



Autism Spectrum Disorder Coping Strategies among Parents of Autistic Children in Rivers East Senatorial District, Rivers State

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ABSTRACT

This study investigated Autism Spectrum Disorder knowledge, attitude and coping strategies of autism spectrum disorder (ASD) among parents in Rivers East Senatorial District, Rivers State. Six objects, six research questions and three hypotheses guided the study. The study adopted descriptive survey design. A validated researcher-structured questionnaire with a reliability index of 0.83 was used to collect data from 150 male and female parents whose children were living with autism was drawn from a population of 654 using snowball sampling technique. Data collected were analysed using SPSS version 26.0, employing percentage, mean, standard deviation, Chi Square and one-way Analysis of Variance. The study found that positive coping strategies for ASD, such as, talking to the children politely, playing with the children, among others. The parents of autistic children coping strategies for ASD was significantly different based on age of marriage and parity ($P < 0.05$) but was not based on income ($P > 0.05$). It was concluded that parents of autistic children practiced positive coping strategies. Demographic variable of the parents, precisely, the number of years they were married, number of children and income per month affects significantly coping strategies with the exception of income. Based on the findings, it was recommended among others that government should endeavour to design and launch intervention programme for the education of the populace on the nature and etiology of ASD.

Keywords: Autism, Autistic Children, Parents with autistic children, autism Spectrum Disorder (ASD), Coping Strategies.

INTRODUCTION

Autism has become a serious public health concern around the world in the last decade. It was assumed to be very infrequent while being known for more than fifty years as one of the most severe pediatric neuropsychiatric illnesses. However, it is now known that autism affects a far larger range of people than just those with classic symptoms. There has recently been a lot of suspicion that the underlying risk of the disorder, in all of its forms, is rising over time (Newschaffer & Curran, 2013). In 2021, the World Health Organization [WHO] estimated that 1-6 children in every 10,000 children are autistic with the greater prevalence in low income countries (WHO, 2021). Thus, autism spectrum disorder affects the health of children since health is the quality of life that enables one to live well and function best. According to Cometto, Ford, Pfaffman-Zambruni, Akl, Lehmann, McPake, and Taylor (2018), health is a state of physical, social and mental wellbeing and not just the absence of diseases or infirmities. This explanation of health depicts difficulty in attaining holistic health. Autism, which is a mental health problem deprives individuals of social and mental well-being.

Autism is a mental health problem which envelops an array of linguistic issues and other social interaction deficits. Lesi, Adeyemi, Aina, Oshodi, Umeh, Olagunju and Oyibo (2014) stated that autism is a neuro-developmental disorder and behavioral syndrome of neurological dysfunction characterized by impaired reciprocal social interaction, impaired verbal and nonverbal communication, impoverished imaginative social activity, and a markedly restricted repertoire of activities and interests. According to American Psychiatric Association [APA] (2013), autism spectrum disorder (ASD) is a complex neurodevelopmental disorder characterized by persistent difficulties in communication and social interaction and by the presence of stereotyped patterns of interests, behavior, and activities. Children with the autism spectrum disorder process things differently such that things that ‘normal’ children take for granted are often taken to be a serious challenge for those on the spectrum example, crowd, loud noise and bright or blinking lights among countless other things can often lead to extreme anxiety or a total meltdown for autistic children. ASD which might become a lifetime condition involving persistent impairments in language, activities, and social skills of the persons leading to stressors for the primary caretakers, especially mothers.

Autism spectrum disorders are globally agreed to have risen from 19th century till date. It is estimated that one in 168 children are now diagnosed with autism spectrum disorder. Yet, this diagnosis remains misunderstood as ever. Jacobs, Steyaert, Dierickx, and Hens (2018) observed that irrespective of the fact that ASD is been diagnosed clinically, often, in a multidisciplinary assessment assisted by specific diagnostic tests, yet, rather than the picture becoming clearer after several decades of research, a consensus has emerged that ASD is a complex and heterogeneous disorder. This is the case in terms of its phenotypical presentation and with regard to aetiology, treatment, and prognosis (Crews & Zavotka, 2016). Such complexity and heterogeneity can prove problematic for clinicians, who have the responsibility of applying a diagnosis of ASD to a child, or of treating him/her and his/her parents. But one thing that is clear in this part of the world (Africa, Nigeria inclusive) is that we are simply living in a society that is not accommodating or even accepting of those who are not “neurotypical” – individual with normal brain and neurological functions.

The cause of the rising population of children with ASDs is still a mystery to debunk. However, several studies (Bakare, Ebigbo, and Ubochi, 2012; Josephat, Pius, Elias. Chinawa, Obu & Ibekwe, 2016), have apportioned the blame on some factors such as age of parents, sex, social status, poverty, hereditary, among others. Unfortunately, none of these factors has won a global consensus apart from age, which is highly correlated with autism incidents (Joseph et al., 2017). While some countries have addressed the challenges arising from this condition, others are lagging behind in the care and support of children and their families. In Nigeria, one out of every 125-150 children are living with this condition (Joseph et al., 2017). This amounts to about 600,000 Nigerian children. The burden this places on the child, his/her family, the society, and the nation at large is unquantifiable, and not only on the nation's social services but also on its Gross Domestic Product [GDP]. The greater cost is the loss in harnessing the potential in individuals with autism spectrum disorders (ASD) due to inaction and neglect. The depletion of family finances and its effect on the other members of the family; the loss of productivity through time spent on care, instead of engaging in gainful employment; and the loss of future potential of the child (there is ability within every disability). The greatness of a nation is often measured by the premium of care it places on its weakest members. Currently, Nigeria does not have a policy in place for neurodevelopmental disorders, probably because most are hidden, despite the fact that no social class or economic status is spared.

Coping can be defined as the mechanism by which individuals respond to stress. In the initial research on prevalence of stress and the use of coping strategies by parents of children with ASD, Hastings (2005) identified multiple coping strategies, such as, active-avoidance of the stress; problem-focused coping by planning and seeking appropriate social support; engaging in positive coping; using religion or spirituality; and denial. Hastings et al. also found that problematic behaviors among children with ASD were associated with the use of maladaptive coping strategies (such as denial, avoidance etc.) by the mothers, which then results in even higher maternal stress. Research to date has emphasized on adoption

of coping positive strategies such as effective communication, visiting of specialist among others by mothers of children with ASD. These strategies have been identified as an important mechanism of managing physical fatigue and stress for parents and in promoting their wellbeing (Sole-Smith, 2014). Raising children with autism can be very difficult, but with positive attitude and coping behavior, every parent can overcome the stress.

Recent research reports, especially from renowned international health organizations like WHO, have shown that autism is rapidly increasing in number, with almost exponential ratio in its' social, economic and healthcare burden. Yet, autism spectrum disorder (ASD) as a type of developmental disability has not been thoroughly studied in Nigerian societies – Rivers East Senatorial District inclusive.

Furthermore, despite autism being a global health problem, there is dearth in literature on how parents/family members or care givers can cope with such health challenges, particularly in Rivers East Senatorial District of Rivers State. More so, being a parent with an autistic child is a motivation to carry out this study on the health condition that is highly misunderstood and misinterpreted so as to unearth the knowledge, attitude and coping strategies among parents with autistic children and recommend ways for better understanding of the health problem, caring and coping with the health problem.

Aim and objectives

1. identify the coping strategies for ASD among parents of autistic children;
2. establish the difference in coping strategies of parents of children with ASD based on parity, age of marriage and parents' income.

Research Questions

The following research questions guided the study

1. What are the coping strategies for ASD among parents of autistic children?
2. What is the difference in coping strategies of parents' children with ASD based on parity, age of marriage and parents' income?

Hypotheses

The following hypotheses were tested at 0.05 alpha level

There is no significant difference in coping strategies of parents' of children with ASD based on parity, age of marriage and parents' income?

METHODOLOGY

Research Design

This study utilized a descriptive survey design to gather information on coping strategies among families with autistic children in the Rivers East Senatorial District. The survey design involves data collection from a large sample through questionnaires. The population consisted of 654 parents with autistic children, identified from registered patients at the University of Port Angeles Teaching Hospital within the district. The sample size was 150 parents, selected through snowball sampling, a method based on referrals, with participants referred by others until the required number was reached.

The data collection instrument was a self-structured questionnaire titled "Autism Coping Strategy Questionnaire (ACSQ)." The questionnaire was divided into two sections: A for respondent biodata and B for research-related questions. Section B questions employed various formats, such as multiple-choice for knowledge and a 4-point modified Likert scale for attitude and coping strategy items. Validity and reliability were ensured through experts' input and test-retest methods. A Cronbach's alpha coefficient of 0.80 indicated instrument reliability.

Data collection involved the researcher and four assistants administering the questionnaire to 150 parents, with 139 well-filled copies returned and analyzed. The data analysis employed SPSS and Excel, utilizing means, standard deviations, and ANOVA tests. Demographic characteristics and knowledge item questions were analyzed using percentages. Research questions were addressed through means and standard deviations, while chi-square and ANOVA assessed knowledge-related and attitude-coping hypotheses. Ethical clearance was obtained through ethical clearance from the University of Port Harcourt

Ethics Committee. Consent was obtained from participants, as well as permission from local government and community leaders.

RESULTS

Table 1: Summary of Demographic Characteristics of Respondents

Demographic	Groups	f	%
Numbers of years in marriage	1-3Years	14	10.1
	4-6Years	38	27.3
	More than 6Years	87	62.6
Total		139	100.0
Number of children given birth to	1-3	63	45.3
	4-6	70	50.4
	more than 6	6	4.3
	Total	139	100.0
Parents' average monthly income in thousands	Below 50	16	11.5
	50-100	107	77.0
	Above 100	16	11.5
Total		139	100.0

Table 4.1 above shows the demographic characteristics of the respondents. It revealed that more than half of the respondents (67.6%) have been married for more than 6 years, 27.3% have been married for 4-6 years, and 10.1% have been married for 1-3 years. It also revealed that approximately half of the respondents (50.3%) had 4-6 children, 45.3% had 1-3 children, and only 4.3% had more than 6 children. Finally, the statistics in Table 4.1 uncovered that a good number of the respondents (77%) earn between 50 and 100 thousand naira monthly, while 11.5% earn between 50 and 100 thousand naira monthly.

Research Questions one: *What are the coping strategies for Autism Spectrum Disorder among parents of autistic children in Rivers East Senatorial District, Rivers State?*

Table 2: Mean and Standard Deviation of coping strategies for Autism Spectrum Disorder among parents of autistic children in Rivers East Senatorial District, Rivers State

S/N	Coping Strategies of parents with Autistic children	Mean	SD	Remark
29	Always talk to the child politely	2.95	.792	Positive
30	Avoid things that get the child upset	2.94	.814	Positive
31	Play with child	2.98	.821	Positive
32	Call the child pet names to calm his/her nerves	2.76	.908	Positive
33	Hang out with friends	2.60	.960	Positive
34	Talk to his/her physician regular	2.96	.904	Positive
35	Attend religious programme	2.97	.932	Positive
36	Meditate	2.89	.749	Positive
37	Seek for social support	2.94	.969	Positive
38	Watch movies especially comedies	2.49	1.052	Negative
Aggregate mean and SD		2.85	0.890	Positive

*critical mean =2.50; N=139; Mean>2.50 =positive and mean<2.50 = negative

Table 4.4 shows the mean and Standard Deviation analysis of the coping strategies for Autism Spectrum Disorder among parents of autistic children in Rivers East Senatorial District, Rivers State. From the result, the mean scores of items 29, 30, 31, 32, 33, 34, 35, 36, and 38 were greater than 2.50 (Positive coping) while the mean score for item 37 was less than 2.50 (Negative coping)

The result revealed a mean rating of 2.85±0.890. This implies that the parents of autistic children adopts positive coping strategies while managing the children. hence the coping strategies include: Always talk to the child politely; Avoid things that get the child upset; Play with child; Call the child pet names to

calm his/her nerves; Hang out with friends; Talk to his/her physician regular; Attend religious programme; Meditate; Seek for social support.

Research Questions two: *What is the difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on parity, age of marriage and parents' income?*

Table 3a: Mean and Standard Deviation of difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on Number of Years in Marriage.

S/N	Coping Strategies of parents with Autistic children	Number of Years in Marriage					
		1-3		4-6		More than 6 years	
		Mean	SD	Mean	SD	Mean	SD
29	Always talk to the child politely	3.07	.730	3.05	.695	2.89	.841
30	Avoid things that get the child upset	3.14	.864	3.05	.695	2.86	.851
31	Play with child	3.00	1.038	3.13	.665	2.91	.844
32	Call the child pet names to calm his/her nerves	3.07	.997	3.11	.649	2.55	.937
33	Hang out with friends	2.93	.829	3.08	.632	2.34	1.010
34	Talk to his/her physician regular	3.07	.829	3.61	.718	2.67	.844
35	Attend religious programme	3.43	.514	3.50	.762	2.67	.923
36	Meditate	3.29	.611	3.00	.697	2.78	.769
37	Seek for social support	3.14	.949	3.50	.797	2.67	.936
38	Watch movies especially comedies	2.93	1.072	2.71	1.228	2.32	.934
Aggregate Mean and SD		2.89	0.982	2.67	0.961	3.00	1.016

Table 3a illustrated the summary of Mean and Standard Deviation of difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on Number of Years in Marriage. The results revealed that the respondents who have been married for more than 6 years had the highest mean rating (3.00±1.016) while those who have been married for 4-6 years had the lowest mean rating (2.67±0.961). Those who had been married for 1-3 years had a mean score of 2.89±0.982. Hence the mean scores of the various cohorts were different. This implies that their a difference in coping strategies of parents with autistic children in Rivers East Senatorial District based on number year in marriage (age of marriage)

Table 3b: Mean and Standard Deviation of difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on Number of Children given Birth to

S/N	Coping Strategies of parents with Autistic children	Number of Children given Birth to					
		1-3		4-6		More than 6	
		Mean	SD	Mean	SD	Mean	SD
29	Always talk to the child politely	3.16	.700	2.76	.806	3.00	1.095
30	Avoid things that get the child upset	3.13	.684	2.74	.896	3.33	.516
31	Play with child	3.17	.752	2.77	.854	3.33	.516
32	Call the child pet names to calm his/her nerves	2.90	.817	2.57	.972	3.33	.516
33	Hang out with friends	2.70	.909	2.47	1.003	3.17	.753
34	Talk to his/her physician regular	3.35	.676	2.59	.955	3.33	.516
35	Attend religious programme	3.24	.979	2.71	.854	3.17	.408
36	Meditate	2.83	.925	2.94	.587	3.00	.000
37	Seek for social support	3.11	1.152	2.79	.778	3.00	.632
38	Watch movies especially comedies	2.48	1.216	2.50	.897	2.50	1.049
Aggregate Mean and SD		3.12	0.881	3.08	0.860	2.68	0.600

Table 3b illustrated summary of mean and standard deviation analysis the coping strategies adopted by parents of autistic children in rivers East Senatorial District, Rivers State based Parity. The results revealed that the highest aggregate mean rating was recorded among those that had given birth to 1-3 children (3.12 ± 0.881), those who had given 4-6 children had aggregate mean score of 3.08 ± 0.860 while the lowest mean rating was observed among parents with more than 6 children (2.68 ± 0.600). Therefore, aggregate mean scores of the various groups differed. This implies that the coping strategies for ASD is influence by the number children given birth to by the parents.

Table 3c: Mean and Standard Deviation of difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on Parents' Average Monthly income in thousands

S/N	Coping Strategies of parents with Autistic children	Parents' Average Monthly income in thousands					
		Below 50		50-100		Above 100	
		Mean	SD	Mean	SD	Mean	SD
29	Always talk to the child politely	3.38	.619	2.84	.779	3.25	.856
30	Avoid things that get the child upset	3.31	.602	2.85	.810	3.19	.911
31	Play with child	3.19	.834	2.92	.826	3.19	.750
32	Call the child pet names to calm his/her nerves	3.19	.750	2.63	.917	3.19	.750
33	Hang out with friends	3.00	.894	2.50	.945	2.88	1.025
34	Talk to his/her physician regular	3.06	.854	2.91	.937	3.25	.683
35	Attend religious programme	3.44	.629	2.91	.976	2.94	.772
36	Meditate	3.19	.834	2.84	.742	2.94	.680
37	Seek for social support	2.75	.931	2.93	.974	3.19	.981
38	Watch movies especially comedies	2.44	1.094	2.45	1.066	2.81	.911
	Aggregate Mean and SD	2.99	0.804	3.03	0.897	3.10	0.832

Table 3c illustrated the summary of mean and standard deviation analysis to ascertain the coping strategies adopted by parents of autistic children in rivers East Senatorial District, Rivers State based on income. The result revealed that parents who earned above 100,000 monthly had the highest mean rating (3.10 ± 0.832), followed by those who earned 50,000-100,000 monthly (3.03 ± 0.897) while those that earn an average monthly income less than 50,000 had the lowest mean rating (2.99 ± 0.804). Hence, there is difference in the mean score of parents' coping strategies for ASD based on income.

Hypothesis one: There is no significant difference in coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on parity, age of marriage and parents' income

Table 4: Summary of One-way ANOVA of coping strategies of parents' children with Autism Spectrum Disorder in Rivers East Senatorial District, Rivers State based on parity, age of marriage and parents' income

Factors	Level of knowledge of ASD	Sum of Squares	Mean Squares	F _{cal}	D/F	F _{crit}	P.val	Decision
Number of years in marriage	Between Groups	9.659	4.829		2			
	Within Groups	104.025	.765	6.314		3.55	0.002	Significant
	Total	113.683			136			
Number of children given birth to	Between Groups	5.363	2.682		2			
	Within Groups	81.284	.598	4.487		3.55	0.013	Significant
	Total	86.647			136			
Parents average monthly income	Between Groups	3.944	1.972		2			
	Within Groups	115.940	.853	2.313		3.55	0.103	Not Significance
	Total	119.885			136			

Table 4 shows the Summary of One-way ANOVA of coping strategies for Autism Spectrum Disorder among parents of autistic children in Rivers East Senatorial District, Rivers State based on parity, age of marriage and parents' income. The results revealed that based on age of marriage, the result revealed ($F_{cal} = 6.314$; $df = 138$; $P_{val} = 0.002$; $F_{cal} > F_{crit}$ and $P < 0.05$). Based on the result, the F calculated was greater than the F critical while the P val value was less than 0.05 alpha level ($F_{cal} > F_{crit}$ and $P < 0.05$). Hence, the null hypothesis was rejected. Therefore, there was a significant difference in the coping strategies for ASD among parents in Rivers East Senatorial District based on age of marriage.

The data further revealed that in relation to parents coping strategies based on parity (number children given birth to), ($F_{cal} = 4.487$; $df = 138$; $P_{val} = 0.013$; $F_{cal} > F_{crit}$ and $P < 0.05$). Based on the result, the F calculated was greater than the F critical while the P val value was less than 0.05 alpha level ($F_{cal} > F_{crit}$ and $P < 0.05$). Hence, the null hypothesis was rejected. Therefore, there was a significant difference in the coping strategies for ASD among parents in Rivers East Senatorial District based on number of children given birth to (parity).

On the opposite pole, no statistically significant difference was observed in the coping strategies for ASD among parents of autistic children based on income ($F_{cal} = 2.213$; $df = 138$; $P_{val} = 0.103$). This result indicated that the F calculated was less than the F critical while the p value was greater than 0.05 alpha level ($F_{cal} < F_{crit}$ and $P > 0.05$), hence, the null hypothesis was accepted. Therefore, there was no significant difference was observed in the coping strategies for ASD among parents of autistic children based on income.

DISCUSSION

In Nigeria, like in other parts of Africa, there is generally poor awareness and knowledge of autism accompanied with inadequate access and availability of healthcare services. These factors make coping with autistic children difficult for parents. Hence, for the health of the mothers and continuous survival of autistic children, parents have to adapt to the stress in varied number of ways. In this study, the objectives 3 and 6 explored the coping strategies of parents with autistic children and their association with age in marriage, parity and income (measure based on monthly average incomes in thousands).

In Table 4.4, it was shown that the aggregate mean and Standard Deviation analysis of the coping strategies for Autism Spectrum Disorder among parents of autistic children in Rivers East Senatorial District, Rivers State was 2.85 ± 0.890 . This implies that the parents of autistic children adopts positive coping strategies while managing the children. Individually, all the item statement except watching of movies had mean scores above the critical mean. Therefore, the parents accepted that they: always talk to the child politely; avoid things that get the child upset; play with child; call the child pet names to calm his/her nerves; hang out with friends; talk to his/her physician regular; attend religious programme; meditate; seek for social support as coping strategies for ASD.

A study in Kenya that examined Challenges and coping strategies of parents of children with autism by Gemegah, Hartas, and Totsika (2020) equally observed that majority of the respondents agreed that they engage in spiritual activities such as prayer and seek spiritual healing in coping with the management of their autistic children. This is in line with religious activities and medication observed in present study.

Williams, Dalrymple & Neal (2019) in similar fashion reported that African parents whose children are living with autism have fair coping adaptability for autism. The survey itemized such coping adaptations to include prayer and meditation, talking politely to the children, taking out time to watch TV, see movie, hang out with friend, talk to relative, seeking for medical help from recommended practitioners among others.

One of the key strategies through which primary caregivers adjust to the stress and anxiety of parenting a kid with ASD is by coping with the difficulties of children with ASD (Benson, 2014). The technique by which people respond to stress is known as coping. Hastings et al. (2005) identified multiple coping strategies in their initial research on the prevalence of stress and the use of coping strategies by parents of children with ASD, including active-avoidance of stress, problem-focused coping by planning and seeking appropriate social support, engaging in positive coping, using religion or spirituality, and denial. Hastings et al. also discovered that problematic behaviors in children with ASD are linked to mothers' use of maladaptive coping techniques, which leads to increased maternal stress.

Furthermore, in this empirical survey, it was observed that parent's years in marriage and parity (number of children given birth to) are associated with coping. In table 4.10, the ANOVA result yielded a significant difference in the coping strategies of the parents based on age of marriage and parity ($P < 0.05$). Parents' with lesser number of children and longer years in marriage were more positive in their coping approaches. On the other hand, the parents coping strategies did not differ significantly based on average monthly income. However, parents with higher income showed better coping adaptation than those with lower income. But the demarcation was not very significant. This partially agrees with a study carried out by Wilcox, Washburn, & Patel (2017), their study reported a significant association between demographic variables and coping strategies. In disagreement, Makinde *et al.* (2019) analyzed the demographic characteristics, coping strategies and parents with autistic children in Nigeria and no significant association between age, marital status and autism management coping strategies. In summary, there are limited empirical literature on the association between autism coping strategies and age of marriage, parity and parents income. Hence this study has offered clarity on such relation.

CONCLUSION

Based on the findings, the autistic parents practice positive coping strategies. Demographic variable of the parents, precisely the numbers years they are married, number of children and income per month significantly determine coping strategies with the exception of income.

RECOMMENDATIONS

Based on the findings of the study, the following recommendation were made:

1. Parents of autistic children should also try on their parts to find out more about their child's illness in order to foster better for the child and achieve a better parenting outcome
2. Educational institution should partner with government and Non-governmental Organization (NGOs) to intensify the creation of awareness about etiology, symptoms and treatment of autism.

REFERENCES

- American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders. *American Psychiatric Association*, 4(1), 34-52.
- Bakare, M. O., Agomoh, A. O., Ebigbo, P. O., Eaton, J., & Okonkwo, K. O. (2009) Etiological explanation, treatability and preventability of childhood autism: a survey of Nigerian healthcare workers' opinion. *Annals of General Psychiatry*, 8(1), 6-14.
- Baker, A. S., Ebigbo, P., & Ubochi, A. A. (2012). Maternal metabolic conditions and risk for autism and other neurodevelopmental disorders. *Pediatrics*, 129(5), e1121-e1128.
- Benson, D. R. (2014). Does the autistic child have a "theory of mind"? *Cognition* 21(1), 37-46.
- Cometto, G., Ford, N., Pfaffman-Zambruni, J., Akl, E. A., Lehmann, U., McPake, B., & Taylor, D. (2018). Health policy and system support to optimise community health worker programmes: an abridged WHO guideline. *The Lancet Global Health*, 6(12), e1397-e1404.
- Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Espinosa, F. D., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school-age children with autism. *Autism*, 9(4), 377-391.
- Jacobs, D., Steyaert, J., Dierickx, K., & Hens, K. (2018). Implications of an Autism Spectrum Disorder diagnosis: an interview study of how physicians experience the diagnosis in a young child. *Journal of Clinical Medicine*, 7(10), 348 - 356
- Joseph, B. N., Ezie, I. J., Aya, B. M., & Dapar, M. L. P. (2017). Self-medication among pregnant women attending ante-natal clinics in Jos-North, Nigeria.
- Lesi, F. E., Adeyemi, J. D., Aina, O. F., Oshodi, Y. O., Umeh, C. S., Olagunju, A. T., & Oyibo, W. (2014). Autism in Nigeria: A call for action. *Journal of clinical Sciences*, 11(2), 33.
- Newschaffer, C. J., & Curran, L. K. (2013). Autism: An emerging public health problem. *Johns Hopkins Bloomberg School Public Health Report*, 118, 393-399.
- Sole-Smith, V. (2014). The history of autism. Parents Meredith Corporation. *British Medical Journal*, 326(7382), 173-174.
- WHO, (2021). Autism. <https://www.who.int/news-room/fact-sheets/detail/autism-spectrum-disorders>
- Wilcox, C. E., Washburn, R., & Patel, V. (2017). Seeking help for attention deficit hyperactivity disorder in developing countries: A study of parental explanatory models in Goa, India. *Sociology, Science and Medicine*, 64, 1600-1610.
- Williams, P. G., Dalrymple, N., & Neal, J. (2019). Eating habits of children with autism. *Journal of Pediatrics and Nursing*, 26(3), 259-267