach and nervousness (such as time-wasting, non-compliance, and absenteeism). Aside from physical relaxation techniques and cognitive therapy, psychological education is also used to help children gain a deeper understanding of their condition and appreciate the reasoning behind it (Chalder *et al*. 2010).

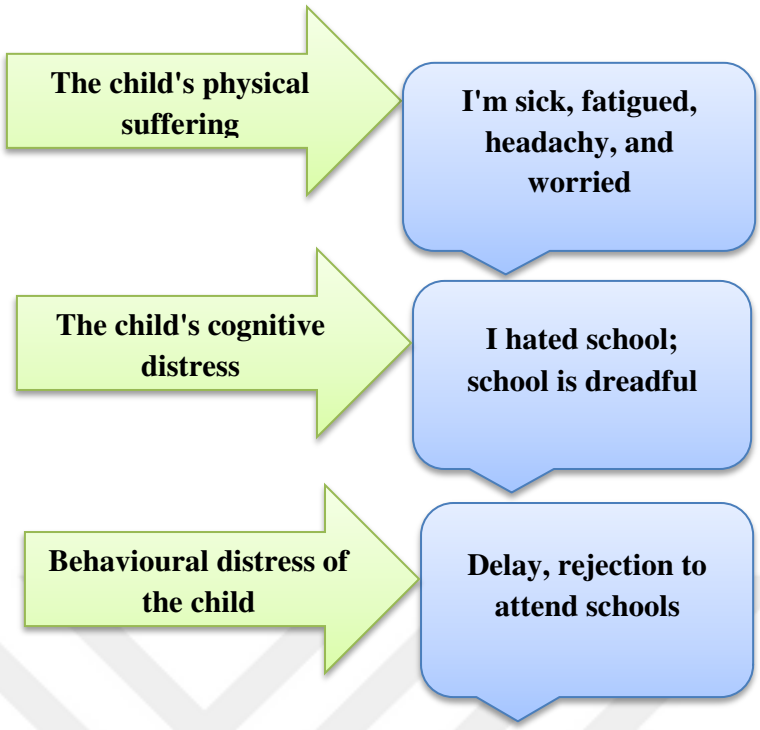

Figure 1.1: Psycho-education sequence for school refusal.

1.1 The Study Importance

Children who refuse to attend school because it causes them emotional anguish and anxiety were first identified as having a school phobia in 1941 when the phrase was first coined. Children and teenagers can be affected by a psychoneurotic disorder known as school phobia. This illness is characterized by overlapping phobic and compulsive tendencies in those affected. Concerning the condition known as school phobia, this condition has been described as a fear-driven avoidance of going to school as a reaction to a particular stimulus or event that was a normal part of the educational experience. Separation anxiety was prevalent comorbidity that manifested itself before the beginning of the school year and was accompanied by other symptoms such as generalized anxiety, physical issues, melancholy, and family conflict (Fining *et al.* 2017).

As identified by Kearney (2018), as a result of a child's desire for dependency, there are three possible outcomes: (1) acute child anxiety with hypochondriac and compulsive elements, (2) elevated levels of anxiety in the mother of the child (the primary

caregiver), and (3) a mother-child relationship that has been historically unsettled and is excessively dependent on one another, as well as a return to a time of mutual contentment.

There are numerous hazards and possible social and behavioral aberrations for children who are dropped from school, which will significantly strain their families' financial, social, behavioral, and moral well-being. The most crucial aspect of this is the loss of their educational level. Researchers found that teachers were well versed in school phobia, as evidenced by this study. Teachers' understanding of school fear could be changed by this method, which can help diagnose many students and identify their issues. As part of this study, data on teachers' understanding of school phobia at primary schools will be collected and used to examine the issue of raising awareness among primary school teachers regarding the prevalence of school phobia. This study may spur more research on children's phobias.

1.2 Statement of the Problem

The term "School Phobia" refers to the behavior of a small fraction of the population of school-aged children who do not attend school for extended periods. Throughout the years, it has been conceptualized in various ways. One idea that has become established is that some students suffer from different sorts of anxiety about school and do not go without the knowledge of their parents. On the other hand, it is considered that sure students do not attend school owing to a lack of interest and motivation. These students do not exhibit any clinically relevant traits, and their parents are unaware of their situation. The purpose of this research is to assess whether or not a particular education program was successful in increasing the instructors of primary schools' awareness of school phobia, as well as to determine the nature of the relationship between that awareness and certain demographic factors.

1.3 Hypothesis

- Null Hypothesis (H0): Is there no significant relationship between elementary school teachers' knowledge of school phobia and their socio-demographic characteristics such as gender, age, education level, employment years, and school phobia training courses?
- Alternative Hypothesis (H1): Is there any significant relationship between elementary school teachers' knowledge of school phobia and their socio-demographic characteristics such as gender, age, education level, employment years, and school phobia training courses?

1.4 The Study Objectives

This study aims to determine how much elementary school teachers need to know about school phobia. To build an educational program for elementary school teachers' knowledge of school phobia. Identifying the effectiveness of the educational program on elementary school teachers' knowledge about school phobia for the study group. In addition to identify the relationship between the elementary school teacher's knowledge and some demographic variables.

1.5 Limitations

This study has some limitations, such as the sample selected for this study was minor and supposed to be more participants, it was supposed to be done in more than one Iraqi state, and the time spent was too long than expected.

2 GENERAL INFORMATION

2.1 School Phobia

Students with a history of skipping school might be identified by symptoms such as school phobia, school avoidance, or school denial. In 1941, this term was first put into a group. In England, the idiom "phobia" was using to describe the troubles that kids have when they don't go to school because they are stressed out (Fremont 2003). Medical organisations like the (National-Association-of-School-Psychologists) utilize an idiom of "school anxiety denial" to better define the origins of the problem (Brand and O'Conner 2004), which better reflects the issue. Schools can reach a large portion of the country's youth because of the country's obligatory attendance laws. Kids were forced to go to school at a certain age in every state. This was usually between the ages of 16 and 18. They also had to get a high school diploma (Leece 2017).

The fear of going to school is a problem for about (1 to 5%) of all school-age kids. Many kids start school at ages five or six. At ages 10 or 11, they move from primary school to middle school. During vacations and after traumatic events like death, relocating to a new community, or moving to another school, the people's number who get sick rises (Retting and Crawford 2000). However, the socioeconomic level did not appear to be a factor in the prevalence of the disease among both genders (Fremont 2003). Some researchers felt that the validity of the rationale increased with the age of the participant, specifically the student. According to research conducted by Brand and O'Conner (2004), those who did not go to school, did not perform well in school, did not have excellent coping skills, and did not have healthy relationships reported feelings of powerlessness. Adolescents were the least affected (Katcher 2002).

It is possible to communicate with the vast majority of the nation's youth through the medium of schools because of the law that requires them to go to school. The local board of the school is in charge of ensuring that the rule about mandatory education is obeyed. Pupils with phobias and pupils who don't show up for class need to be separated (Tyrrell 2005).

A lack of desire to work hard, terrorism, anxiety, and defiance of authority have all been blamed for the rise in school refusal since the 1930s (Egger *et al.* 2003). This is the first time these patterns have been considered in reviews. It doesn't have clear rules for classifying when a child doesn't want to go to school because they are afraid (American Psychiatric Association 2000). However, experts agree that the most common conditions of children who have been affected are: very difficulty going to school, stress, sitting at home without their families' knowledge, less antisocial conduct, and more incredible experiences of negative impacts and psychological suffering (Brand and O'Conner 2004).

According to (Salmela-Aro and colleagues 2009), sex is a significant factor in young people's experiences of depression and school burnout. They show in their study that girls were more likely to be depressed and tired of school than boys were. Kids, too, are more sensitive to bad things. Before puberty, the prevalence of depression in boys was higher than in girls. After puberty, it was much more common for all kids to have it. There are many theories about how these systemic observations could be explained, but no clear answers were given. As a result of the issue, several family members were impacted. Depression in adolescence increases one's likelihood of developing severe depression as an adult (Salmela *et al.* 2009).

According to the professionals, most students with school phobia fall into one of three mental health categories: real phobia, separation anxiety disorder, or social phobia. There is a correlation between skipping school and the development of severe depressive symptoms, which can lead to a diagnosis of major depression in these individuals. More than 60% of students who refused to attend school were diagnosed with anxiety (Brand and O'Conner 2004). School fear has both short-term and long-term effects if it goes untreated. In the short term, these implications include poor academic achievement, conflict with a parent, and strained relations with coworkers. Academic failure, school failure, occupational difficulties, and a greater likelihood of developing adult psychiatric issues are long-term and perhaps life-long repercussions (Fremont 2003).

2.2 School Phobia's Causes

Stressors at home and school are thought to contribute to students' absence from school because of their fear and anxiety. Early researchers hypothesized that the cause was linked to an unusually tight bond shared between a mother and her offspring, which in turn caused the offspring to be reluctant to leave the house (Stein 2019). Those who suffer from school phobia may have environmental and genetic causes. The parents of children who suffer from school-related anxiety disorders also suffer from anxiety. Severe sickness, criminality, divorce, death, and child abuse can all be traced back to issues in the surrounding community (Retting and Crawford 2000). Asthma, in particular, is a prominent cause of absenteeism worldwide (Tinkelman and Schwaetz 2004).

Even if a single incident, such as a teacher scolding, or a fight between coworkers, might induce school phobia the most common reason is the long-term conflict between relatives, peers, or academic issues (McShane *et al.* 2001). Symptoms of dysfunctional family connections include over-reliance, separation disorders, loneliness, and high conflict rates. Peer relationships can be plagued with conflicting issues, leading to isolation. In addition, adolescents who are harassed and mocked are more prone to develop school avoidance behaviors and other adjustment challenges, such as depression and anxiety (Fremont 2003). Unexpected uneasiness and fear may arise in a well-adjusted child. Even remarkable occurrences like the birth of a brother or the adoption of a nephew can create anxiety and panic, even if they are recent and not life-threatening. When narrowing down the list of possible stressors, consider recent separations or common anxiety problems (Ditmar 2001).

A variety of stressors, including parental attitudes and actions and those present in schools, were revealed to be significant contributors to the rise of school phobia (Katcher 2002). If parental expectations are exceptionally high, teenagers are likely to have high levels of evaluation and exam anxiety, which can cause them to struggle academically while simultaneously dreading the prospect of failure (Brand and O'Conner 2004). As teachers, we must never forget that our students' anxieties are real. To

avoid major academic and legal concerns, degradation of family or professional relationships, or psychological disturbances, repeated school rejection must be treated (Fremont 2003).

It's said Valente (2002), " "It is possible to treat social phobia, although it commonly goes unnoticed and untreated. Complications such as decreased quality of life, daily functioning, social interactions, and treatment adherence are possible for those diagnosed with a mental illness, "as a matter of fact. In worst-case scenarios, the patient considers suicide as a result of the increasing number of sick days, the increased cost of emergency and medical visits, poor work performance, and visits to the psychologist. It is impossible to stress the significance of doing thorough assessments, screenings, and evaluations to discover and diagnose a social phobia. Four main factors make up the functional model of school phobia: Negative feelings elicited by school-related stimuli should be avoided, avoiding an evaluative attitude, seeking attention from influential people, and seeking considerable reinforcement outside the school setting (Kearney 2003).

2.2.1 Parental Attachment

There is a strong correlation between parental involvement in their child's educational journey and the child's academic success and attendance in class. According to the National Education Association, parents should engage in activities such as reading to their children, participating in parent-teacher meetings, checking homework, and restricting screen use during school hours. Many school authorities criticize the lack of parental involvement in their children's education. There is a lack of cultural acculturation, parental opposition to the child's higher education, a relaxed approach to new practice and identity skills, school-based discrimination and violence, and mistrust by parents in the school system as cultural factors (Franklin and Soto 2002). It is said that in previous instances of conflict between parents and school officials, there has been a significant amount of school failure, teachers do not set high expectations for students, and parents' interactions with school officials are not as positive as they should be. These are some of the reasons why many parents are less engaged in their child's progress in school and attendance (Martinez *et al.* 2004, Teasley 2004, Brand and

O'Coner 2004). The pupil who withdraws from school has a higher probability than their classmates who graduate, having parents and siblings who did not complete high school (Orfield 2004).

2.3 The Prevalence of the School Phobia

According to Heyne and colleagues' (2002) analysis of previous data from the United States, the United Kingdom, and Venezuela, between one and two percent of school-aged adolescents exhibit symptoms of school phobia. A recent community survey in North Carolina, United States of America, involving 1,440 students aged 9 to 16, undertaken by Egger and colleagues (2003), found this range. School phobia owing to pure anxiety affects 2% of students, according to Heyne (2006), who characterizes the condition as missing at least half a day of class because of concern, as well as arriving late to class and skipping morning classes at least once every three months. A study by Kearney and Albano (2004) to recognize the causative factors of school phobia found that 22.4% of students had separation anxiety, 10.5% had generalized anxiety, 8.4% were diagnosed with (Oppositional Defiant Disorder), and 4.9% were majorly depressed. Other common diagnoses included specific phobia, social anxiety, and conduct disorders. Pupils with disabilities, low-income students, and children from poor communities are more likely to suffer from school fear than their peers.

If you fear going to school, it may be because of a disease or an incident. Despite this, recent efforts have been undertaken to acknowledge high school absences. In Calabrese (2003), a survey of 230 youngsters in various schools in the United States was done. They found that at times 29.1 percent of students purposely and completely skipped school, whereas at other times 9.1 percent of students did the same. 54.6 percent of students missed classes frequently, and 13.1 percent missed sessions regularly. Only 10.9 percent of children ages 5 to 17 miss six to ten school days in a year because of illness or an accident, based on the (Centres for Disease Control and Prevention). In addition, 5.1 percent of students quit school after attending for eleven days or more, and 1% of students missed school because of illness or an accident. Children aged 12 to 17 dropped out at an alarmingly high rate of 6.7% whereas children aged five to eleven

dropped out at an alarmingly low rate of 3.8%. Single-parent (mother) households (8.0%), low-educated parents (7.2%), and lower-income families (6%) were more likely to have a child absent from school for (11) days or more due to illness or accident than those with high school education and small families. Those with diplomas and small families were less likely to have an absenteeism rate of eleven days or more due to illness or accident (Bonilla *et al.* 2005).

2.4 The Etiology of the School Phobia

The etiological explanations of the behavior of school phobia have undergone significant evolution with time. Because there is currently more than one explanation for the behavior known as school phobia, it can be deduced that there is no way to exclude the etiological reason. In their study on the motivations of school phobia behavior, Ek and Eriksson (2013) present three standard responses to the problem. Mother-child connections have an essential role in the first model of school refusal. Repressed anxiety expressed itself in school refusal as a result of mutual dependency and relationship antagonism, according to psychoanalytic theory. According to psychodynamic theory, the treatment for a child's conduct that causes them to refuse to go to school is to address any problems in their relationship with their parents. To understand the causes of school anxiety, we need to look at both positive and negative reinforcement (Witts and Houlihan, 2017).

According to twin and family studies (SAD), separation anxiety disorder has a genetic component. Delayed childhood anxiety problems have been linked for the first time to a temperamental trait: behavioral inhibition. A new study on twin separation anxiety indicated that genetic and shared environmental variables significantly contributed to the diversity of symptoms and were reduced dramatically by gender and age in the study participants. The study used a thorough parental report symptom checklist. Their genes strongly influenced girls, while boys were more heavily influenced by their surroundings. Genetic factors also rose with age, whereas environmental influences reduced (Hanna *et al.* 2006).

Children who have been expelled from school are difficult to count. A well-known statistic quoted by mental health advocacy groups says that 2 to 5 percent of school-age children experience school rejection. They complain of a headache, a stomachache, or a sore throat when they first wake up (Balakrishnan and Andi 2019). An incident like the death of a loved one, a move, or the loss of a beloved pet could potentially have triggered the illness. An extended time spent at home, such as a summer vacation or another break, can set off the problem. To avoid going to school, a youngster may make the allegation that they are too unwell to do so.

2.5 Characteristics of pupils with School Phobia

According to (Eklund *et al.* 2016), pupils who suffer from school phobia due to emotional reasons have the following characteristics and features:

Separation Fear: If a student refuses to attend school because of separation anxiety, it's possible that they are worried about the safety of a caregiver or another loved one. In the mornings, these youngsters are prone to various disruptive behaviors, including crying, yelling, kicking, or running away from their parents. When a youngster refuses to go to school because of significant separation anxiety, the problem is more severe than it appears at first glance (Hanna *et al.* 2006).

Performance Anxiety: Many students dread participating in-class activities like quizzes, speeches, or athletic competitions because they are afraid of failing. People who are so scared to perform in front of their peers worry that they will be humiliated or ashamed.

Social Anxiety: Concern about social interactions with peers and teachers might cause students to feel anxious. They may avoid mingling with their peers because they are socially awkward.

Generalized Anxiety: As a result, students have a predisposition to view the world as dangerous and fearful. Tornadoes and war may be particular anxieties for some of these children.

Depressed feeling: Sadness, lack of interest in activities, a failure to acquire weight as planned, sleep issues, feelings of worthlessness, and irritability are all indications of depression in children. Depression can cause suicidal thoughts. There should be an immediate referral to a counselor for any child interested in harming themselves.

Bullying: The fear of being bullied is widespread among students. These children would prefer not to attend school because they are subjected to physical violence, verbal harassment, or social exclusion at the hands of other students.

Health Concerns: Physical concerns from students are expected. If a child's physical complaints are caused by anxiety, doctors and school nurses can help parents and teachers evaluate if the condition is actual. A student's fear of returning to school might also arise due to being absent from class because of genuine sickness. These children refuse to go back to school even after they have recovered physically.

2.6 The Impact of school phobia

When a small percentage of the population has school phobia and it is not treated, the adverse effects can last for a long time. According to numerous studies, children who suffer from a fear of school are characterized by many individuality characteristics such as extreme dread, inconvenience, anxiety, and tension; the dominance of parents and aggressive treatments; Despair, dissatisfaction, and an exaggerated self-image can lead to marital and job troubles, stress, anxiety, alcoholic, and antisocial conduct if unchecked. If these factors are not verified, they may also contribute to the development of these issues (Chitiyo and Wheeler 2006).

Schools are compulsory in Western countries until the age of sixteen, resulting in legal challenges for those with school phobia. However, the most important implications and problems are social, economic, and academic. Refusing to go to school raises the likelihood of academic failure, social issues, and family strife. Some research indicates that puberty may contribute to the development of mental disease later in life. For instance, a previous study found that fifty percent of a sample of twenty-five individuals who refused to attend school still had a psychiatric problem after an average of five years had passed. School deniers are more likely to seek mental health treatments and are more prone to anxiety, agoraphobia, and depression. According to one study, school-rejecters are more likely to stay at home with their parents five years after diagnosis (Canivez 2019).

2.7 Interventions and Treatments

Children who refuse to go to school because of separation anxiety may benefit from cognitive and behavioral methods, parenting interventions, and family therapy, all of which are common forms of outpatient treatment for school-phobic students. Family therapy may also be an option for students whose families struggle with communication and problem-solving skills.

Strategies that focus on children are diverse. As a general rule, children are taught about their anxiety and refusal to go to school. Symptoms of somatic anxiety are controlled by teaching them bodily control skills as well as relaxation and breathing retraining. Even more importantly, cognitive therapy can help children shift their thinking patterns by providing child-centered care. Finally, exposure-based treatments may be used to reintroduce children to school while they learn anxiety-management techniques gradually. Parent-dependent therapy techniques for school refusal behavior include creating a consistent morning, day, and night routine. The most effective parental orders are also produced, as well as therapeutic programs. Children who attend school should be rewarded, and those who don't should be punished. Parents should also be instructed in activities such as highlighting assurance-seeking conduct and following up on forced school attendance. Family therapy strategies for school rejection behaviors include

communication and problem-solving skills training, boosting school attendance incentives, increasing child monitoring, class-to-class accompanying, and colleague's rejection skills training (Kearney and Bates 2005).

2.7.1 Medical Interventions

Attendance problems in children, mainly anxiety-based issues such as generalized anxiety, public distress, or separation disturbance, should be a priority. Buspirone, benzodiazepines, propranolol, gabapentin, and fluoxetine (10-20 mg/day) were commonly used for patients with a history of depression. Fluvoxamine (50-250 mg/day), sertraline (85-160 mg/day), and paroxetine (10-50 mg/day) were beneficial for those young individuals who suffer from anxiety and despair, as well as school phobia (Durkin 2002). According to a recent school phobia follow-up study, children treated with imipramine had higher initial attendance rates and a worse prognosis when they also had concomitant separation anxiety and resistant problems. When children miss school due to stress, medication has a mixed effect. Suicidal conduct is a severe adverse effect of SSRIs that needs to be constantly monitored. For non-anxiety-based school rejection, there is virtually no research on therapy (Bernstein *et al.* 2008). When it comes to helping students who are chronically absent from school, several somatic therapies have been tried, such as physical therapy (Welsh *et al.* 2005, Tinkelman and Schwartz 2004, Clark *et al.* 2004, Rance and Trent 2005).

2.7.2 Therapeutic Interventions

The primary goal of the treatment for school phobia was to alleviate the symptoms associated with the disorder, including anxiety and sadness. It is hoped that by using these strategies, adolescents would be better able to cope with their physical and mental stress and anxiety and finally adapt to a specific school atmosphere (Heyne *et al.* 2001). Relaxation therapy and exposure-based approaches are the primary uses of this technology. Studies have shown that these methods, as well as randomized and non-randomized clinical examinations, are effective. Recent studies have offered much more evidence for this claim.

There is evidence that hypnosis can also reduce stress and boost attendance (Barnes *et al.,* 2003). The fact that most cognitive-behavioral intervention strategies in this field concentrate on helping young people with anxiety-based school dropouts and those who refuse to attend school is a significant drawback. When dealing with behaviors considered external, it is common practice to rule out other potential causes or problems. As a direct consequence, Kearney and Albono (2007) developed prescriptive intervention procedures specifically for children not enrolled in school.

2.7.3 Systemic Interventions

Reducing absenteeism using a systematic method can often contain insights particular to each circumstance. The most common strategies are school-community interactions, early involvement programs, alternative after-school and educational programs, and professional development programs (Kearney 2008). The collaboration of schools and other services for low-income children is a significant concept here. Educational institutions provide early engagement and after-school programs to suit the academic requirements of children, but these initiatives are closely linked to humanitarian assistance organizations (Bowen and Richman 2002).

3 METHODS AND MATERIAL

3.1 Design of the Study

It was a descriptive cross-sectional study design conducted in Baghdad city, Iraq, between 25 November 2021-1 June 2022.

3.2 The Study's Setting

It was researched at five different primary schools (AL-Either elementary mixed school, which was founded in 2009, consists of 13 classes and has 26 teachers, Al-Iraq Al Muntasir elementary school for boys, which was founded in 2000, it consists of 12 categories and have 22 teachers, Al-Yusr elementary mixed school which was founded in 2013, it consists of 12 types and have 21 teachers, Al-Kuwait elementary mixed school which was founded in 1967, it consists of 12 classes and have 47 teachers and Makkah Al-Mukarramah elementary diverse school which was founded in 2005, it consists of 12 categories and have 18 teachers).

3.3 The Study Sample

The research sample was selected using a non - probability sampling method (purposive sample). A selection of 100 elementary school teachers was divided into two groups: (50) elementary school teachers for the study group and (50) elementary school teachers for the control group. The group that did take part in the program was referred to as the study group, and the group of fifty elementary school teachers who did not take part in the program is referred to as the control group. Then the researcher approached elementary school teachers who agreed to participate in the study. To accomplish this study's goals, a t-test styling was utilized, and the approach of administering pre and post tests to the group being researched was carried out. They explained the research and its purpose, and then data gathering began. One hundred elementary school teachers made up the study's sample population. Because of the findings of the investigation that

was carried out using the G power program, it was determined that at least 93 elementary school teachers should be accessed with 0.98 power at the significance level of 0.05, an alpha error probability of 0.05. For this reason, the study's sample was made up of 100 elementary school teachers who meet the sample criteria and have agreed to participate in this research.

3.3.1 Criteria for inclusion in the sample

The eligibility requirements for participation in this research sample are (1) being a primary school teacher, (2) agreeing to participate in the educational program (pre and post-test), (3) agreeing to participate in the study, and (4) was both genders.

3.3.2 Criteria for the Study's Exclusions

The exclusion criteria for this study sample were (1) refusal of the participant to participate in the study, (2) having a hearing problem, and (3) having cognitive problems.

3.4 Study Tools and Collecting Data

The research instrument was a questionnaire used to assess elementary school teachers' knowledge about school phobia. Signed consent was obtained from all participants. A consent form is shown in Appendix 1. The questionnaire consists of:

- Teacher information form: The (1^{st}) part of the study tool consists of the socio-demographic characteristics of participants, including information about age, gender, residency, teachers' level of education, years of employment, and participation in health training courses about school phobia and having any information about school phobia. The socio-demographic information form is shown in Appendix 2.
- Assessment of teachers' Knowledge about school phobia: The 2^{nd} part of the study tool consists of information on teachers' knowledge about school phobia.

This part consists of (7) main domains, which are (teachers' knowledge concerning school phobia, teachers' knowledge concerning signs & symptoms of school phobia, parents' attachment, fear from the teacher, fear from colleagues, fear from exams and managements of school phobia. In the study adapted to the Arabic language, the Cronbach alpha coefficient of the scale is 0.93. This scale was adjusted and determined to be appropriate for the Arab society by conducting validity and reliability (Haqi *et al.* 2020).

3.4.1 Development of the Teachers' Educational Program

The program was developed and structured based on an evaluation of teachers' knowledge about school phobia. The program was prepared to supply information concerning the concept, causes, signs, and symptoms, interventions of school phobia, as well as the role of the teacher in restricting and preventing school phobia. The program was composed of four sections and was implemented for four weeks. Each unit is as follows:

First Session: Introduction to the school phobia

The following topics and activities are discussed and performed:

1. Definitions and basic concepts of school phobia.
2. The nature of this disorder (Is school phobia a disease or infection).
3. Incidence of school phobia disorder.

Second Session: Causes of school phobia

The following topics and activities are discussed and performed:

1. A brief explanation of the concept of school phobia.
2. What are the most important causes?
3. Domestic reasons and the relationship of students to parents.

4. Pupils' fear of the teacher.
5. Pupils' fear of their friends at school.
6. Pupils' fear of taking the exam.

Third Session: Introduction to the signs and symptoms of school phobia

The following topics and activities are discussed and performed:

1. Concepts of signs and symptoms that accompany school phobia.
2. Short-term consequences.
3. Long-term consequences.

Fourth Session: Methods used in the treatment of school phobia

The following topics and activities are discussed and performed:

1. A brief explanation of the concept of school phobia.
2. What are the means used to treat this disorder?
3. The extent of the teacher's knowledge of the methods used to treat school phobia.
4. The teacher's role in educating pupils about this disorder.

3.5 Statistical Analysis

The IBM SPSS Statistics 21.0 version (SPSS Inc. Chicago, IL, USA package program) was utilized when evaluating the data. Descriptive values expressed in the form of a number, percentage, arithmetic mean, Standard Deviation, minimum and maximum, and ANOVA tests were used for group comparisons. The statistical significance level was ($P< 0.05$).

3.5.1 Analysis of descriptive data

- The table (Frequency and Percentage).
- A summary of statistics tables includes Frequencies, Percent, Differences between the pre-post Grand Mean of the score, Standard Deviation, and scoring scales of two categories (I know, I am not sure, I do not know), answering with integer numbers (1, 2 and 3).

3.5.2 Analysis of Inferential Data

These tests were used to investigate whether the study hypothesis was true or false, which include:

- With the Independent-Sample t-test, the means of two groups are compared.
- The analysis of (ANOVA) test which used to investigate the relationships between improvements due to applying the suggested educational program of elementary school teacher's knowledge concerning checklist about school phobia variables, in addition to experiences information variables.

3.6 Approval by the Ethics Committee

Ethics approval from the Scientific Research Evaluation Ethical Committee of the Çankırı Karatekin University was acquired to ease the work of collecting data from participants (no. 23, date, 09/11/2021). Also, the research was approved by the (General Directorate of Education in Baghdad Governorate) by an administrative order directed to elementary school administrations (Al-Eithar elementary mixed school, Al-Iraq Al Muntasir elementary school for boys, Al-Yusr elementary mixed school, Al-Kuwait elementary mixed school and Makkah Al-Mukarramah elementary mixed school). The participants (teachers) were given an explanation of the study and its goals via a (pre-posttest), after which they were requested to participate in the survey verbally, and data collection commenced.

4 RESULTS

Table 4.1 The distribution of the sample by the (socio-demographic data) for the control group (n=50) and study group (n=50)

Variable	Studied Groups	Study group		Control group		P-value
		F	%	F	%	
Age	25-35 years old	15	30.0	9	18.0	p=0.187 N.S
	36-45 years old	27	54.0	24	48.0	
	46-53 years old	8	16.0	17	34.0	
	Total	50	100	50	100.0	
	$\bar{x} \mp S.D.$	**26.9∓1.092**		**25.5∓0.872**		
Gender	Male	4	8.0	10	20.0	p=0.600 N.S
	Female	46	92.0	40	80.0	
	Total	50	100	50	100.0	
Residency	Urban	50	100.0	50	100.0	p=0.452 N.S
	Total	50	100.0	50	100.0	
Level of education	Graduated Teachers house	5	10.0	7	14.0	p=0.142 N.S
	Institute graduate	25	50.0	23	46.0	
	College graduate	20	40.0	20	40.0	
	Total	50	100.0	50	100.0	
Years of Employment	Less than one year	1	2.0	**0**	**0**	p=0.560 N.S
	1-5 years	4	8.0	2	4.0	
	6-10 years	10	20.0	11	22.0	
	11-15 years	12	24.0	16	32.0	
	16-20 years	14	28.0	13	26.0	
	21 years and more	9	18.0	8	16.0	
	Total	50	100.0	50	100.0	
Participation in health training courses	Not participated	38	76.0	17	34.0	p=0.995 N.S
	One course	4	8.0	15	30.0	
	Two courses	5	10.0	11	22.0	
	Three or more courses	3	6.0	7	14.0	
	Total	50	100.0	50	100.0	
Information about school phobia	Books and magazines	6	12.0	13	26.0	P=0.344 N.S
	Training courses	2	4.0	2	4.0	
	The science subject taught by science teachers	4	8.0	1	2.0	

	Social media	19	38.0	17	34.0	
	TV and radio	5	10.0	0	0	
	Family and friends	4	8.0	1	2.0	
	No information about school phobia	10	20.0	16	32.0	
	Total	50	100.0	50	100.0	

Table (4.1) shows that in the study group, 54% of elementary school teachers were between the ages of 36 and 45, while in the control group, 48% were between the ages of 36 and 45. The majority of both groups were female, with 92% of the study group and 80% of the control group being female, respectively. For residency, the two groups were 100%, urban residents. Regarding education, the study group had a graduation rate of 50.0%, while the control group had a rate of 46.0%. For the years of employment**,** 28.0% of the study group had a (16-20) career, while 32.0% of the control group had (11-15) years of employment. The study group and the control group had never engaged in health training in the past, with the percentage of people who had never done so being 76.0% related to the study group and 34.0% for the control group, respectively. Relating the information about school phobia, both groups had social media as their primary information source, with a percentage of 38.0% for the first group (study group) and 34.0% for the second group (control group).

Regarding the subjects studied (Socio-demographic Data), Results show that the studied groups didn't have any significant differences at P>0.05, which shows that the issues were chosen because they were similar in terms of those variables. Earlier results also showed that two studied groups came from the same population based on socio-demographic data, which makes them more reliable for this study since any significant differences would be noted.

Table 4.2 Study and Control Groups' Pretest Knowledge Scores Comparison

Scores	**Groups**	***n***	**total mean**	**SD**	**η**	**T-test**	**P-value**
Teachers' knowledge concerning school phobia	Study	50	1.49	0.409	0.479	0.345	0.733
	Control	50	1.45	0.439			
Teachers' knowledge concerning signs & symptoms of school phobia	Study	50	2.17	0.139	0.573	1.529	0.139
	Control	50	2.25	0.182			
Parents' Attachment	Study	50	2.12	0.117	0.388	1.541	0.136
	Control	50	2.08	0.071			
Fear of the Teacher	Study	50	1.67	0.136	0.741	1.572	0.129
	Control	50	1.75	0.221			
Fear of Colleagues	Study	50	1.98	0.123	0.173	1.372	0.183
	Control	50	2.05	0.224			
Fear of Exams	Study	50	2.28	0.205	0.589	1.587	0.126
	Control	50	2.20	0.227			
Managements of school phobia	Study	50	1.02	0.069	0.060	0.569	0.574
	Control	50	1.01	0.050			
Pretest knowledge	Study	50	1.73	0.108	0.645	0.029	0.977
	Control	50	1.73	0.116			

(n=numbers, m=mean, S.D=Standard Deviation, η= Etan coefficient which is the Pearson Correlation, T = T test, and P = P Value).

A comparison of the control and study groups in terms of all seven pretest knowledge scores (Teachers' Knowledge of school phobia; Teachers' Knowledge of the signs and symptoms of school phobia; Parents' attachment; Fear of the teacher, Fear of colleagues; Fear of Exams; Treatments for school phobia) reveals no statistical significance at P>0.05. T-test results showed that the study group's mean scores were greater than those of the control group.

Table 4.3 Study and control group post-test knowledge scores Comparison

Scores	Groups	*n*	Total mean	SD	η	T-test	P-Value
Teachers' knowledge concerning school phobia	Study	50	2.82	0.217	0.213	22.941	0.000
	Control	50	1.14	0.273			
Teachers' knowledge concerning signs & symptoms of school phobia	Study	50	2.87	0.067	0.519	18.581	0.000
	Control	50	2.21	0.142			
Parents' Attachment	Study	50	2.99	0.553	0.420	7.806	0.000
	Control	50	2.10	0.115			
Fear of the Teacher	Study	50	2.76	0.128	0.500	19.845	0.000
	Control	50	1.73	0.188			
Fear of Colleagues	Study	50	2.81	0.101	0.389	17.141	0.000
	Control	50	2.04	0.198			
Fear of Exams	Study	50	2.90	0.063	0.319	15.560	0.000
	Control	50	2.26	0.215			
Managements of school phobia	Study	50	1.14	0.250	0.316	2.471	0.021
	Control	50	1.31	0.252			
Posttest knowledge	Study	50	2.42	0.089	0.978	22.026	0.000
	Control	50	1.74	0.100			

(n=numbers, m=mean, S.D=Standard Deviation, η= Etan coefficient which is the Pearson Correlation, T = T test, and P = P Value).

The results of all seven knowledge post-tests which presented in table 4.3 (Teachers' Knowledge of school phobia; Teachers' Knowledge of signs & symptoms of school phobia; Parents' Attachment; Fear of the Teacher; Fear of Colleagues; Fear of Exams; Managements of school phobia) are significantly higher among study and control groups at a significance level of ($P<0.05$). The study group's means are substantially higher than those of the control group.

Table 4.4 Prediction Model for Posttest knowledge

Variable	**B***	**S.E**	**B****	**P=0.001**
Intercept	1.218	0.286		0.001
Age	-0.004	0.031	-0.052	0.893
Gender	0.020	0.044	0.112	0.653
Residency	0.057	0.031	0.375	0.080
Level of education	-0.001	0.034	-0.007	0.983
Years of Employment	0.052	0.032	0.287	0.116
Participation in health training courses	0.026	0.016	0.357	0.126
Information about school phobia	0.510	0.137	0.623	0.002

(B* = Standard Parameter Estimate with Intercept, SE = Standard Error, B** = Standard Parameter Estimate without Intercept, P = P Value).

Examination of the table (4.4) for dependent socio-demographic variables post-test knowledge reveals that the overall (ANOVA) model is significant at (p = 0.002) for the study group but not related to any of the six socio-demographic variables, which are (Age; Gender; Residency; Education level; Employment years; Participation of health training courses; and Information about school phobia).

Table 4.5 Comparison of the pre and post-study sample knowledge (the study and control groups)

Scores	**Groups**	**n**	**Total mean**	**SD**	**P=0.001**
Pretest knowledge	Study	50	1.73	0.108	0.977
	Control	50	1.73	0.116	
Post-test knowledge	Study group	50	2.42	0.089	0.000
	Control group	50	1.74	0.100	

(n=numbers, m=mean, SD=Standard Deviation, P=P Value).

As shown in the fifth table, the pretest mean scores are the same in the control and study groups (M = 1.73), whereas the post-test knowledge scores are more outstanding in the study group (M = 2.42 against M = 1.74).

5 DISCUSSION

This chapter explains and discusses the results produced from statistical analysis and their significance to the study objectives. It goes on to present and discuss these objectives in light of the available literature and studies.

Study participants were (100) elementary school teachers who were divided into two groups (50) elementary school teachers in the study group and (50) elementary school teachers were the control group. The group that did take part in the program was referred to as the study group, while the group of fifty primary school teachers who did not take part in the program is referred to as the control group. Findings in table (1) showed that 54% of elementary school teachers aged (36-45) years were related to the first group (study group) and 48% associated with the second group (control group). There were 92% females in the first group (study group) and 80% females in the second group (control group). 50.0% were institute graduates of the study group, while 46% were from the control group. 32.0% had an (11-15) year of employment for the control group, and 28% had a (16-20) year of work for the study group, 76.0% of the study group have not participated in health training courses while 34% from the control group weren't, 38.0% from study group had information about school phobia from social media. In comparison, 34% of the control group had the same information.

The current study findings related to the teachers' knowledge regarding school phobia were consistent with a descriptive study conducted by Egger and colleagues (2003); researchers looked at the relationship between fear of teachers, school phobia, missing school, and psychological problems in a group of children and teens. They did this by describing school phobia instead of saying what caused it. Different varieties of school phobia are linked to various symptoms, including disturbed sleep, particular worries, bodily complaints, challenges in forming and maintaining relationships with peers, and adverse psychological and social factors. Depressive disorders and separation anxiety disorders were linked to the school phobia of pure anxiety. The Oppositional Defiant Disorder, behavior disorder, and the depression were all found to be associated with excessive absences from school. In addition, 88.2% of the children who attended mixed-

gender schools suffered from a diagnosable psychological condition. They have a significantly higher incidence of behavioral and emotional disorders.

Havik and colleagues (2015) researched to investigate why there is a correlation between students' impressions of their schools and classroom management, as well as their connections with their classmates and the reasons they provide for missing school. The student sample was evaluated to produce a subsample of kids who reported missing school at some period in the preceding three months. This subsample was then used to conduct the study. According to the study results, having bad interpersonal ties with other pupils at the same school can be a substantial risk factor for school-related anxiety as well as a significant risk factor for absenteeism. Teachers can reduce school anxiety in students by reducing harassment and social isolation among their students in the classroom. Lastly, a link was found between instructors' classroom management and high school students' reasons for not attending school, indicating that teachers' lack of support can threaten students' attendance at school.

This study aims to evaluate the effectiveness of an educational program on teachers' knowledge about students' school phobia. The outcome of the data (fifty items) regarding the teachers' knowledge regarding students' school phobia and the classification of the teachers' knowledge test into six different domains (Teachers' Knowledge of school phobia; Teachers' Knowledge of signs & symptoms of school phobia; Parents' Attachment; Fear of the Teacher; Fear of Colleagues; Fear of Exams; Managements of school phobia) in during the applied educational program. Before the academic program is implemented, almost all of the people taking part give it the same rating. This study demonstrates that the study group saw significant development as a result of the implemented educational program. These findings reflect the program's efficacy on the knowledge of the teachers who participated in the study group at a post-test. These findings are consistent with those found in earlier cross-sectional studies conducted by (Parmar *et al.* 2019), which showed a knowledge gap and the need for more training.

6 CONCLUSION AND RECOMMENDATION

6.1 CONCLUSION

The current study concluded that, in regards to the subjects studied (Socio-demographic Data), According to the findings, the groups that were tested did not register any significant differences at ($P>0.05$). A comparison of the control and study groups in terms of all seven pretest knowledge scores reveals no statistical significance at $P>0.05$. T-test results showed that the study group's mean scores were greater than those of the control group.

According to the results of all seven knowledge post-tests, the study concluded that there were higher statistically significant differences between the study and control groups at ($P<0.05$). The study group's means are significantly higher than those of the control group.

It also concluded that the most age was (36-45) years old while the most gender included were female. This study also concluded that all the studied groups were urban residents. The lack of participation in the health training courses was clear in this study. This has led to social media being the primary source for primary school teachers to get information about school phobia. This study also concluded that teachers' knowledge about school phobia had increased after participating in the educational program.

6.2 RECOMMENDATION

- It is recommended that primary school teachers should be more involved in educational courses on school phobia.
- The necessity of having a social supervisor in primary schools to reduce students' fear of school in general and teachers in particular.
- Teachers should be instructed to be kind to students and not to use violence.
- Families are educated on the necessity of teaching their children through the media.
- Providing entertainment in schools encourages pupils to be more committed to their studies and not skip class.

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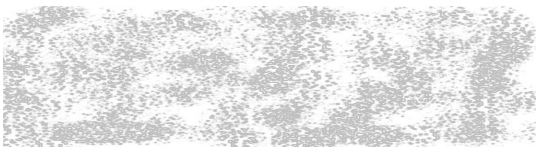
APPENDICES

APPENDIX 1. Consent form



A QUESTIONNAIRE FOR ASSESSING THE KNOWLEDGE OF PRIMARY SCHOOL TEACHERS ABOUT SCHOOL PHOBIA

Part I: Socio – demographic Data:

a) Age: ☐ years

b) Gender: Male ☐ Female ☐

c) Residency:

- Urban ☐
- Rural ☐

d) Level of education:

- Graduated Teachers house ☐
- Institute graduate ☐
- College graduate ☐

e) Years of employment:

Less than one year	1-5 years	6-10 years	11-15 years	16-20 years	21- and more

f) Participation in health training courses about school phobia:

- Not participated ☐
- One course ☐
- Two course ☐
- Three or more courses ☐

g) Do you have any information about school phobia? Yes ☐ No ☐

If yes, your information sources:

2

1. Books and magazines ☐
2. TV and radio ☐
3. training courses ☐
4. Direct meetings with the school health coordinator ☐
5. The science subject taught by science teachers ☐
6. Posters ☐
7. Social media ☐
8. Family and friends ☐

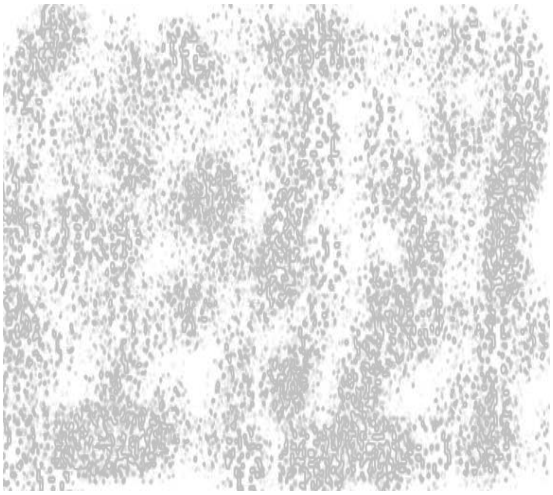
Part II: Assessment of Teachers' Knowledge:

No.	Item	I know	I'm not certain	I do not Know
Teachers' knowledge concerning school phobia				
1	School phobia is as anxiety and fear associated with going to school.			
2	School phobia is also referred to as school avoidance or school refusal.			
3	School phobia is a serious disorder affecting up to 5% of elementary and middle school children.			
4	School refusal is more likely to occur between 5–6 years and 10–11 years of age.			
5	school behavior fear is highly comorbid with various mental disorders such as segregation anxiety disorder (SAD), generalized anxiety disorder.			
6	students who are bullied and ridiculed are at increased risk for developing school avoidance behaviour, as well as other adjustment problems.			
7	Ultimately, the longer the child remains home from school, the harder it becomes to return.			
8	Some pupil feel badly at school, some have trouble with other pupil.			
9	Some pupil just want to be with their family, and others like to do things that are more fun outside of school.			
Teachers' knowledge concerning signs & symptoms of school phobia				
1	The pupil may have a panic attack with sweating, dizziness, racing heart, vomiting, diarrhea, or shaking.			
2	The pupil may have headaches, upset stomach, diarrhea or body aches when he/she thinks about school.			
3	The pupil may be sad and not want to be around others.			

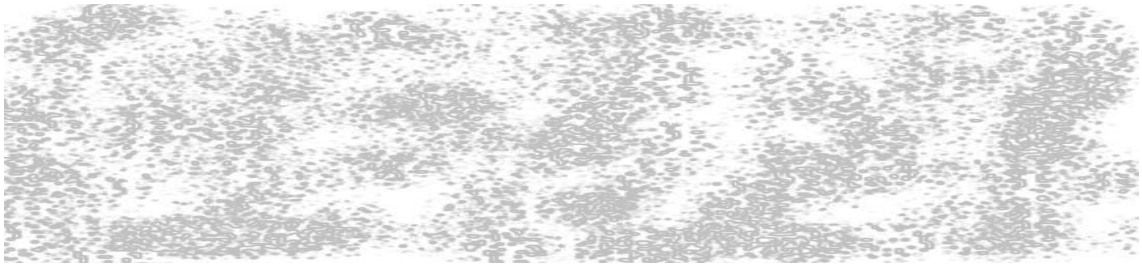
4	Short-term consequences: include academic difficulties, peer relational problems, and family problems.			
5	Long-term consequences: include academic underachievement, poorer occupational and employment outcomes, and increased risk of adult psychiatric problems.			
	Parents' Attachment			
1	The pupil not going to school because he/she feel depressed and sad when he/she away from his/her parents.			
2	The pupil would rather stay with his/her parents than go to school.			
3	The pupil need to accompany one of his/her parents to school.			
4	When one of his/her parents comes to school, he/she feels like not leaving him.			
5	The pupil feel safe when one of his/her parents is with his/her.			
	Fear of the Teacher			
1	The pupil afraid of the teacher when his/her mother threatens him that she's going to complain him to the teacher.			
2	The pupil afraid of the teacher when he asks him during class.			
3	The pupil afraid when the teacher asks him to read a text in class.			
4	The pupil afraid of the teacher when he/she makes a mistake.			
5	The pupil afraid of the teacher when he/she doesn't do his/her homework or forget it.			
6	The pupil afraid of the teacher if he/she gets poor grades on exam.			
7	The pupil afraid to ask the teacher any question in class.			
8	The pupil avoids the teacher when he's in school yard.			
	Fear of Colleagues			
1	The pupil likes to be alone in class, away from his/her colleagues.			
2	The pupil afraid of scrambling with his/her classmates as they get out of school.			
3	The pupil afraid to order his/her stolen stuff from his/her colleagues.			
4	The pupil afraid of his/her older colleagues.			
5	The pupil afraid of playing with his/her friends.			

6	The pupil feel embarrassed by his/her colleagues when he/she doesn't answer the question right.			
7	The pupils colleagues are making fun of him for his/her inappropriate appearance.			
8	The pupil feel embarrassed to talk to his/her classmates.			
9	The pupil afraid to talk to any of his/her classmates.			
10	The pupil feel like his/her colleagues don't like him.			
Fear of Exams				
1	The pupil feel afraid of the day of the exam.			
2	The pupil afraid of failing the exam.			
3	The pupil's fear of the exam causes him/her to lose concentration.			
4	The pupil's fear of the exam causes him/her to sleeplessly.			
5	The pupil's fear of the exam causes him/her losing of appetite.			
6	The pupil afraid of failing at the end of the year.			
7	The pupil afraid of his/her parents if he/she gets poor grades on the exam.			
8	The pupil's parents compare him/her to his/her classmates and his/her brothers in terms of exams.			
Managements of school phobia				
1	Management options are cognitive behavior therapy, educational-support therapy and pharmacotherapy.			
2	Parent-teacher interventions and psychoeducational support for the child and parents.			
3	Medicines such as (Anti-Anxiety Medicine, Antidepressant, Antipsychotics and sedatives.			
4	Care programs such as Intensive Outpatient Program (This is when the child comes to the hospital or clinic for 1 to 3 hours of treatment).			
5	Care programs such as Outpatient Program (This is when the pupil meets with a therapist once a week or less).			

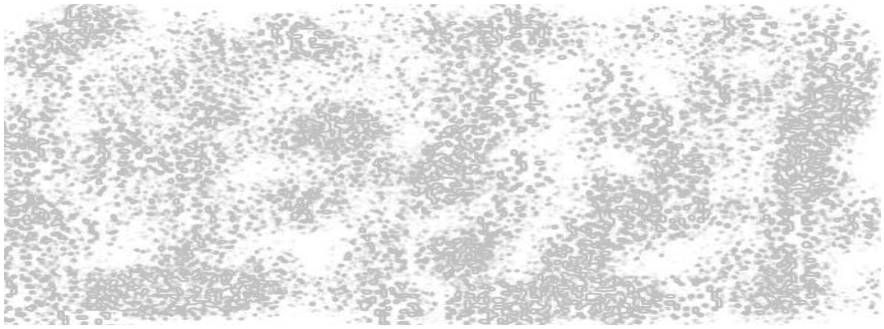
APPENDIX 3. Ethical Approval from Çankırı karatekin University



APPENDIX 4. Ethical Approval from Iraq



APPENDIX 5. English Proofreading



CURRICULUM VITAE

Personal Information

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Education

MSc	Çankırı Karatekin University Graduate School of Health Sciences Department of Nursing	2020-Present
Undergraduate	Uiversity of Baghdad Nursing College Department of Nursing	2010-2014

Work Experience

Professional nurse Baghdad Medical City / Private Nursing Home Hospital, Baghdad (May 2015 - Oct 2020)

Practitioner nurse (Neonatal intensive care unit), [Baghdad Medical City / Private Nursing Home Hospital] {5/5/2015 – 1/10/2015}

Medical Unit nurse [Private Nursing Home Hospital], [1/10 / 2015 - 1/8/2016]

Emergency nurse, [Private Nursing Home Hospital], [5/6/2016- 5 / 9/2016]

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