

The Role of Cultural Factors in Attention Deficit Hyperactivity Disorder (ADHD) Diagnosis in Children in Nigeria

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Abstract

This paper explores the influence of cultural factors on the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Nigerian children. Examining traditional beliefs, societal norms, and the impact of stigma, the study addresses the challenges within the cultural context. Critiquing Western diagnostic criteria and exploring alternative explanatory models rooted in indigenous perspectives highlight the need for a culturally informed diagnostic approach. Additionally, the paper discusses the limited availability of mental health services, cultural barriers to seeking professional help, and the significance of cultural competence in ADHD diagnosis. Collaborative efforts with traditional healers and community leaders are emphasized. Ultimately, the study aims to contribute to a more inclusive and culturally sensitive approach to ADHD diagnosis in Nigeria.

Keywords: ADHD, cultural factors, Nigeria, traditional beliefs, stigma, diagnostic challenges, mental health services, cultural competence, community collaboration

1. Introduction

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that can significantly impact a child's daily functioning. As a prevalent mental health condition, ADHD has gained global attention for its impact on children's academic, social, and emotional well-being. This introduction provides a brief overview of ADHD and highlights the crucial role of cultural influences in psychiatric diagnoses, particularly in the context of Nigeria.

Attention Deficit Hyperactivity Disorder (ADHD) stands as a pervasive psychiatric condition that transcends cultural and geographical boundaries, affecting individuals from various backgrounds. The hallmark symptoms of ADHD—namely inattention, hyperactivity, and impulsivity—demonstrate nuanced expressions in different cultural contexts. This diversity not only shapes the manifestation of symptoms but also significantly influences the diagnostic processes and treatment approaches applied worldwide.

In a global context, epidemiological studies consistently highlight the widespread impact of ADHD. It is estimated that approximately 5-7%

of children worldwide grapple with ADHD, underscoring its status as one of the most prevalent neurodevelopmental disorders during childhood. This prevalence necessitates a comprehensive understanding of how cultural factors intersect with the identification, interpretation, and management of ADHD symptoms.

Cultural nuances play a pivotal role in shaping the perception and diagnosis of ADHD. Different societies possess distinct norms regarding acceptable behavior in children, and these norms inevitably influence how ADHD symptoms are recognized or overlooked. Furthermore, cultural variations impact the threshold for what is considered within the normal range of childhood behavior, contributing to differences in the rates of diagnosis and intervention.

Recognizing the global prevalence of ADHD and appreciating its cultural variability is fundamental for developing effective and culturally sensitive diagnostic criteria. This understanding forms the basis for the subsequent exploration of how cultural factors specifically influence ADHD diagnosis in Nigerian children, thereby enriching the discourse on the interplay between cultural contexts and neurodevelopmental disorders.

The diagnosis and perception of mental health conditions, including ADHD, are inherently shaped by cultural factors. Cultural norms, values, and expectations play a pivotal role in determining what is considered as normative behavior and what may be seen as deviant. Understanding and acknowledging these cultural influences are essential for developing accurate diagnostic criteria and effective interventions. In the case of ADHD, cultural variations can impact the identification of symptoms, help-seeking behaviors, and the stigma associated with the disorder.

This paper aims to explore the multifaceted impact of cultural factors on ADHD diagnosis in Nigerian children. By delving into traditional beliefs, societal norms, stigma, and the challenges posed by Western diagnostic criteria, we seek to illuminate the intricate interplay between culture and ADHD identification in this specific cultural context.

2. Cultural Perspectives on ADHD in Nigeria

2.1 Traditional Beliefs About Child Behavior

In Nigeria, traditional beliefs about child behavior are deeply rooted in cultural norms, indigenous practices, and societal expectations. The examination of these cultural-rooted views on hyperactivity and inattention unveils the unique lens through which ADHD symptoms are often interpreted within the local context.

In many Nigerian communities, certain levels of hyperactivity and inattention in children may be perceived as indicative of high energy, curiosity, or simply a normal part of childhood development. Traditional perspectives often emphasize the importance of active engagement and exploration in a child's early years, and behaviors that align with these beliefs may not be readily identified as problematic.

Conversely, some traditional beliefs may ascribe hyperactivity or inattention to spiritual or supernatural influences. In such cases, communities may seek intervention through traditional healing practices or spiritual leaders to address what is perceived as an imbalance rather than a neurodevelopmental disorder.

Societal norms in Nigeria contribute significantly to perceptions of normal child behavior, influencing the understanding of what is considered typical or atypical. Children are often expected to adhere to certain behavioral standards defined by cultural expectations, family structures, and community values. The impact of societal norms on perceptions of normal child behavior plays a crucial role in shaping how hyperactivity and inattention are evaluated.

In Nigerian society, energetic and spirited behavior may be considered a natural expression of a child's vitality rather than a cause for concern. Conversely, deviations from established behavioral norms may attract attention and concern from parents, educators, and community members. The interplay between societal expectations and individual behavior creates a dynamic environment in which ADHD symptoms may be interpreted differently depending on cultural values and norms.

2.2 Stigma Associated with Mental Health

In Nigeria, like in many other cultures, mental health concerns are often stigmatized due to prevailing cultural attitudes and misconceptions. The exploration of how cultural attitudes contribute to ADHD stigma provides insight into the challenges faced by individuals,

especially children, exhibiting symptoms associated with the disorder.

Cultural perspectives may influence the perception of ADHD symptoms as indicative of personal or familial shortcomings. Stigmatizing beliefs may link ADHD behaviors to moral failings, weakness, or poor parenting, reinforcing negative stereotypes and contributing to the reluctance of individuals and families to seek professional help.

Additionally, cultural expectations around conformity and social harmony can exacerbate the stigma associated with ADHD. Children displaying hyperactivity or inattention may be viewed as disruptive to societal norms, leading to increased social scrutiny and ostracism. This societal pressure further discourages open discussions about mental health issues, perpetuating the cycle of stigma.

The stigma surrounding ADHD significantly impacts help-seeking behaviors in Nigerian families. Stigmatizing beliefs may create barriers to acknowledging, discussing, or seeking professional assistance for ADHD-related concerns. Families may hesitate to disclose symptoms due to fear of judgment, social exclusion, or concerns about damage to the family's reputation.

The influence of stigma can also affect the type of help-seeking behaviors exhibited by Nigerian families. Some may turn to traditional healing practices or religious interventions instead of seeking evidence-based psychiatric assessments. Others may delay seeking any form of help, hoping that the perceived behavioral issues will resolve on their own.

3. Cross-Cultural Diagnostic Challenges

Understanding the diagnostic challenges of Attention Deficit Hyperactivity Disorder (ADHD) in a cross-cultural context requires a critical examination of Western diagnostic criteria. This section aims to provide a comprehensive critique of these criteria, specifically focusing on the applicability of the Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria in the Nigerian context.

3.1 Critique of Western Diagnostic Criteria

3.1.1 Analysis of the Applicability of DSM Criteria in the Nigerian Context

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a widely used diagnostic tool in Western psychiatry, providing

standardized criteria for mental health disorders, including ADHD. However, the applicability of these criteria in a Nigerian context raises several considerations.

Cultural Bias: The DSM criteria are developed based on Western cultural norms and may not fully account for cultural variations in the expression of ADHD symptoms. For example, behaviors considered hyperactive or inattentive in one cultural context may be deemed normative in another.

Language and Expression: The DSM criteria rely heavily on the interpretation of observable behaviors. In a multicultural and multilingual society like Nigeria, nuances in language and expression can impact the accurate assessment of ADHD symptoms. Expressions of hyperactivity and inattention may differ, making it challenging to align with Western-defined criteria.

Social and Environmental Factors: The socio-economic, educational, and environmental factors influencing ADHD symptoms may vary across cultures. Western criteria may not adequately capture the specific contextual factors contributing to ADHD in Nigerian children.

Stigma and Cultural Perspectives: Stigma and cultural attitudes towards mental health can further complicate the diagnostic process. Nigerian families may be hesitant to disclose symptoms that align with Western-defined ADHD due to the associated stigma or differences in cultural interpretations of behavior.

This analysis aims to highlight the potential limitations and challenges posed by the application of Western diagnostic criteria in the Nigerian context. Recognizing these challenges is crucial for the development of culturally sensitive and contextually relevant diagnostic frameworks that better serve the diverse population of Nigerian children.

3.1.2 Identification of Potential Cultural Biases in the Diagnostic Process

The application of Western diagnostic criteria, such as those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM), in the diagnosis of ADHD in Nigeria may inadvertently introduce cultural biases. Identifying and understanding these biases is essential for fostering a more culturally inclusive

diagnostic process.

Normative Behaviors: Western criteria may define certain behaviors as indicative of ADHD, but these criteria may not account for variations in what is considered normative behavior in Nigeria. Cultural norms play a significant role in shaping expectations for children's behavior, and deviations from Western standards might be normative within the local cultural context.

Parental Perception and Reporting: Cultural factors influence how parents perceive and report their child's behavior. Western diagnostic criteria often rely on parental reports, but cultural differences in interpreting and expressing concerns about behavior may impact the accuracy of these reports.

Educational and Environmental Factors: The diagnostic process often considers the impact of ADHD symptoms on educational and occupational functioning. However, the cultural variability in educational practices and environmental expectations may influence the manifestation and perception of ADHD symptoms in Nigerian children.

Language and Communication Styles: The diagnostic process heavily relies on effective communication between healthcare professionals, parents, and educators. Differences in language and communication styles, influenced by cultural diversity, can introduce challenges in accurately conveying and interpreting ADHD symptoms.

Societal Stigma: Cultural attitudes towards mental health and ADHD stigma can affect the willingness of families to engage in the diagnostic process. Stigmatization may lead to underreporting or reluctance to seek professional help, impacting the accuracy of the diagnostic process.

Identifying these potential cultural biases in the diagnostic process is crucial for developing culturally sensitive assessment tools and ensuring that diagnostic criteria align with the diverse cultural landscape of Nigeria. By acknowledging and addressing these biases, the diagnostic process can become more inclusive, accurate, and relevant to the unique cultural context of ADHD in Nigerian children.

3.2 Alternative Explanatory Models

3.2.1 Examination of Indigenous Perspectives on Children's Attention and Behavior

In Nigeria, the interpretation of children's

attention and behavior is deeply entrenched in indigenous perspectives, cultural traditions, and community beliefs. These alternative explanatory models offer a unique lens through which ADHD-like symptoms are perceived within the local context.

Indigenous communities in Nigeria often adopt community-based views when assessing children's behavior. Hyperactivity or inattention is not solely evaluated on an individual level but is instead considered within the broader context of communal norms and expectations. The child's role within the community, their interactions, and contributions are integral components in understanding and interpreting behavioral patterns.

Furthermore, indigenous explanatory models frequently attribute certain behaviors to spiritual or ancestral influences. Hyperactivity or inattention may be seen as manifestations of spiritual energy or the presence of ancestors. Consequently, community responses, including interventions, may be shaped by these spiritual perspectives, emphasizing a holistic connection between the child and their cultural and spiritual heritage.

Holistic approaches to health and well-being are a hallmark of indigenous perspectives. Instead of exclusively focusing on behavioral symptoms, these models consider a child's overall physical, emotional, and spiritual health when evaluating attention-related concerns. This holistic approach aligns with the interconnectedness of various aspects of a child's life, recognizing that mental well-being is intertwined with broader health considerations.

Indigenous perspectives also acknowledge the cultural variability in defining normal behavior for children. Behaviors that might be perceived as hyperactive or inattentive in Western contexts could align perfectly with cultural norms in Nigeria. This acknowledgment highlights the importance of cultural relativity in understanding and reporting ADHD-like symptoms.

Examining these indigenous perspectives on children's attention and behavior is paramount for fostering a culturally informed understanding of ADHD in Nigeria. Integrating these alternative models into the diagnostic process allows for a more nuanced and contextually relevant approach to identifying and addressing attention-related concerns in

Nigerian children. Recognizing and respecting these indigenous perspectives not only enriches the diagnostic process but also contributes to more inclusive and effective healthcare practices.

3.2.2 Highlighting Potential Divergence from Western Conceptualizations

In the context of Nigeria, where alternative explanatory models of children's attention and behavior are deeply rooted in indigenous perspectives, it is crucial to highlight the potential divergence from Western conceptualizations, particularly concerning Attention Deficit Hyperactivity Disorder (ADHD). These differences underscore the importance of recognizing the unique cultural lens through which ADHD-like symptoms are interpreted within the local context.

Western conceptualizations of ADHD often rely on standardized diagnostic criteria, such as those outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, indigenous perspectives in Nigeria may diverge significantly from these Western frameworks.

Divergence in Perceived Norms: The understanding of normative behavior for children can differ between Western and indigenous perspectives. Behaviors considered hyperactive or inattentive in Western contexts may align with culturally accepted norms in Nigeria, challenging the universal application of Western criteria.

Spiritual and Ancestral Influences: While Western models may focus on neurobiological explanations for ADHD symptoms, indigenous perspectives often attribute behaviors to spiritual or ancestral influences. This highlights a fundamental divergence in the conceptualization of the etiology of ADHD-like symptoms.

Holistic Approaches vs. Symptom-Centric Views: Western approaches tend to be symptom-centric, focusing on specific behavioral criteria for diagnosis. In contrast, indigenous perspectives often adopt holistic approaches, considering a child's overall well-being, encompassing physical, emotional, and spiritual dimensions. This divergence emphasizes different paradigms in understanding and addressing mental health concerns.

Community-Centric Assessment: Indigenous perspectives prioritize community-based views,

considering the child's role within the broader community. This communal lens contrasts with individual-centric assessments prevalent in Western diagnostic criteria, acknowledging the interconnectedness of the child with their community.

Cultural Sensitivity in Diagnosis: Western conceptualizations may lack cultural sensitivity, potentially leading to the misinterpretation of behaviors within the Nigerian cultural context. Understanding and navigating these divergences are crucial for healthcare professionals to conduct accurate and culturally sensitive assessments.

Highlighting these potential divergences is essential for fostering cross-cultural understanding and improving the accuracy of ADHD diagnoses in Nigeria. It emphasizes the need for a flexible and culturally sensitive approach that acknowledges and integrates indigenous perspectives into the diagnostic process, ensuring a more comprehensive and contextually relevant understanding of ADHD-like symptoms in Nigerian children.

4. Healthcare Access and Utilization

4.1 Availability of Mental Health Services in Nigeria

In Nigeria, the provision of mental health services faces significant challenges, particularly impacting the accessibility of care for individuals, including children exhibiting ADHD symptoms. The country's mental health infrastructure is marked by systemic issues that hinder the timely and appropriate support required:

Limited Facilities: Nigeria grapples with a scarcity of mental health facilities, a disparity that is glaring when compared to the mental health needs of the population. This shortage poses a substantial barrier to accessing services, especially for individuals residing in rural areas where such facilities are even scarcer.

Uneven Distribution: Mental health services are predominantly concentrated in urban centers, resulting in geographical disparities in accessibility. Individuals living in remote or underserved areas encounter difficulties in reaching mental health facilities, leading to delayed or inadequate care due to geographical constraints.

Shortage of Mental Health Professionals: The country contends with a shortage of mental health professionals, encompassing psychiatrists,

psychologists, and psychiatric nurses. This scarcity not only burdens available professionals with increased workloads but also contributes to prolonged waiting times for assessments and interventions, exacerbating the challenges faced by those seeking care.

Stigma and Attitudinal Barriers: Stigma surrounding mental health concerns, including ADHD, remains pervasive in Nigeria. Negative attitudes towards mental health issues act as a deterrent, dissuading individuals and families from seeking help. This prevailing stigma further limits the utilization of available mental health services, hindering the early identification and intervention for conditions like ADHD.

Integration Challenges: Mental health services often lack seamless integration into primary healthcare systems in Nigeria. This lack of coordination between mental health and general healthcare services poses a significant obstacle to the early identification and intervention for conditions like ADHD, impeding timely diagnosis and support.

Comprehending the existing challenges in the availability of mental health services is paramount for developing strategies that enhance access and utilization. Overcoming these challenges necessitates collaborative efforts from policymakers, healthcare providers, and communities. Such efforts should focus on bolstering the mental health infrastructure, reducing stigma, and ensuring more equitable access to services across Nigeria.

4.2 Cultural Barriers to Seeking Professional Help

In Nigeria, cultural factors play a substantial role in shaping attitudes toward mental health, creating barriers that impact the willingness of individuals, including families with children exhibiting ADHD symptoms, to seek professional help. Understanding these cultural barriers is essential for tailoring interventions that align with the unique socio-cultural context of Nigeria.

Stigma and Misconceptions: Stigma surrounding mental health issues, including ADHD, is pervasive in Nigerian society. Misconceptions and negative attitudes contribute to the stigmatization of individuals seeking mental health support. Families may be hesitant to disclose ADHD-related concerns due to fears of judgment, social exclusion, or damage to familial reputation.

Spiritual and Traditional Beliefs: Nigeria has a rich tapestry of spiritual and traditional beliefs that often influence health-seeking behaviors. Some may attribute ADHD symptoms to spiritual or supernatural causes, leading families to seek help from traditional healers or religious leaders instead of mental health professionals. This reliance on traditional methods can delay or deter access to evidence-based interventions.

Collectivism and Family Dynamics: Nigerian culture places a strong emphasis on collectivism and interconnected family structures. Concerns about ADHD symptoms may be perceived as a reflection on the entire family, discouraging open discussions or seeking external assistance. Families might prefer internal solutions to avoid external scrutiny.

Preference for Informal Support Systems: The preference for seeking support within close-knit community networks is deeply ingrained in Nigerian culture. Families may initially turn to friends, extended family, or community leaders for advice before considering professional help. This informal support system may delay the recognition of ADHD symptoms and access to formal healthcare services.

Cultural Mistrust of Western Medicine: Some individuals may harbor mistrust or skepticism toward Western medicine, considering it incompatible with traditional beliefs. This cultural skepticism can deter families from engaging with mental health professionals, leading to a preference for alternative approaches.

5. Cultural Competence in ADHD Diagnosis

Cultural competence is crucial for healthcare professionals involved in the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Nigeria. This section explores the significance of training and awareness among healthcare professionals to ensure a culturally sensitive approach to ADHD diagnosis.

5.1 Training and Awareness Among Healthcare Professionals

Healthcare professionals' training and awareness are fundamental components in enhancing cultural competence for ADHD diagnosis in Nigeria. Several key considerations can contribute to a more culturally sensitive approach:

Cultural Sensitivity Training: Healthcare professionals should undergo specialized

training programs that focus on cultural sensitivity and awareness. This training should encompass an understanding of diverse cultural norms, values, and belief systems relevant to ADHD in Nigeria. It should also address potential biases and stereotypes that may influence diagnostic practices.

Cultural Competence in Communication: Effective communication is integral to a culturally competent diagnosis. Training should emphasize the importance of clear, respectful, and culturally sensitive communication with individuals and families. This includes recognizing language nuances, adapting communication styles, and employing interpreters if necessary.

Understanding Traditional Beliefs: Healthcare professionals need to be knowledgeable about the indigenous perspectives and traditional beliefs surrounding ADHD in Nigeria. This understanding helps in appreciating alternative explanatory models held by families and allows professionals to integrate these perspectives into the diagnostic process without undermining cultural beliefs.

Awareness of Socio-Economic Factors: Nigeria's diverse socio-economic landscape can influence the presentation and impact of ADHD symptoms. Healthcare professionals should be aware of the socio-economic context of the individuals they are serving, recognizing how factors such as access to education, economic stability, and healthcare infrastructure may contribute to ADHD experiences.

Collaboration with Local Communities: Establishing collaborative relationships with local communities is essential. Engaging with community leaders, educators, and traditional healers can foster trust and improve the cultural competence of healthcare professionals. This collaboration facilitates a more holistic understanding of the social and cultural dynamics influencing ADHD diagnosis.

Ongoing Professional Development: Culturally competent practices evolve over time, requiring continuous professional development. Healthcare professionals should engage in ongoing learning opportunities, including workshops, seminars, and cultural competency refresher courses, to stay informed about emerging cultural dynamics and perspectives.

5.2 Collaboration with Traditional Healers and Community Leaders

Recognition of Indigenous Knowledge: Collaborating with traditional healers involves recognizing and respecting the indigenous knowledge they hold. Traditional healers often have a deep understanding of local beliefs, cultural norms, and traditional remedies. Engaging with them acknowledges the value of their expertise and promotes a more inclusive diagnostic approach.

Building Trust and Rapport: Establishing trust is essential for effective collaboration. Healthcare professionals should actively engage with traditional healers and community leaders, building rapport through open communication and a willingness to understand and integrate traditional perspectives into the diagnostic process.

Bi-Directional Education: Collaboration should involve bi-directional education, where healthcare professionals share their expertise on ADHD from a medical perspective, and traditional healers contribute their insights on culturally relevant aspects of mental health. This exchange of knowledge helps bridge the gap between Western and traditional approaches to diagnosis and treatment.

Community Engagement: Community leaders play a pivotal role in influencing community perceptions. Collaborating with them fosters community-wide awareness and acceptance of ADHD as a valid medical condition. Community leaders can act as advocates for destigmatizing mental health issues, promoting understanding, and encouraging families to seek professional help.

Integration of Traditional Practices: Where appropriate, healthcare professionals can explore the integration of culturally sensitive aspects of traditional practices into treatment plans. This collaborative effort respects cultural traditions while ensuring that evidence-based interventions are not compromised, striking a balance that aligns with both medical and cultural perspectives.

Creating Culturally Tailored Interventions: Traditional healers and community leaders can contribute valuable insights into designing culturally tailored interventions for individuals with ADHD. These interventions can consider cultural norms, spiritual beliefs, and community support structures, making them more acceptable and effective within the local context.

Collaboration with traditional healers and

community leaders represents a holistic and community-centric approach to ADHD diagnosis in Nigeria. By recognizing the significance of traditional perspectives and fostering partnerships with influential community figures, healthcare professionals contribute to a more culturally competent and inclusive diagnostic process. This collaborative effort promotes a shared understanding of ADHD, reduces stigma, and enhances the overall mental health support system within Nigerian communities.

6. Conclusion

The diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) in Nigerian children is significantly influenced by cultural factors. This paper has highlighted the challenges within the cultural context, including stigma, limited access to mental health services, and the need for cultural competence in the diagnostic process.

Recognizing traditional beliefs, societal norms, and the impact of stigma on help-seeking behaviors is crucial for understanding the complexities of ADHD identification in Nigeria. The critique of Western diagnostic criteria and exploration of alternative explanatory models underscore the necessity of a culturally informed approach to diagnosis.

Improving healthcare access and utilization requires addressing the shortage of mental health facilities, while overcoming cultural barriers involves collaborative efforts with traditional healers and community leaders. Cultivating cultural competence among healthcare professionals is pivotal for ensuring a more nuanced and inclusive diagnostic process.

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