

Parents' strategies for home educating their children with Autism Spectrum Disorder during the COVID-19 period in Zimbabwe

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This study explored parents' strategies for home educating their children with Autism Spectrum Disorder (ASD) during the COVID-19 period in Harare Urban District in Zimbabwe. Embedded within international research findings on the subject, this qualitative study drew on a purposive sample of eight parents. Telephonic individual interviews, information sheets, and field notes were used to collect data. A constant comparative approach of data organization with continuous adjustment was used throughout the analysis in order to guarantee that codes captured the range of ideas of the parents. Parents committedly home educated children with ASD in collaboration and discourse with their family members and peer parents. Complementary and supplementary roles of parents and family members in the home education of their children with ASD facilitated the transition of these children from school to home routine activities. Parents of children with ASD fostered in these children an awareness of the new social reality of the COVID-19 period and the safety precautions. This study offers insights regarding parents' strategies for home educating their children with ASD during the COVID-19 period.

KEYWORDS: home education, parents, children with ASD, COVID-19

Introduction

Worldwide, most educational systems have temporarily closed because of the COVID-19 (Cahapay 2020). Although the crisis has interfered with the access of children to education, those with disabilities including ASD, are disproportionately affected because of ecological constraints that are replicated in the pandemic reaction (United Nations Human Rights 2020). Resultantly, efforts to enhance the modalities of home education for children with disabilities have been adopted (Rose *et al.* 2020). Section 29 Subsection 1 and 3 of the Zimbabwe Constitution of 2013 mandates the state to take all measures to provide basic, accessible, and adequate health services, and preventive measures within the limits of the resources available to it, including education and public awareness against the spread of disease. Section 64 Subsection 1 of the Zimbabwe Education Act as amended in 2006 also mandates the Minister of Health to make regulations to safeguard the health of learners. Thus, the policy provides a broad framework of reference to safeguarding the implementation of health-related interventions

relating to the welfare of learners. Consequently, the Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe adopted the Education Sector COVID-19 Preparedness and Response Strategy to ensure continued access to education for children through providing alternative learning approaches (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020a). Radio educational programs are offered to ensure that children including those in bookless households, continue to learn (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). Radio programming lessons safeguard that children develop important literacy skills outside the school and maintain the literacy and numeracy gains they have made over the years (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020a). For children who have access to computers and the Internet, digital and online learning is an essential avenue for continuous learning (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). The MoPSE of Zimbabwe provides digital and online learning platforms (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). Learners in hard to reach and inaccessible areas that

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Parents code	Age	Gender	Occupation	Children age	Gender	Family size
1	46	Female	Teacher	13	Male	4 members
2	44	Female	Nurse	14	Female	3 members
3	47	Female	Teacher	16	Male	3 members
4	50	Female	Secretary	15	Male	5 members
5	41	Female	Accountant	9	Female	3 members
6	45	Female	Teacher	11	Male	4 members
7	43	Female	Teacher	13	Male	3 members
8	48	Female	Nurse	14	Female	4 members

may neither have access to internet nor radio are provided with supplementary learning materials (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). Thus, digital, radio, and online learning are supplemented with educational materials for learners, teachers, and parents who support learning (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020a). These include workbooks, storybooks, open and distance learning modules, and additional textbooks to meet the needs of those in remote and inaccessible areas (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). The Education Sector COVID-19 Preparedness and Response Strategy support parents in teaching their children (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). Home education is an international educational reform in which parents teach their children at home (Cahapay 2020). Parents prefer home education for various reasons including dissatisfaction with the present educational opportunities and the perception that the traditional school arrangement is not advantageous to children (Martin 2020). Home education is currently among the emerging modalities of instructional implementation (Ray 2015). Parents of children with disabilities including ASD also implement it. Since the inception of home education, the number of children with disabilities undergoing alternative instruction has increased (Cook *et al.* 2013).

There are approximately 52 232 children with disabilities in Zimbabwe (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020a). The offering of structured home education to these children is a national challenge. Nevertheless, various stakeholders highlight the situation of vulnerable children with disabilities amid the COVID-19 pandemic (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020a). Although the Education Sector COVID-19 Preparedness and Response Strategy mitigate against the effects of disruption of schooling, it has significant implications for parents who require improvement in skills in home education (Ministry of Primary and Secondary Education (MoPSE) of Zimbabwe 2020b). Structured home education programs for children with disabilities including ASD are under development in the country.

The utility of home education for children with disabilities has been relatively afforded attention in

research (Simmons 2016, Mendoza *et al.* 2019). Previous studies on structured home education for children with ASD primarily focused on parental roles (Reilly *et al.* 2002, Kidd and Kaczmarek 2010, Parsons and Lewis 2010, Hurlbutt 2011, Jolly *et al.* 2013). Nevertheless, unprecedented pandemic including COVID-19 has not been investigated (Rose *et al.*, 2020). Thus, this study explored parents' strategies for home educating their children with ASD during the COVID-19 period in Zimbabwe. This study is envisaged to provide insights on the challenges and opportunities for parents as they home educated their children with ASD amid the global health emergency.

Methods

This study used a qualitative research approach. The qualitative research approach is an inquiry process of understanding a social or human problem, based on building a complex, holistic picture, formed with words, reporting detailed views of informants and conducted in a natural setting (Creswell, 1994 p.15). It is appropriate for this study since its purpose is to describe parents' strategies for home educating their children with ASD. A sample of eight parents who were selected from Harare Urban District using convenient sampling technique participated in this study. The inclusion criteria of parents included at least: having a child officially diagnosed with ASD; a professional qualification; proficiency in the English language; staying with own child with ASD since the national lockdown in response to the COVID-19 pandemic; and internet and cellphone/telephone access. The demographic information of the parents is presented below.

Telephonic individual interviews were used to solicit data due to restrictions of the COVID-19, particularly adherence to social distancing. Telephonic interviews enable participants to express what they feel or think about a researched phenomenon (Seidman 2006). An interview guide was emailed to participants. The participants were provided with seven working days to answer questions off the cellphone/telephone to allow them enough time in the midst of their busy schedule. Thereafter, the researcher scheduled individual telephonic interviews for them to illuminate their accumulated responses.

Individual parents chose the time and date of the telephonic interviews. In-person and telephone

interviews accumulate the same results (Creswell 1994). Informed consent of the participants was secured (Seidman 2006). Strategies to guarantee anonymity and confidentiality of the participants, including excluding identifying information in transcriptions or field notes, were also observed to ensure that they felt comfortable sharing their strategies. Before the onset of the telephonic interview, the researcher introduced himself, the purpose of the study, and his professional qualifications. Each telephonic interview averagely lasted an hour and all the questions that comprised the interview protocol were asked of each parent. The modified version of Seidman (2006) of the three-part interview through which the interviewer establishes trust and double-checks inconsistent statements was used, as the member-checking and interview saturation was realized without the need for follow-up interviews. The researcher collated descriptive and reflective notes during each interview (Silverman 2009). Reflective notes captured the interviewer's insights while descriptive notes captured the interviewee's tone. All the interviews were audio-recorded and transcribed verbatim by an administrative professional. The researchers and three critical readers who were experts in operational definitions listened to the recording concurrently with each transcription to correct errors.

A constant comparative analysis for coding themes in the individual interview transcripts and field notes and the triangulation of additional sources of data including information sheets was used. The researchers and the critical readers read each transcript many times to familiarise themselves with the data (Creswell 1994). All text related to parents' strategies were coded using a line-by-line approach. Each piece of data was compared with all other data (Silverman 2009) that was highlighted and notated utilizing a phrase. The researchers and the critical readers compared each new piece of data to discern if new data represented a new idea or should be a part of existing data. The codes were examined and the codebook created after all data was created. To ensure appropriate coding of all data and to discern if any additional codes should be added using the codebook, the researchers and the critical readers examined all the data again. The researchers and the critical readers then grouped codes into categories and organized the categories into themes embedded in the data upon checking and confirming the codes. A professor of qualitative research, an outside observer, was informed of the research question of this study and independently identified themes. The themes that researchers and the critical readers developed were compared with those of the research professor to establish an inter-rater reliability index. Inter-rater reliability was computed by dividing the number of agreements by the total of agreements and disagreements and multiplying by 100%. Inter-rater reliability was established

to be 86% of the themes. The reliability of at least 80% is unlikely to occur by chance (Law and MacDermid 2008). To assess the agreement between the researchers and critical readers and the professor of research, Cohen's Kappa, which is a more robust method of establishing agreement since the calculation corrects for chance was utilized. Cohen's Kappa was calculated to be 0.87 for the themes.

The trustworthiness of the findings was guaranteed (Seidman 2006). Confirmation and credibility were achieved through triangulation of sources, negative case analysis, and member checking (Creswell 1994). Different sources of data and multiple data collection methods including information sheets, field notes, transcripts, and external evaluation were used for triangulation. Negative case analysis was utilized to ensure that all representation of parents' strategies were included (Silverman 2009). The themes were emailed to each parent for member checking. All the parents reported that the themes were an accurate reflection of their expressions. Documentation of the natural history of the research methodology guaranteed the dependability and transferability of the findings. A full range of data including deviant cases was included to facilitate a full range of findings (Creswell 1994). The interviewer probed themes stated in earlier interviews in the later interviews. To ensure that individual parents' perspectives were not outweighing those of their peers, three critical readers and a research professor were used.

Findings and discussion

Through analysis of the codes and concepts, the following discussed themes emerged on parents' strategies for home educating their children with ASD.

Theme 1: every family member is a cog in home education amidst a crisis

All family members were together at home because of the COVID-19 pandemic. Resultantly, all of them were involved in the home education of children with ASD in response to the behavior of these children ('we congregate when she throws tantrums. None of us is guaranteed of calming her down. At times it's the father, eldest brother or me' - Parent 5). Parents drew interventions for their children with ASD from the Internet because of the inaccessibility of therapy services as a result of the national lockdown ('social distancing has affected all domains of life. Our occupational therapist cannot be visited. We google for information' - Parent 3). Professional consultants and families are indispensable in the home education of children with ASD (Cook *et al.* 2013). Nevertheless, families of children with ASD experience unavoidable stress during the COVID-19 crisis (Rose *et al.* 2020). The collective effort of families to educate their children with ASD is

a challenge at these moments when social services are on significant demand (Cahapay 2020).

Theme 2: sudden transition from school to home routine activities is complex

The COVID-19 pandemic interfered with the school routine activities of children with ASD. It was complex for them to adapt to home education activities ('there was sudden closure of the schools because of the pandemic. Home and school are different worlds apart. Although he has adapted to a home routine of activities, it was a mammoth task for him to cope' – Parent 1). The members of the family engaged in different home activities with children with ASD ('she watches the television with her brother or draws while his father will be working on his computer. She also helps me to clean the chicken run' – Parent 8). Consistent research reveals that parents adopt diverse and personalized home activities and design activities which they perceive to be the best for their children with ASD (Hurlbutt 2011). Parents can engage their children with ASD in diverse physical activities such as functional exercises, online exercise classes, educational games, and meditation amid the COVID-19 crisis (Yarimkaya and Esenturk 2020).

Theme 3: exposition to the first-hand experience on social reality coupled with safety

The global public health crisis had a social impact on parents of children with ASD. These children had to know new social reality through excursion ('he cannot understand the national lockdown. I walk with him to town now and again to see that most facilities are closed because of the COVID-19' – Parent 7). The parents of children with ASD also taught these children new social behavior as a safety measure ('it took me weeks for him to accept to put on a mask and practice social distancing' – Parent 6). According to Cahapay (2020), the socialization of children with ASD begins at home amidst the pandemic period. Social opportunities afforded to children with ASD from home education services satisfy most parents despite the general concern that home education restricts social interactions (Parsons and Lewis 2010). Considering the social impact of the COVID-19, teaching new social realities to children with ASD can involve a concrete explanation of the new situations of their parents using appropriate strategies like concept maps with the support of the therapists as these children exhibit diverse perceptual skills regarding phenomenon (Narzisi 2020).

Theme 4: condition imposed gender roles and responsibilities embedded home education

The COVID-19 period influenced the decision of parents regarding the options of modalities of education

for their children with ASD. Home education was revealed to be the only option for these children because of the behavioral manifestations of the condition ('he is a candidate for homeschooling because of his meltdowns' – Parent 4). Despite the reported complexity of the provision of structured home education to children with ASD, the parents felt that it afforded them the opportunity to teach these children life skills in accordance with their cultural gender roles and responsibilities ('it is a term for Home Economics. I teach her to wash the dishes, clean the house, prepare tea and cook porridge and sadza' – Parent 2). Fathers also reported that the COVID-19 period afforded them the opportunity to teach their boy children culturally expected societal roles and responsibilities ('he has mastered washing the car and watering the garden. He is a man' – Parent 7). According to Gusman (2006), home education affords children with ASD optimal learning. Parents of children with ASD perceive home education as an alternative education mode because of the new normal in the near post-COVID-19 period (Feeney, 2020). This is in spite of the challenges that they experience in their provision.

Theme: 5 collaborative culture and structure embedded services provision

A family with a child with ASD is an integral component of peer families of children with the same condition. Parents reveal support for each other ('I constantly WhatsApp individual peer mothers and our group to ascertain how they are coping and to advise them accordingly. They also do likewise to me' – Parent 1). Other parents provided advice on how to beneficially use the COVID-19 period ('let us seize the opportunity to establish home-grown strategies for effective management of the behavior of children with ASD and acculturate them that life is unstructured' – Parent 6).

All types of support from the community and other families are fundamental in the home education of children with ASD. Other families with the same experiences usually support peer families of children with ASD (Arora 2006). Nevertheless, families may independently manage their children with ASD because of social distancing due to the COVID-19 situation. Maintaining online contact with other stakeholders including other parents, teachers, caregivers and therapists are imperative for sharing and acquiring diverse types of support required for continued home education of children with ASD (Narzisi 2020).

Conclusion

This study explored parents' strategies for home educating their children with ASD amid the COVID-19 situation. The themes that emerged are: every family member is a cog in home education amidst a crisis; the transition from school to home routine activities is

complex; exposition to the first-hand experience on social reality coupled with safety; condition imposed gender roles and responsibilities embedded home-schooling; and collaborative culture and structure embedded services provision. Despite the small size and restriction to a specific context, this study illuminates on home education of children with ASD during the global COVID-19 crisis.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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