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SOCIO-DEMOGRAPHIC VARIABLES AND AUTISM AMONG PRIMARY AND POST-PRIMARY SCHOOLS PUPILS IN ONITSHA EDUCATION ZONE, ANAMBRA STATE, NIGERIA: THE ROLES OF GUIDANCE COUNSELLOR

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ABSTRACT
Autism has become a common childhood behavioural disorder that can disturb a child's success in school and interpersonal relationships. This study investigated socio-demographic variables and Autism among primary and post-primary school Pupils in Onitsha Education Zone, Anambra State. The investigation was guided by three specific objectives, research questions and hypotheses. The study used a descriptive research design and 250 school pupils were used as the sample size. An instrument known as Socio-demographic Variables and Autism Questionnaire (SAQ) was used for data collection. The instrument for data collection had reliability index of 0.78. ANOVA and independent t-test were used for analysis of data collected from the field. The result revealed that there is a significant influence of gender, birth order and socioeconomic status on Autism among primary and post-primary schools Pupils in Onitsha Education Zone, Anambra State. Based on the findings the research recommends that primary and post-primary schools teachers in Onitsha Education Zone, Anambra State should be trained on how to find out variables that could influence Autism in children and refer the pupils/patients as timely as possible. Based on the findings of this survey, the study concludes that gender, birth order and socio-economic status are socio-demographic variables that influence autism among primary and post-primary schools' pupils in Onitsha Education Zone, Anambra State. This research recommended that Primary and post-primary school teachers in Onitsha Education Zone should be trained on how to manage or teach children with autism with utmost care.

Keywords: *Socio-demographic variables, autism, role of guidance counsellor, primary and post-primary schools' teachers.*

Introduction

Human conduct mostly falls within a range with some behaviour being mutual, some uncommon, some satisfactory, and some outside tolerable limit. Children develop at dissimilar rates and have diverse behaviours, and personalities. Some children get anxious, behave thoughtlessly, and fight to focus at a given time or another. Occasionally, these factors may be misguided for Autism. The (American Psychological Association, 2018) defines Autism as a social condition that makes

concentration on everyday demands and routines thought-provoking. Among the widespread disorder symptoms in children, attention deficit disorder is the one that endures or stays all through puberty and maturity. Signs include physical exertion, staying focused and attention, and inability to control behaviour. Autism usually surface in life, normally between the ages of 3 to 6. The symptoms are always different from individuals. This however makes it very difficult to be detected. Some parents often find out that their children do not develop interest in some things faster like other children. While for teachers, when a child has issues in adhering to classroom instructions and at other places that is when the symptoms begin to manifest in the child.

Autism is one of the most studied concept of the childhood psychiatric disorders in both the psychosocial and medical works as well as the most common neuro behavioural disorder of childhood (American Academy of Child & Adolescent, 2017).

According to Silverman and Belawu (2020), such children manifest behaviour such as low self-esteem, unending failure in school and social skills inadequacy which can cause some adolescent antisocial behaviour such as use of drugs and alcohol, and act of stubbornness which could lead to these children dropping out of school. He further maintains that if Autism is not detected and handled earlier in them, it can lead to adolescent disruptive behaviours Uwe (2018) and Agbu, Nnachi and Eze, (2016) were of the view that if these issues are not identified and solved, it might cause some of them to be a problem to their friends, parents, teachers and even to themselves. They can become unfocused, make careless mistakes and be unable to finish a task. Autism can cause learning deficiency that might lead to the teachers punishing and bullying their pupils as defined in the 4thEdition of the Diagnostic and Statistical Manual of Mental Disorders (2018) without certainly understanding the difficulties these students may be going through in the act of earning. For Autism to be detected, all the conditions listed in the Diagnostic and Statistical Manual of Mental disorder 4th edition (DSMIV) (2016) must be reached and a child will be observed for at least six months both at home and in school.

Sometimes, because of Autism in pupils, teachers might neglect and overlook them or see it as inability of the parents to teach and train the child in the right way or better still look at the child as an irresponsible child, make jest of them causing some of their classmates to avoid them (Nadou & Dixion, 2017). In some studies on autism that had been carried out in Nigeria to ascertain the prevalence of attention deficit disorder most of the results came out significant. Some of such studies were conducted by Egbochukwu and Abikwi, (2014) and Skounti, Philalithis and Galanakis, (2015) on children with autism in rural communities. They reported that boys have more prevalence to autism than girls of the same age. The results came out significant that socio demographic variables are associated with autism. Sale and John, (2013) also carried out such research in Northern Nigeria. The result shows that some of the socio demographic variables are indeed associated with autism. It has also observed that several variables such as family birth order, socio-demographic, pre-natal, nutritional, age and school variables have been connected with autism in both clinical and community samples of children.

Gender is the variety of features relating to and distinguishing between male and female. Conditional on the context, these features are likely to include the act of being masculine, feminine or intersex. While Birth order as the name implies is the classification and ordering of a child or children according to how he/she or

they is/are born. In birth order, a child could be the first, second, middle, last, twins or only child. Socioeconomic status refers to an economic and sociological collective measure of one's work experience, one's or family's economic and social location when compared with others with regards to education, occupation and income (National Centre for Educational Statistics, 2021).

Autism has become a common childhood behavioural disorder that can disturb a child's success in school and interpersonal relationships. It is a common disorder occurring in children before the age of seven and it is often characterized by insistent from of distraction and hyperactivity impulsivity that is regularly exhibited. However, it has been observed that some children find it difficult to adhere to instruction, some are rowdy and loud, while some will just decide to be quiet uninvolved with other kids. Some also cannot stay still, they like to run around and squirm in their seats even when they are forced to stay still. And when some of these children go outside their homes and even at homes, they find it difficult to control themselves, especially at the market places, stores, churches, or even supermarket. They like to attract too much attention to themselves by making so much noise not minding where they are. The child climbs windows during classes, he cannot sit still, he daydreams, fidgets, loses focus on activity in class as soon as it began. This makes the class teacher to become, angry, less focused, frustrated and stressed up or has a great risk for substance misuse. People outside may somehow see it as parents improper training. Most of the times, parents feel embarrassed maybe with the way the child is being repeatedly ask to put things down in the supermarkets and some other places. Therefore, it is against this backdrop that this study provided answers to the following research questions:

I. What is the influence of gender on autism in primary and post-primary schools' pupils in Onitsha Education Zone of Anambra State?

II. What is the influence of birth order on autism in primary and post-primary schools pupils in Onitsha Education Zone of Anambra State?

III. What is the impact of socio-economic status on primary and post-primary schools' pupils' autism in Onitsha Education Zone of Anambra State?

Conceptual Literature

Autism

Autism is classified by the Diagnostic and Statistical manual of mental Disorders (DSM-5, 2016) and National Centre for Disease Control (NCDC) (NCDC, 2020) as a set of heterogeneous neurodevelopmental conditions, characterised by early-onset difficulties in social communication and unusually restricted, repetitive behaviour and interests. It is a lifelong developmental disability that affects the way a person communicates and relates to people around them (Babajide &Arowoshafe, 2018). Individuals with autism have atypical cognitive profiles, such as impaired social cognition and social perception, executive dysfunction, and atypical perceptual and information processing. They may have issues expressing emotions in a conventionally recognised way, inflexibility with change and difficulty adapting to new tasks and routines (Attwood &Agawal, 2020; Lagidigba, Obaloto & Ajiboye, 2019).Autism often co-exists with associated behaviours that makes forming relationships, using language, and interpreting and responding to the world around them difficult (Wagner et al. 2006). Consequently, many people experience ongoing problems with finding and maintaining work (Bolman & Nathan, 2019).

The first operational definition of autism appeared in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III 1980) and focused on impaired social development and communicative development. The latest revision (DSM-5 2013) adopted the umbrella term Autism Spectrum Disorder (ASD) and has combined previous separate categories together without a definition of subtypes, and reorganised the triad into a dyad: difficulties in social communication and social interaction; and restricted and repetitive behaviour, interests, or activities (Attwood & Anthony, 2017). This may not be helpful, because there is a danger that individual experiences of autism can be over looked (Lawson, Anderson & Gabriel, 2019).

Assessment of autism needs to be multidisciplinary and developmental, and early detection is essential for early intervention which helps the child move along the autism continuum. (Wing& Joshi, 2016; Attwood, 2016). According to Chuan-Lai, Ogbemudia and Fagbemi, (2018) comprehensive and targeted behavioural interventions can improve social communication and reduce anxiety, drugs can reduce comorbid symptoms, but do not directly improve social communication.

The term 'Asperger's Syndrome' refers to a particular profile of people on the Autism Spectrum. It was first included in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV1994) and considered as a mild form of autism. It is now classified as an autism spectrum disorder (DSM-V 2013). It is named after a Viennese physician Hans Asperger, who observed conspicuous impairments in "communication and control of emotions and a tendency to intellectualize feelings" (Attwood, 2018). It is distinguished from classic autism because its symptoms are less severe. One of the challenges of the condition is that children with Asperger's Syndrome have no physical characteristics to indicate that they are different, and having intellectual ability may lead others to have high expectations with regard to their social knowledge (Atitebi & Aduragbemi, 2019).

Unlike many autistic children, however, Asperger's children do not evidence delayed speech, but their use of language is pedantic, with some children demonstrating an unusual prosody of language that affect the tone, pitch and rhythm of speech (Attwood, 2015). The onset of their difficulties is somewhat later, and they more commonly experience motor deficits (Kennedy & Popoola, 2018; Frith & Friday, 2016; Grandin & Frank, 2018; Klin & Amos, 2020). Although, individuals with Asperger's often display strong logic and analytical skills,

Females on the Autism Spectrum

Until recently the research indicated that boys outnumbered girls on the autism spectrum, but evidence is growing that the number of girls with autism may have been significantly underestimated (Hendrickx, 2015; Happe, 2016). This effects the research on autism which is written from studies based predominantly on observations of male clients. Consequently, women on the spectrum have slipped under "the radar of formal diagnosis" (Simone & Peter, 2018). According to Gabriel and Kim (2017) girls on the spectrum, may avoid social play with peers or be socially naïve, intrusive or dominating in the playground. While Kopp and Gillberg (2016) note that social differences may be shown in 'clingy' rather than 'aloof' styles of interaction. Dworzynski and Diosky (2019) extend this point when they pinpoint that girls more than boys need additional red flags such as intellectual disability or behavioural problems to get an autism diagnosis.

The Role of the Guidance Counsellor in Supporting Autistic Students' Primary and Post- Primary

Defining guidance counselling

Successive reports from the Organisation for Economic Co-operation and Development (2015) appear to contribute to guidance policy formation in Nigeria primary education and guidance counselling (Hearne *et al.,* 2016). The Organisation for Economic Co-Operation and Development (OECD) refers to a lifelong element to guidance when it states that guidance counselling services are:

intended to assist people of any age and at any point throughout their lives to make educational, training and occupational choices and to manage their careers"(Nigerian Education Policy [NEP] 2004b, p.19.)

In Nigeria, according to the policy literature, there are two strands to the guidance counsellors' role in primary and post primary education: the provision of guidance service to meet the needs of all students regarding their decision making and transition planning, and the development of curricular guidance programme within a whole school context (NEP, 2004).

Guidance counselling is defined by the NEP as:

"a range of learning experiences provided in a developmental sequence that assist pupils to make choices (personal and social, educational and career) about their lives and to make transitions consequently on these choices" (NEP, 2004, p.2).

The National Guidance Forum (NEP 2007), incorporates both the OECD and NEP perspectives stating:

"*Guidancefacilitatespeoplethroughouttheirlivesto managetheirowneducational, training, occupational, personal, and social and life choices so they reach their full potential and contribute to the development of a better society*." (NEP, 2007,p.8.).

Thus, the purpose of guidance is to meet the needs of people at all stages in the life cycle, while also stating the importance of individuals taking responsibility for their own lifelong career development.

Guidance Counselling and Autism

Guidance is now strongly associated with educational and career transitions from primary school to further and higher education, training and the workforce (Johnson, 2018; European Lifelong Guidance Policy Network [ELGPN], 2012; Mc Guinness, Bergin, Kelly, Mc Coy, Smith & Timothy, 2016). The National Council Special Education (NEP, 2016) identified that guidance counselling played a key role in supporting autistic students who are undertaking transitions: primary to secondary and school to further education. Transition is different and stressful and can be traumatic for autistic people between the ages of 11 and 25, if not handled correctly (Egerton, Adeyeye &Fagbemi, 2019). According to the NEP (2015) guidance counsellors play a key role in "collaborating with school, management and staff in the planning, leading, delivery review and evaluation of the guidance service/programme and the whole school guidance e-plan" (NEP, 2014). The needs of students with autism are diverse suggesting that supports need to be individualized, reviewed and integrated across the life span.

Empirical Review

In a meta-analysis undertaken by Loomes, Acquinas and Tobin (2017) on Autism and gender, the study found that "the best estimate of male-to-female ratio from epidemiological studies is not 10:1….but3:1"(Carpenter*etal.*,2019).This research indicates that many autistic females are undiagnosed or misdiagnosed (Carpenter, 2019, Looms, 2017), and that autistic girls have been "under -represented in in research, the media and

popular concepts of autism" (Carpenter, 2019). This problem is referred to as 'diagnostic overshadowing' as parents, teachers, doctors may not think 'autism' if they see a girl who is struggling socially. Many girls on the spectrum describe masking or camouflaging their autism (Dean *etal.,* 2017).Carpenter and Boris (2019) suggest that qualitative research exploring the experiences of autistic girls is needed to compliment quantitative research, to develop better interventions and to help girls on the spectrum to follow their goals. Research by Lindstrom *et al*. (2018) cautions that the current under-identification of females on the autism spectrum, and lack of attention for their specific needs may have critical implications for their post-school success in academic or employment services.

Research Method

The design for this study is descriptive research design. Hence, it described the likely socio-demographic variables that could likely influence autism in primary and post-primary schools' pupils in Onitsha Education Zone, Anambra State in order to examine the influence of socio-demographic variables associated autism. The population of the study consisted of all the primary school pupils in the 21 government primary schools in Bonny Island (Local government council) which is 5,949. This population was appropriate as it would help in getting the required number of pupils for the study. A sample size of 250 respondents were randomly selected from the study population. This was done by selecting 5 pupils each from basic 1 to 5 in the 10 primary schools and another 5 pupils from JSS I to JSS III in Onitsha Education Zone who have symptoms of autism as stated in American Psychiatric Association 2002, Diagnostic Manual of Mental Disorder (DSM-IV). The instrument for data collection was an adapted Questionnaire from American Psychiatrics Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) (2002), which was divided into section A and B. Section A has 5 questions that covers the socio-demographic variables such as gender and birth order while section B has 30 items that covers the symptoms of attention deficit hyperactivity disorder. The instrument therefore has 35 questions. The 30 questions which covers the symptoms of Attention Deficit Hyperactivity Disorder were all structured in a four-point scale of Very much, Pretty much, Just a little and Not at all. Some of the items in the scale were positively structured while others are negatively structured, hence, the instrument has a maximum score of 120 and a minimum score of 30. The content validity of the instrument was ascertained by two experts in Measurement and evaluation to assess its relevance to the work. Responses to the questionnaire items were collated and analysed using Cronbach alpha and a reliability coefficient of 0.78 was obtained. The research questions were analysed using mean (x) and standard deviation (SD). Independent t-test and ANOVA were used to analyse the research questions.

Presentation of Results

Table 1: Independence t-test correlating the influence of gender on autism in primary and post-primary schools' pupils in Onitsha Education Zone of Anambra State

t-critical result

Gender	N	$\overline{X}$	SD	Df	Calt-	Sig Value
Male	111	38.9	10.39	248	.933	.032
Female	139	37.08	9.60			

The results in table 1 shows that, males had a mean of 38.28 (N = 111) and SD of 10.39, while female

had a mean of 37.08 (N = 139) and SD of 9.60. From the result, the mean and standard deviation scores of the males are higher than the scores of their females' counterparts. This shows that the influence of autism is higher in the males than in the females. A further and critical look at the same table shows that the t-calculated value of .933 obtained was significant at 0.05 level of probability (P = 0.032 0.05). Based on this confirmation therefore, the hypothesis of no significant influence of gender on autism among primary and post-primary school pupils in Onitsha Education Zone, Anambra State is rejected.

Table 2: A descriptive analysis of the influence of birth order on pupil's autism in Onitsha Education Zone, Anambra State.

Birth Order	N	$\overline{X}$	SD
1st Child	79	36.52	9.26
Middle Child	66	39.15	10.65
Last Child	52	39.10	9.85
Twins	41	34.59	10.05
Only Child	12	40.08	8.56

Table 2 depicts the influence of birth order on Autism among primary and post-primary schools' pupils in Onitsha Education Zone, Anambra State. The table contains the descriptive statistics of the variables. From the table, birth orders of first child (N=79), middle child (N=66), last child (N=52), twins (N=41) and only child (N=12) have their mean and standard scores respectively as 36.52, 39.15, 39.10, 34.59, 40.08and9.26, 10.65, 9.85, 10.05 and 8.56 respectively. A critical look at the table shows that only child has the highest mean followed by the middle child, the last, twins and finally the first child. From this, it shows that autism symptom is higher with the only child.

Table 3: ANOVA result which correlates the influence of birth order on autism in primary and post-primary schools' pupils in Onitsha Education Zone of Anambra State

	Sum of squares	Df	Mean Square	F	Sig
Between Groups	814.203	4	203.551	2.090	.000
Within Groups	23861.593	245	97.394		
Total	24675.796	249			

From the ANOVA table, there is a statistically significant influence of birth order on autism among primary and post-primary schools' pupils in Onitsha Education Zone since F (2,245 = 2.090, *p* =.013). Hence, the null hypothesis which states that birth order does not significantly influence autism among primary and post-primary schools' pupils is hereby rejected and the alternative accepted to be valid.

4: Descriptive statistics of the influence of socio-economic status on autism among primary and post-primary schools' pupils in Onitsha Education Zone

	N	Mean	SD
High SES	44	41.30	10.01
Middle SES	66	36.30	10.29
Low SES	140	37.06	9.29
Total	250	37.60	9.95

The results in table 4 showed the descriptive statistics of socio-economic status of pupils. From the table, pupils with high socio-economic (N=44) had a mean and standard deviation scores of 41.30 and 10.01 respectively, middle socio-economic status (N=66) had a means score of 36.30 and a standard deviation of 10.29 while pupils from low socio-economic status (N=140) had a mean score of 37.06 and a standard deviation of 9.57. From the result, the mean score of pupils from high socio-economic status is higher, implying that children from this high socio-economic status have higher attention deficit symptoms than their counterparts.

Table 5: ANOVA result which correlates the influence of birth order on autism in primary and post-primary schools' pupils in Onitsha Education Zone of Anambra State

	Sum of squares	Df	Mean Square	F	Sig
Between Groups	753.155	2	376.577	3.888	.001
Within Groups	23922.641	247	96.853		
Total	24675.796	249			

From the ANOVA table, there was a statistically significant influence of socio-economic status on autism among primary and post-primary schools' pupils in Onitsha Education Zone since F (2,247) = 3.888, p = .022). Hence, the null hypothesis which stated that socio- economic status does not influence on autism among primary and post-primary schools' pupils in Onitsha Education Zone is hereby rejected while the alternative hypothesis which states that socio-economic status influence on autism is accepted to be valid.

Discussion of Results

Given the result in table 1, it was proven that the influence of autism is higher among the males than their female counterparts. Also, the t-calculated value obtained was significant at 0.05 level of probability (P= 0.032<0.05). This confirmation led to the rejection of the null hypothesis. This result however supported that there is an influence of gender on autism among primary and post primary schools pupils. This is supported by Ambuabunos, Ofovwe and Ibadin (2018). They were of the view that autism is higher in the males than in the females. This is also supported by (Venkata, &Panicker, 2016). For them, gender influences the attention deficit hyperactivity disorder in primary school pupils. They also maintained that it is higher among the males than the females. Also, Gaub and Carlson (2016) provided evidence that the symptoms of autism is higher in boys than in girls, hence, boys are more diagnosed with autism than girls. (Greene, Biederman, Faraone, & Montenaux, 2017), opined that females have less potential to

display disorderliness, depression, anxiety and emotional behaviours. Maybe because the symptoms are not detected in girls not until middle school or later in life when social, academic and the desire for autonomous functioning increase. Contrary to this, Edward, Angela, and Boma, (2016) revealed that the females have higher autism than the males.

From table 2, the result explained that influence of autism symptom is higher with the only child. While from the ANOVA table 3, there was a statistically significant influence of birth order on the autism among primary and post-primary school pupils in Onitsha Education Zone since, *p* =.013 is less than .05). Hence, the null hypothesis which states that birth order does not significantly influence the ADHD of primary school pupils is rejected and the alternative accepted. The result further confirmed that the influence of autism is higher among the first, middle and only children. Contrary to this result, Itai and Noorit, (2015) opined that though birth order does not actually influence attention deficit hyperactivity disorder in children, it is higher among the first children, middle children, only children and last children.

The result in table 3 shows the descriptive statistics of socioeconomic status of pupils. From the table, pupils with high socioeconomic status is higher, implying that children from this socio-economic have autism more than the others. From table 5 also, the ANOVA table showed a statistically significant influence of socioeconomic status on attention deficit hyperactivity disorder of primary school pupils in Bonny Island LGA F (2,247) = 3.888, p =.022). Hence, the null hypothesis which stated that socioeconomic status does not influence the attention deficit hyperactivity disorder of primary school pupils in Onitsha Education Zone is hereby rejected while the alternative hypothesis which states that there is significant difference accepted to be valid. The result also confirmed that children from high and low socioeconomic status show higher influence of autism.

Conclusion

This study concludes that gender, birth order and socio-economic status are socio- demographic variables that influence autism among primary and post-primary schools' pupils in Onitsha Education Zone, Anambra State.

Recommendations

Based on the findings on socio-demographic variables and autism among primary and post-primary schools' pupils in Onitsha Education Zone, Anambra State, this research recommends that;

Primary and post-primary school teachers in Onitsha Education Zone should be trained on how to manage or teach children with autism.

Teachers, guidance counsellors and others are encouraged to consult publications and inventories meant for identifying and treating autism and to create awareness to parents of children that do not know about the autism.

The school and classroom environment should be structured to accommodate the needs of pupils with autism.

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