

Prevalence of Autism among Children in Ekiti State, Nigeria.

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ABSTRACT: The study investigated the prevalence of autism in Ekiti State. The rationale for this study was as a result of the rising concern about autism worldwide. The awareness of the people about this disorder is still very limited. Most parents and teachers are yet to get an understanding of its diagnosis, symptoms and effects at home and school environments. This lack of understanding of this complex neuro-developmental disorder that affects a child's social interaction, communication and behaviour has become pertinent for the present study to be carried out. Survey research design was adopted; six (6) research questions were generated. The samples were 467 children and 210 parents. Descriptive statistics was used to analyse the data collected. The results revealed that autism exists among the sample used, that boys are more afflicted with the disorder than girls. Autism differs in occurrence with the age of pupils and the level of awareness of parents is highly low. Based on the findings, recommendations were made.

Keywords: Autism, Prevalence, Ekiti State.

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I. INTRODUCTION

Autism is a clinical condition of the brain characterized by lack of speech; it first gives signs during infancy or childhood and follow a steady course without remission or relapse (World Health Organization 2006). Even though it was first described in the 1940s, little was really known about the disorder until the 1990s. Today, there is a great deal that researchers, scientists, and health care providers don't know about autism. Knowledge and research about autism spectrum disorder have been on the increase in Europe and North America. However, the situation in Africa had remained largely obscured until about the last decade (Eunice, 2013; Muideen & Munir, 2006) discussed cross-cultural perspectives on childhood autism in Africa, because of its peculiar socio-cultural environment which may have divergent conception on various aspects of autism spectrum disorder compared to that envisaged in the Western culture (Bakare et al, 2009 as cited in Muideen & Munir, 2006). In the same vein, cultural factors have recently been documented to influence characterization, diagnosis and treatment of autism spectrum disorder worldwide (Bernier et al, 2010).

Even though autism was first described in the 1940s, little was really known about the disorder until the 1990s. Today, there is a great deal that researchers, scientists, and health care providers don't know about autism. (Muideen & Munir, 2006, 2006) Knowledge of autism is always growing as research examines more and different sides of the disorder (Kennedy, 2013). The word "autism" has its origin in the Greek word "autos," which means "self." Children with autism often are self-absorbed and seem to exist in a private world where they are unable to successfully communicate and interact with others. Autism is a lifelong developmental disorder that affects functioning of the brain. It typically appears during a child's first three years, often within the first 12 to 18 months, and therefore affects many aspects of a child's development and learning. Autism interferes with the normal development of reasoning, behavior, socialization and communication. (Eunice, 2013; Cleveland Clinic Foundation, 2008). Children with autism may have difficulty developing language skills and

understanding what others say to them. They also may have difficulty communicating nonverbally, such as through hand gestures, eye contact, and facial expressions. Autism is a complex neurobiological disorder of development that lasts throughout a person's life. It is sometimes called a developmental disability because it usually starts before age three, in the developmental period, and because it causes delays or problems in many different skills that arise from infancy to adulthood. Autism is one of the autism spectrum disorders, a group of conditions that vary in their severity and the age at which a child first may show symptoms. Autism Spectrum Disorder (ASD) is a common developmental disability that affects the way a person communicates and relates to people around them. Autism spectrum disorders fall under a broader category known as pervasive developmental disorders (PDDs). PDDs cause delays in many areas of childhood development, such as the development of skills to communicate and interact socially (Cleveland Clinic Foundation 2008). There is no cure for autism, but appropriate treatments can help a child develop life skills to function more independently. This study therefore is to find out the prevalence of Autism in Ekiti State.

II. STATEMENT OF THE PROBLEM

Autism, as a developmental brain disorder in children, has not received the due attention it deserves from the government. There are lots of gaps in our understanding of autism and its management in primary schools in this part of the world. Autism is a brain disorder that is present in all races and classes of people. Literature has it that about 35 million people worldwide are known to have this disorder across years. (Nwokolo, 2007 as cited in Audu, Vivian, Egbochuku & Elizabeth, 2011). Worse still, every 20 minutes, a child is diagnosed with autism disorder, equivalent to about 30 children daily. The prevalence and the other facts about autism all over the world are frightening. Current projections indicate a risk that the prevalence may be moving towards 1 in 50 in 10 years. The number of reported cases of autism increased dramatically in the 1990s and early 2000s prompting researches on autism. This increase is largely attributable to changes in diagnostic practices, referral patterns, availability of services, age at diagnosis and public awareness. It is a pervasive developmental disorder that impairs an individual's ability to communicate, learn and get along with others. There is a current estimate of about 190,000 children in Nigeria that have not been diagnosed and there is low level of awareness about the disorder (Nwokolo, 2007). Autism was once a rare disorder but had become so common that it is reputed as one of the fastest growing childhood disorders and the third most common developmental brain disorder. Autism can occur in any family irrespective of race, social status or religion. There is no known medical cure and researchers are yet to identify exact cause(s) of autism.

In Nigeria, professional care is practically not available for autistic children in schools and homes. Teachers and parents are not aware of autism and as a result, they don't have appropriate training and skills. To reduce the effect of this disorder, children with autism need to be assisted to overcome their difficulties, and live like normal children. Autistic children lack communication, social interaction and have short attention span. They also exhibit temper tantrums and restrictive/repetitive behaviours. Due to learning and behavioural problems attributed to children with autism, and since there is a dearth of knowledge about the prevalence of this disorder in Ekiti State, Nigeria, this study seeks to investigate its prevalence in Ekiti State, Nigeria and the social impact of autism

III. RESEARCH QUESTIONS

1. Does Autism exist among children of ages 0-14 years in Ekiti State?
2. Are there more boys with this disorder than girls in primary schools in Ekiti – State?
3. Does Autism differ in occurrence with the age of the pupils?
4. How do teachers and parents treat autistic pupils/children?
5. How do family members see and relate with autistic children?
6. What are the efforts of Ekiti State Government in taking care of pupils with Autism?

IV. WHAT IS AUTISM

The word "autism" has its origin in the Greek word "autos," which means "self." Children with autism often are self-absorbed and seem to exist in a private world where they are unable to successfully communicate and interact with others. Children with autism may have difficulty developing language skills and understanding what others say to them. They also may have difficulty communicating nonverbally, such as through hand gestures, eye contact, and facial expressions. Autism is a complex neurobiological disorder of development that lasts throughout a person's life. (Audu & Egbochuku, 2011; World Health Organization(WHO), 2006). It is sometimes called a developmental disability because it usually starts before age three, in the developmental period, and because it causes delays or problems in many different skills that arise from infancy to adulthood. Autism is one of the autism spectrum disorders, a group of conditions that vary in their severity and the age at which a child first may show symptoms. Autism Spectrum Disorder (ASD) is a common developmental

disability that affects the way a person communicates and relates to people around them. Autism spectrum disorders fall under a broader category known as pervasive developmental disorders (PDDs). PDDs cause delays in many areas of childhood development, such as the development of skills to communicate and interact socially.

There is no cure for autism, but appropriate treatments can help a child develop life skills to function more independently. Not every child with an autism spectrum disorder will have a language problem. A child's ability to communicate will vary, depending upon his or her intellectual and social development. Some children with autism may be unable to speak. Others may have rich vocabularies and be able to talk about specific subjects in great detail. The majority, however, have difficulty using language effectively, especially when they talk to other people. Many have problems with the meaning and rhythm of words and sentences (Tager-Flusberg & Caronna, 2007). They also may be unable to understand body language and the nuances of vocal tones. Below are some patterns of language use and behaviours that are often found in children with autism:

- **Repetitive or rigid language.** Often, children with autism who can speak will say things that have no meaning or that seem out of context in conversations with other people. For example, a child may repeat words he or she has heard over and over, this condition is known as **echolalia** (Tager-Flusberg & Caronna, 2007).
- **Narrow interests and exceptional abilities.** Some children may be able to deliver an in-depth monologue about a topic that holds their interest, others have special music talents or special ability to count and do math calculations.
- **patchy language development.** Many children with autism develop some speech and language skills, but not to a normal level of ability, and their progress are usually uneven. For example, they may develop a strong vocabulary in a particular area of interest very quickly. Many children have good memories for information just heard or seen. Some children may be able to read words before 5 years of age, but they may not comprehend what they have read. They often do not respond to the speech of others and may not respond to their own names. (Tager-Flusberg & Caronna, 2007).
- **Poor nonverbal dialogic skills.** Children with autism often are unable to use gestures such as pointing to an object to give their speech a meaning. They frequently evade eye contact, which can make them seem rude, uninterested, or inattentive. (Tager-Flusberg & Caronna, 2007).

V. CAUSES OF AUTISM

The cause of autism remains unknown, although current theories indicate a problem with the function or structure of the central nervous system. What we do know, however, is that parents do not cause autism. Scientists don't know exactly what causes autism at this time. Much evidence supports the idea that genetic factors—that is, **genes**, their function, and their interactions—are one of the main underlying causes of ASDs. But, researchers aren't looking for just one gene. Current evidence suggests that as many as 12 or more genes on different **chromosomes** may be involved in autism, to different degrees. Some genes may place a person at greater risk for autism, called **susceptibility** (Indu & Ivan , 2005; Kennedy, 2012). Other genes may cause specific symptoms or determine how severe those symptoms are. Genes with changes or **mutations** might add to the symptoms of autism because the genes or gene products aren't working properly. Research has also shown that environmental factors, such as viruses, may also play a role in causing autism (El Sawy, Awadalla , Mohamed, Zaki & Mohamed, 2011). While some researchers are examining genes and environmental factors, other researchers are looking at possible neurological, infectious, metabolic, and immunologic factors that may be involved in autism (Indu & Ivan ,2005; Kennedy, 2012).

VI. PREVALENCE OF AUTISM

Prevalence is a scientific term describing the number of individuals with a disease or condition among a defined group of people at a specific period in time. The prevalence of autism is often reported to be 2-5 in 10,000 (Fombonne, 1996). In the world today, the prevalence rate of autism has risen from 1 in 10,000 in 1943 to 1 out of every 150 births according to statistics from American Centres for Disease Controls (Autism and Developmental Disabilities Monitoring (ADDM); 2008). Africa, because of its peculiar socio-cultural environment may have divergent conception on various aspects of autism spectrum disorder compared to that envisaged in the Western culture (Bakare et al, 2008). It may be important to recall therefore that until about two and half decades ago, autism spectrum disorder was thought to be exclusively an illness peculiar to Western civilization (Okey, 2007). However, many aspects of autism spectrum disorders in Africa remain obscured. Some aspects of autism spectrum disorders in Africa over the period of year 2000 to 2009 were recently documented in a review by Bakare and Munir (2008). At the moment, there is no recorded report of the presence of autism among students or pupils in Ekiti State in spite of the noticeable increase of primary schools and the number of pupils in these schools as a result of inclusive education that is being practised in Nigeria. (At the

teaching hospital in Ado Ekiti and Federal medical center(FMC), Ido Ekiti; the information given is that most cases of autism are mistaken to be mental impairment. When children living with autism are brought to the hospital, which occurs almost rarely, they are hardly diagnosed to have autism but are promptly referred to the psychiatry department for further diagnoses and treatment. This is therefore the focus of this study: to investigate if there are autistic patients in Ekiti state.

VII. IS AUTISM MORE COMMON IN CERTAIN GROUPS OF PEOPLE?

According to the American Centre for Disease Control and Prevention (2000), Autism is one of the most common developmental disabilities. It affects people of every race, ethnic group, and socioeconomic background. Autism exists everywhere in the world. Boys are four times more likely to have autism than are girls (Indu, Maire, & Brown, 2010). According to a study by the Centres for Disease Control and Prevention (CDC), current figures show that autism occurs in all racial, ethnic, and social groups equally, with individuals in one group no more or less likely to have ASDs than those in other groups. (Nwokolo, 2007).

VIII. COMMON CHARACTERISTICS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS

Each individual with an autism spectrum disorder (ASD) is unique and may demonstrate markedly different behaviours and skills. The following are the common characteristics seen in children with ASD.

Speech: Speech is likely to develop much more slowly than is the norm. Speech may remain absent, or appear in the small child and vanish by the age of four. Speech may include peculiar patterns or intonations. They do not refer to self correctly. They communicate with gesture instead of words (Chairman *et al.*, 2005; NIDCD, 2010).

Social Interaction: Most often noticeable is the failure to form social bonds. The child who has ASD may not follow the parents or other children around the house - or may cling to them. He may not go to others for comfort when hurt. The autistic child often avoids eye contact, resists being picked up, and does not seem to "tune in" to the world around him/her. The child may treat others as if they are objects. They do not play interactive games. They communicate by manipulating other people's hands.

Sensory Differences: The child with ASD may not react the same way to a variety of environmental stimuli. He may not respond to cold or heat - or over-respond. The child may exhibit hypersensitivity to light, noises, touch, smells, and tastes.

Peak Skills: The child who has ASD may have strong peak skills in areas such as computations in math, drawing, music, or memory of data, whether trivial or important. At the same time, he may not be able to discuss the weather, understand time, or easily comprehend what he has read.

Play: A child with ASD may not initiate play with other children. The child may prefer to be left alone. There is a lack of imitation of other children's or adult's actions.

Behavioural Problems: Children with autism spectrum disorders can be very passive or hyperactive. They may also demonstrate obsessive interests in objects or activities. Aggression towards others or themselves is a possibility, especially when frustrated. Generally, people with ASD prefer to maintain certain routines and may respond negatively when a routine is changed or disrupted.

IX. CURE FOR AUTISM

To date, there is no cure for autism, but sometimes, children with ASDs make so much progress that they no longer show the full syndrome of autism when they are older. Research shows that early diagnosis and interventions delivered early in life, such as in the preschool period, are more likely to result in major positive effects on later skills and symptoms. (Kennedy, 2012). The sooner a child begins to get help, the more opportunity for learning. Because a young child's brain is still forming, early intervention gives children the best start possible and the best chance of developing their full potential.

X. MANAGEMENT AND TREATMENTS FOR AUTISM

Currently there is no definitive, single treatment for ASDs. (Kennedy, 2012). However, there are a variety of ways to help minimize the symptoms and maximize learning. Persons with an ASD have the best chance of using all of their individual capabilities and skills if they receive appropriate behavioural and other therapies, education, and medication. In some cases, these treatments can help people with autism function at near normal levels. Some possible treatments for autism are explained below:

Behavioural therapy and other therapeutic options

In general, behaviour management therapy works to reinforce wanted behaviours and reduce unwanted behaviours. At the same time, these methods also suggest what caregivers should do before or between episodes of problem behaviours, and what to do during or after these episodes (Myers & Johnson, 2007).

Speech language therapists can help people with autism improve their general ability to communicate and interact with others effectively, as well as develop their speech and language skills. These therapists may teach nonverbal ways of communicating and may improve social skills that involve communicating with others. They may also help people to better use words and sentences, and to improve rate and rhythm of speech and conversation (Myers & Johnson, 2007; Kennedy, 2012).

Occupational therapists can help people with autism find ways to adjust tasks and conditions that match their needs and abilities. Such help may include finding a specially designed computer mouse and keyboard to ease communication, or identifying skills that build on a person's interests and individual capabilities. Occupational therapists may also do many of the same types of activities as physical therapists do (Myers & Johnson, 2007; Kennedy, 2012).

Physical therapists design activities and exercises to build motor control and to improve posture and balance. For example, they can help a child who avoids body contact to participate in activities and games with other children.

The management of a child with ASD falls into two areas:

1) Providing understanding, training, and consultation for parents, teachers, and service providers as they seek to deal with the child's atypical and problematic behaviour. Educational intervention attempt to help children gain cognitive skills such as symbolic play (Myers & Johnson, 2007).

2) Medical Management: Drugs such as Risperidone, supplements like high dose of Pyridoxin (Vitamin B6), and stem cell therapy are often used to alter physiology in an attempt to relieve common autistic symptoms such as sleep disturbances, irritability, hyperactivities etc. (Myers & Johnson, 2007).

XI. KNOWLEDGE AND AWARENESS ABOUT AUTISM SPECTRUM DISORDERS IN NIGERIA

The findings of many studies in Nigeria show a low level of knowledge and awareness about autism spectrum disorders in Africa, thereby compromising early recognition of the disorder and intervention to alleviate symptom severity (African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), 2007; Bakare et al, 2008). African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), Nigeria chapter, in a World Bank sponsored program carried out a survey to determine the level of knowledge and awareness of health care workers and the general public in Enugu, south-eastern Nigeria about autism spectrum disorders (ANPPCAN, 2007). The findings of the survey showed that there is very low level of knowledge and awareness about autism spectrum disorders among the general populace and a low to average level of knowledge and awareness among various categories of health care workers, with highest level of knowledge and awareness found among those health care workers working in psychiatric facilities (ANPPCAN, 2007).

XII. METHOD OF STUDY

The study adopted the qualitative/descriptive research design. The study population of this study consists of 467 children, 85 of which are from the outpatient record of both FMC Ido and teaching hospital Ado, 382 are pupils of Ekiti state school for mentally retarded in Nigeria, and 210 are parents who brought their wards and children to the hospital for one form of treatment or the other. Purposive sampling technique was used in this study. This is because the people affected are considered. Doctors and teachers who are involved with these children were also interviewed. Instrument used for the study consisted of unstructured in-depth interview method with carefully constructed research questions titled 'Autism among children between 3-14years in Ekiti State, Nigeria. Section A of the research questions is made up of demographic information and section B is made up of five (5) questions on autism among children between 3-14years in Ekiti State. This is because unstructured interview methods are used primarily in descriptive and qualitative studies providing opportunity for the participants to express their experience fully and it also enhanced in-depth answers. The interview questions are: Are all pupils diagnosed of autism before admitting them in the school? How do teachers cope with and treat autistic pupils? How do parents and family members see and relate with autistic children? Have there been cases of neglect or abandonment? What is the contribution of Ekiti State government to the care of autistic children? The paediatric doctors in the teaching hospital and Federal medical centre were also asked the following questions: How frequent do you have reported cases of autism? How often do you diagnose Autism? What do you think is the cause of low reports of autism?

The data generated from the respondents were addressed by answering the research questions formulated for the study. The data generated from the respondents were addressed by answering the research questions formulated for the study. The statistical method employed is descriptive in nature using simple percentage. Historical Data

for reported cases of Autism for children aged 3-12 years was gotten from the paediatric Department, Federal Medical Center, Ido Ekiti, Nigeria. Further information was also provided by the teachers of special schools, in both Ido Ekiti and Ado Ekiti.

XIII. DIAGNOSIS AND DIAGNOSTIC PROCESS

Information about referral for diagnosis and the diagnostic process was provided by the Paediatric Department of both Teaching Hospital Ado Ekiti and Federal Medical Center, Ido Ekiti. Waiting times for assessment ranged from one to 24 months. Waiting times were longer for school-aged children and in rural settings. Most services are based in metropolitan settings. Diagnostic assessment was provided by a range of medical experts, including disability, health associations and in the private sector. Focus was on children aged 3-14years.

XIV.

XV. DISCUSSION OF FINDINGS

If we are to go by the study carried out by Okey Martins in 2007, which labelled autism as a white man’s disorder, then we would be very wrong. Our study clearly showed that autism is not only the white man’s disorder but also that of the black man. This is shown in table above. However, his view could be as a result of low awareness in Nigeria, which could have led to wrong diagnosis putting autistic children at risk of being neglected. The attestation of doctors and teachers who were interviewed also showed that there is the existence of autism among children in Ekiti State. This confirms the findings from American Centre for Disease Control and Prevention (2000) study that autism exists everywhere in the world. As a result of this finding, there is need to intensify the creation of knowledge and awareness of autism among the citizenry. This will help to stop the wrong labelling of autistic children.

TABLE 1: PERCENTAGE SEX DISTRIBUTION OF PATIENTS WITH REPORTED CASES OF AUTISM, PUPILS OF EKITI STATE SCHOOLFOR MENTALLY HANDICAPED, AND AUTISTIC CHILDREN IN EKITI – STATE.

| | MALE | % | FEMALE | % | TOTAL | % |
|--|------|------|--------|------|-------|-----|
| SEX DISTRIBUTION OF PATIENTS WITH REPORTED CASES OF AUTISM BETWEEN 2009 AND 2012 | 49 | 57.6 | 36 | 42.4 | 85 | 100 |
| SEX DISTRIBUTION OF PUPILS OF EKITI STATE SCHOOLFOR MENTALLY HANDICAPED CHILDREN | 268 | 70.1 | 114 | 29.9 | 382 | 100 |
| PERCENTAGE SEX DISTRIBUTION OF AUTISTIC CHILDREN IN EKITI – STATE | 317 | 67.9 | 150 | 32.1 | 467 | 100 |

The table above shows that autism occurs more in boys than girls in Ekiti state. The fact that autism occurs more in boys than girls is consistent with previous researches (Autism Society of America, 2008). These studies indicate that autism is four times more common in boys than girls and boys are also at higher risks of the disorder.

TABLE 2: PERCENTAGE AGE DISTRIBUTION OF PATIENTS WITH REPORTED CASES OF AUTISM BETWEEN 2009 AND 2013

| | AGE S 1-5 | % | AGE S 6-10 | % | AGE S 11-15 | % | AGES 16&AB V | % | TOTAL | % |
|--|--------------|------|---------------|------|----------------|------|--------------------|------|-------|-----|
| AGE DISTRIBUTION OF PATIENTS WITH REPORTED CASES OF AUTISM BETWEEN 2009 AND 2012 | 44 | 51.8 | 25 | 29.4 | 16 | 18.2 | 9 | 10.6 | 85 | 100 |

The study further revealed that autism differs in occurrence by age. This is evident in the table above. Autism is a spectrum disorder. In other words, the symptoms and characteristics of autism can present themselves in a wide variety of combinations, from mild to severe. Although, autism is defined by a set of behaviours, children and adults can exhibit any combination of the behaviours in any degree of severity. This finding is consistent with the study of Chairman, Taylor, Drew, Cockeril, Brown and Baird, (2005); they assessed twenty-six children diagnosed with autism at age 2, reassessed them at age 3 and 7 years in symptom severity, cognitive and language. They found that pattern of symptom change over time. Autism is becoming a global epidemic. In a 2008 conference on the global epidemic of autism attended by first ladies in New York, Wright, a co-founder of Autism speaks gave a staggering statistics estimate that approximately one percent of the global population has autism, that is 67 million people worldwide. Nigeria has 190,000 children living with autism disorder. The first signs of autism are detected in the first three years of a child. Who does the child first make contact at this period of detection? It is the parents of course; this is why parents need to be aware of autism in order to take their children for early diagnosis and intervention therapies thereby minimizing the challenges and difficulties associated with symptoms of autism. Unfortunately in Ekiti State, the head teacher of the school for the mentally retarded said that some parents are so ashamed to be associated with their autistic children. This is mainly because in this part of the country, it is an eye sore if you have such children. Based of this cultural belief, some parents tend to hide these children in the house so as to keep them away from other people.

TABLE 3: PERCENTAGE DISTRIBUTION OF PEOPLE’S AWARENESS OF AUTISM DISORDER, EXPERIENCES WITH AUTISTIC CHILDREN, AND PREVALENCE OF AUTISM AMONG CHILDREN OF AGES 3 – 14 YEARS IN EKITI STATE

| | YES | % | NO | % | DON’T KNOW | % | TOTAL | % |
|--|-----|------|-----|------|---------------|------|-------|-----|
| AWARENESS OF AUTISM DISORDER | 29 | 13.8 | 161 | 76.7 | 20 | 9.5 | 210 | 100 |
| EXPERIENCE WITH AUTISTIC CHILDREN | 43 | 20.5 | 132 | 62.9 | 35 | 16.6 | 210 | 100 |
| PREVALENCE OF AUTISM AMONG CHILDREN OF AGES 3 – 14 YEARS IN EKITI STATE? | 32 | 15.3 | 11 | 5.2 | 167 | 79.5 | 210 | 100 |

Also, some parents may decide to dump these children with their elderly ones who reside in the interior villages of Ekiti state or drop them in the school. A large number of these elderly parents are poor and so, they cannot afford to bring these children to the only school available for autistic children in Ido –Ekiti. This is because they have to pay for their books, school uniform as well as transportation. There have been lots of cases of neglect of pupils. This is usually rampant in the festive periods. Parents usually give flimsy excuses for neglecting their children in the school. This boils down back to the point that some parents do not want to be associated with autistic children. The result of the finding is consistent with the African Network for the Protection against Child Abuse and Neglect (ANPPCAN), (2007); Bernier, R, Mao, A & Yen, J. (2010) and Okey-Martins (2007) in studies that ascertained the level of knowledge and awareness on autism among workers and the public in Enugu State and that the level of awareness about autism is low among the public, family members are important significant others and that Low awareness about autism may increase the children’s risk of the disorder.

The head teacher of Ekiti State school for mentally retarded explained that pupils are being admitted on daily basis but very few students of the school were diagnosed before coming to enrol in the school. Most of the

pupils were admitted based on the assessment of the teachers in the school. This is usually carried out by first demanding for their case history. Mothers are usually preferred to fathers when it comes to giving the history of pregnancy and delivery. Pupils are placed in the OBSERVATION CLASS after admission for at least 2 months, depending on the ability of the pupil to grasp what he or she is being taught. The pupil is later sent to the MODERATE CLASS 1, 2, and 3 before proceeding to the EDUCABLE class. Teachers are well trained on how to treat and cope with these pupils because of their peculiar brain condition.

From the information given by the head teacher, the government of Ekiti State is trying to cater for the pupils by providing free education except for books and school uniforms. The government has been able to provide vocational courses for the pupils who cannot get to West African Examination level, although there are no instructors to put them through. Also, there are less than enough teachers because there is usually no replacement of transferred or retired staff members.

According to the information given by the paediatric doctors who were interviewed, cases of autism are very rare in this hospital. Cases of CEREBRAL PALSY are mostly diagnosed. Since there are very few reported cases, autism is rarely diagnosed. This is because people are not aware of this condition. They usually conclude that it is a state of mental retardation which is a major case of stigma in our society. Secondly, the few people who know about this mental condition feel there is no need to take such children to the hospital, since there is little or nothing that could be done by the doctors to change the situation for better.

XVI. CONCLUSION

Our study clearly showed that autism exists among children in Ekiti State, Nigeria although the knowledge and awareness of autism is very low among the citizenry. Autism is more common in boys than girls and boys and it differs in occurrence by age. Although, autism is defined by a set of behaviours, children and adults can exhibit any combination of the behaviours in any degree of severity. Children with autism therefore need special care and attention from their parents, teachers, and health care givers but unfortunately in Ekiti State, some parents are so ashamed to be associated with their autistic children and tend to hide these children in the house so as to keep them away from other people. Although, the government of Ekiti State is trying to cater for the pupils with autism by providing free education and vocational training for pupils who cannot get to the West Africa Examination level, there are no instructors to put them through the courses. The major challenges encountered by these pupils are that of books and school uniforms. Therefore, there is the need for the government to increase the level of awareness about autism Nigeria.

XVII. RECOMMENDATIONS

▲ The government of Ekiti State needs to know how many children have ASDs, so that realistic plans can be made to support these children and their families.

▲ Resources that are needed by children with ASDs should be provided by the Government of Ekiti State. These include speech therapist, trained teachers, diagnosticians, health care providers, and related service professionals.

▲ The Government of Ekiti should understand the characteristics and number of children who have ASDs because it is the key to promoting awareness of the condition, helping educators and providers to plan and coordinate service delivery, and identifying important clues for further research.

▲ Therapies should be made less expensive for families of children living with ASDs so as to ease the stress of spending time on long waiting lists and also reduce the loss of productivity and other financial problems for communities.

▲ Government should provide Autism Centres across the state to ease pressure on the state owned hospitals

▲ As a matter of urgency, the Ekiti State Government should set up an Advisory Board on Autism Spectrum Disorder.

▲ There is need for the government of Ekiti State to intensify the creation of knowledge and awareness of autism among the citizenry. This will help to stop the wrong labelling of autistic children. Government of Ekiti State should device a means of increasing the level of awareness about autism among the people knowing fully well that the level of awareness about autism is low among the public and Low awareness about autism may increase the children's risk of the disorder.

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