



Counselling Services and Self-Esteem among Children with Physical Disabilities in Public Primary Schools in Anambra State

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ABSTRACT

Children with physical disabilities in public primary schools often face unique psychological challenges, particularly regarding the development of their self-esteem. The study investigated the effects of counseling services on the growth of self-esteem in children with physical disabilities within public primary schools in Anambra State. Utilizing a descriptive survey research design, data were collected from a purposive sample of 100 respondents using a structured 4-point Likert questionnaire. Data analysis was conducted via SPSS, employing Pearson correlation, simple regression, and hierarchical multiple regression. A significant positive relationship was found between counseling services and self-esteem development, where r equals 0.506 and p equals 0.000. Regression analysis confirmed counseling services significantly predicted self-esteem, accounting for 25.6 percent of its development, with R squared at 0.256, F at 33.740, and p at 0.000. Demographic factors did not significantly moderate this relationship, as gender showed p at 0.359, age showed p at 0.549, and class level showed p at 0.675. Counseling services are crucial for increasing self-esteem among physically disabled children, independent of demographic factors. Consequently, schools should intensify counseling programs to enhance the mental health of these learners.

Keywords: Counselling services, self-esteem, physical disabilities, primary schools, Anambra State

Introduction

Counselling services are an important element in fostering self-esteem building of children with physical disabilities. Children are usually subjected to discrimination, exclusion, bullying, dependency and adverse attitudes in the society due to their physical disability such as cerebral palsy, impaired limbs, spinal cord injuries, muscular dystrophy and other mobility challenges. These experiences can develop a sense of inferiority, helplessness, low self-esteem, anxiety and withdrawal. Self-esteem is the perception of the personal value and competence, as well as the self-acceptance of an individual (Enwere and Mbakwe, 2021; Enwere and Iloakasia, 2024). The children with physical disabilities usually have a low self-esteem because of disability in physical functioning and stereotypes of society that view them as incapable (Pinquart & Behle, 2021).

Such children grow to have positive self-perception through emotional support and therapeutic interventions, which can be facilitated through counselling services (Enwere & Iloakasia, 2025). Individual counselling helps children to express their feelings of frustration, anger, embarrassment and sadness, about their disability. By using cognitive restructuring strategies, counsellors assist them to refute negative thoughts towards their physical appearance and limitation as well

as encouraging them to accept themselves and be resilient. Cognitive behavioural counselling is also found to be effective in enhancing self-esteem of children with disabilities by substituting the self-defeating beliefs with the positive self-concepts (Bana et al., 2017). It is also through the group counselling that self-esteem is developed. During group sessions, children are brought together with like-minded children with similar challenges and their isolation reduces. These interactions facilitate emotional attachment, confidence enhancement and social competence. Group counselling helps children to open up and share experiences with others, where children learn coping strategies by observing others in the group. It has been found that peer support interventions can enhance confidence and emotional adjustment of children with disabilities (Van-Der-Meulen et al., 2021).

Another counselling service that can be used to boost self-esteem of children with physical disabilities is play therapy. As children naturally communicate in the form of play, therapists rely on organized games, storytelling, role-playing, and creative activities, which help children to express themselves, develop confidence. Play therapy offers the chance to gain and express oneself, which enables children to view themselves in a positive light. Bana et al. (2021) have indicated that cognitive behavioural play therapy had a significant positive effect on self-esteem in children with disabilities. The family counselling is also vital in the development of self-esteem. Parents with physically challenged children might be overprotective without knowing or expressing pity towards the children, a factor, which may undermine the self-esteem of the children in question. The counsellors teach parents on helpful parenting styles, positive communication and fostering independence. Children are more likely to form a better self-esteem and confidence when parents offer them emotional support and chances to make their own decisions (Elshanum, 2024).

Further development of self-esteem is through school based counselling services which provide inclusive learning environments. School counsellors assist the children to overcome bullying, stigma, frustration in academic pursuits and peer rejection. They also work with the teachers to encourage inclusive practices that will appreciate the strengths of children with disabilities. Inclusive schools counselling makes children feel that they are important and accepted in the school. Ogu and Umunnah (2023) discovered that children with disabilities that underwent supportive activities experienced better confidence and positive self-perception. Vocational counselling and career may also help in the development of self-esteem, mostly among children who are older. Counsellors assist them to determine their strengths, talents, future goals in spite of physical limitations. This provides the children with hope, purpose and certainty about their future abilities. These advantages notwithstanding, lack of adequate counselling facilities, lack of awareness, cultural stigma and inaccessibility of rehabilitation services are still a

challenge in most developing nations. Governments, schools and health care institutions should invest in special counselling services to assist the physically challenged children. The study is explained by the growing concern about the psychological wellbeing of children with physical disabilities in the public primary schools within Anambra State, and their struggle to cope with their low self-esteem due to stigma, discrimination, social exclusion, and lack of access to professional counselling services.

Although increasing scholarly interest has been shown in psychosocial issues in the Nigerian context, there is a dearth of empirical evidence on the impact of counselling services on self-esteem development amongst physically disabled children in the basic education level in the Nigerian context. Agofure et al. (2019a) analyzed the knowledge and perception of mental disorders among relatives of mentally ill individuals in rural communities and Agofure et al. (2019b) analyzed the stress and the performance of community health workers. Even though, the two studies were dealing with psychological issues, they did not deal with children with disabilities in schools. Ume et al. (2026) further explored mental health needs among internally displaced persons and Egwuaba et al. (2025) further explored mental health needs using sociocultural innovation but they did not examine development of self-esteem among disabled pupils.

Onwuka and Ume (2022), Onwuka et al. (2022a), Onwuka et al. (2022b) and Onwuka et al. (2022c) studied sexual harassment and employee performance, conflict, employee development programmes, and livelihood conditions among tertiary institution workers. Likewise, Nwokolo et al. (2022) studied work insecurity and organizational citizenship behaviour. The focus of these studies was on workplace problems and childhood disability counselling was not researched. Chukwu et al. (2018) researched the topic of neo-patrimonialism and national security, whereas Chukwu and Ume (2020) studied the violence against women. Achebe and Onyemaechi (2023) were interested in the tendencies of adolescent crime, and Achebe et al. (2024) focused on the violent criminal behaviours inmates tend to develop. These studies dealt with social and behavioural issues, but did not consider physically challenged children in the primary schools.

In addition, the research of Ilukwe (2021) focused on oral performances, Madubuko et al. (2025a) examined the role of media and economic crisis while Onyemaechi et al. (2025b) discussed the role of social support in the era of COVID-19 and Udensi and Okosa (2025) discussed the issue of law. Though useful, none of them conducted research about the counselling services and self-esteem among children with physical disabilities. Therefore, this research is of critical importance to fill the gap and provide some evidence to counsellors, policy makers and parents of the Anambra State school community. Literature has recognized the important role of school counselling but there is a significant research gap on the direct

influence of counselling service on the development of self-esteem of physically disabled children in public primary schools from the perspective of educators. Moreover, research to date has paid little attention to the impact of certain demographic factors on this therapeutic relationship. This results in an "empirical vacuum" regarding the moderating role of a child's gender, age and class level in the relationship between the counselling interventions and the outcomes of self-esteem. It is high time a study is conducted on public primary schools in Anambra State, with respect to the teachers' perspective to tackle the combined factors. Analysing the intersectional nature of these relationships will help close a gap in research about inclusive education, and generate evidence-based information to help improve the nature of mental health systems in primary schools for vulnerable pupils.

Objectives

1. To determine the effect of counselling services on the self-esteem development of children with physical disabilities in public primary schools in Anambra State as perceived by teachers.
2. To examine the moderating effect of gender of the child on the relationship between counselling services and self-esteem development as perceived by teachers.
3. To assess the moderating influence of age of the child on the relationship between counselling services and self-esteem development as perceived by teachers.
4. To investigate the moderating effect of class level of the child on the relationship between counselling services and self-esteem development as perceived by teachers.

Hypotheses

H₀₁: Counselling services have no significant effect on the self-esteem development of children with physical disabilities in public primary schools in Anambra State as perceived by teachers.

H₀₂: Gender of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

H₀₃: Age of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

H₀₄: Class level of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

Research Methods

The type of research design used is descriptive survey research design to study the effect of the counselling services on the development of self-esteem of children with physical disability among public primary schools in Anambra State. Because teachers have a close relationship with their pupils, it was decided that teachers would be the respondents as they are likely to notice the changing behavior, interactions and academic confidence with the pupils over time. This ongoing process allows them to be able to make valid, objective assessments of both the delivery of counselling services and day-to-day self-esteem development of the pupils, which avoids the potential for younger physically disabled pupils having limitations of self-report or for communication barriers. The study was carried out in the State of Anambra, Nigeria and the teachers of public primary schools with experience of working with physically challenged children.

Purposive sampling technique was used to select a sample of 100 teachers to make sure that only the ones with relevant experience were included in the study. The demographic data of the study showed that children looked at were not the same in terms of age, class level and gender. In particular, the age distribution revealed that 33 children were between 6 to 7 years, 25 were between 8 to 9 years, 24 were between 10 to 11 years, and 18 were 12 years and above. In terms of classes, Primary 1 had 9 pupils, Primary 2 had 52 pupils, Primary 3 had 33 pupils and Primary 4 to 6 had 6 pupils. There was a fairly equal gender distribution with 55 males and 45 females.

Data collection was done by using a structured questionnaire, namely Impact of Counselling Services on Self-Esteem Development Questionnaire (ICSSDQ). The instrument was divided into three parts namely demographic, counselling service, and self-esteem development on a 4-point likert scale from strongly agree to strongly disagree. Specific statements to assess the frequency and availability of counselling sessions are included alongside indicators of pupils' self-worth such as reporting on classroom participation, pupils' relationships with others and their emotional resilience. The instrument was validated by face and content by the professionals in the field of educational psychology, guidance and counselling and measurement and evaluation, to ensure clarity and relevance of the instrument. To find the reliability, the Cronbach Alpha test was used, resulting in good Cronbach Alpha which is 0.82 for the counselling subscale and 0.79 for the self-esteem subscale, respectively, indicating good internal consistency of the instrument.

Statistical Package for Social Sciences (SPSS) version 23 was used to analyze the data. Descriptive statistics such as frequency, percentage, mean, standard deviation, skewness and kurtosis were used to summarize the demographic information and item responses. Inferential statistics were used to test the hypotheses. Pearson Product Moment Correlation was used to examine the correlation between the counseling services and development of self-esteem. Simple

linear regression was used to test for the direct effect of the counseling services on the development of self-esteem while the moderating variables namely: class level of child, gender, and age of child were tested using hierarchical multiple regression analysis and general linear model (ANOVA).

Results and discussion

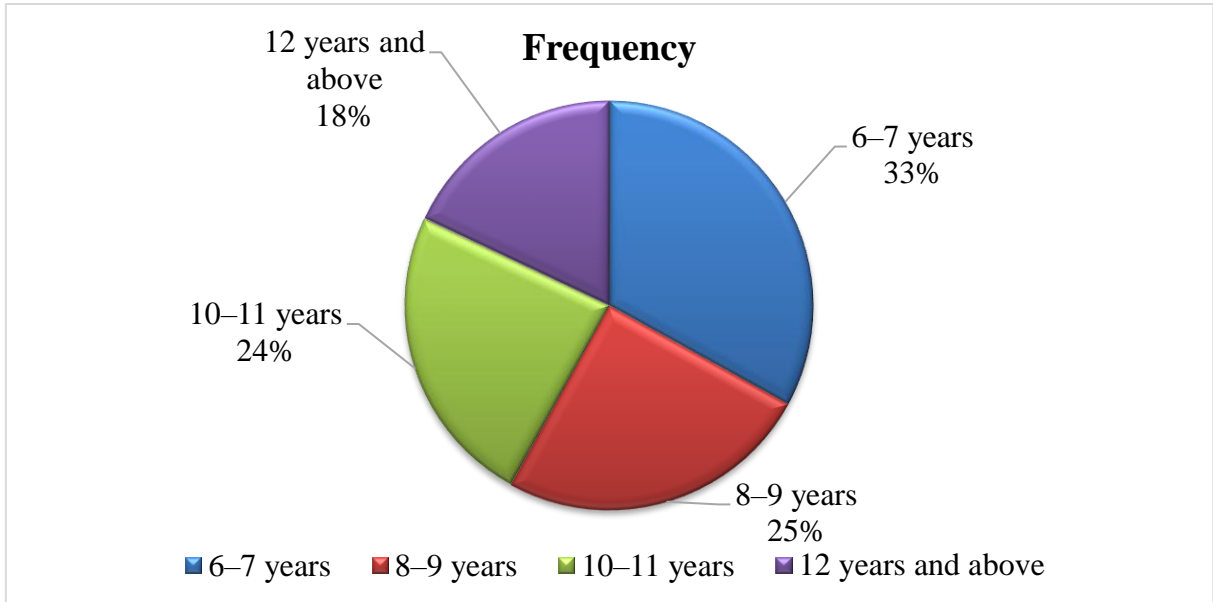


Figure 1: Distribution of Respondents by Age of Child

Figure 1 shows that most children were aged 6-7 years (33), indicating early primary school dominance. This is followed by ages 8-9 years (25) and 10-11 years (24), reflecting moderate representation across middle age groups. Children aged 12 years and above (18) were least represented.

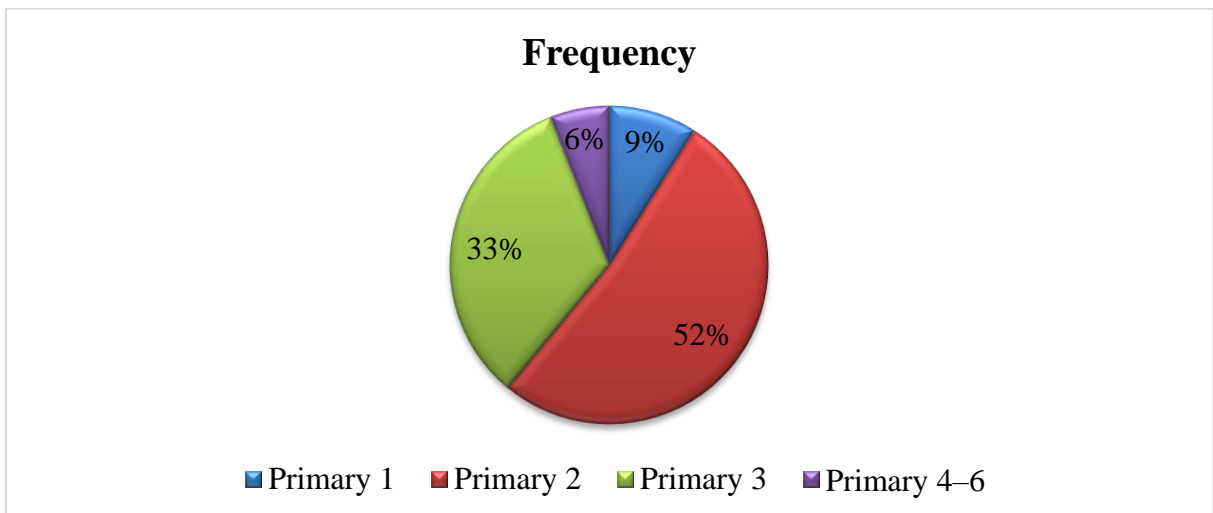


Figure 2: Distribution of Respondents by Class Level of Child

Figure 2 indicates that the majority of children were in Primary 2 (52), suggesting a strong concentration at this level. This is followed by Primary 3 (33), while fewer children were in Primary 1 (9). The least representation is observed in Primary 4-6 (6).

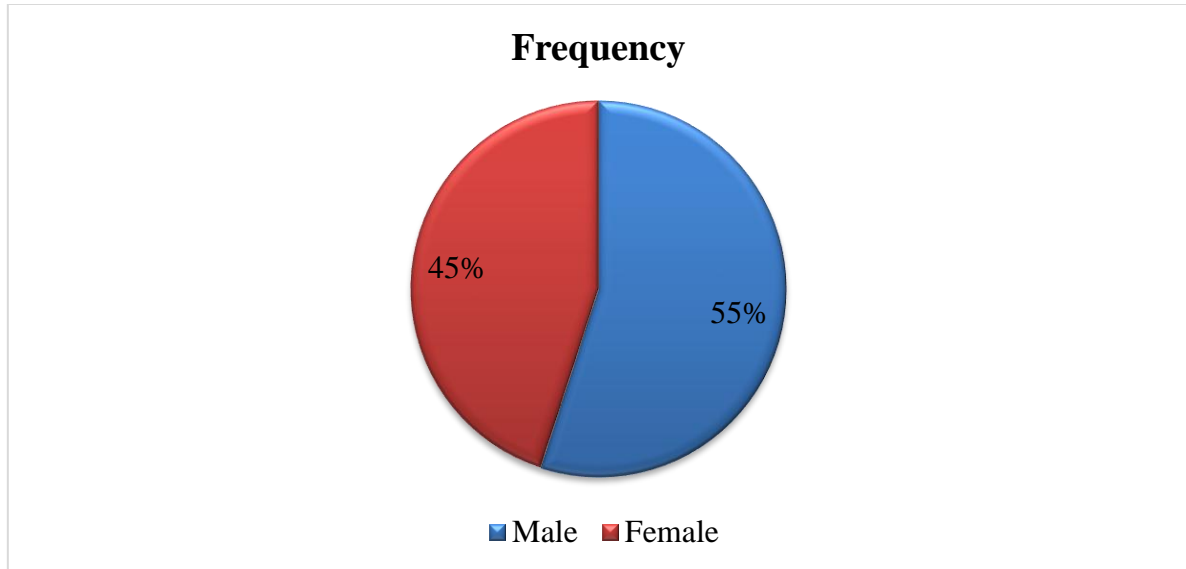


Figure 3: Distribution of Respondents by Gender of Child Observed

Figure 3 shows that male children (55) were slightly more represented than female children (45). This indicates a fairly balanced gender distribution, though with a modest male dominance. The near-equal representation suggests that both genders were adequately captured in the sample.

Table 1: Descriptive Statistics of Counselling Services for Children with Physical Disabilities

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Counselling services are regularly provided to children with physical disabilities in my school.	100	1.77	1.213	1.113	.241	-.567	.478
Individual counselling sessions are available for children with physical disabilities.	100	3.37	.761	-.882	.241	-.217	.478
Group counselling activities are organized for children with physical disabilities.	100	3.02	.921	-.753	.241	-.163	.478
School counsellors use appropriate techniques to support children with physical disabilities.	100	3.02	.841	-.142	.241	-1.320	.478
Counselling services address the emotional needs of children with physical disabilities.	100	2.00	1.303	.643	.241	-1.438	.478
Counsellors collaborate with teachers to support children with physical disabilities.	100	3.04	1.053	-.875	.241	-.436	.478
Counselling services are accessible to children with physical disabilities in my school.	100	1.35	.880	2.327	.241	3.894	.478
Counselling programmes are effective in supporting children with physical disabilities.	100	2.13	1.405	.501	.241	-1.706	.478
Valid N (listwise)	100						

The results in Table 1 show mixed availability and effectiveness of counselling services. High mean scores for individual counselling (3.37), group

activities (3.02), and counsellor support techniques (3.02) indicate these services are fairly provided. However, low means for regular provision (1.77) and accessibility (1.35) suggest limited reach. Emotional support (2.00) and programme effectiveness (2.13) are moderate. Skewness and kurtosis values reveal some response variability. Table 1 indicates that while certain counselling services exist, accessibility and consistency remain key challenges.

Table 2: Descriptive Statistics of Self-Esteem Development among Children with Physical Disabilities

	N	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Statistic	Statistic	Std. Error	Statistic	Std. Error
Children with physical disabilities show confidence in classroom activities.	100	3.32	.963	-1.379	.241	.872	.478
Children with physical disabilities participate actively in school activities.	100	3.31	.961	-1.359	.241	.842	.478
Children with physical disabilities express positive feelings about themselves.	100	3.36	.938	-1.534	.241	1.451	.478
Children with physical disabilities are willing to interact with peers.	100	3.41	1.036	-1.563	.241	.950	.478
Children with physical disabilities demonstrate a sense of self-worth.	100	1.65	1.158	1.359	.241	.037	.478
Children with physical disabilities are less withdrawn in classroom settings.	100	3.08	.950	-1.028	.241	.304	.478
Children with physical disabilities show improvement in social confidence.	100	3.31	1.042	-1.312	.241	.341	.478
Children with physical disabilities are comfortable expressing their opinions.	100	2.64	1.446	-.204	.241	-1.927	.478
Valid N (listwise)	100						

The results in Table 2 indicate generally high levels of self-esteem among children with physical disabilities. High mean scores for confidence (3.32), participation (3.31), positive self-feelings (3.36), peer interaction (3.41), and social confidence (3.31) suggest strong psychosocial development. However, low mean scores for self-worth (1.65) and moderate comfort in expressing opinions (2.64) reveal some underlying challenges. Negative skewness values show responses clustered at higher ratings.

Table 3: Pearson Correlation between Counselling Services and Self-Esteem Development

		Counselling Services	Self-Esteem Development
Counselling Services	Pearson Correlation	1	.506**
	Sig. (2-tailed)		.000
	N	100	100
Self-Esteem Development	Pearson Correlation	.506**	1
	Sig. (2-tailed)	.000	
	N	100	100

** . Correlation is significant at the 0.01 level (2-tailed).

The results in Table 3 show a moderate positive relationship between counselling services and self-esteem development ($r = .506, p < .01$). This indicates that improved counselling services are associated with higher levels of self-esteem among children with physical disabilities. The significance value ($p = .000$) confirms that the relationship is statistically significant at the 0.01 level. Therefore, Table 3 suggests that effective counselling services play an important role in enhancing the self-esteem development of children with physical disabilities.

Hypothesis 1

H_{01} : Counselling services have no significant effect on the self-esteem development of children with physical disabilities in public primary schools in Anambra State as perceived by teachers.

Table 4: Model Summary of the Influence of Counselling Services on Self-Esteem Development

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics					Durbin-Watson
					R Square Change	F Change	df1	df2	Sig. F Change	
1	.506 ^a	.256	.249	.66579	.256	33.740	1	98	.000	1.240

a. Predictors: (Constant), Counselling Services

b. Dependent Variable: Self-Esteem Development

The results in Table 4 indicate that counselling services have a moderate influence on self-esteem development ($R = .506$). The R Square value (.256) shows that counselling services explain 25.6% of the variation in self-esteem development, while the adjusted R Square (.249) confirms model reliability. The model is statistically significant ($F = 33.740$, $p = .000$), indicating a good fit. The Durbin-Watson value (1.240) suggests minimal autocorrelation.

Table 5: ANOVA of the Effect of Counselling Services on Self-Esteem Development

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	14.956	1	14.956	33.740	.000 ^b
	Residual	43.440	98	.443		
	Total	58.396	99			

a. Dependent Variable: Self-Esteem Development

b. Predictors: (Constant), Counselling Services

The results in Table 5 show that the regression model is statistically significant. The F-value (33.740) with a significance level of $p = .000$ indicates that counselling services significantly predict self-esteem development among children with physical disabilities. The regression sum of squares (14.956) compared to the residual (43.440) suggests that a meaningful proportion of variance is explained by the model.

Table 6: Regression Coefficients of Counselling Services on Self-Esteem Development

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1 (Constant)	1.300	.302		4.307	.000	.701	1.899					
Counselling Services	.694	.120	.506	5.809	.000	.457	.932	.506	.506	.506	1.000	1.000

a. Dependent Variable: Self-Esteem Development

The results in Table 6 show that counselling services significantly predict self-esteem development. The unstandardized coefficient ($B = .694$) indicates that a unit increase in counselling services leads to a corresponding increase in self-esteem development. The standardized coefficient ($\beta = .506$) reflects a moderate positive effect. The t-value (5.809) and significance level ($p = .000$) confirm that the predictor is statistically significant. The confidence interval (.457 to .932) does not include zero, reinforcing significance.

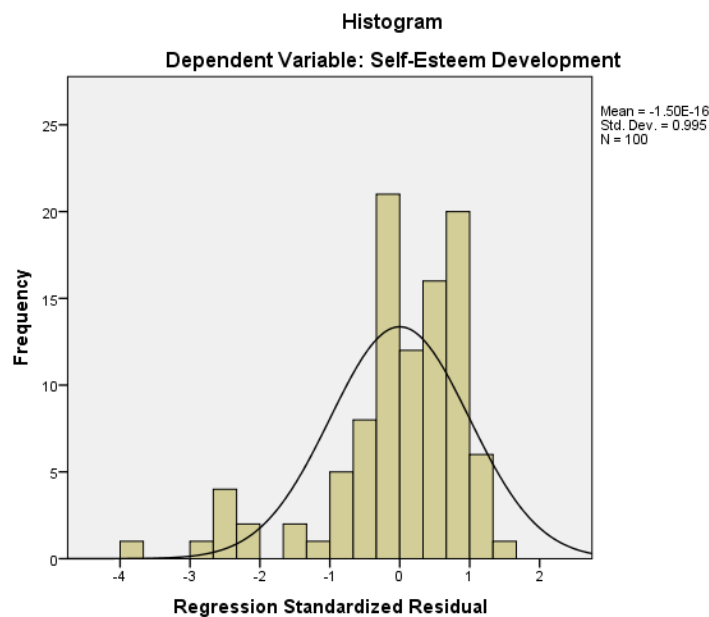


Figure 4: Histogram of Regression Standardized Residuals for Self-Esteem Development

Figure 4 shows that the regression standardized residuals are approximately normally distributed, with a mean close to zero ($-1.50E-16$) and a standard deviation near one (0.995). Most values cluster around the center, with few extreme deviations on either tail. This pattern in Figure 4 indicates that the normality assumption is reasonably satisfied, suggesting that the regression model is appropriate and that the results derived are statistically reliable and valid.

Hypothesis 2: Gender of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

Table 7: Tests of Between-Subjects Effects on Self-Esteem Development

Dependent Variable: Self-Esteem Development

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	451.406	1	451.406	2659.262	.016
Hypothesis					
Error	.158	.928	.170 ^a		
Counselling Services (V1)	26.833	21	1.278	3.293	.009
Hypothesis					
Error	6.296	16.225	.388 ^b		
Gender	.176	1	.176	.454	.510
Hypothesis					
Error	6.387	16.472	.388 ^c		
Counselling Services (V1) * Gender	4.362	11	.397	1.121	.359
Hypothesis					
Error	23.337	66	.354 ^d		

a. $.994 \text{ MS}(\text{Gender}) - .171 \text{ MS}(\text{V1} * \text{Gender}) + .177 \text{ MS}(\text{Error})$

b. $.803 \text{ MS}(\text{V1} * \text{Gender}) + .197 \text{ MS}(\text{Error})$

c. $.796 \text{ MS}(\text{V1} * \text{Gender}) + .204 \text{ MS}(\text{Error})$

d. $\text{MS}(\text{Error})$

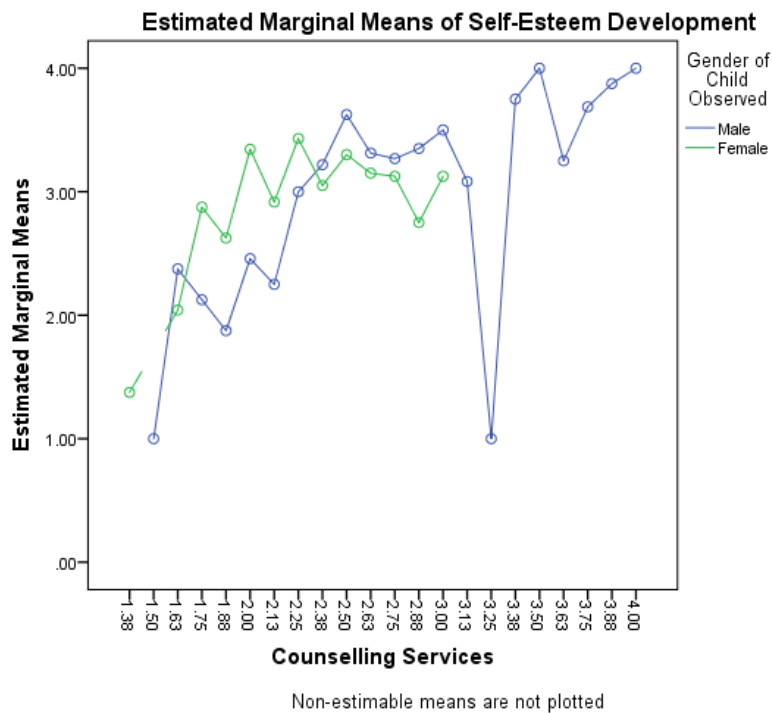


Figure 5: Estimated Marginal Means of Self-Esteem Development by Counselling Services and Gender

Figure 5 shows that self-esteem development generally increases with counselling services for both male and female children. Male values rise from lower levels (≈ 1.0) to higher levels (≈ 4.0), with a sharp fluctuation around (3.25). Female values show a steadier upward trend between (≈ 1.4) and (≈ 3.3). Figure 5 indicates that increased counselling services are associated with improved self-esteem, with males showing greater variability than females.

Hypothesis 3: Age of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

Table 8: Tests of Between-Subjects Effects on Self-Esteem Development (Including Age)

Dependent Variable: Self-Esteem Development

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	494.710	1	494.710	215.787	.001
Hypothesis Error	7.077	3.087	2.293 ^a		
Counselling Services (V1)	38.228	21	1.820	6.883	.000
Hypothesis Error	10.962	41.446	.264 ^b		
Age	7.654	3	2.551	9.693	.000
Hypothesis Error	9.112	34.615	.263 ^c		
Counselling Services (V1) *	6.524	25	.261	.945	.549
Hypothesis Error	13.804	50	.276 ^d		

a. $.886 \text{ MS(Age)} - .070 \text{ MS(V1 * Age)} + .184 \text{ MS(Error)}$

b. $.768 \text{ MS(V1 * Age)} + .232 \text{ MS(Error)}$

c. $.850 \text{ MS(V1 * Age)} + .150 \text{ MS(Error)}$

d. MS(Error)

Table 8 shows that counselling services have a significant effect on self-esteem development among children with physical disabilities, indicating that improved counselling support enhances their self-esteem. Age also has a significant influence on self-esteem development, suggesting that children's self-esteem varies across different age groups. However, the interaction effect between counselling services and age is not significant, implying that although both counselling services and age independently affect self-esteem, age does not significantly alter the relationship between counselling services and self-esteem development.

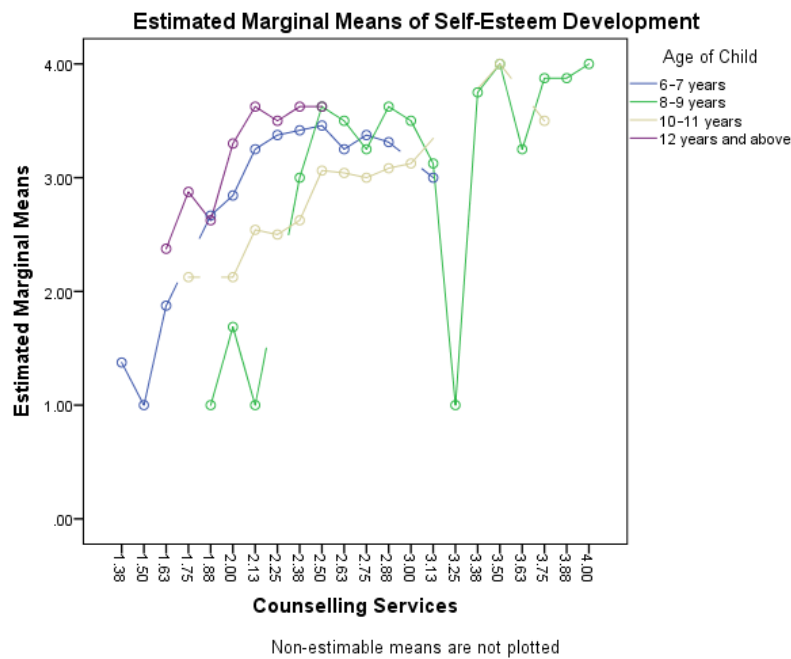


Figure 6: Estimated Marginal Means of Self-Esteem Development by Counselling Services and Age of Child

Figure 6 shows that self-esteem development increases with counselling services across all age groups, though with varying patterns. Children aged 8–9 years show sharp fluctuations, including a drop around (3.25), before rising to about (4.0). Ages 6–7 and 12 years and above show more stable upward trends between (≈1.0–3.5). The 10–11 group shows moderate growth. Figure 6 indicates positive effects of counselling, with age-related differences in consistency.

Hypothesis 4: Class level of the child does not significantly moderate the relationship between counselling services and self-esteem development of children with physical disabilities as perceived by teachers.

Table 9: Tests of Between-Subjects Effects on Self-Esteem Development (Counselling Services and Class Level)

Dependent Variable: Self-Esteem Development

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Intercept	344.658	1	344.658	837.200	.000
Hypothesis Error	1.757	4.268	.412 ^a		
Counselling Services (V1)	27.699	21	1.319	4.079	.000
Hypothesis Error	11.351	35.102	.323 ^b		
Class	1.253	3	.418	1.283	.294
Hypothesis Error	12.383	38.044	.325 ^c		
Counselling Services (V1) * Class	6.509	21	.310	.828	.675
Hypothesis Error	20.216	54	.374 ^d		

a. $.825 \text{ MS}(\text{Class}) - .024 \text{ MS}(\text{V1} * \text{Class}) + .199 \text{ MS}(\text{Error})$

b. $.792 \text{ MS}(\text{V1} * \text{Class}) + .208 \text{ MS}(\text{Error})$

c. $.759 \text{ MS}(\text{V1} * \text{Class}) + .241 \text{ MS}(\text{Error})$

d. $\text{MS}(\text{Error})$

The results in Table 9 show that counselling services (V1) have a statistically significant effect on self-esteem development ($F = 4.079$, $p = .000$), indicating that variations in counselling services significantly influence students' self-esteem. However, class level does not have a significant effect on self-esteem development ($F = 1.283$, $p = .294$), suggesting no meaningful differences across classes. In addition, the interaction between counselling services and class is not significant ($F = .828$, $p = .675$), implying that the effect of counselling services is consistent across class levels.

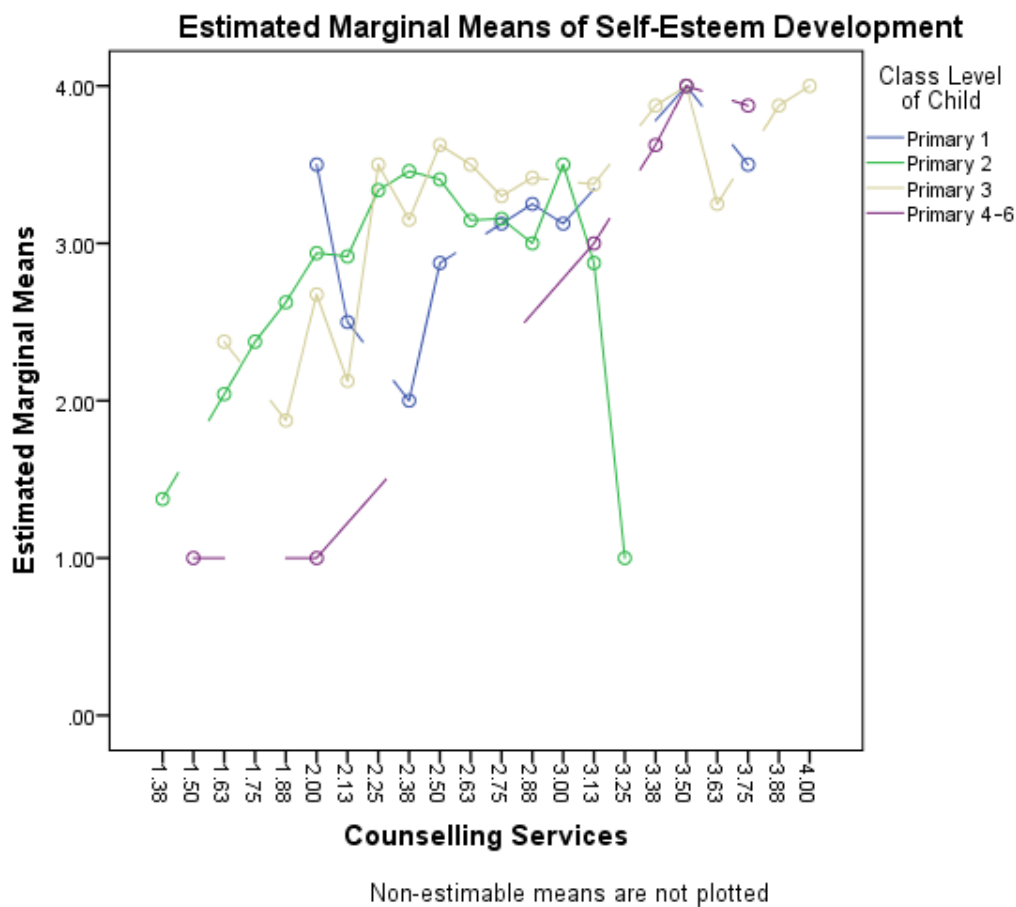


Figure 7: Estimated marginal means of self-esteem development across counselling service levels by class level of pupils (Primary 1, Primary 2, Primary 3, and Primary 4-6).

Figure 7 shows that the development of self-esteem tends to increase with a greater use of counselling services by all levels of classes. The best results in terms of the highest level of self-esteem are observed with pupils in higher classes (Primary 4-6) and at higher levels of counselling. There are also positive trends of high intensity in the Primary 3 pupils. Nonetheless, Primary 2 exhibits some notable fluctuations, such as a steep decrease in higher counselling levels which implies lack of consistency in its responsiveness. Pupils of Primary 1 demonstrate slow progress.

Discussion

The results showed that moderately the counselling services of the children with physical disabilities in the public primary schools in the Anambra State. Some form of individual counselling, group counselling activities, supportive techniques of counsellors, and collaboration with teachers were quite common in schools, whereas regular provision and access was still not good. This observation was

consistent with that of Enwere and Iloakasia (2025) who reported that even now, the use of counselling services in elementary schools remains poorly integrated. Agofure et al. (2019) observed in a related study that helping services often are ineffective because of stress and institutional limitations. Likewise, Ume et al. (2026) also found that there was inadequate access to mental health services by vulnerable populations. The results also indicated that physically challenged children were relatively high in terms of confidence, and involvement in school activities, positive attitudes about themselves, peer interaction, and social confidence, but there were still challenges involving self-worth and confidence in their ability to voice their opinions. This observation was in agreement with Pinguart and Behle (2021) who concluded that positive school practices positively affected the self-esteem of children with disabilities. In a similar study, Ogu and Umunnah (2023) documented that the high participation rate among children living with disabilities is promoted by the improved self-esteem. On the contrary, Enwere and Mbakwe (2021) have discovered that low self-esteem has adverse impacts on psychological wellbeing among adolescents.

The research also found out that there was a significant positive relationship between counselling services and development of self-esteem among children with physical disabilities. It means that the better counselling services are provided the better confidence and emotional health the children have. This was consistent with Bana et al. (2017) who discovered that cognitive behavioural play therapy was among the most effective therapies in enhancing self-esteem of children with disabilities. In a similar manner, Van der Meulen et al. (2021) found that the interventions of emotional peer support have a positive impact on self-confidence in students with special educational needs and disabilities. The results also revealed that counselling services greatly predicted the development of self-esteem. This was in accordance with Onyemaechi et al. (2025) who discovered that social support enhances psychological wellbeing in vulnerable people. Onwuka and Ume (2022) on the contrary did not base their study on child psychological development but on the outcomes of performance in the workplace.

The research revealed that gender was not a significant factor to moderate the connection between counselling services and development of self-esteem. This was contrary to Enwere and Iloakasia (2024), who identified a gender variation in self-esteem among the adolescents. Nonetheless, both Achebe and Onyemaechi (2023) recorded that gender might not necessarily play a critical role in driving behavioural results. It was also found that age played an important role in self esteem development in children which is in agreement with Elshanum (2024) who pointed out that developmental differences in self esteem development in children exist. But the issue of class level did not significantly mediate the association between counselling services and development of self esteem. Conversely, Onwuka

et al. (2022) have discovered that institutional categories can have an impact on developmental outcomes. In general, the results help to confirm that counselling services are still a crucial component in enhancing self-esteem among physically disabled children in Anambra State.

Implication of the findings

The implication of the findings is that counselling services are a critical factor to enhance the psychological wellbeing of children with physical disabilities in public primary schools in Anambra State. As the study revealed that counselling services are of great significance in the development of self-esteem, school administrators should be keen to provide accessible and consistent counselling programmes. The lack of proper counselling can subject children to low self-esteem, bad socialisation and withdrawal in studies. This is in line with Mbuba (2022) who said that proper human capital development enhances productivity and performance outcomes in organizations. On the same note, Chude et al. (2021) demonstrated that appropriate interventions enhance functional outcomes and thus, structured counselling can also be effective in enhancing psychological functioning among children. The concluding finding that access to counselling services has remained poor, means that the policy formulators should develop inclusive education policies that will guarantee that trained counsellors are available in the public schools. This helps Okosa (2022) who pointed to the fact that institutional structures are needed to safeguard vulnerable populations. More closely related, Ilukwe and Ume (2026) showed how educational interventions structured can help solve challenges in society through strategic engagement.

The strong correlation existing between counselling services and self esteem also means that parents, teachers and counsellors should work more closely in supporting children with disabilities. This is in line with Ilukwe and Ume (2025), who emphasized the need to have supportive systems to help in addressing the social challenges. Similarly, Ilukwe (2025) emphasized the value of quality strategies in attaining desired results. The non-significant moderating role of sex and the level of classes means that the counselling interventions should be implemented equally to all the children irrespective of the demographic differences whereas age specific counselling interventions may be necessary. This is reflective of the principles of adaptation that Okpalanma et al. (2024), Aniemena et al. (2024), Chude et al. (2023), Nwagbo et al. (2020), and Okpalanma et al. (2025, 2024) emphasized, in that outcomes are better when interventions are tailored. Moreover, as Nwadiuwe and Ilukwe (2023) pointed out, the impact of systemic neglect can be rather harmful, which means that the disregard of counselling services might become an obstacle on the way of the holistic development of physically challenged children.

Conclusion

The research was able to conclude that the counselling services have a very significant positive influence on self-esteem development of children with physical disabilities in the public primary schools in Anambra State. The results showed that good counselling services have a significant role in enhancing the confidence of pupils, their social life, and self-esteem. In particular, counselling services were observed to significantly predict self-esteem development, and explain a significant proportion of the variation in the level of self-esteem of pupils. The study however established that gender, age and level of class of the child does not significantly moderate the relationship between counselling services and development of self-esteem. This means that the positive influences of counselling services are relatively the same in the demographic groups of children with physical disabilities. Thus, counselling is an important type of support in improving the psychological and emotional adaptation of physically challenged learners. This paper highlights the necessity to enhance and properly designed counselling programmes at primary schools in order to facilitate the achievement of inclusive education.

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