**Autism in Kenya and its Prevalence**

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## 1.0 An Overview of Autism

**Autism** is a disorder of neural development characterized by impaired social interaction and communication, and by restricted and repetitive behavior. The signs usually begin before a child is three years old (Autistic disorder, 2000). *Autism* has a strong genetic basis, although the genetics are complex. It is unclear whether the Aspersers syndrome (**ASD)** one of the three recognized disorders is explained more by rare mutations, or by rare combinations of common genetic variants (Abrahams, 2008). In rare cases, autism is strongly associated with agents that cause birth defects (Stodgell, 2005).

According to Doshen, (2008) the term "autism spectrum" refers to a range of developmental disabilities that include autism as well as other disorders with similar characteristics. Shriver, (2010) observed that different people with autism can have very different symptoms. Health care providers think of autism as a spectrum disorder, a group of disorders with similar features. One person may have mild symptoms, while another may have serious symptoms. But they both have an autism spectrum disorder. There are various types of the autism disorders:

- Autistic Disorder or “classic autism”
- Asperger Syndrome
- Pervasive Developmental Disorder or "atypical autism"

In some cases, health care providers use a broader term, pervasive developmental disorder, to describe autism. This category includes the autism spectrum disorders above, plus Childhood Disintegrative Disorder and Rett syndrome.

This paper examines closely *Asperger syndrome*. The sections covered include definition of the syndrome, symptoms of Asperger syndrome, prevalence of Autism in Kenya, history of diagnosis and treatment and interventions.

## 2.0 Asperger Syndrome

Asperger syndrome is a pervasive developmental disorder that is characterized by an inability to understand how to interact socially. Typical features of the syndrome also may include clumsy and uncoordinated motor movements, social impairment with extreme egocentricity, limited interests and unusual preoccupations, repetitive routines or rituals, speech and language peculiarities, and non-verbal communication problems.

## 2.1 Symptoms of Asperger syndrome

Because the symptoms of Asperger syndrome are often hard to differentiate from other syndromes, it's best to let a doctor or other health professional evaluate your child's symptoms. According to Doshen, (2008) the key symptoms that would differentiate this syndrome include the following:

- Inappropriate or minimal social interactions
- Conversations almost always revolving around self rather than others
- "Scripted," "robotic," or repetitive speech
- Lack of “common sense"
- Problems with reading, math, or writing skills
- Obsession with complex topics such as patterns or music
- Average to below-average nonverbal cognitive abilities, though verbal cognitive abilities are usually average to above-average
- Awkward movements
- Odd behaviors or mannerisms

## 2.2 Prevalence of Autism in Kenya

**Autism in Kenya**

Autism is a devastating and complex developmental disorder affecting approximately 4% of the Kenyan population. (Autism Society of Kenya, 2007).

Due to prevalence of Autism in Kenya, there are certain societies that have been founded in the recent times. For instance, one such organization is.Autism Society of Kenya. This organization came into being in September 2003 when a group of parents who had autistic children decided to form a society that could advocate for theirs and their children's needs. The Society offers diagnosis and assessment, produces literature about autism and provides counseling services and run autism awareness workshops all over Kenya.

In an effort to cater for the autistic children, a unit was established in City Primary School in Nairobi in September 2003 by a group of parents of Autistic children who saw a need for an educational program tailor made for such children. The unit currently has 40 children whose ages range from 3 years to 16 years. This is just but a small percentage of the overall over 500 children in the Nairobi area alone who have been assessed and found to be autistic.

Today, many schools and special units combine all people with disabilities into one group irrespective of the fact that different disabilities require different programs and ways of handling the individual.

In order to protect the rights of the disabled, more especially those who are mentally challenged (as in the case of autistic persons), the Government of Kenya passed a disability Act in 2003 under which it is an offence to conceal or imprison the mentally ill or disabled person

**2.3 History of diagnosis and treatment**

From the early 1900s, autism has referred to a range of psychological conditions.

The word "autism," which has been in use for about 100 years, comes from the Greek word "autos," meaning "self." The term describes conditions in which a person is removed from social interaction hence, an isolated self. Eugen Bleuler, a Swiss psychiatrist, was the first person to use the term. He started using it around 1911 to refer to one group of symptoms of schizophrenia. In the 1940s, researchers in the United States began to use the term "autism" to describe children with emotional or social problems. Leo Kanner, a doctor from Johns Hopkins University, used it to describe the withdrawn behavior of several children he studied. At about the same time, Hans Asperger, a scientist in Germany, identified a similar condition that now called Asperger syndrome. Autism and schizophrenia remained linked in many researchers' minds until the 1960s. It was only then that medical professionals began to have a separate understanding of autism in children. From the 1960s through the 1970s, research into treatments for autism focused on medications such as LSD, electric shock, and behavior change techniques. The latter relied on pain and punishment. During the 1980s and 1990s, the role of behavior therapy and the use of highly controlled learning environments emerged as the primary treatments for many forms of autism and related conditions. Currently, the cornerstone of autism therapy is behavior therapy. Other treatments are added as needed (Hirsch, 2009).

**2.4 Interventions**

According to Stokes (2010) the child with Asperger's will need to be directly taught various social skills (recognition, comprehension and application) in one-to-one and/or small group settings. Social skills training will also be needed to generalize previously learned social skills from highly structured supportive contexts to less structured settings and, eventually, real-life situations. It is important to emphasize that children with Asperger's Syndrome will not learn social relations by watching other people, or by participating in various social situations. They tend to have great difficulty even recognizing the essential information of a social situation, let alone processing / interpreting it appropriately. Tools for teaching social skills is the best intervention to child with Asperger's these include the following:

***Social Stories*** - The use of Social Stories and social scripts can provide the child with visual information and strategies that will improve his understanding of various social situations. In addition, the Social Stories/scripts can teach the child appropriate behaviors to exhibit when he is engaged in varied social situations. The repetitious "reading" of the Social Story/script makes this strategy effective for the child with Asperger's Syndrome. A 3-ring binder of Social Stories/scripts kept both at home and school, for the child to read at his leisure, has proven very successful for many students with Asperger's Syndrome

***Role-playing*** -This takes place by role-playing various social situations which can be an effective tool for teaching a child appropriate social responses.

***Video-taping/audio-taping*** - This takes place by video-taping/audio-taping both appropriate and inappropriate social behaviors can assist the child in learning to identify and respond appropriately to various social situations.

***Lunch/recess club*** -This is a structured lunch/recess time with specific peers to focus on target social skills for the child with Asperger's Syndrome. This strategy can assist in generalizing social skills previously learned in a structured setting.

***Comic Strip Conversations*** This can be used to visually clarify social interactions and emotional relations. Peer partners/buddies: Specific peer(s) can be chosen to accompany and possibly assist the child with Asperger's Syndrome during less structured social situations and when experiencing social difficulties (e.g., out of class transitions, recess, lunch, etc.). This peer support network should initially be established in a small group setting.

Individualized visual social "rule" cards can be taped to the child's desk as a visual reminder regarding appropriate social behaviors to exhibit. Portable "rule" cards can be used for environments other than the classroom. The rules can be written on index cards, laminated, and

then given to the child to carry along as visual reminders of the social "rules" for any particular context.

**2.5 Prevention of Autism**

Since autism related disorders usually develops within the first 30 months of age, and are usually diagnosed by the age of 3, prevention must take place very early, or even pre-natally. According to Autism Society of Kenya (2007), the following are prevention measures that parents and caregivers should generally consider as preventive measures -

Insist on early screening for autism with your pediatrician if any behavioral problems, such as not using language as a form of expression, are noted before the age of 2. Children should be "babbling" and using hand gestures, such as pointing, by 12 months of age, and using single words by 16 months. Phrases combining two words should be used by the second birthday.

Ask for genetic testing if the child exhibits any lack of social or verbal development before the age of 2. Children should be tested for high resolution chromosome studies, known as karyotype.

Schedule metabolic testing to prevent the onset of autism, especially if the child vomits on excessive occasions. This may indicate metal toxicity or other poisoning in the bloodstream.

Investigate the possibility that vaccinations may have a role in the occurrence of autism, especially the MMR vaccine used for rubella, the mumps and measles. Remember that the evidence of these vaccines and other ones containing trace amounts of mercury, causing autism are still inconclusive.

Avoid eating foods that may contain unsafe levels of mercury during pregnancy, such as seafood. There is a growing amount of evidence that links the incidence of autism to metal toxicity in the bloodstream.

Communicate constantly with your pediatrician about the latest research developments in the study of autism and its causes. While much of the evidence is either contradictory or inconclusive, the overall picture as to the possible causes of autism has become much clearer in the last few years.

**3.0 Conclusion**

Autism interventions attempt to lessen the deficits and family distress associated with autism and other autism spectrum disorders (ASD), and to increase the quality of life and functional independence of autistic individuals, especially children. No single treatment is best, and treatment is typically tailored to the child's needs. Treatments fall into two major categories: educational interventions and medical management. Educational intervention can bring about change of attitude. This is the most important step as disability, especially in most of the African cultures may be taken as a curse. Thus, education to change in attitude about various disorders is the first step towards establishment of accommodative family and society at large.

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