

# Early Detection and Intervention of Disabilities in Pakistan

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## Abstract

*Pakistan has 5.034 million disabled persons, according to Helping Hand (2012) statistics. This significant percentage of disabled persons in Pakistan outnumbers the populations of Lebanon, New Zealand, and Kuwait combined. Furthermore, it is worth noting that the handicapped population in Pakistan exceeds the combined populations of Hyderabad, Peshawar, and Multan. With a sizable number of disabled persons in the country, the government of Pakistan established legislation to tackle the challenges of this discriminated group. Unfortunately, legislation, particularly in third-world nations, has shown to be mere words on paper and has failed to make a significant difference in the lives of disabled people. The impact of disability on families is broad and complex, affecting family dynamics, money, and emotional well-being. Early intervention services are spatially distinct; they differ in terms of the people's underlying ideologies, culture, local policy, and legislation. These services might include education, health communication, and social, emotional, and developmental support. The study aims to explore the current practices for the early detection and intervention of disabilities through interviews with Pediatricians. In Pakistan's present system for the early detection and intervention of impairments in children, there are significant gaps in coordination, standardization, data collection, and awareness.*

**Keywords:** Early Detection, Early Intervention, Prevention, Disabilities in Pakistan.

## Introduction

As per the World Health Organization (WHO) report, there are over one billion people who are facing some form of disability around the world, and this number can reach two billion by 2050 (WHO, 2011). Ninety-three million children aged 0-14 years have moderate to severe disabilities, and around 13 million face extreme difficulties. Early childhood intervention (ECI) supports better interactions within a family that can promote the overall development of a child with disabilities (Guralnick, 2011). It also advocates using the developmental systems approach (DSA), a strategy for early childhood intervention, which can obtain service provisions for intervention and support uniformity. Early intervention services are for children at risk of disability, as early as from the ages of six and above (Carroll et al., 2017). Pineda (2016) supports the argument for the significance of early detection and intervention in promoting the development and well-being of disabled children. Changes in providing services to fulfill the particular needs of such children and their parents have been remarkable.

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In the context of Pakistan, the National Policy for Persons with Disabilities (2002) emphasized the detection and early intervention of disability (Gul, 2020), and in light of this, a National Action Plan was drafted in 2006; Action No. 3 of which identifies mobilization, early detection, and early intervention issues. However, the National Action Plan also admits the minimal support for this amongst the public and non-governmental organizations (NGO) sectors. The plan appoints the Ministry of Health and Provincials Health departments to roll out early detection and intervention services, especially in rural areas, and develop health care providers' plans. The National Action Plan under Action No. 3 has given 21 directives with a guiding timeline to the Pakistan Medical and Dental Council (PMDC), Ministry of Health (MOH), Directorate General of Special Education (DGSE), WHO, Pakistan Nursing Council (PNC), District Head Quarters (DHQ) Hospitals, NGOs and Provincials Health departments to take necessary and corrective steps in early detection and intervention. Despite such a comprehensive plan being elaborated in the National Action Plan, there needs to be more execution of early detection and intervention activities at any level of government or NGO sector.

Early childhood detection and intervention services are specially designed programs that are designed for a young child who might seem at risk of delay in development or individuals who are identified as disabled or at risk of developmental disability (Guralnick, 2005). Early childhood intervention includes several services that ensure and enhance children's development (Werner, 2000), strengthen family competencies, and promote the social inclusion of families and children (Carpenter, 2005). Early intervention services may include medical support, training or counseling for family-focused support, special education, including service planning and coordination for social, psychological, and physiological rehabilitation (using therapy/ devices, Etc.), and access to preschool and child care. These services can be offered from various platforms, e.g., early intervention centers, community centers, hospitals, schools, or even individual homes (Young et al., 2012).

For Pakistan, the National Policy for Persons with Disabilities in 2002 was presented by the Ministry of Women's Development, Social Welfare, and Special Education. Within this framework, early intervention, assessment, and medical treatment were given the highest priority. In the context of early intervention, the policy placed a higher emphasis on early detection. The policy acknowledges that a reliable and accessible diagnostic system is a prerequisite for early detection and intervention. Early detection and intervention should take effect as early as possible as it holds significance for the future of the child and the family. It lays the groundwork for a referral system where a multi-professional team should be present at a district level and which should cater to the individualized needs of the child and support their family.

The concept of disability is not well defined globally yet. Grue (2019) argues that this historical debate has created several disability discourses, which include theological and moral discourse, medical discourse, legal discourse, psychosocial interaction discourse, and cultural discourse. Each discourse defines the concept of disability from a different perspective. Stiker (1999) and Zola (1972) insist that there have been attempts to define disability universally, considering several contributing factors, including socio-economic, political, psychosocial, religious, and moral factors. Despite these definitional efforts, it has been observed that personal or organizational priorities or preferences have influenced all definitions or attempts to define disability. Provided these contradictions and priorities, it seems necessary to look deeply into the debate of disability from different perspectives (Grue, 2019).

Packer (2008) supports the argument for the need for comprehensive policies and laws in Pakistan to address the issues faced by disabled people. The author argues that disability policies should

promote inclusion and equal opportunities for disabled individuals. The condition of disability in Pakistan is a day characterized by education and awareness marches, official announcements, functions organized by people with disabilities, and social groups who work in the field of disability management. A 2011 WHO estimate shows that almost a billion individuals worldwide have some impairment. There is no national welfare registry to assess the entire societal burden of PWD adequately. In Pakistan, recent information on the prevalence and trends of disability is inadequate and mainly untrustworthy (Rathore et al., 2011).

The study may provide insight for future researchers to explore more avenues. This study will provide insight to future policymakers and professionals to improve the quality of their service, which will eventually help disabled children for better outcomes in life ahead.

## Literature Review

Around the world, so many people are struck with disability. In underdeveloped nations, 80 percent of disabled persons survive (WHO, 2011). Dunst (2007) defined *early intervention* as the sum of experiences afforded to infants, toddlers, and children with disabilities by the primary caregivers (parents, service providers, Etc.) to equip a child with behavioral competencies and shape their environmental interactions with people, objects, and themselves. A child's early years are critical for their life-long development. For children at risk of disability, these years are even more critical. The international classification of functioning (ICF), disability, and Health identifies that a disability is the main issue restricting a person's active participation due to impairment. ICF views disability as the interaction of an individual and his environment, which includes accessibility issues, attitudes of people around the individual, and lack of social support (WHO, 2007).

Early intervention services are designed to provide support to families and child's development for those who are at risk (Guralnick, 2005). During the first five years of child development, adequate access to early intervention services is essential (Guralnick, 2011). With the advancement in the field of early detection and intervention and the collaborating increase in research in the social, neuro, and behavioral modalities, the need for novel learning experiences in the early years of a child has been stressed deeply (Shonkoff et al., 2012).

Efforts are being made to reduce health-related inequalities and have dramatically stressed giving children the best possible start in their lives and helping them fulfill their potential (Marmot et al., 2010). In September 2015, the United Nations adopted the new Sustainable Developmental Goals (SDG) as part of the 2030 agenda for sustainable development (United Nations, 2015). The SDG will substantiate and validate the work of early childhood professionals worldwide and set core objectives for early intervention services to achieve. The next and fourth agenda in sustainable development is to requisite quality inclusive education that is equitable and supports the child's early development (WHO, 2016; Opoku, 2016).

Collaboration is critical in the early diagnosis and intervention of impairments. Campbell and Sawyer (2007) discovered, for example, that teacher-parent collaboration affected the implementation and efficacy of intervention techniques for children with behavioral issues. The advantages vary from enhanced detection accuracy to successful intervention implementation. However, there are hurdles to collaboration that must be overcome to realize this strategy's promise fully. As future study into these continues, more effective collaborative models will develop, assisting in the prosperous early diagnosis and intervention of impairments. Collaboration is also essential for the effective implementation of interventions. Furthermore, teamwork ensures that tactics used at school are compatible with those used at home, resulting in a cohesive and comprehensive approach to a child's development (Dunst & Trivette, 2014).

The Government of Pakistan tackles the needs of disabled individuals through a DGSE and social welfare and many institutions and centers. In addition to the PWD and social workers, medical practitioners engaged in managing change should be addressed before any future medical policy or law for the PWD inside the country is drafted. They are unaware that disability is a complicated phenomenon with societal repercussions, as well as a medical concern (Razzaq and Rathore). Pakistan has also signed the United Nations Convention on the Rights of People with Disabilities (UNCRPD), adopted by the UN General Assembly in 2007 (Razzaq & Rathore, 2020).

The medical establishment in Pakistan must now recognize its obligations in terms of campaigning, optimal care, and proper reintegration of the country's PWD. Instead of concentrating just on the clinical element of disabilities and impairment, Pakistan's medical community must integrate the interdisciplinary and complex approach to mobility treatment. To fully serve the interests of PWD, all stakeholders associated with disability in Pakistan must interact and coordinate to speak about disability Rights and Management in Pakistan as it is time for us as a community to speak the truth even though, at times, they feel harsh (Razzaq and Rathore).

## **Methodology**

### **Design**

This study is qualitative and based on phenomenology theory, as the researcher explored the current practices to identify and intervene in children with disabilities. Themes and insights were generated from these interviews, which helped identify gaps in the practices and explore the significant areas of concern from grassroots professionals using NVIVO.

### **Population/ sampling**

Public sector pediatricians were considered to be a source of the data. Data was collected through in-depth interviews. Five pediatricians with over five years of experience working in public sector hospitals were conveniently selected.

## **Results**

Data obtained from interviewees reveal the precise impact of the ubiquity of government systems for collecting and disseminating data on children with disabilities. However, there is an exception in the occasional reports of infectious diseases. Work with special education groups appears to be infrequent; notably, referrals are rare. Furthermore, obstetric history communication needs to be improved, relying heavily on verbal communication over written records. Assessment of childhood disabilities relies heavily on physical examination and assessment of growth patterns, with continuous testing and evaluation. Respondents highlighted the importance of an integrated, parent-involved cohort model, emphasizing holistic thinking, prenatal guidance, and routine health counseling for early detection of disabilities.

Despite the similarity of a referral and assessment process, an obvious pattern is evident in the standard operating procedures (SOPs) for children with disabilities. The urgent call to reform postpartum screening methods resonates louder than the data. While inter-professional collaboration could be more flawless, it is mainly clustered in urban clusters, meaning that geographical diversity Referral architectures lean mainly to informality and consistency, with a significant standard design flaw. Respondents strongly recommended early disability intervention, prompt intervention, practitioner-based special education, parental perspective, and

comprehensive, ongoing disability management. A recurring emotion that pervades the responses is a need for regularity and government policies on various aspects of child disability care.

There is a need for team-based efforts in terms of interdisciplinary collaboration, participatory follow-up, improved awareness, periodic clinical review, and robust guidelines issued repeatedly in response to all respondents' geographical imbalances in support of contingent, non-standardized. The referral pattern was also flagged as a strong barrier. In summary, the respondents' narratives illustrate the harmonization of the existing child and disability care environment within Pakistan. Emerging themes and subthemes, in particular, highlight policy accounts that require comprehensive, thoughtful responses. From routine data procurement and sharing birth histories to better-defined SOPs and improved staff productivity, respondent insights are a blueprint for action that immediately signals consistent change.

## Discussion

Our examination of early disability identification and intervention in Pakistan opens up a multifaceted and troubling landscape. Notably, the pressures of generic data collection include international limitations on disability data collection, particularly in developing countries and communities (World Health Organization, 2011). Apparent connections to special education units and mechanisms for sharing prenatal history suggest a need for more pervasive programming and universal health care (Maulik & Darmstadt, 2007). The trend toward primary physical examination for more advanced diagnostic methods parallels what has been observed in areas of similar resource intensity (Saran et al., 2019). These older attachment mechanisms can prevent accurate and timely diagnosis, delaying subsequent interventions. Geographic differences in support further compound the problem, with urban centers having the same resources—a challenge indigenous communities face (Shaikh et al., 2008; King et al., 2009). Insights from interviewees highlight a policy that requires deep restructuring and reconciliation. Efforts should go toward integrating data procurement, sharing prenatal information, establishing clear SOPs, and encouraging interagency collaboration. Repeated calls for more comprehensive teams, coordinated professional efforts, parental involvement, improved perspectives, more consistent medical visits, and improved programming establish a global dynamic highlighting the overall accountability of disability (United Nations, 2015).

The in-depth implications of this research require routine adaptation strategies and the introduction of all formalized disability service programs. The impact is broad, focusing on public awareness, regular reviews, improved methods, and strategies, and they are adopted through universal inclusion in line with global efficiency standards (World Bank, 2019; UNESO, 2015). Situating ourselves in the realm of Indigenous well-being, the critical role of genetics, political environment, and economic development in influencing Indigenous Health cannot be ignored (Durie, 2003).

These variables may exacerbate barriers to participation by disabled people in Pakistan, especially in areas with large indigenous populations. Navigating these complex issues requires an approach beyond mere medical interventions and including political and economic reform. King et al. (2009) illustrates the baseline of health disparities among indigenous groups—a concept consistent with the Pakistani context. Lack of infrastructure, inadequate access to health care, education gap, and ignorance have led to significant health disparities. Addressing this gap requires the coordinated participation of legislators, health interests, academia, and the general public.

## Conclusion

In summary, Pakistan is dealing with apparent gaps in communication, routine services, access to information, and overall attitudes towards early disability identification and intervention for children. Answers indicate that adopting various strategies to address these voids is essential. The roadmap should emphasize strong interdepartmental collaboration, crystallized SOPs, expanded insights and a strong referral matrix. Concerted efforts, bringing together government agencies, health professionals, special education groups, and the broader community, represent a key element in managing a holistic ecosystem to meet differently-abled children as they are in the process of meeting Pakistan's unique needs.

## Recommendations

Based on the findings, the following are suggested corrective actions to address the pediatricians' concerns and issues:

**Standardize Reporting Protocols:** Comprehensive Data Collection and Distribution System  
Establish mechanisms for systematic data reporting and sharing within the healthcare system, including infectious diseases.

**Improve Collaboration with Special Education Departments:** Encourage active collaboration between healthcare providers and special education departments to provide a cohesive support system.

**Implement Standardized Documentation Procedures:** Instead of relying on verbal communication, replace it with standardized written documentation shared across critical departments.

**Create Standard Operating Procedures (SOPs):** Create and implement clear SOPs for diagnosing, treating, and managing children's disabilities.

**Improve Screening Protocols:** Implement standardized post-natal screening protocols to ensure early detection and intervention.

**Encourage a Multidisciplinary Team Approach:** For a comprehensive approach to care, emphasize collaborative efforts with multiple healthcare providers, parents, and counselors.  
Access and Geographic Disparities

**Expand Services to Rural Communities:** Establish healthcare centers and services in rural and underserved communities to eliminate geographic inequities.

**Standardize Referral Systems:** Create a formal and consistent referral mechanism to ensure regional continuity of service.

**Educate Parents and the Community:** Hold monthly awareness sessions and seminars to educate parents and the community about impairments, early warning signs, and accessible assistance.

**Implement Pre-Marital Counseling:** Hold counseling sessions to educate couples on genetic risks and disability prevention strategies.

**Doctors' specialist Training:** Train pediatricians and healthcare providers to improve their handicap management skills.

**Promote Inter-Professional Collaboration:** Encourage collaboration among various healthcare professions, particularly in large cities, through frequent workshops, conferences, and shared platforms.

**Implement Strategic Interventions:** Create a national strategy addressing systemic flaws while adhering to global best practices.

Overall, these corrective actions aim to provide a more comprehensive, integrated, and standardized approach to the early detection and intervention of impairments in children in Pakistan. Collaboration, education, access, standardization, and structural reform are critical in converting today's landscape into a more responsive and efficient system.

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