Challenges Of Primary Caregiving For Children With Autism During Covid-19 Pandemic In Zimbabwe.

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ABSTRACT

COVID-19 has brought about multi-faceted challenges to people with disabilities and their caregivers have not been spared. This qualitative inquiry, utilizing a narrative design sought to explore these challenges being faced by caregivers of children with Autism Spectrum Disorder (ASD) during the COVID-19 lockdown in Zimbabwe. The study showed that psychological challenges like stress, lack of training on COVID- 19 preventative measures, repetitive destructive behaviours, ASD management challenges were identified in the study as being faced by the caregivers. The paper proposed recommendations for Autism sensitisation and workshops, education and training for communities on ASD, dissemination of care for children with ASD using media platforms advocacy for caregivers, extensive research by social workers so as to inform policymakers in addressing the challenges faced by the caregivers even for future pandemics.

KEYWORDS: Autism Spectrum Disorder, COVID-19, caregivers, challenges, disability, Zimbabwe.

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INTRODUCTION AND BACKGROUND

A new severe acute respiratory syndrome (SARS-COV-2) infection initially identified in Wuhan City in China (Wu & McGoogan, 2020) on 31st of December 2019 (Ceribelli, Motta, De Santis, et al. 2020; Pung, Chiew, Young, et al. 2020; Wu, Leung & Leung, 2020) plundered health delivery system with millions infected, hundreds of thousands dead and economic losses globally. It was pronounced a Public Health Emergency of International Concern on the 30th of January 2020 (WHO, 2020; Ienca & Vayena, 2020), named Coronavirus disease 2019 (COVID-19) on the 11th of February 2020 (WHO, 2020), and declared global pandemic on the 11th of March 2020 by the WHO (Ceribelli et al. 2020). COVID-19 or SARS-COV-2 (Hellewell, Abbott, Gimma, et al. 2020), is caused by a pathogen related to SARS (SARS-COV) of 2003 (Rothan & Byrareddy, 2020) and Middle East Respiratory Syndrome (MERS) (WHO, 2020).

Response measures by the Government of Zimbabwe (GoZ) and abroad, target curtailing human-to-human transmission, argued as the most important community control measure (Li et al. 2020) hence the widespread lockdowns. Lockdown is a temporary measure usually followed by phased lifting of restrictions and can result in a substantial reduction of epidemic size (MacIntyre & Heslop, 2020).

The GoZ declared COVID-19 a National Disaster through Statutory Instrument 76 of 2020 (SI76/2020) COVID-19 Notice, 2020 (SI76/2020) on the 23rd of March 2020 through the current National Lockdown (Amendment) Order, 2020 (No.5) (SI99/2020). On the 29th of March 2020, The GoZ enacted SI83/2020 National Lockdown Order 2020 for a period of 3weeks beginning 30th of March to 19 April 2020, similar duration to India announced earlier on the 27th of March 2020 (Oxford Analytica,

2020) and China on the 23rd of January 2020 (Ku, Ng & Lin 2020). This lockdown was extended by two weeks from the 20th of April to the 3rd of May 2020 through SI93/2020 (Amendment No.3) and further extended by another two weeks from the 4th of May to the 17th of May 2020 through SI94/2020 (Amendment No.4) within which extension a relaxation on SI83/2020 was declared through SI99/2020. The initial lockdown and the subsequent amendments focused on prevention, containment, and treatment (PCT) with both primary and clinical measures interventions emphasized. These PCT measures were buttressed on social distancing and supported by screening, testing, quarantine, good personal hygienic practices, treating the sick, contact tracing, and isolation.

According to American Psychological Association (2013), Autism Spectrum Disorder (ASD) is categorized by impairments in social communication and social interaction including restricted, repetitive behaviours. Autism is a spectral disorder that is of much concern to various disciplines including the social work fraternity. It affects the social functioning of individuals, siblings, parents, and relatives. However, with the COVID-19 pandemic which led to the closure of schools caregiving is a crucial role in the management of children with ASD. Fewyster, Uys & Govender (2020) posit that caregiving is characterised with active engagement in the roles, tasks and routines with high potential of mental related problems as it is an occupation which is highly demanding. Caregivers have to create new routines like home schooling, educating them on preventive measures, and caring for other children.

According to WHO, (2017) the prevalence of ADS has been on sharp increase in many countries thereby being a global mental health challenge. Whist many countries have catered for their citizens with information on prevention strategies for COVID-19 people with disability especially those with autism have not been adequately catered for. In Zimbabwe, literature on autism seems to be limited (Chitiyo and Chitiyo, 2019). Caregiving for children with ADS is often associated with stigma and discrimination. There are noticeable strides in inclusion of children with ASD in Zimbabwe in mainstream schools (Majoko, 2018) though the teachers in government schools lack the required resources (Chikutuma, 2018). In Zimbabwe, there are centres like Ruvimbo Trust, Pathway Trust Centre which also disseminate information and training for children and caregivers with ASD.

Before COVID-19 the caregivers had less burden as the children with ASD spent much of their time at Autism Zimbabwe Organisation and they could do some of the household chores without much disturbances. The COVD-19 induced lockdown brought double tragedy to caregivers as they were confined and locked up in docks at their places of residence. The caregivers had to attend to other children, spouses and household chores. Much of the attention was given the children with ASD thereby promoting the study to understand their narratives during COVID-19 induced lockdown. Therefore, this study seeks to interrogate the challenges faced by caregivers through their narratives on their critical role.

THEORETICAL AND CONCEPTUAL ISSUES

To appreciate and understand the lived experiences of caregivers for children with autism in its complexity, this study was informed by the social model of disability propounded by Oliver (1983). According to Barnes and Mercer (2010) the social model looks beyond individual impairment and extends to even look at how other structures might negatively or positively impede upon peoples development through focusing on socio-economic, traditional, legitimate, and political dimensions with a rights-based perspective. Figure 1 summarises the different social structures that disable people.

Figure 1: Social model of disability

(Adapted from Oliver 1983)

The social model of disability emphasizes developments and variations vital in society to critically look at the structures within the society and how they are the ones that impede the development of people with disabilities. The social model of disability sees the issue of disability as a socially created problem and a matter of the full integration of individuals into society. In this model, disability is not an attribute of an individual, but rather a complex collection of conditions, many of which are created by the social environment. Hence, the management of the problem requires social action and is the collective responsibility of society at large to make the environmental modifications necessary for the full participation of people with disabilities in all areas of social life.

In a study conducted by Paley (2002) the social model of disability recognizes systematic obstacles, destructive approaches, and prohibition by the social order that means that society is the main contributing factor in incapacitating people. The social model of disability is more inclined to structural theorists who views everything through the social structures available in any given society, had there been no such structures it would mean that society would decide on their own. Thus disability is initiated by the way the community is structured or organized.

This article presents society as the major source of the challenges faced by caregivers for children with autism during the COVID-19 pandemic. Therefore, the challenges of caregivers for children with autism are nested within their societal environment. Caregivers do not survive as closed entities but they are also part of the social environment which also further disable the caregivers in their quest to assist children with ASD thus the justification for using social model of disability as a lens for this inquiry.

Aim of the Study

The article sought to explore the challenges faced by caregivers at Autism Zimbabwe organisation.

Specific research question

What were the challenges faced by caregivers of children with autism at Autism Zimbabwe Organisation during COVID-19 lockdown?

RESEARCH METHODOLOGY

The section explains the research design of the article highlighting sampling issues, research methods, and ethics upheld in the study.

Research approach and design

A qualitative research approach with interpretivism as the philosophical framework underpinning the research was utilized due to its ability to offer deeper insights on the lived experiences of caregivers for children with autism during the COVID-19 lockdown. The approach was ideal because it allowed the researchers to explore in-depth and describe what lies behind a phenomenon, in this case, to explore the challenges faced by caregivers of children with autism grounding on their narrated stories and subjects' social reality. A narrative design was applied in the study.

Study Area

The study was conducted at Autism Zimbabwe Organisation located in Mabelreign, an organisation with a boarding school facility for children with autism in Harare and Zimbabwe at large. The geographical location is about 8km from the Central Business District. The organisation was selected as it deals with children with ASD and had a database for caregivers for easy accessibility. It was ideal as the caregivers were giving feedback on challenges they encountered since the vocational training centre was closed due to COVID-19 induced lockdown.

Sampling methods and sample size

To select the research participants, non-probabilistic methods were used. While convenience sampling was used for caregivers from Autism Zimbabwe Organisation by their availability, a purposive sampling methodology was used for key informants to hand-pick participants with the requisite knowledge about autism spectrum disorder and caregiving because it has the advantage of selecting participants who have qualities required by the study as cited by Doody and Noonan (2013). Information on caregivers for children with autism was extracted from the Autism Zimbabwe Organisation. Database were all caregivers are listed. The researcher had proposed the 10 caregivers assisting children with autism to get valued and suitable information to conclude. The principle of saturation was used when no more new data and information was generated hence the actual interviews were five with participants. To supplement the trustworthiness of the research findings, key informants from three organizations were included in the study. These included representatives from Non–Governmental Organisation specifically Autism Zimbabwe and a social worker as well as a psychiatric nurse from Ministry of Health and Child-Care (MoHCC) who were selected purposefully because of their expert and in-depth knowledge in the phenomenon of autism. The total sample size in this study was eight.

Research methods and tools

The methods of data collection used for the current study were in-depth interviews with key informants and interviews with caregivers for children with autism. The researchers facilitated five interviews which were conducted at the same venue, one participant at a time. Key informant interviews were conducted at various key informants' offices to cushion them from the financial burden associated with traveling. An interview guide was used for key informant interviews while another interview guide was used to facilitate the interviews. The questions on these two tools were almost the same except that direct questioning was used for caregivers while third-party questions were used for key informants, depending on their areas of expertise. Data collected using these methods and tools were thematically analysed through the processes of familiarisation to generate themes and codes.

Ethical considerations

National Association of Social Workers (NASW) (2014) defined ethics as professional guidelines to be observed when dealing with clients in practice in the field of social work. Ethics protect both the research participants and the researcher from potential harm. In the study the following ethics adhered to the right of participants to informed consent, voluntary participation of participants, right to withdrawal, right to privacy and confidentiality, and protection from harm. Clearance was given by the Director from Autism Zimbabwe Organisation.

Limitations and delimitation of the study

The approval was granted by the Director of the Autism Organisation in Zimbabwe. The limitation was the use of a small sample which can be difficult to generalize to the larger population. However, the researcher got an understanding of the problem verbatim and there was no need for large numerical values but lived experiences.

During the interview session, some of the participants were emotionally disturbed as a result the researcher minimized the risk of emotional harm by waiting until the participant was calm. Psycho-social support was provided by the researchers who are qualified social workers.

PRESENTATION OF FINDINGS

The paper is a discourse on the challenges faced by caregivers of children with autism in Zimbabwe. The themes that emerged are discussed and presented below: The study revealed that caregivers faced multiple challenges ranging from economic, psychological, and social-related problems.

Psychological challenges

From the study stress and anxiety emanated from a lack of balancing the roles as a caregiver of being a mother, attending to other children, and undertaking daily chores during the COVID-19 pandemic. The closure of their special school meant that the burden increased as caregivers used to carry out their responsibilities whilst the children with autism were at school. Furthermore, the caregivers had the task to assist their children with autism to comprehend COVID-19 guidelines so that they would not be affected. This is clearly shown below:

> *It is a tough time for me to do other daily chores like cooking, sweeping, and attending to other kids. My child with ASD has a problem of wandering and has a destructive tendency. The tantrums are unimaginable and his energy level is very high so I resumed managing him using the traditional way of beating him up. The other challenge is that he has learning challenges so to teach him about prevention strategies of Corona he does not understand it*. (Participant 2)

This was supported by another participant stating that they have the children with autism housed with them the whole day and execution of other duties are very limited as echoed below:

> *The major challenge which drains me emotionally is that now because of the total closure of schools it means that every day I am with my child with autism he clings to me and does not want to play with his siblings. This poses stress to me because I fail to attend to other issues which need my attention. There is no help specifically for children with autism in educating them to understand COVID-19 measures like social distancing and washing hands properly. I wish schools to open so that my stress*

> *could be eased (*Participant 4*).*

The key informant also complimented what caregivers had alluded to as indicated below.

> *Children with ASD are hyperactive and they touch anything nearby even glasses which are very fragile and they can be cut. The parents overprotect them and also because they make tantrums caregivers end up giving them whatever they want. However, these children are very intelligent. (Key informant 1: Director of Autism Zimbabwe).*

Lack of training on COVID-19 measures

From the study, findings revealed that children with ASD due to lockdown could not benefit from online training on COVID-19 related materials due to their learning problems. This is evident from the direct words echoed below:

> *Schools should not have closed because these children cannot learn online. It was going to be beneficial if they were trained at school before lockdown so that it was going to ease the burden from trying to teach them at home with our little expert and lack of technological gadgets however the closure was abrupt. (*Participant 5*)*

Another key informant indicated that the training was minimal and interrupted by the sudden implementation of lockdown as a restriction measure to avoid the super spread of COVID-19. This is indicated below:

> *The Government of Zimbabwe announced the total closure of schools as a measure to curb the spread of pandemics when we were starting to train the children with ASD on COVID-19 prevention measures. The caregivers were not also trained in*

> *advance to teach these children with special needs so that they do not succumb to the Coronavirus. This was a major blow to the caregivers (*Key informant 2, Psychiatric Social Worker*)*

Financial challenges

The study revealed that caregivers had economic challenges especially to buy basic commodities like food during the lockdown as the caregivers relied on informal trading like vending. The informal sector was greatly affected by COVID-19 restrictions. This is shown below:

> *Children with ASD have a good appetite and they love their food. With the lockdown, I am a vendor and was not going to work so I could not give them enough because I also have other 2 kids. At times l felt guilty and ashamed after realizing that the food was not enough for my children but had no source of income (Participant 9).*

The issue of large food consumption by children with autism was also highlighted by Participant 2 below:

> *My child wakes up early and demands a lot of food. He ate the food with no limit. We ended up hiding the food despite the aggressive behavior he displayed. This meant that the food available in the house could not last long as anticipated.*

One key informant also cemented the findings echoed by the above participants that children with autism have a challenge of too much eating:

> *We have realized that children with autism have eating disorders. They should not take staff with tetrazine and gluten. The caregivers due to lockdown restrictions they cannot afford to give*

> *them recommended diet and end up giving them whatever food is available (Key informant 3).*

Social challenges

From the findings of the study interaction with friends and seeking spiritual help was also barred because of lockdown. The study indicated that families were now surviving as closed entities without the help of others as restrictions were enforced.

> *I used to get spiritual support in form of prayers and psycho-social support from my church. Moral support was available at church where I was given hope to look after as my child as a gift from God but now no support from the church as gatherings were banned to reduce COVID-19. Instead, we are now faced with our challenges as a nuclear family (Participant, 3).*

Social interactions between the landlord and tenants with children with ASD were bitter and unfriendly as shown below:

> *There is a lot of discrimination, their tantrums irritate landlords. They would say silence your noisy child as she disturbs them. This is a big challenge when you are renting as the relationship is sour. With the COVID-19 pandemic, you cannot afford to move around seeking new accommodation (Participant 5).*

Another key informant supported the issue of limited interactions as a major blow to caregivers of children with autism as presented below:

> *The children with ASD are back to their world once again of being locked up in their rooms because of their disability but now worsened more because of the lockdown. The pandemic worsened their sensory, motor planning as well as masking up*

> *makes them hypersensitive. The pandemic has brought a new world with many limitations as there is no engagement. When they are at school they were benefiting a lot from their teachers and other ancillary staff. Furthermore, they mix very well with other children with the same condition (*Key informant 1*).*

Autism medical management challenges

The study showed that during the lockdown period caregivers had problems in traveling to medical centres to get for re-supply and review of their children by a psychiatrist as shown below:

> *It was very difficult for me to travel to Sally Mugabe hospital when I ran short of supply of drugs for my child with autism due to enforced restrictions of movement. This affected my child as they are delicate and are prone to illness (*Participant 4*).*

Participant 5 faced challenges of traveling due to restrictions of movement as echoed below:

> *I had problems in escorting the child to the hospital since the medication was not for three months. Lastly, I had to walk with him to Annex Psychiatric Unit to convince the law enforcement agents that I had a patient who needed medical attention.*

The key informant indicated that they need regular medical attention from medical professionals as indicated below:

> *Most of the children with autism are epileptic and they are stabilized by doctors. This pandemic led to eating disorders in children with ASD with a high intake of prohibited diets making them susceptible to illness. Some caregivers indicated through the cell phones that transport was a challenge*

> *especially with no exemption letters (*Key Informant 3, Psychiatric Nurse*).*

Repetitive destructive behaviours

The study findings revealed that the children with ADS had repetitive disorders meaning to say they overdo and repeat an instruction offered to them in following the hygienic practices to prevent COVID-19 sickness as indicated below:

> *My child was is very obsessed with playing with water and it's very difficult to tell him to stop such behaviours. This is a major challenge as it creates conflict with other tenants saying my child is wasteful and this would make us pay huge amounts for water bills (Participant 4).*

Another key informant echoed the same sentiment of repetitive behaviours as a challenge as presented below:

> *When teaching these children about COVID-19 measures we teach them how to wash hands, we do not encourage the use of sanitizers as others overdo it until they have big wounds on their hands due to skin irritations. Some would continuously rub the sanitizers until their hands are bruised (*Key Informant 1*).*

DISCUSSION OF FINDINGS

The narratives show that caregivers are prone to stress because of behavioral problems displayed by children with ASD like making tantrums. The caregivers are affected psychologically and did not teach their children COVID-19 measures as they feel that they have learning difficulties but the Director for an autism organization indicated that they are intelligent and need to be taught by experienced professionals. Therefore, the transition from a structured daily schedule in home school programs to extended unstructured time at home is challenging. From a social model lens the confined environment restricted the independence of the children with ASD thereby also increasing the burden on the caregiver who lacks expertise as that at Autism Organisation in Zimbabwe offered by trained professionals. Disruptive behaviours frequently manifest themselves in individuals with ASD and this confirms the study by (Chen, Yu, Li, Chen & Ren, 2021; Ousley & Cermak, 2013). There is a need for social work intervention through social support utilizing cognitive-behavioral and family therapy to enhance the social work functioning of caregivers. However, the study also found that professionals acknowledge that children with ASD are very intelligent which is in contrast to previous findings which posit that they have learning problems.

The lockdown occurred all of a sudden when there was no time for training caregivers hence a knowledge gap about COVID-19 measures which posed a double tragedy to the caregivers for children living with autism. COVID-19 disrupted the special and individualized education provided to children with autism hence making them difficult to comprehend preventive measures. It is evident that the independence and autonomy of children with ASD was threatened thereby increasing exclusion of caregivers in training which is discouraged by the social model of disability. From the social model of disability, information or communication barrier also negatively impacted on the caregivers thus affecting their caregiving role to children with ASD. This is supported by findings from (Hurwitz, Garman-McClaine & Carlock, 2021; Stenhoff et al, 2021) who acknowledged that the normal way of learning for children with autism was negatively affected by school closures as teachers were not equipped with the new way of learning worsening the burden on caregivers. Furthermore, limited internet access to access caregiver instruction, feedback and however, there is a need for virtual training for caregivers to cope with training for COVID-19 preventive measures to respond to the needs of children with autism. This calls for social workers to advocate for online teaching for caregivers and collaboration with other stakeholders in the provision of technological gadgets for executing this task.

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It is evident from the findings that the children with ASD have eating disorders and they are very difficult to reprimand them for not taking food at hand but due to the effect of the total lockdown on the livelihoods of caregivers could not afford to buy prescribed. Fegert et al (2020) posit that the imposed lockdown caused economic meltdown as only critical and essential services were allowed to go to work. This implied that economic hardships for the extra needs for children with autism were beyond the reach of many. Another critical pillar of the social model of disability is adequate income to buy required needs of the children with ASD but the caregivers were disabled because of lack of finances. Therefore, social protection grants and mental health wellness is still called for future pandemics.

Children with autism are discriminated against and given labels in communities where they live further affecting the social interactions of caregivers and other community members. Aishworiya & Kang (2021) posit the need for the inclusion of both categories of population to enhance their social functioning and coping strategies. The school community had a dual purpose for the children for their educational and developmental needs hence closure derailed their adaptation. The findings also mirror findings from Pecor (2021) who note that caregivers are normally isolated from interacting with other neighbourhood communities as they do not know the life surrounding children with autism.

From the study findings it is evident that children with autism are epileptic, speech and behavioural problems which require regular specialist services but mandatory lockdown negatively affected the movement. Tathgur and Kang (2021) and Tokatly Latzer et al (2021) noted that the lockdown restrictions made everything to be at stand still as caregivers could not access required face to face medical services leading to further relapse. Instead tele-health services were recommended but still a new normal way of assisting the children with autism.

Children with autism display repetitive behaviours which at times lead to other medical conditions like wounds causing further problems. These behaviours are inconsistently demonstrated over time, are not always present in the same individual, and can change in quantity, quality, and type. According to Barnes and Mercer, (2010;67) the repetitive use of objects in children with developmental disabilities can be as high as 61% and even higher (88%) in children with ASD, close monitoring is needed least they hurt themselves.

IMPLICATIONS FOR HUMAN RIGHTS AND SOCIAL WORK PRACTICE

The current study has various implications for social work practice given the profession's abiding commitment to ensuring the wellbeing of all groups of people and communities to socially function and restore their capacities (Dominelli, 2012; Powers, 2014). Since the study was carried out in Zimbabwe, the implications of the findings for the current study are transferrable to the globe because social work practice and human rights are universal. The findings from the foregoing discussion indicate that caregivers encounter a myriad of challenges in taking care of children with autism. This is due to a lack of information and support groups on how to take care of the children at home, what food children with autism should eat, how to schedule the day for the children with autism so that they do not end up having tantrums or hurting themselves and those around them. Information sharing and awareness on how to take care of children with autism is a social work concern that needs to be tackled at macro, meso, and macro levels around the world.

At the micro-level, the findings revealed that some caregivers experience psycho-social challenges such as depression, anxiety, and post-traumatic stress disorder (PTSD) mainly because of the frustrations emanating from the fact that they do not know how to react when their children behave in a certain manner as the society also keeps labelling and staring at them. This shows that there is lack of awareness in communities of what autism is. As such, children with autism and their caregivers continue to live in a world of their own as people lack understanding of the condition and do not want to interact with such people labelling them all sorts of names. When the caregivers feel let down by society, they may end up engaging in self-isolation to auto-protect their children with autism. Such behaviours are detrimental not only to the caregivers but to the children with autism as well. The adoption of antisocial coping mechanisms underscores the need for visible and accessible psycho-social support services that may assist caregivers for children with autism to regain their emotional wellbeing. Probably, a hotline for caregivers for children with autism is needed to offer psycho-social support and advice for these caregivers. Electronic counselling can also be used to increase coverage for service users who may be geographically disadvantaged or who may request anonymity. Group work psycho-therapeutic sessions and support groups can also be put in place for caregivers to share their experiences.

Autism sensitization workshops and outreaches should be prioritized to tackle legal illiteracy; measures necessary to curb stigmatization of caregivers and children with autism. The traditional methodologies of relaying Autism information being used by social workers and Disabled persons' organizations in the advocacy domain might be obsolete and insufficient thus should be reconsidered. Resultantly, there is a need to move away from traditional ways such as pamphlets and adopt captivating avenues such as short films, roadshows, and music. The increased social media presence of the general public can then be utilized to distribute these Autism messages for disability programming and mainstreaming. Apart from that, the Council of Social Workers and National Association of Social Workers Zimbabwe (NASWZ) with the leadership of international associations such as NASW-global and International Federation of Social Workers (IFSW) may influence the discussions on public, national and global policy reforms to incorporate issues on autism and disability in social work curricula. Such educational information is critical in equipping social workers with the necessary intervention tools and models needed in contemporary social work practice.

The implication of this reality at the macro level is that people may start normalizing the stigmatization of caregivers and children with autism and this may mean more challenges in caregiving of children with autism in Zimbabwe. This demands empirical research by social workers to comprehend the way forward in mitigating the adverse effects faced by caregivers for children with autism. There is a need for autism-specific education, a policy so that they can effectively assist caregivers and children with autism themselves. It is therefore critical for social workers to be active in policy and legal issues, mobilizing other relevant stakeholders as front-runners of social justice who are responsible for the social functioning of children with autism and their caregivers in Zimbabwe.

Also, as advocates and teachers, social workers should conscientise and sensitise the public on what is autism, what causes it, and how to take care of someone with autism. This then calls for preventative measures to be put in place to cushion caregivers and children with autism from vulnerability. The researchers propose an attitudinal change that is developmental, aiming at the attainment of social reforms at micro, meso, and macro levels. The positive tenets of the African culture such as humanness (*ubuntu/ unhu*) can be emphasized as they shun stigma and discrimination of autism while upholding the dignity and value of people with autism (Chauraya, 2012; Mapuranga, 2010).

The trending challenges of caregivers for children with autism may also reflect structural flaws in the system in terms of human rights laws and regulatory policies. This may mean that the government does little to promote the status of people with autism in Zimbabwe as indicated in the Disability Policy and Disability Act because there is an implementation gap of autism spectrum disorder. A gap is also identified in that social workers in collaboration with disabled person organisations ought to be critical and radical in their interventions and engage the government on the need to address adverse challenges associated with caregiving for children with autism at the policy level.

CONCLUSION

The paper presented the challenges faced by caregivers of children living with autism during the COVID-19 lockdown in Zimbabwe because of the closure of schools making them spend much time with their children. The caregivers faced, psychological, social, relational, economic, travel restrictions for regular check-ups, financial, lack of training on COVID-19 preventive measures, and repetitive destructive disorders because of relapse. Whilst these challenges are presented separately they are closely connected. To this end, the social workers call for sensitization and conscientisation on ASD at the micro, meso, and macro-level to reduce stigmatization for children with autism. Caregivers should be trained timeously on how to assist their children during pandemics like COVID-19 as well as receive social support to improve their coping mechanisms thorough online platforms. Educative platforms should be implemented so that they share their challenges on training children with ADS to improve their coping skills. The government should partner with NGOs, civil organizations and even faith-based organisations in mobilizing resources to assist caregivers for children with autism to lessen the financial constraints in the management of children with autism.

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