Humanities Horizon

Vol 2 No 1 (2025) pp 1-14

Improving the well-being of families of children with Autism Spectrum Disorder (ASD) in Internally Displaced People (IDP) camps in South East and North Central Nigeria

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Paper received: 04-02-2025; revised: 11-02-2025; accepted: 17-02-2025; published: 30-04-2025

Abstract

The well-being of families of children with Autism Spectrum Disorder (ASD) in Internally Displaced People (IDP) camps in South East and North Central Nigeria is an area of increasing concern. The study utilized descriptive survey design, and the target population consisted of 80 parents and caregivers from camps in Anambra, Enugu, Imo, Benue, Kogi, and Nasarawa. A simple random sampling method was used for participant selection. Data were collected through a structured, validated questionnaire, with reliability confirmed via a Cronbach's Alpha coefficient of 0.76. Descriptive and inferential statistics, including ANOVA, were used for data analysis. The findings highlight significant healthcare issues, such as a lack of specialists, inaccessible diagnostic services, and scarce medication. In education, challenges include the absence of tailored curricula, inadequate facilities, and exclusion from learning activities. Additionally, the study identifies key strategies to address these issues, including the provision of specialized caregiver training, the establishment of therapy centers, financial support, community awareness campaigns, and peer support groups. The study concludes that addressing these challenges requires comprehensive and coordinated efforts involving government, NGOs, and local communities to improve the overall well-being of these vulnerable families. The results provide valuable insights for policy development and program implementation in humanitarian settings, ensuring better support and inclusion for children with ASD.

Keywords: Autism Spectrum Disorder (ASD); Internally Displaced People (IDP); healthcare challenges; educational challenges; specialized training; peer support.

Introduction

Internally Displaced People (IDP) camps in Southeast and North Central Nigeria host thousands of families who have been displaced due to conflict, natural disasters, and other crises. These

camps are characterized by overcrowding, inadequate resources, and limited access to essential services (Gbigbiddje et al., 2020). Within these challenging environments, families of children with Autism Spectrum Disorder (ASD) face compounded difficulties, including a lack of specialized care, stigma, and emotional stress. ASD, a neurodevelopmental disorder characterized by challenges in communication, social interaction, and repetitive behaviors, requires tailored interventions and consistent support. However, the fragile infrastructure of IDP camps exacerbates the vulnerabilities of affected families, leaving them underserved and marginalized (Ekezie, 2022).

Improving the well-being of families of children with ASD in IDP camps in Southeast and North Central Nigeria necessitates a multi-dimensional approach. This includes addressing psychological, social, educational, and economic needs, while ensuring cultural sensitivity and systemic policy support. The unique sociocultural contexts of these regions further highlight the importance of community-based interventions and inclusive policies to foster resilience and improve quality of life (Mohammed, 2022). The psychological well-being of families with children with ASD in IDP camps is often undermined by stress, anxiety, and depression. Studies indicate that parents of children with ASD experience higher levels of psychological distress compared to parents of neurotypical children (Okon, 2018). These stressors are amplified in IDP camps due to uncertain living conditions, lack of privacy, and limited access to resources. Implementing trauma-informed care models and providing mental health services tailored to the needs of these families can significantly alleviate stress. Group therapy sessions and peer support networks have been shown to reduce feelings of isolation and promote emotional resilience (Ekezie, 2022).

Social isolation is a pervasive issue for families of children with ASD, particularly in IDP camps where social networks are often disrupted. Establishing community-based programs that foster inclusion and understanding of ASD can bridge this gap. According to Ali et al. (2015), educating community members about ASD reduces stigma and fosters an environment where families feel supported. Social support groups within IDP camps can also provide a platform for families to share experiences and access collective resources. These groups serve as a buffer against social alienation often experienced in such challenging environments (Stambach et al., 2024).

Children with ASD require specialized educational and therapeutic interventions to thrive. However, these resources are typically scarce in IDP camps. Studies highlight the importance of integrating ASD-specific interventions into existing camp services (Sánchez et al., 2019). Mobile therapy units and telehealth services can help bridge the gap in service provision, delivering speech therapy, occupational therapy, and behavioral interventions to affected children. Furthermore, training camp staff and volunteers to identify and support children with ASD ensures that interventions are sustainable and culturally relevant (Tusan, 2021). The financial burden of caring for a child with ASD is a significant stressor for families, and this burden is magnified in IDP camps where income opportunities are limited. Economic empowerment programs, such as vocational training and microfinance initiatives, can provide families with a means to support themselves. Research by Owen et al. (2023) indicates that economic stability improves the overall well-being of families by reducing stress and enabling them to access necessary resources for their children. Additionally, integrating these programs with childcare services ensures that parents can participate without neglecting their caregiving responsibilities.

The well-being of families with children with ASD in IDP camps requires systemic support through policy and advocacy. Governments and humanitarian organizations must prioritize the inclusion of disability-focused initiatives in their response plans. According to Fayad et al. (2024), advocacy efforts that highlight the unique needs of children with ASD and their families can lead to increased funding and resource allocation. Policies that ensure access to education, healthcare, and social support within IDP settings are critical for long-term improvement in family well-being. Interventions must be culturally sensitive to be effective. Families in IDP camps often come from diverse cultural backgrounds, and their understanding of ASD may vary. Tailoring interventions to align with cultural beliefs and practices enhances their acceptability and effectiveness. For instance, involving religious leaders or community elders in awareness campaigns can foster greater acceptance and support for families of children with ASD.

The well-being of families of children with Autism Spectrum Disorder (ASD) is often overlooked in humanitarian crises, particularly in Internally Displaced People (IDP) camps. In Southeast and North Central Nigeria, where prolonged conflicts have led to massive displacements, families face compounded challenges. These include inadequate healthcare, lack of autism awareness, and insufficient resources to support children with ASD, amplifying parental stress and reducing family resilience (Ayyash et al., 2023). Studies reveal that caregivers in low-resource settings often experience significant mental and emotional strain due to stigma and limited access to specialized care (Suprenant, 2024). However, research focusing on families in IDP contexts remains sparse. Existing interventions for displaced populations rarely address neurodevelopmental disorders, further marginalizing affected families. The unique needs of children with ASD, including routine and specialized care, are often unmet, exacerbating developmental delays and family stress (Abayeva et al., 2024). Addressing this gap requires tailored strategies to improve caregiver support, enhance autism awareness, and build sustainable services within IDP camps. This study aims to fill this critical gap by exploring interventions that promote family well-being and foster a supportive environment for children with ASD, advancing inclusiveness in humanitarian responses.

Objectives:

- To find out the healthcare challenges among the families of children with ASD in IDP camps in Southeast and North Central Regions of Nigeria;
- To reveal the educational challenges among the families of children with ASD in IDP camps in Southeast and North Central Regions of Nigeria;
- To determine ways of alleviating challenges among the families of children with ASD in IDP camps in South East and North Central Regions of Nigeria.

Research questions:

- What are the healthcare challenges among the families of children with ASD in IDP camps in Southeast and North Central Regions of Nigeria?
- What are the educational challenges among the families of children with ASD in IDP camps in Southeast and North Central Regions of Nigeria?

- What are ways of alleviating challenges among the families of children with ASD in IDP camps in Southeast and North Central Regions of Nigeria?

Method

The study employed a descriptive survey design, as it was well-suited for investigating the healthcare, educational, and other challenges faced by families of children with Autism Spectrum Disorder (ASD) residing in Internally Displaced Persons (IDP) camps in the South-East and North-Central regions of Nigeria. This design enabled the collection of quantitative data, offering insights into the difficulties faced by these families and how demographic variables such as the number of children in the family and gender influence their experiences. The research was conducted in selected IDP camps within the Southeast and North Central Regions of Nigeria, specifically in states like Anambra, Enugu, and Imo in the Southeast, and Benue, Kogi, and Nasarawa in the North Central Region. These regions were chosen because of the substantial number of IDP camps housing families with children diagnosed with ASD. The study's target population consisted of parents and caregivers of children with ASD who are currently residing in these camps, with a total of 80 respondents selected.

A simple random sampling technique was used to select the families that participated in the study. This method ensured that every eligible family had an equal chance of being chosen, which contributed to the representativeness of the sample. The sample size of 80 was based on the total number of families with children diagnosed with ASD in the selected camps. Data were collected through a structured questionnaire, which was divided into sections focusing on demographic information, healthcare challenges, educational challenges, and potential ways to alleviate these challenges. To ensure the validity of the instrument, the questionnaire was reviewed by experts in special education, psychology, and healthcare, who provided feedback that helped improve its clarity and relevance. Reliability testing was also conducted using Cronbach's Alpha method, and a pilot study with 10 parents revealed a coefficient above 0.76, confirming the instrument's reliability.

The data collection process began after obtaining ethical approval and informed consent from participants. Trained field assistants administered the questionnaires, ensuring that the participants understood the instructions. The completed questionnaires were collected, and participants were assured of confidentiality. The data were analyzed using descriptive statistics such as means, standard deviations, and percentages to summarize the responses. Inferential statistics, specifically ANOVA, were used to test research hypotheses concerning the differences in challenges based on demographic variables. Statistical analyses were conducted using SPSS software, with a significance level set at 0.05.

Results

The demographic analysis in Table 1 revealed insights into the marital status, number of children, and gender of parents/caregivers of children with ASD in IDP camps. For marital status, the majority of participants were divorced or separated (52; 65.0%), while single and married parents each accounted for 17.5% (14). This suggests that a significant proportion of caregivers in the study may face additional challenges due to the absence of spousal support. Regarding the number of children in the family, 37.5% (30) of the families had three children, while 36.3% (29) had one child. Families with two children accounted for 26.3% (21). These figures indicate that

families with one or three children formed the majority of the sample. For gender, female caregivers dominated the study population, representing 68.8% (55), while male caregivers constituted only 31.3% (25). This gender disparity highlights that caregiving roles in IDP camps are predominantly undertaken by women, potentially influencing the nature of challenges faced.

Table 1. Demographic Profile of Parents/Caregivers of Children with ASD in IDP Camps

Demographic Variable	Category	Frequency	Percent (%)	Valid Percent (%)	Cumulative Percent (%)
Marital Status	Single	14	17.5	17.5	17.5
	Married	14	17.5	17.5	35.0
	Divorced/Separated	52	65.0	65.0	100.0
Number of Children in Family	One child	29	36.3	36.3	36.3
	Two children	21	26.3	26.3	62.5
	Three children	30	37.5	37.5	100.0
Gender of Parents/Caregivers	Male	25	31.3	31.3	31.3
	Female	55	68.8	68.8	100.0

Research Question 1: What are the Healthcare Challenges Among the Families of Children with ASD in IDP camps in Southeast and North Central Regions of Nigeria?

In Table 2, the responses to healthcare challenges among families of children with ASD in IDP camps showed notable concerns. The mean scores for statements such as lack of specialists (3.25), inaccessible healthcare (3.19), and unavailability of diagnostic services (3.11) indicated moderate challenges. Families also reported issues like unaffordable therapies (3.05) and scarce medication (3.25), with the lowest mean for delayed emergency healthcare (2.90). The high skewness values, particularly for emergency healthcare (-3.646), suggest a strong concentration of responses around the lower end, reflecting significant dissatisfaction with available healthcare services in the camps.

Table 2. Healthcare Challenges Among Families of Children with ASD in IDP Camps

		Families of children with ASD in IDP camps lack specialists	Healthcare for children with ASD in IDP camps is inaccessible	Diagnostic services for children with ASD in IDP camps are unavailable	Families cannot afford therapies for children with ASD in IDP camps	Medication for children with ASD in IDP camps is often scarce	Emergency healthcare for children with ASD in IDP camps is delayed
N	Valid	80	80	80	80	80	80
	Missing	0	0	0	0	0	0
Mean		3.25	3.19	3.11	3.05	3.25	2.90
Median		3.00	3.00	3.00	3.00	3.00	3.00
Std. Deviation		.606	.576	.421	.352	.516	.341
Variance		.367	.331	.177	.124	.266	.116
Skewness		-.175	-.018	-.320	-1.034	-.284	-3.646
Std. Error of Skewness		.269	.269	.269	.269	.269	.269
Kurtosis		-.501	-.188	8.536	16.894	3.224	13.978
Std. Error of Kurtosis		.532	.532	.532	.532	.532	.532
Percentiles	25	3.00	3.00	3.00	3.00	3.00	3.00
	50	3.00	3.00	3.00	3.00	3.00	3.00
	75	4.00	4.00	3.00	3.00	4.00	3.00

Research Question 2: What are the Educational Challenges Among the Families of Children with ASD in IDP Camps in Southeast and North Central Regions of Nigeria?

In Table 3, the educational challenges faced by families of children with ASD in IDP camps were highlighted by mean scores ranging from 2.99 to 3.21, indicating moderate concerns. The statement on lack of schools (3.09) and specialized teachers (2.99) received relatively high ratings, suggesting a significant gap in educational infrastructure. Exclusion from learning activities (3.21) was a major challenge, along with inadequate educational facilities (3.05) and nonexistent tailored curricula (3.00). The highest skewness (e.g., for tailored curricula -1.664) reflects a concentration of negative responses, pointing to the urgent need for inclusive education programs for children with ASD. Families also reported a lack of guidance on homeschooling (3.14), further underscoring the educational barriers faced.

Table 3. Educational Challenges Among Families of Children with ASD in IDP Camps

		Families of children with ASD in IDP camps lack schools	Specialized teachers for children with ASD in IDP camps are unavailable	Children with ASD in IDP camps face exclusion from learning activities	Educational facilities for children with ASD in IDP camps are inadequate	Tailored curricula for children with ASD in IDP camps are nonexistent	Parents lack guidance on homeschooling children with ASD in IDP camps
N	Valid	80	80	80	80	80	80
	Missing	0	0	0	0	0	0
Mean		3.09	2.99	3.21	3.05	3.00	3.14
Median		3.00	3.00	3.00	3.00	3.00	3.00
Std. Deviation		.482	.562	.567	.778	.616	.707
Variance		.233	.316	.321	.605	.380	.500
Skewness		-1.142	-.880	-.852	-.915	-1.664	-1.304
Std. Error of Skewness		.269	.269	.269	.269	.269	.269
Kurtosis		8.381	3.486	4.304	1.132	5.406	3.224
Std. Error of Kurtosis		.532	.532	.532	.532	.532	.532
Percentiles	25	3.00	3.00	3.00	3.00	3.00	3.00
	50	3.00	3.00	3.00	3.00	3.00	3.00
	75	3.00	3.00	4.00	4.00	3.00	4.00

Research Question 3: What are Ways of Alleviating Challenges Among the Families of Children with ASD in IDP Camps in Southeast and North Central Regions of Nigeria?

The data on potential ways to alleviate challenges among families of children with ASD in IDP camps revealed varying degrees of agreement with proposed solutions as captured in Table 4. The highest mean score (3.40) was for offering financial assistance to families, indicating a strong need for financial support. Proposals for providing specialized training for caregivers (3.01) and ensuring availability of healthcare services (3.20) also received moderate support. The lowest mean score (2.93) was for promoting community awareness to reduce stigma and establishing accessible therapy centers (2.94), suggesting that more attention is needed in these areas. The skewness and kurtosis values, particularly for peer support groups (with skewness -4.962), suggest a concentration of strongly positive responses, indicating widespread support for organized peer support networks.

Table 4. Ways to Alleviate Challenges Among Families of Children with ASD in IDP Camps

		Provide specialized training for caregivers of children with ASD in camps	Establish accessible therapy centers for children with ASD in IDP camps	Offer financial assistance to families of children with ASD in camps	Promote community awareness to reduce stigma around ASD in IDP camps	Ensure availability of healthcare services tailored for children with ASD	Organize peer support groups for families of children with ASD
N	Valid	80	80	80	80	80	80
	Missing	0	0	0	0	0	0
Mean		3.01	2.94	3.40	2.93	3.20	3.00
Median		3.00	3.00	3.00	3.00	3.00	3.00
Std. Deviation		.703	.643	.686	.382	.624	.000
Variance		.494	.414	.471	.146	.390	.000
Skewness		-.916	-1.115	-1.437	-4.962	-1.126	
Std. Error of Skewness		.269	.269	.269	.269	.269	.269
Kurtosis		1.828	2.827	3.378	23.205	4.015	
Std. Error of Kurtosis		.532	.532	.532	.532	.532	.532
Percentiles	25	3.00	3.00	3.00	3.00	3.00	3.00
	50	3.00	3.00	3.00	3.00	3.00	3.00
	75	3.00	3.00	4.00	3.00	4.00	3.00

Hypotheses

H_{01}: There is no significant difference in the healthcare challenges among the families of children with ASD in IDP camps in the Southeast and North Central Regions of Nigeria based on the number of children in the family and gender.

The analysis of healthcare challenges among families of children with ASD as captured in Table 5 revealed significant findings. The number of children in the family significantly impacted the healthcare challenges ($F = 18.032$, $p = 0.000$), with families of different sizes facing varying levels of difficulty. Gender also showed a significant effect ($F = 23.098$, $p = 0.000$), indicating that male and female caregivers experience healthcare challenges differently. Moreover, the interaction between the number of children and gender was significant ($F = 16.161$, $p = 0.000$), suggesting that the combination of these factors plays a critical role in healthcare challenges. Since all the p-values for number of children, gender, and their interaction are less than 0.05, the hypothesis is rejected, indicating a significant difference in healthcare challenges based on the number of children in the family and gender.

Figure 1 reveals a sharp decline in healthcare challenges reported by males as the number of children increases, from one child (21.00) to two children (18.00). In contrast, females report consistent challenges for one and two children (18.00) but a significant increase with three children (19.00). This suggests that healthcare challenges perceived by males reduce with more children, whereas females experience heightened challenges with larger families. Gender-specific approaches may be necessary to address these differences.

Table 5. Difference in the Healthcare Challenges Among the Families of Children with ASD in IDP Camps in the Southeast and North Central Regions of Nigeria

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	111.978[a]	4	27.995	16.809	.000
Intercept	25719.010	1	25719.010	15442.637	.000
Number of Children in the Family	60.064	2	30.032	18.032	.000
Gender	38.469	1	38.469	23.098	.000
Number of Children in the Family* Gender	26.915	1	26.915	16.161	.000
Error	124.909	75	1.665		
Total	29231.000	80			
Corrected Total	236.887	79			

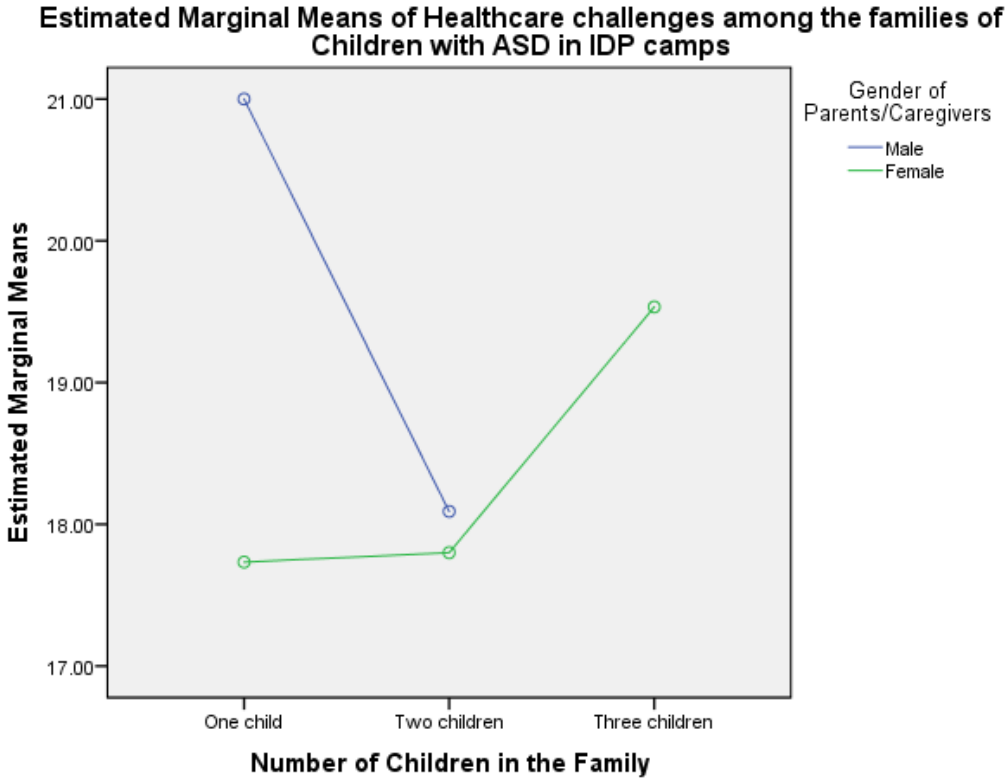

Figure 1. Estimated Marginal Means of Healthcare Challenges Faced by Families of Children with Autism Spectrum Disorder (ASD) in Internally Displaced Persons (IDP) Camps, Categorized by the Number of Children in the Family and Gender of Parents/Caregivers

H_{02}: There is no significant difference in the educational challenges among the families of children with ASD in IDP camps in the Southeast and North Central Regions of Nigeria based on the Number of children in the family and gender.

The analysis of educational challenges among families of children with ASD as captured in Table 6 reveals significant findings. The number of children in the family had a significant effect ($F = 11.214$, $p = 0.000$), indicating that families with varying numbers of children face different educational challenges. Gender also showed a significant difference ($F = 6.550$, $p = 0.013$), suggesting that male and female caregivers perceive educational challenges differently. Additionally, the interaction between number of children and gender was highly significant ($F = 96.521$, $p = 0.000$), highlighting that both factors combined affect the educational challenges

perceived by the families. Since the p-values for number of children and gender are less than 0.05, the hypothesis is rejected. This indicates a significant difference in educational challenges based on the number of children in the family and gender.

Table 6. Difference in the Educational Challenges Among the Families of Children with ASD in IDP Camps in the Southeast and North Central Regions of Nigeria

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	661.521[a]	4	165.380	27.969	.000
Intercept	24002.266	1	24002.266	4059.202	.000
Number of Children in the Family	132.621	2	66.310	11.214	.000
Gender	38.731	1	38.731	6.550	.013
Number of Children in the Family* Gender	570.731	1	570.731	96.521	.000
Error	443.479	75	5.913		
Total	27750.000	80			
Corrected Total	1105.000	79			

Figure 2 shows gender-based differences in perceived educational challenges. Females report higher challenges with two children (24.00) compared to males (22.00). For families with one child, males report fewer challenges (16.00) than females (22.00). In families with three children, males report the lowest challenges (14.00), while females report significantly lower challenges (18.00) than with two children.

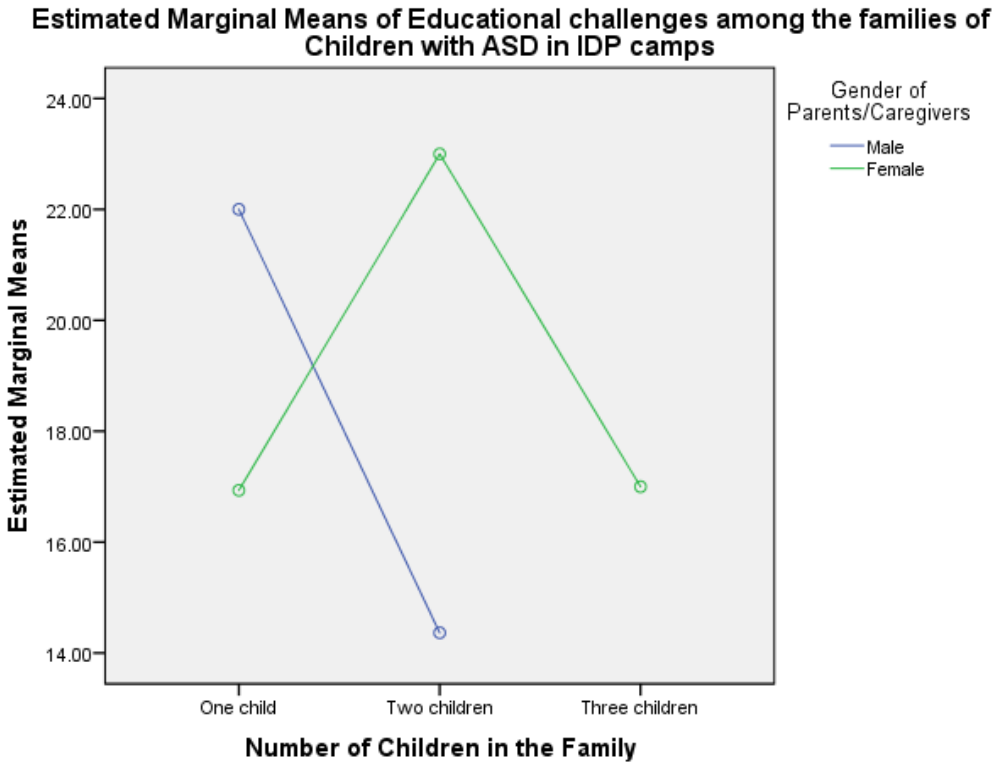

Figure 2. Estimated Marginal Means of Educational Challenges Experienced by Families of Children with Autism Spectrum Disorder (ASD) in Internally Displaced Persons (IDP) Camps, Categorized by the Number of Children in the Family and Gender of Parents/Caregivers

H_{03}: There is no significant difference in the perceived ways of alleviating challenges among the families of children with ASD in IDP camps in the South-East and North-Central regions of Nigeria based on the number of children in the family and gender.

The analysis of perceived ways to alleviate challenges among families of children with ASD as captured in Table 7 revealed significant findings. The gender variable showed a significant difference (F = 4.476, p = 0.038), indicating that the alleviation strategies differ between male and female caregivers. However, the number of children in the family did not show a significant effect (F = 2.361, p = 0.101). Additionally, the interaction between the number of children in the family and gender was significant (F = 21.414, p = 0.000), suggesting that the combination of these factors influences the perceived alleviation strategies. Since the p-value for gender is less than 0.05 and for number of children it is greater than 0.05, the hypothesis is rejected for gender but accepted for the number of children in the family.

The graph in Figure 3 illustrates gender-based differences in adopting strategies to alleviate challenges. Females report higher effectiveness of strategies with two children (21.00) compared to males (19.00). For families with one child, males report fewer effective strategies (15.00) than females (20.00). In families with three children, males report the lowest effectiveness (15.00), while females report a decline (18.00) compared to two children. This suggests that perceived effectiveness of strategies varies by family size and gender.

Table 7. Difference in the Perceived Ways of Alleviating Challenges Among the Families of Children with ASD in IDP Camps in the Southeast and North Central Regions of Nigeria

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	221.018[a]	4	55.255	6.300	.000
Intercept	23581.897	1	23581.897	2688.798	.000
Number of Children in the Family	41.418	2	20.709	2.361	.101
Gender	39.259	1	39.259	4.476	.038
Number of Children in the Family* Gender	187.806	1	187.806	21.414	.000
Error	657.782	75	8.770		
Total	27670.000	80			
Corrected Total	878.800	79			

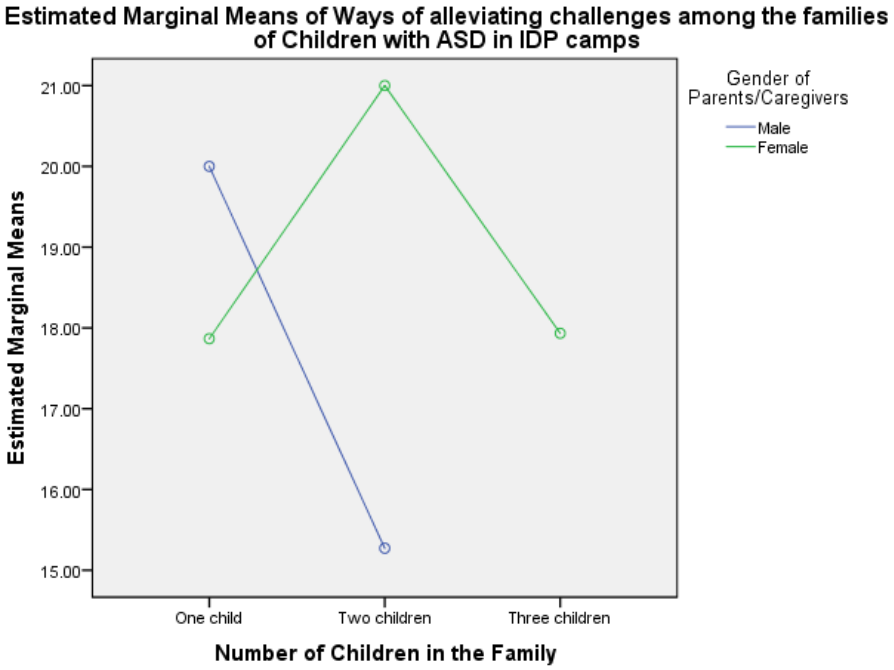

Figure 3. Estimated Marginal Means of Strategies to Alleviate Challenges Experienced by Families of Children with Autism Spectrum Disorder (ASD) in Internally Displaced Persons (IDP) Camps, Analyzed by the Number of Children in the Family and Gender of Parents/Caregivers

Discussion

The healthcare challenges faced by families of children with Autism Spectrum Disorder (ASD) in IDP camps in the Southeast and North Central Regions of Nigeria were significant. The findings showed that these families lacked specialists (mean = 3.25), healthcare was inaccessible (mean = 3.19), diagnostic services were unavailable (mean = 3.11), therapies were unaffordable (mean = 3.05), medication was scarce (mean = 3.25), and emergency healthcare was often delayed (mean = 2.90). In contrast to this, a similar study by Tusan (2021) found that families of children with ASD in refugee camps in the Middle East also struggled with a lack of specialized healthcare services, reporting similar barriers to accessing medical care and therapies. This finding agreed with the study by Ayyash et al. (2023), which highlighted the scarcity of autism-specific healthcare providers in conflict-affected regions globally. Additionally, in a related study, Suprenant (2024) documented that families in displaced communities face delays in accessing essential medication, aligning with the reported healthcare delays in Nigerian camps. Furthermore, the lack of affordable therapies, as found in the current study, mirrors findings by Elder et al. (2016), who observed that therapy costs were a significant barrier for families with children with ASD in IDP camps in Nigeria. These comparisons illustrate the universal nature of healthcare access challenges for ASD families in crisis situations, confirming the need for targeted interventions.

The educational challenges faced by families of children with ASD in IDP camps in the South-East and North-Central regions of Nigeria were severe. The findings showed that these families lacked schools (mean = 3.09), specialized teachers for children with ASD were unavailable (mean = 2.99), children faced exclusion from learning activities (mean = 3.21), educational facilities were inadequate (mean = 3.05), tailored curricula were nonexistent (mean = 3.00), and parents lacked

guidance on homeschooling (mean = 3.14). A similar study by Owen et al. (2023) revealed that families of children with ASD in refugee camps in East Africa reported similar challenges, including a lack of specialized teachers and tailored educational programs. This finding agreed with the study by Fayad et al. (2024), which highlighted the absence of schools and educational support for children with ASD in displaced communities in Nigeria. Furthermore, a related study by Stambach et al. (2024) found that exclusion from educational activities was a significant barrier to learning for children with ASD in conflict-affected areas in West Africa. In contrast, findings from a study by Sánchez et al. (2019) emphasized the critical need for community-based educational interventions to address the lack of guidance for parents homeschooling children with ASD. These comparisons illustrate the widespread nature of educational barriers faced by families of children with ASD in IDP camps globally, underscoring the urgent need for tailored educational support.

The study identified several ways to alleviate the challenges faced by families of children with ASD in IDP camps in the South-East and North-Central regions of Nigeria. These included providing specialized training for caregivers (mean = 3.01), establishing accessible therapy centers (mean = 2.94), offering financial assistance (mean = 3.40), promoting community awareness to reduce stigma (mean = 2.93), ensuring availability of healthcare services tailored for children with ASD (mean = 3.20), and organizing peer support groups (mean = 3.00). A study by Ali et al. (2015) found that while training caregivers was emphasized, the availability of financial assistance and therapy centers remained insufficient in refugee camps in Sudan. This finding agreed with that of Ekezie (2022), who suggested that the establishment of therapy centers in Nigerian IDP camps could drastically improve the quality of care for children with ASD. Similarly, a related study by Okon (2018) underscored the critical role of community awareness in reducing stigma surrounding ASD, which was echoed in the present study's findings on promoting awareness. In contrast, findings from a study by Mohammed (2022) highlighted the scarcity of tailored healthcare services, indicating the urgent need for services that meet the specific needs of children with ASD in IDP camps. These findings collectively emphasize the importance of multi-dimensional approaches to alleviate the challenges faced by these families.

Conclusions

In conclusion, this study highlights the multifaceted challenges faced by families of children with Autism Spectrum Disorder (ASD) residing in Internally Displaced People (IDP) camps in Southeast and North Central Nigeria. The findings reveal significant healthcare and educational difficulties, including a lack of specialists, inaccessible healthcare, unavailable diagnostic services, and inadequate educational resources, which exacerbate the struggles of these families. Moreover, the study identifies essential strategies for alleviating these challenges, such as providing specialized training for caregivers, establishing accessible therapy centers, offering financial support, promoting community awareness, ensuring tailored healthcare services, and organizing peer support groups. While these strategies are critical in improving the well-being of families, the study also underscores the urgent need for systemic interventions that address both immediate and long-term challenges. In this regard, collaboration between government agencies, humanitarian organizations, and local communities is crucial to implementing sustainable solutions. The findings of this research can inform policy development and the design of programs that provide better care, support, and opportunities for families of children with ASD in IDP

camps. This will not only improve the well-being of affected families but also contribute to the broader goal of ensuring the inclusion and rights of children with disabilities in crisis situations.

Data Availability

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Conflicts of Interest

The author declare that there is no conflict of interest regarding the publication of this paper.

Funding Statement

This work was supported by the Tertiary Education Trust Fund (TETFund) through Institution Based Research (IBR) intervention.

Acknowledgments

We sincerely thank the Tertiary Education Trust Fund (TETFund) for its support through the Institution-Based Research (IBR) intervention, which has significantly contributed to the completion of this work.

Supplementary Materials

This study does not include any supplementary materials.

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