

# Community Influences on Management of Children with Autism Spectrum Disorder in Marlborough Community in Harare.

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**Abstract:** The central focus of this qualitative study was to explore the community influences on the management of children with autism in Harare. An examination of the community perceptions that influence the emotional management and behaviour of caregivers of children with autism was also done. The qualitative approach founded on the constructivist research philosophy was used. In addition, a phenomenological research design and in-depth interviews were used to collect data. A sample of 12 community members selected using purposive and snowballing sampling techniques, participated in this study. The data collected was analysed using thematic analysis and was grouped into related themes including views on ASD, community perceptions on children with ASD, community influences on the emotional management of children with ASD, community influences that affect the behavior of caregivers and coping mechanisms of caregivers of children with ASD. Results of this study revealed the community influences as largely having a negative influence on the management of children with autism. Stigma and discrimination leading to social exclusion of children with autism and their families were noted to emanate from community perceptions that affect the management of children with autism. The results suggested that community influences negatively impact on the drive by government to promote inclusivity in all spheres of life. The study recommended the efficacy of different therapies for autism such as music and art therapy on children with autism for future research.

**Key Words:** autism spectrum disorders, children, community, perceptions

## I. INTRODUCTION

*Background:* Globally, the autism spectrum disorder (ASD) has been increasing in terms of prevalence in the recent years (Ennis-Cole, Durodoye, and Harris, 2013). Practically, autism has been described as an intricate neurological disorder that inhibits or prevents effective verbal communication, effective social interaction, and appropriate behaviour (American Psychiatric Association [APA], 2000). According to Ennis-Cole, et al., (2013) autism is a spectrum of disorders that contains five diagnostic labels: Asperger's Syndrome, Rett's Disorder or Rett's Syndrome, Childhood Disintegrative Disorder, Pervasive Developmental Delay—Not Otherwise Specified, and Autistic Disorder or Classic Autism. Paul Eugen Bleuler, a Swiss psychiatrist, first used the term autism to describe the self-absorbed nature of adults with schizophrenia (Autism Epicenter, 2011).

In the light of the above, community influences have been noted to impact on the management of children with autism.

Matson, Matheis, Burns & Esposito (2017) argue that community influences such as religion and family values determine how the etiology, signs and symptoms, diagnosis and treatment of autism is perceived and thus determines the welfare of families. According to Rogler's (1993) framework, community norms mediate the endorsement of symptoms and rating of symptom severity. Ennis-Cole et al., (2013) affirm this view noting that the decisions families make about autism diagnosis and treatment are directly influenced by the family's community background. Hence, "parent reports of child symptoms, may be influenced by the aspects of development most valued within a community" (Matson et al, 2017 p. 71). For example, results of research conducted in the United States suggest that American parents tend to be more concerned about language delays (Coonrod & Stone, 2014). This reflects a disparity in terms of Indian parents who have been reported to be disposed to show early fears about social difficulties (Ennis-Cole et al., 2013) while Latina mothers are inclined to worry about temperament (Ratto, Reznick & Turner-Brown, 2015). The preparedness of parents to testify about some symptoms of autism is also influenced by the attitude of the community. In other words, socially detrimental symptoms that are linked to stigma may be omitted from being conveyed by parents. This is however, despite the varying degrees of societal stigma associated with such symptoms (Chung et al, 2012). What is then apparent from the forgoing discussion is that community norms based on ethnicity determine the societal views of the undesirability of autism signs, and in the end, the validation of those signs.

Accepting autism spectrum disorder (ASD) as a mental health problem is a challenge for the African family (Abubakar, 2016). This is due to the diverse community and cultural norms that pervade the African society. As such, these community influences have variously impacted on the management of children with autism in the continent. Many African children with autism are hidden away from the society — sometimes tied up, and most of the times, they go undiagnosed (Zeliadt, 2017). Zeliadt (2017) further points out that determination to bring the condition into the open are only just beginning. Such view has been supported by numerous authors noting that autism spectrum disorder is one of the most prevalent neurodevelopmental disorders in high-income countries, but little is known about the disorder in low-income and middle-income regions, such as Africa (Durkin, et al, 2015; Abubakar

et al, 2016; Ruparelia et al, 2016). According to Abubakar (2016) an appraisal of the global prevalence of autism did not identify any data from sub-Saharan Africa, even though this region has a population of nearly 1 billion, 40% of whom are children younger than 14 years. While public-health in sub-Saharan Africa has seen communicable conditions such as malaria, tuberculosis, and HIV with the reduction in childhood mortality rate, and in the past 20 years, non-communicable diseases (particularly, neurodevelopmental disorders) are likely to become a greater health burden in these countries (Abubakar, 2016). Therefore, further studies on autism and other neurodevelopmental disorders in Africa are immediately required.

There are about 200,000 people in Zimbabwe living with autism (<https://www.icare4autism.org/autism-in-zimbabwe>, 2017). While public awareness about the condition has been made, many children with ASD and their families continue to be stigmatized by the communities. Due to the unusual behavior, most ASD children are not accepted in schools and also mingling with other children from their communities is limited. There is notable absence of children with ASD in different community functions such as weddings, parties, graduation ceremonies as well as at church gatherings, etc. Traditionally, children in Zimbabwe affected with ASD are thought to be cursed or possessed by evil spirits (<https://www.icare4autism.org/autism-in-zimbabwe>, 2017). Thus traditionally, when a child was born with such condition, they were not exposed to the community, a practice still prevalent in today's environment. Parents are also having the role in failing to manage or control their ASD-affected child. The majority of such challenges have thus, been linked to community influences.

In the light of the above however, Matson et al., (2017) note that there is very little research that specifically looks at community influences on management of children with autism spectrum disorders. In the same vein, Ratto et al (2015) observed that the role of the community has been too often neglected in research. This present study therefore, examined the impact of community on management of children with ASD in Harare.

Accepting ASD as a mental health problem is a challenge for the African family (Abubakar, 2016). Thus, African families that have children with the disorder do not understand what ASD really is. Parents and the community as a whole find it hard to cope and manage the affected children within their communities owing to a number of factors such as stigma and discrimination as well as judgmental perceptions. The knowledge about ASD seems to be increasing but there remains a challenge as the perceptions, feelings and behavior towards this condition is reflecting the opposite. This is quite visible particularly in Zimbabwe and in Africa as a whole.

#### *Objectives of the Study*

The realization of the aim of the study was done through the following specific objectives:

- To determine the community perceptions on children with autism in Harare;
- To examine the impact of the influences of the community on the emotional management of children with ASD.
- To establish the community aspects that affect the behavior of caregivers of children with ASD
- To assess the extent to which community influences affect the participation of caregivers of children with ASD in activities in Harare;
- To assess the coping mechanisms of caregivers of children with ASD in Harare;
- To evaluate the impact of the social support given by the community to caregiver of children with ASD in Harare.

## II. METHODS

This study adopted the qualitative research approach, the qualitative research methodology was adopted for the reason that it facilitated the researcher to conduct an in-depth and comprehensive examination of the impact of community on management of children with autism spectrum disorders in Harare. This study adopted a phenomenological research design. According to Leedy and Ormrod (2010) this design has the purpose to understand an experience from the participants' point of view and focuses on the perception of a particular phenomenon, such as ASD. The research population for this study comprised of the Marlborough community and others who influence them who are in Harare province. On the whole, the sample size in this study was constituted by a maximum of 12 participants which is in line with Leedy and Ormrod's (2010) view that the sample in a phenomenological study should be between 5 and 25 individuals. The purposive and snowballing sampling techniques were utilized for this study. Critical to the choice selection of the purposive sampling technique was the requirement to select a sample that constitutes participants in the Marlborough community. For this study, nominal data was used. This study is a phenomenological type hence the researcher made use of in-depth interviews and documentary research methods. A pilot study was carried out to pre-test the interview guide. For this study, data was analysed using thematic analysis which allowed for data to be grouped into related themes. Prior to the analysis, data was cleaned and transformed into elements that relate to the study objectives. The analysed data was then presented in the form of themes that emerged from the study findings. Ethical considerations were made throughout the study.

## III. RESULTS

### *Findings of the Study*

For the study, data collected through in-depth interviews was analysed through thematic analysis and the analysed data was presented in the form of themes that emerged from the analysis of the data. The themes that emerged include, views on ASD,

community perceptions on children with ASD, community influences on the emotional management of children with ASD, community influences affecting the behaviour of caregivers of children with ASD and coping mechanisms in managing children with ASD. The findings are thus presented under the above themes.

#### *Views on ASD*

Among the interviewed community participants of the study, it emerged that the majority of them had a clear understanding of what ASD is. The participants outlined that ASD relates to a condition that impair a child's ability to develop social skills. Participant 01 revealed that ASD presents a number of difficulties for a child that affect how the child interacts and relates to others within society. Thus Participant 01 said:

*"ASD is a condition that is characterised by difficulties with social skills, repetitive behaviours, speed and non-verbal communication. The condition is associated by hyper energy."*

The same views were noted by Participant 04 who revealed that ASD impairs the affected person's ability to communicate verbally, make eye contact, and connect with others socially. Participant 04 noted that:

*"It is a condition that affects a child's ability to communicate verbally and affects them in terms of relating to people around them. It also affects the child's sensory profile – they may be hyper/hypo-sensitive to stimulus in the environment around them."*

Participant 02 was of the view that children with ASD normally experience differential patterns of behaviour that affect their ability to utilise their sensory system. Hence, ASD has been viewed as a condition that negatively affects the mental, physical and emotional development of children.

#### *Community Perceptions on Children with ASD*

The community participants from the study conveyed both positive and negative perceptions on ASD. The positive perceptions relate to the community acceptance and quick adjustment by the parents and the community while the negative perceptions were as a result of the lack of community support structures as well as community members failing to adjust.

#### *Negative Perceptions*

With regards the community perceptions on children with autism, the majority of the participants pointed towards stigma and discrimination. Participant 05 revealed that children with autism suffer stigma and discrimination in the community. In her words, she said that:

*"As the community, we tend to subject children with ASD and their parents to great stigma as well as discrimination. We often times view them as outcasts that cannot mix and mingle with others in the community. Behaviour of children with ASD is seen as uncertain and hence they may harm the others within the community."*

In addition, the community perceives children with ASD as people possessed by some evil spirits. Participant 04 said:

*"We the communities misunderstand the condition and regard it as an 'illness' that the child is suffering from, instead of it being part of a person's neurodevelopmental makeup. Our belief is that autism is an 'illness' or a 'disease' that has spiritual or superstitious causes (i.e. witchcraft). We believe it can be cured by prophets or others with spiritual powers."*

The perceptions in the community are influenced by the lack of knowledge in relation to the causes of the condition. Participant 07 indicated that:

*"In many instances, there is the blame game that involves trying to single out who caused the ASD. In my experience in the community, I have seen it being blamed on the parents or one of the parents or a member of the extended family who are believed to be trying to harm the family."*

Another participant noted that the community perceives children with ASD as children who do not have the ability to carry out any activity in the community. They are viewed as helpless and require assistance always. She revealed that:

*"...the community perceives children with ASD as persons that cannot do anything. They regard what they say and what they do as not contextual. The children are said to be over possessive and territorial. They hardly share, choose to listen to what they want to listen to and sometimes do not do as they would have been told."*

Among the community participants, the negative perceptions were emanating from the process of caring for children with ASD. Participant 08 noted that the negative perceptions towards autism emanate from the fact that the process of care giving is viewed as difficult. He says:

*"...despite the fact that the community understands what ASD is, caregiving is difficult and as the community we do not want to be associated with such children as they tend to be violent sometimes which may result in friction among the parent or caregiver with the community"*

#### *Positive Perceptions*

In relation to the positive perceptions, the participants concurred that there are instances where the community is supportive towards the children with ASD. Participant 04 said:

*"...sometimes as the community we support and are empathetic...we try to understand the child's condition better, and encourage our children to associate with them. Sometimes we pray for the child and the family, or at least try to avoid acting in negative or judgmental way towards them."*

#### *Improved relationships*

Participant 03 says that the existence of autistic children in the community has contributed towards improved community relations. This has impacted towards the positive perception towards autism that she now has:



*“...through community support groups, stronger community ties have been created. There have been community connections that have come about as the members are trying to assist children with autism.”*

The above view was also echoed by Participant 01 who noted that autistic children in the community have cemented community relationships. Therefore, this has led to positive perceptions towards children with autism:

*“...having autistic children in the community has brought us together, as a community we are united towards one goal which is on what should be done to make the children’s lives better...”*

#### *Community Influences on the Emotional Management of Children with Autism Spectrum Disorder;*

The findings from the majority of the participants show that community influences affect the emotional management of children with autism spectrum disorder. This is largely because, most children with autism spectrum disorder do not do well in new environments and crowded areas.

#### *Existence of negative social and physical environment*

Participant 08 noted that when children with autism spectrum disorder are taken to public places that are too crowded, it somewhat invokes a sense of insecurity within the child. He thus said that:

*“Any negative community influences impact on the emotional management of children with ASD, this is because it triggers an anti-social behaviour that makes it difficult to control the child...”*

Participant 04 retorts that children with autism spectrum disorder are often non-verbal and can become frustrated when they find it hard to communicate a want or need to others in a manner that is responded to in a negative way. She says:

*“...they often become highly emotional in a dramatic way...they throw tantrums, have meltdowns...this can happen anywhere even at home. It is more frequent when they go to public places and their needs are not responded to positively...”*

#### *Unavailable community processes of care*

The community is deficient of positive processes of care to meet individual needs, to this end, Participant 05 stated that:

*“Interventions for children with autism spectrum disorder and other developmental disorders are affected by community influences as there are no actions for making their physical, social, and attitudinal environments more accessible, inclusive and supportive.”*

#### *Community Influences that Affect the Behaviors of Caregivers of Children with Autism*

##### *Social Exclusion*

Participant 06 reveals that the way the community members view the children with ASD is characterized by unusual staring

and the passing of bad comments. At the same time, other community members have reduced their visiting frequency to homes of children with ASD. Participant 06 therefore, stresses that his family’s social interactions with other community members and relatives have been reduced:

*“...The community gossips about the condition of children with ASD has tended to affect the way caregivers interact in the broader community...community members gossip that ‘mwana akaroiwa uyu’ (this child is bewitched) ...”*

#### *Changes in Social Interaction Patterns*

Participant 02 described that because community socially excludes children with ASD, the patterns of living and routines of caregivers of children with ASD is altered:

*“...social exclusion from the community has reduced visiting routines...”*

Furthermore, Participant 04 indicated that caregivers of children with ASD were compelled to alter their social visits due to the community influences prevalent with their society. That is, they had to cut down their visits and only visit those who understands and tolerate their child’s behaviour:

*“...if there is a community function, its either one of the parents goes...Community visits are only restricted to community homes where the people there understand and tolerate a child with autism spectrum disorder...”*

#### *Accommodation Challenges*

Participant 03 outlined that within the community, it is difficult to find accommodation for renting owing to the autistic child’s behaviour;

*“.....in terms of living in rented accommodation, the communities complain about the noise that a child with ASD makes...they are not considerate about the condition...”*

#### *Coping Mechanisms of Caregivers of Children with Autism*

In the study, the community members interviewed underlined the use of both positive and adaptive, and negative maladaptive coping strategies. Positive and adaptive coping strategies included using patience and rationality to go through each day as it comes. Spiritual faith and prayer were also part of positive coping strategies used by caregivers. Community support and social support from friends also contributed to the positive coping strategies. Negative and maladaptive coping strategies included avoidance coping, alcohol dependence, isolating oneself and a loss of self-control.

##### *Positive and Adaptive Coping*

Participant 03 indicated both positive and adaptive coping such as spiritual support from church as well as the emotional support from the community:

*“...the majority of the church members offer both moral and spiritual support as they constantly pray for children with ASD.”*

Participant 08 showed that the community offers a lot of support. “

The way the community accepts the behaviour of children with ASD positively contribute towards caregiver coping. This has eased the burden of taking care of the affected children by caregivers.”

Another participant 01 noted that coping is facilitated by the psycho-social support and the educational support offered by institutions and organisations such as the Harare Hospital Children’s Rehabilitation Unit (CRU) and the Autism Organisation of Zimbabwe:

*“...the psycho-social support from the Harare Hospital CRU help the caregivers to cope. The Autism Organisation of Zimbabwe facilitates the learning of children with ASD by offering them places to learn...”*

One participant noted that coping can be facilitated through psycho-social support from community support groups.

*“...connection to a social support network group of parents with autistic children help in coping...within such groups, a discussion of ways and strategies that help children with ASD can be done.”*

#### *Negative and Maladaptive Coping*

Participant 05 noted that a large number of caregivers are engrossed in negative and maladaptive coping. She noted that others make use of avoidance as they escape coping by avoiding going to places that their children are not comfortable with:

*“...The caregivers shun visiting places where they feel their child might disappoint people through their behaviour...”*

The same sentiments were echoed by Participant 02 who intimated that:

*“...caregivers wriggle out of taking their autistic children to areas with many people and those places where they will not be comfortable being...”*

The responses from participant 07 divulged that others have resorted to alcoholism as a form of maladaptive coping:

*“...due to the autistic condition and the community stigma and discrimination they face, some caregivers have become alcoholics. They now drink day in day out and hardly spend time at home with their families.”*

#### *Community Influences on the Participation of Children with Autism in Community Activities*

The majority of the responses to the question regarding the extent to which community influences affect the participation of children with autism, indicated that the participation of children with autism is negatively affected. The influences are largely linked to the negative perceptions that the community has on the children with autism as noted earlier

#### *Stigma and Discrimination*

The stigma and discrimination that is exhibited by the community on children with autism, impacts on the ability of

children with autism to participate in community activities. Participant 07 revealed that as children with autism suffer stigma and discrimination in the community, the children will often be shunned by other community members. She said that:

*“...as they are subjected to stigma and discrimination in the community, the community members do not want to involve the children in gatherings and other social aspects. They relate to the children as castaways that cannot fuse with the broader community.”*

Additionally, it was revealed that the behaviour of children with autism is regarded as indeterminate and so the community members fear that they may hurt the others within the community.

In the light of the foregoing, the participation of children with autism in community activities is impacted the community’s view that the cause of autism is largely linked to some evil spirits. Participant 04 said:

*“The community sometimes regards autism as an ‘illness’ related to spiritual or superstitious causes (witchcraft).”*

However, the condition of children with autism has been noted to affect their ability to carry out any activity in the community. They are viewed as helpless and require assistance always. Participant 07 revealed that:

*“...the severity of the condition affecting the child and the extent to which the parents are willing to allow their child to participate influence their participation. Sometimes what they go about and relay may not be circumstantial. Hence, may be selfish and defensive. They would not share, with others in the community.”*

#### *Community Influences on the Social Support of Children with Autism*

The participants interviewed in the study equivalently stressed that the community influences limit the ability of children with autism to access social support due to restricted social interactions.

#### *Restricted social visits by family and friends*

While some social interactions are molded by the child’s choices, there are also community influences that affect their ability to get social support. For instance, the restricted social visits by community members as they dread that their children may be hurt by autistic children.

#### *Judgmental perceptions*

The community has generally exhibited social stigma and is very judgmental while at the same time showing partial acceptance of the behaviour of children with autism. The participants highlighted that these perceptions are due to the stigma and discrimination by members of the community on children with autism. Owing to the behaviour of children with autism, there are many instances where people give ill-mannered stares of disapproval and make shrewd comments about the children with autism.

*Lack of Social Support*

Participant 01 highlighted that there are greater degrees of social exclusion and stereotyping faced by children with autism due to their behaviour. People seem to blame them for the anti-social displays of aversive behaviour such as screaming and loud vocalizing and thus people tend to feel very uncomfortable in their presence.

Participant 07 reflects that the isolation that children with autism are subjected to often negatively impacts on their ability to get social support. This isolation is due to community influences such as stigma, discrimination and stereotyping. She notes:

*“...as the children may find themselves isolated, there may be less social support. Also, e.g. schools will turn away a child with autism because the teachers feel they would be unable to cope with the child’s unusual behaviour. The child will find him/herself at home, excluded and marginalized, unable to access education.”*

## IV. DISCUSSION

*What are the community perceptions on children with autism in Harare?*

The participants of the study indicated that the totality of them had a clear understanding of what autism is. In a study by Densmore (2013) on ‘The Lived Experience of Autism Caregivers’ he found that the majority of the participants had an understanding of ASD. However, a study by Xiang Yu et al (2017) indicated a lower number of participants with knowledge and understanding about ASD. The findings of this present study on the views on ASD by participants confirm the views by Hartmann (2012). In his study on autism in the United States found that ASD was typically diagnosed in childhood and has a wide range of symptoms, some being more severe than others and Weiss and Lunsy (2011) noted that these symptoms consist of communication, socialization, behavioural and interest impairments, as well as minimal social skills.

From the results, both positive and negative perceptions of the community towards autism were conveyed. The negative community perceptions that have been noted in this current study are consistent with the findings of a study that was conducted by Phelps et al (2009) that indicated adverse reactions by the community towards children with autism. Additionally, positive findings by Hastings et al (2005) are that the communities perceptions on autistic children provide the families and caregivers with an opportunity to grow on personal level, have mature perspective and positive world view as well as higher levels of spirituality are affirmed.

The high levels of social stigmatization and stereotyping were shown to lead to negative perceptions in this current study and are thus related to the findings by Meaden et al (2010) that negative perceptions towards autism arise from the lack of acceptance, lack of knowledge and understanding of behaviour associated with autism by the community.

*What is the impact of the community on the emotional management of children with autism?*

Community influences were shown to affect the emotional management of children with autism. This is largely because; most autistic children do not do well in new environments and crowded places. Consistent with the literature on community influences on the emotional management of children with autism, participants reported not being able to mix and mingle, avoiding public places. The findings reflect those found by Sivberg (2002) that community influences had a negative impact on the emotional management of autistic children. Duarte et al (2005) found that the actions and attitudes of community on children with autism is a major contributor to the failure to management the emotions of children with ASD.

*How do caregivers of children with autism in Harare cope with the children?*

In the study, the uses of both positive and adaptive, and negative maladaptive coping strategies were underlined. Positive and adaptive coping strategies included using patience and rationality to go through each day as it comes and solve problems as they occur. Spiritual faith and prayer were also part of positive coping strategies noted. Community support and social support from friends also contributed to the positive coping strategies. Negative and maladaptive coping strategies included, avoidance coping, alcohol dependence, isolating oneself and a loss of self-control.

The findings of this present study on positive and adaptive coping correspond with the findings by Altieri (2009) that caregivers of autistic children use adaptive strategies which include social support coping, positive reframing and compromised coping. With regards the negative and maladaptive coping such as avoidance coping, alcoholism and emotional coping result in caregiver and caregivers changing their social patterns and avoiding frequenting environments where the children are not comfortable which is in line with the views of Pisula et al (2010) who found maladaptive strategies to be associated with low positive emotions because of avoiding, escaping and withdrawing from society.

*What are the community aspects that affect the behaviour of caregivers of children with autism?*

The restricted social interactions with the community, as well as high stereotyped behaviour, being judged, always being watched and passing bad connotative comments are prominent in the study and they corroborate the findings of Gray (2002) which focused on social stigma and social rejection because the child’s behaviour is perceived as being socially inappropriate, it therefore changes the behaviour of the caregivers of these children. The view that caregivers tended to be viewed as incapable of disciplining their children, is something that was also echoed in Gray’s (1998) study in which members of the community accused caregivers of being poor and negligent.

*To what extent do community influences affect the participation of children with autism in community activities in Harare?*

The participation of children with autism is negatively affected by community influences. The findings of the current study



underscored the findings of Potvin et al. (2013) who reported that children on the autism spectrum generally participated in activities alone or with fewer people and more often with family members. Similar findings were found in studies by Hilton et al. (2008); Hochhauser & Engel-Yeger (2010); Reynolds et al. (2011); Shattuck, Orsmond, Wagner, & Cooper (2011); and Salish et al. (2010).

*In what way does the community impact on the social support of children with autism in Harare?*

The study findings underscored that the community influences limit the ability of children with autism spectrum disorder to access social support due to restricted social interactions. In the literature, Altieri & Kluge (2009) found that connecting with others caring for a child diagnosed with ASD was helpful in coping for caregivers as well. In addition, Altieri & Kluge (2009) found that caregivers are less likely to seek out social support from the community owing to negative perceptions. The effectiveness of support groups for caregivers of children with autism was further noted by Meadan et al (2010). In their study, they indicated that caregivers, who were given the opportunity to connect with others in the community, may likely reduce stress and social isolation while allowing them to network and find appropriate resources.

#### V. LIMITATIONS

In conducting the research, the researcher encountered numerous challenges. The methods used by the researcher exerted some limitations which eventually affected the explanations on some findings as well as what was achieved. For purposes of this study the researcher faced numerous methodological limitations which include sample size as discussed below: The study was conducted with participants in Harare only. The sample thus, was urban skewed only without rural experiences. With regards to this limitation, the researcher recommends future studies to be conducted in a rural setting to have a comparative analysis.

#### VI. CONCLUSION

This present study therefore, examined the impact of community influences on management of children with autism spectrum disorder in Harare. It was designed to answer six major objectives using a qualitative research methodology and in-depth interviews as instruments for collecting data for the study. The study sample on the other hand, was chosen through the purposive and snowballing sampling techniques. In the light of this, the findings of the study indicated that different community influences had adverse effects on the management of children with autism in Harare. The study findings further reflected that stigma, discrimination and stereotyping surrounding children with autism where the major community influences impacting on the management of children with autism in Harare. These influences have impacted negatively in relation to their participation in community activities, access to social support and the strategies parents would make use of in coping with such influences. Hence, there is need to alter community perceptions as to facilitate the positive living of

children with autism spectrum disorder, and to facilitate the caregivers to manage their children better with the help of the community. The study findings also indicated that the prevalence of community influences in Harare has had an effect on the behaviour of caregivers of children with autism spectrum disorder. It is only after the community influences are dealt with, that caregivers can live like others within the community without facing any social exclusion and stigma.

The conclusions of the study are presented in line with the research questions drawn up in chapter one. The following conclusions have been drawn from the study findings:

The study concludes that while there is some understanding of what ASD is among community members, such understanding is not visible in terms of the actions of the community. It is this lack of clear understanding within the broader community that give rise to the negative perceptions about children with ASD. Therefore, management of such children will remain a challenge.

From the findings of the study, it is the conclusion of the study that there exists both a negative and positive community perception on children with autism in Harare. While the positive perceptions were as a result of community acceptance as well as the rapid adjustment by the caregivers of children with autism, the negative perceptions were underlined by the absence of community support structures and the inability of caregivers to cope. However, the negative community perceptions far outweigh the positive perceptions. Therefore, there is need to instil positive perceptions to enhance the community responses as well as assist the caregivers to cope with children with ASD.

The community influences indeed emotionally affects the management of children with ASD. The majority of children with ASD are unable to cope well in most environments characterized by many people. This results in emotional challenges that lead to stress, confusion, frustration, disillusionment and sadness. The community influences were noted to affect the social interaction patterns of children with ASD.

It is the conclusion of the study that caregivers of children with ASD have to adjust their practices and patterns of living in an effort to avoid places that could adversely affect their children. The negative community influences compel them to leave behind children with ASD when they have to attend to other activities that include social gatherings.

The study also concludes that, participation of children with ASD in activities such as community and social gatherings that include access to schools, church, and parties even using recreational facilities and other social aspects is hindered by stigma and discrimination exhibited by the community. Therefore, the inclusivity being preached by the government is greatly affected as communities avoid places where they meet children with ASD.

Both positive and adaptive, and negative maladaptive coping strategies are common among caregivers of children with ASD.

The positive and adaptive coping strategies encompass acceptance, patience, and using rationality to go through in solving problems as they occur. These also include spiritual faith, prayerfulness, and social support from the community. On the other hand, the negative and maladaptive coping strategies include avoidance, alcohol dependence and drug abuse, isolation of oneself and loss of self-control. This has an implication on the ability of caregivers to properly manage their child's condition.

Nevertheless, it is also the conclusion of the study that in many instances, children with ASD are hyperactive. They therefore require assistance in carrying out almost any activity at home in general and in the community in particular which become a challenge to many caregivers.

The study further concludes that there are some instances where the community has rendered social support to children with ASD where some organizations, the church and some spiritual leaders have all come along to offer financial, moral, educational as well as spiritual support. There are also counseling and educational services that are offered to caregivers through the church and also from Harare Hospital (CRU) and the Autism Organization of Zimbabwe.

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